Logan Elm Local Schools
District Office

To: All Staff

From: Treasurer's Office

Date: October 14, 2019

Re: 2020 Insurance Open Enrollment

The District's open enrollment period is when insurance eligible employees accept or waive coverage. This type of enrollment is considered active enrollment. Each insurance eligible employee needs to complete the enrollment form **accepting** or **waiving** coverage. The plan year starts 01/01/2020 and runs through 12/31/2020. There are no significant changes to the plan coverage for 2020.

Attached are three forms to complete:

1) Benefit Enrollment Form

2) Health Savings Account Deduction Form

3) Well Check Acknowledgement Form. If you participated in the May 2019 well check clinic held onsite at Logan Elm or submitted a medical visit summary you do not need to complete the Acknowledgment Form. We need to have the form completed if you did not participate in the onsite clinic or you have a spouse covered on the plan for 2020. For calendar year 2020 there is a base HSA/HRA Board contribution rate. You can increase the base contribution amount by completing the Well Check by November 30, 2019.

Attached is a chart of insurance rates effective January 1, 2020

Forms may be printed, completed and returned to either the Treasurer's office or building Principal. Deadline to return all completed forms is **November 30, 2019.**

As you are completing these forms, feel free to contact the Treasurer's Office with any questions. A Summary of Benefits and Coverage for medical, dental and vision plans will be available on the Logan Elm website under the Fiscal Department tab.

Please note:

- Dependents may stay on your plan until December 31st of the year they turn 26.
- Most employees will elect for the HSA plan. Individuals who receive Medicare coverage will need to elect for a HRA.
- 2020 Maximum HSA Contribution Limits:
  - i. Individual Plan: $3,550 (+$50 over prior year)
  - ii. Family Plan: $7,100 (+$100 over prior year)
  - iii. The maximum HSA contribution includes both employer + employee contributions.
  - iv. Similar to IRA's and 401K's, there are catch up contributions for those age 55 and over. The HSA catch-up contribution is $1,000 for both individual and family plans. Please consult your tax advisor with specific questions

If you have any questions, please do not hesitate to contact the Treasurer's Office.

Logan Elm Local School District

Health Insurance - Board and Employee Rates

H.S.A. Plan

Effective January 1, 2020

Family Coverage

Hours Per Day	*Board Percentage*	*Employee Percentage*	**Health - $1,604**		**Dental - $102**		**Calendar Year 2020 Base H.S.A Contribution***
			Board	Employee	Board	Employee	
8	88.00%	12.00%	$ 1,411.52	$ 192.48	$ 102.00	$0.00	$ 2,500
7.5	82.50%	17.50%	$ 1,323.30	$ 280.70	$ 95.63	$ 6.37	$ 2,344
7	77.00%	23.00%	$ 1,235.08	$ 368.92	$ 89.25	$ 12.75	$ 2,188
6.5	71.50%	28.50%	$ 1,146.86	$ 457.14	$ 82.88	$ 19.12	$ 2,031
6	66.00%	34.00%	$ 1,058.64	$ 545.36	$ 76.50	$ 25.50	$ 1,875
5.5	60.50%	39.50%	$ 970.42	$ 633.58	$ 70.13	$ 31.87	$ 1,719
5	55.00%	45.00%	$ 882.20	$ 721.80	$ 63.75	$ 38.25	$ 1,563
4.5	49.50%	50.50%	$ 793.98	$ 810.02	$ 57.38	$ 44.62	$ 1,406
4	44.00%	56.00%	$ 705.76	$ 898.24	$ 51.00	$ 51.00	$ 1,250
3.5	NOT ELIGIBLE						
3							
2.5							
2							

Single Coverage

Hours Per Day	*Board Percentage*	*Employee Percentage*	**Health - $700**		**Dental - $45**		**Calendar Year 2020 Base H.S.A Contribution***
			Board	Employee	Board	Employee	
8	88.00%	12.00%	616.00	84.00	45.00	0.00	$ 1,250
7.5	88.00%	12.00%	616.00	84.00	45.00	0.00	$ 1,172
7	88.00%	12.00%	616.00	84.00	45.00	0.00	$ 1,094
6.5	88.00%	12.00%	616.00	84.00	45.00	0.00	$ 1,016
6	88.00%	12.00%	616.00	84.00	45.00	0.00	$ 938
5.5	88.00%	12.00%	616.00	84.00	45.00	0.00	$ 859
5	88.00%	12.00%	616.00	84.00	45.00	0.00	$ 781
4.5	88.00%	12.00%	616.00	84.00	45.00	0.00	$ 703
4	88.00%	12.00%	616.00	84.00	45.00	0.00	$ 625
3.5	NOT ELIGIBLE						
3							
2.5							
2							

