

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. However, 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
13TH**

The base plans cost \$50 per paycheck. The Anthem Gold and Silver 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.

Pay Period Costs

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 HMO B 2023-2024
Employee	\$219.88	\$84.70	\$50	\$50	\$50

- 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.

Deductibles for In-Network Providers

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

**DUE BY
SEPTEMBER
13TH**

Comparison

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 Provisions					
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 Co-
pays 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 HMO B 2023-2024
Calendar or Plan Year Deductible	Calendar year	Calendar year	Calendar Year	Calendar year	Calendar Year
Copays & Coinsurance					
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 copay	X-ray - \$50 copay (after deductible); Lab - \$15 copay (after deductible)