# Summary of Clark Land Benefits

Open Enrollment: Sept. 6th, 2 p.m. to Sept. 13th at 2 p.m.



# Rules for HSA and FSA

#### **FSA**

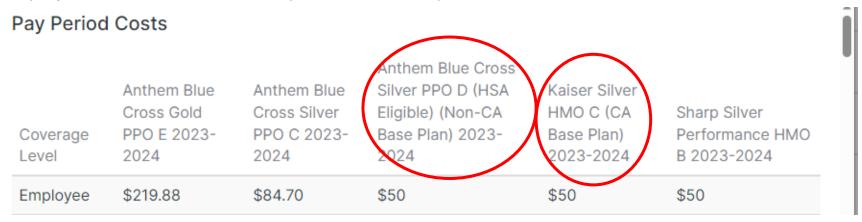
- Maximum amount of contribution allowed is \$3,050 for a plan year.
- The money contributed is pre-tax and the money spent on medical costs is not taxed as income.
- Make sure to budget carefully because once the money goes into an FSA account, it is not refundable to the employee.
- An LP FSA is a Limited Policy FSA and can be used for Vision and Dental if employee chooses not to use Clark Land's medical plans.
- An LP FSA can also be used for Dependent Care. Please refer to IRS guidelines.
- The following are ineligible in an FSA:
  - HSA participant (cannot do both plans)
  - Shareholders who own 2% or more in an S-Corp, LLC, LLP, PC, Sole Proprietorship, or partnerships are generally ineligible.

#### **HSA**

- Maximum amount of contribution allowed is \$3,050 for this plan year.
- Employees on Medicare are not eligible for HSA.
- The contributions are pre-tax and for any medical bills paid, it is not counted as income.
- Only qualified plans are allowed to use HSAs. Our qualified plan is the Anthem Blue Cross, PPO D and any employee can opt in for that plan.
- If an employee is participating in an FSA, then they are ineligible for an HSA. <u>However</u>, employees can participate in a LP FSA and HSA at the same time.
- Once you contribute to an HSA, the money is always yours. If you use it for anything besides medical, it is taxed as income.

Open
Enrollment
Starts
Wednesday,
Sept. 6 at 2
p.m. for
Annual
Benefits
Selections for
2023-2024.

DUE BY SEPTEMBER 13<sup>TH</sup> The base plans cost \$50 per paycheck. The Anthem Gold and Sliver C are buy-up plans where the cost is the difference between those and the Anthem D base plan (for employees outside of California). And for employees in California, the base plan is the Kaiser plan.



- 4 of 5 previous plans are still offered. Some have changes (deductibles, etc.) There will be an increase in cost for some plans depending on your age and where you live.
- 1 new plan is offered, Anthem Blue Cross Silver Plan PPO D with HSA built into it. You can contribute up to \$3,050 towards your HSA in the Plan Year.
- FSA and Limited Purpose FSA will also be available. Note that an employee cannot participate in both HSA and FSA. However, an HSA participant can join a LP FSA (see next page).
- Please see more federal rules regarding HSA and FSA on the next slide.
- Use Employee Navigator (EN) to pick your benefit selections by September 12. You must go into EN **even if you are not selecting any of the benefits.**
- Ancillary benefits stay the same. Employees pay \$20 per paycheck for dental and \$5 per paycheck for vision.

#### Comparison

## Deductibles for In-Network Providers

(see Employee Navigator for Deductibles Using Out of Network Providers)

### DUE BY SEPTEMBER 13<sup>TH</sup>

In-Network										
	Anthem Blue Cross Gold PPO E 2023-2024	Anthem Blue Cross Silver PPO C 2023-2024	Anthem Blue Cross Silver PPO D (HSA Eligible) (Non- CA Base Plan) 2023-2024	Kaiser Silver HMO C (CA Base Plan) 2023-2024	Sharp Silver Performance HMO B 2023- 2024					
General Provisio	ns									
Deductible (Individual)	\$500	\$1,700	\$2,000	\$2,500	\$2,400					
Deductible (Family)	\$1,500	\$3,400	\$3,000 per member, \$4,000 per family	\$5,000	\$4,800					
Maximum Out- of-Pocket (Individual)	\$7,700	\$9,100	\$7,050	\$8,750	\$9,100					
Maximum Out- of-Pocket (Family)	\$15,400	\$18,200	\$14,100	\$17,500	\$18,200					

# Sample Copays for In-Network Providers (see Employee Navigator for all plans' benefits)

# DUE BY SEPTEMBER 13TH

Coverage Level	Anthem Blue Cross Gold PPO E 2023- 2024	Anthem Blue Cross Silver PPO C 2023- 2024	Anthem Blue Cross Silver PPO D (HSA Eligible) (Non-CA Base Plan) 2023- 2024	Kaiser Silver HMO C (CA Base Plan) 2023-2024	Sharp Silver Performance HM B 2023-2024	10	
Calendar or Plan Year Deductible	Calendar year	Calendar year	Calendar Year	Calendar year	Calendar Year	•	
Copays & Coinst	surance						
Primary Care Physician (Injury or Illness)	\$30 copay (deductible waived)	\$50 copay (deductible waived)	35% coinsurance (after deductible)	\$55 copay (deductible waived)	\$40 copay (deductible waived)	•	
Referral required for Specialist	No	No	No	Yes	Yes		
Specialist	\$60 copay (deductible waived)	\$95 copay (deductible waived)	35% coinsurance (after deductible)	\$90 copay (deductible waived)	\$55 copay (deductible waived)		
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge		
Diagnostic Test (X-ray, Blood Work)	\$15 copay (deductible waived)	\$20 copay (deductible waived)	35% coinsurance (after deductible)	X-ray - \$90 copay (deductible waived); Lab - \$55 copav	X-ray - \$50 copay (after deductible); Lab - \$15 copav (after	*	