* Ability to earn an annual additional Board H.S.A. contribution by completing annual Well Visit/Physical.
  $250 for Employee on a Single plan
  $250 for Employee on a Family plan with a covered spouse; $250 for a covered spouse on a Family plan
  $500 for Employee on a Family plan with child(ren)

* In order to receive the additional Board contribution for the following year, verification must be completed by November 30th annually.

Logan Elm Local Schools

Benefits Enrollment Form
January 1st, 2020 – December 31st, 2020

I. General Information

NAME: _____ **SOCIAL SECURITY:** _____

DATE OF BIRTH: _____ **MARITAL STATUS:** _____

ADDRESS: _____

NUMBER OF DEPENDENTS: _____ **EFFECTIVE DATE:** _____

II. Medical Election

Options	HSA	HRA
Employee Only	☐	☐
Employee + Family	☐	☐
Waive Coverage	☐	☐

III. Dental Election

Options	
Employee Only	☐
Employee + Family	☐
Waive Coverage	☐

IV. Vision Election

Options	
Employee Only	☐
Employee + Family	☐
Waive Coverage	☐

V. Flexible Spending Election

Options	Per Pay	Annual	Annual Max
Limited Purpose FSA (dental/vision)	☐ _____	_____	$2,700
Dependent Care FSA	☐ _____	_____	$5,000
Waive Coverage	☐		

VI. Covered Dependents

Name	Social Security Number	Gender	Relationship	Date of Birth	Coverage
			☐ Spouse ☐ Child		☐ Medical ☐ Dental ☐ Vision
			☐ Spouse ☐ Child		☐ Medical ☐ Dental ☐ Vision
			☐ Spouse ☐ Child		☐ Medical ☐ Dental ☐ Vision
			☐ Spouse ☐ Child		☐ Medical ☐ Dental ☐ Vision
			☐ Spouse ☐ Child		☐ Medical ☐ Dental ☐ Vision

VII. Authorization and Signature

I hereby elect the above items to be reduced from my gross paycheck. I recognize that my contributions through payroll reduction are completely voluntary and in compliance with state law. I understand that I cannot revoke or change this compensation reduction any time during the plan year, except for a life event change. Any amounts not claimed during the plan year will be forfeited. Although it is anticipated that a new enrollment form will be completed each year, I understand that if for any reason I fail to complete a new enrollment form, the elections indicated on this form will be honored and the cost of those elections may change.

Signature: _____ Date: _____

"Effective January 2020"

HEALTH SAVINGS ACCOUNT

Payroll Election Form

Name: Last, First, Middle Initial | Social Security Number

Street Address | DOB

City | State | Zip Code

The IRS has established annual limits that can be contributed to a Health Savings Account.

* **NOTE**: Since your contribution limits are specific to your circumstances, we recommend that you contact your Tax Advisor to verify your contribution limits.

Based on your estimates, elect the amount you wish to contribute to your **Health Savings Account** this year.

Per Pay Period Amount $_____

Annual Amount (26 pays) $_____

Please read, sign and date this form:

I authorize the reduction of my salary on a per paycheck basis, by the amount designated above.

I understand that funds that are deducted from my pay and not used for eligible health care expenses incurred after my HSA account was established will be **taxable** in accordance with IRS regulations, and it is solely my responsibility to report these funds to the IRS.

Signature | Date

Logan Elm Local School District

9579 Tarlton Road • Telephone (740) 474-7501
CIRCLEVILLE, OHIO 43113-9417

_____ Well check completed in calendar year 2019 (Employee)

_____ Well check completed in calendar year 2019 (Spouse)

_____ _____
Signature Printed Name

_____
Date

HSA Board Contribution _____