

Benefits 2023

STOUGHTON HEALTH'S VIRTUAL BENEFITS FAIR



Which Best Describes Your Insurance Needs?



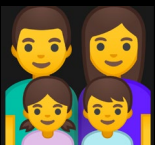
Single



Employee Plus Spouse



Employee Plus Children



Family



Important 2023 Benefit Information

- ▶ Use this Form as a Checklist to Guide You Through What is Required AND Return Completed Form to Human Resources by Monday, November 28th:



Benefits Enrollment/Waiver Checklist

required form for all full-time and part-time employees and due to HR by Monday, November 28, 2022

PRINT NAME _____

_____ I have reviewed my current benefits in UKG Kronos and I would like to **keep my benefits the same in 2023** as I had in 2022.

- I understand if I participate in the flex plan, I need to turn in a new EBC Flex Plan enrollment form for 2023.
- I understand if I have my spouse on my health insurance plan, I need to turn in a 2023 Adult Surcharge Questionnaire form.

_____ I have reviewed my current benefits in Kronos UKG and I would like to **change my benefits for 2023**.

- I understand I need to complete and turn in the benefit enrollment forms for the benefits I wish to make changes to for 2023.

I acknowledge I have received information related to the above benefits offered by Stoughton Health and my opportunity to enroll in or waive these benefits.

Employee Signature: _____ Date: _____

Please return this completed Benefits Enrollment/Waiver Checklist and applicable insurance applications to Human Resources no later than Monday, November 28, 2022. All full-time and part-time employees are required to turn in this form to elect or waive your 2023 benefits.



Open Enrollment AND Dual Choice Available for Health Insurance:

Traditional HMO Plan

► Full-Time Employees

Vendor Profiles:

Health and Dental Insurance

Coverage is effective the first of the month following hire date or status change.

Single

Employee
Plus
Spouse**

Employee
Plus
Child(ren)

Employee
Plus
Family**

Traditional HMO Health Insurance



Dean Health Plan HMO Health Insurance

Current Monthly Premium	\$ 734.93	\$1,616.85	\$1,322.87	\$2,111.45
Stoughton Health Pays	\$ 587.95	\$1,212.65	\$ 992.15	\$1,583.59
You Pay Only (monthly)	\$ 146.98	\$ 404.20	\$ 330.72	\$ 527.86
Spouse/Domestic Partner Surcharge (monthly)		\$ 100.00		\$ 100.00
You Pay Only (monthly)		\$ 504.20		\$ 627.86



Quartz Health Insurance HMO Health Insurance

Current Monthly Premium	\$ 762.43	\$1,677.35	\$1,372.37	\$2,190.46
Stoughton Health Pays	\$ 609.95	\$1,258.01	\$1,029.29	\$1,642.86
You Pay Only (monthly)	\$ 152.48	\$ 419.34	\$ 343.08	\$ 547.60
Spouse/Domestic Partner Surcharge (monthly)		\$ 100.00		\$ 100.00
You Pay Only (monthly)		\$ 519.34		\$ 647.60

or High Deductible Health Plan HMO

Full-Time Employees

HMO High Deductible Health Plan



Dean HMO High Deductible Health Plan

Current Monthly Premium	\$ 547.83	\$1,205.23	\$ 986.09	\$1,573.92
Stoughton Health Pays	\$ 438.27	\$ 903.93	\$ 739.57	\$1,180.44
You Pay Only (monthly)	\$ 109.56	\$ 301.30	\$ 246.52	\$ 393.48
Spouse/Domestic Partner Surcharge (monthly)		\$ 100.00		\$ 100.00
You Pay Only (monthly)		\$ 401.30		\$ 493.48



Quartz HMO High Deductible Health Plan

Current Monthly Premium	\$ 557.44	\$1,226.37	\$1,003.39	\$1,601.52
Stoughton Health Pays	\$ 445.96	\$ 919.79	\$ 752.55	\$1,201.14
You Pay Only (monthly)	\$ 111.48	\$ 306.58	\$ 250.84	\$ 400.38
Spouse/Domestic Partner Surcharge (monthly)		\$ 100.00		\$ 100.00
You Pay Only (monthly)		\$ 406.58		\$ 500.38



Open Enrollment Available for:

Health Savings
Account (for
High
Deductible
Health Plan)

Flex Plan –
Medical,
Limited, and
Dependent
Care

Dental
Insurance for
Dependents



Qualifying Event Enrollment

Available for:

Dental Insurance
for Employees



Potential Coverage Increase

Available for:

Voluntary Life
Insurance for an
Increase of \$10,000
Coverage



Forms due to Human Resources

Due by Monday, November 28th

Forms Due	Condition
Benefits Enrollment/Waiver Checklist (2023)	Due from ALL Benefit Eligible Employees
Adult Surcharge Questionnaire (2023)	Due from ALL Employees WITH a Spouse or Domestic Partner on SH Plan to Waive Adult Surcharge
Flex Plan or Limited Flex Plan Enrollment Form (EBC)	Return Forms IF You Wish to Participate in 2023
Health Insurance Forms (Dean <u>and</u> Quartz)	Return Forms IF You Wish to Make ANY Changes
Health Savings Account Enrollment Form (EBC)	Return Forms IF You Wish to Participate in 2023
Dental Insurance Form (Delta)	Due To Add or Drop of Coverage. Must Return BOTH Qualifying Event Form AND Insurance Forms
Affidavit of Tax Status of Benefits for Domestic Partner and Children (2023)	Due from ALL Employees with a Domestic Partner on Either Health or Dental plans
Voluntary Life Insurance (MoO)	Current Participants May be able to Buy-up in Coverage
Retirement Enrollment and Designation of Beneficiary Form (403b)	Enroll Anytime. Pre-Tax or Roth. 4% Employer Match



Benefits Enrollment/Waiver Checklist

Minimum Form Due Each Year

- ▶ Return Completed Form to Human Resources by Monday, November 28th:



Benefits Enrollment/Waiver Checklist

required form for all full-time and part-time employees and due to HR by Monday, November 28, 2022

PRINT NAME _____

_____ I have reviewed my current benefits in UKG Kronos and I would like to **keep my benefits the same in 2023** as I had in 2022.

- I understand if I participate in the flex plan, I need to turn in a new EBC Flex Plan enrollment form for 2023.
- I understand if I have my spouse on my health insurance plan, I need to turn in a 2023 Adult Surcharge Questionnaire form.

_____ I have reviewed my current benefits in Kronos UKG and I would like to **change my benefits for 2023**.

- I understand I need to complete and turn in the benefit enrollment forms for the benefits I wish to make changes to for 2023.

I acknowledge I have received information related to the above benefits offered by Stoughton Health and my opportunity to enroll in or waive these benefits.

Employee Signature: _____ Date: _____

Please return this completed Benefits Enrollment/Waiver Checklist and applicable insurance applications to Human Resources no later than Monday, November 28, 2022. All full-time and part-time employees are required to turn in this form to elect or waive your 2023 benefits.



VIEW AND ACCESS ALL ENROLLMENT FORMS AT:

www.stoughtonhealth.com/benefits-fair/



Thank You for your time!

Contact Human
Resources with questions.