

2025 OPEN ENROLLMENT INFORMATION

To: All Full-Time Benefits-Eligible Employees of SUNY Broome Community College

Subject: CHANGE or ENROLL in Health, Dental or Vision Plan; Enroll in Flexible Spending Account for Health and Childcare; and Health Benefits Opt Out Election

Time Period: **Open Enrollment – October 24, 2024 through November 08, 2024**
Open Enrollment Kickoff – Thursday, October 24, 2024 (11:00 am – 1:00 pm)
Held in the Atrium of the Applied Tech Building

The Open Enrollment Period for **2025** will run from **Thursday, October 24, 2024 through Friday, November 08, 2024**. During this period, employees may enroll for health insurance, dental insurance, vision insurance coverage, and Flexible Spending Plan or make changes to their current insurance plans.

All changes and new enrollments must be filed in Human Resources
by 5:00 pm on Friday, November 08, 2024.

All changes and enrollments will go into effect January 1, 2025

For your convenience, the following forms may be obtained on myCollege, click “Employee” at the left of the screen, then click “**Human Resources Documents**”. To the right of the screen, click “**Health Insurance Benefits**” to select and download form:

- **Excellus Medical and Dental Enrollment Form/Excellus Dental Insurance Application -** (Guild, ESPA & Admin only).
- **Excellus Medical and Dental Enrollment Form/Excellus Medical Group Enrollment Form for Health Insurance -** (See Health Insurance below)
- **VSP Vision Service Plan 2025 Enrollment Form.**
- **Flexible Spending Program Enrollment Form. (*Must be completed annually)**
- **Flexible Benefits Reimbursement Form -** Eligible & Ineligible Expenses, WexHealth, FSA Store
- **2025 Health Benefits Opt-Out Election Attestation Form - (*Must be completed annually)**
- **Summary of Benefits for Excellus Medical** (Red HMO and Traditional), Excellus Dental, VSP Vision Plan and Flex Spending Plan under eligible and ineligible expenses.

HEALTH INSURANCE

There are two (2) health insurance plans available through Excellus BCBS (The Broome County Health Plan) for **2025**: Traditional and Red HMO Plans. Information and a comparison of these plans are available on myCollege under “Health Insurance Benefits”. **If you are NOT making any changes in the health insurance plan option you currently have, you DO NOT need to contact Human Resources or take any further action to continue your coverage.** Pursuant to the Faculty contract, Part-Time instructional adjuncts who have worked four (4) consecutive semesters without a break of more than two (2) consecutive fall/spring semesters may enroll in the employer Health Insurance Plan for the entire premium amount. **Please read and compare the health insurance policy options to ensure you have selected the plan best fitted to your particular needs. This is the only time of the year when changes in your choice of plan may be made. Due to the Health Care Reform law, adult children under the age of 26 may be added to your family plan.** To add an adult child to your plan, a change form must be completed by the employee no later than **5:00 pm, Friday, November 08, 2024. To change health insurance plans**, please complete and return a new Enrollment form to Human Resources by **5:00 pm on Friday, November 08, 2024**, to indicate the modification of the coverage being requested. If you are joining a health plan for the first time, you must complete an enrollment form.

All changes and new enrollments must be filed in Human Resources
by 5:00 pm on Friday, November 08, 2024.

All enrollments and changes will go into effect January 1, 2025.

HEALTH INSURANCE OPT-OUT

***Must be submitted annually**

An eligible full-time employee who properly submits a Health Benefits Opt-Out Election form along with valid proof of other health insurance (copy of insurance card) to Human Resources or to HR@sunybroome.edu by **5:00 pm on Friday, November 08, 2024**, to waive or withdraw from participation in the employer provided health insurance plan because he/she has other health insurance coverage, shall be eligible for the opt-out opportunity. Current health insurance coverage shall conclude effective December 31, 2024, via completion of the Health Benefits Opt-Out Election form and **valid proof of other health insurance (copy of insurance card)**.

Eligibility for opt-out benefit must be submitted annually each year during Open Enrollment.

FLEXIBLE SPENDING PLAN – HEALTH AND DEPENDENT CARE -- *Must be submitted annually:

Eligibility for Flexible Spending Plan must be submitted annually each year during Open Enrollment.

To elect and enroll for this benefit, please download the **2025** application to acquire an Enrollment form. The college flex plan will continue to be administered by SIEBA. There is no carryover for the 2024 plan year into the **2025** plan year. **Completed Flexible Benefits Program Enrollment forms must be received in the Human Resources Office by 5:00 pm on Friday, November 08, 2024.** These enrollments will go into effect **January 1, 2025**. SIEBA is offering the Prepaid Benefits Card again which will work like a Visa card for eligible health care expenses. The "Benny card" is good for three (3) years and should not be destroyed. Please pay attention to the expiration date on your card. Replacement cards are available for a \$10.00 fee.

Eligibility for flex benefit must be submitted annually each year during Open Enrollment.

EXCELLUS DENTAL for Administration, Guild and ESPA employees offers three (3) options: **Individual, Family or two (2) person** coverage which can include **(Employee and Spouse) OR (Employee and Child {1 + 1} only)** at a reduced rate from Family coverage. To change coverage, please complete and return a new Enrollment form to **Human Resources by 5:00 pm on Friday, November 08, 2024**, to indicate the modification of the coverage being requested. The monthly Excellus Dental rates are as follows:

	<u>Individual</u>	<u>2 Person</u>	<u>Family</u>
ESPA	\$5.20/mo	\$10.41/mo	\$14.36/mo.
Guild	\$6.42/mo.	\$12.84/mo.	\$17.71/mo.
Administration	\$5.55/mo.	\$11.10/mo.	\$15.31/mo.

*The above are 2024 rates. The 2025 rates are pending.

Please note: The Faculty Dental Plan is administered through the Faculty Association.
Please contact Julie Martin at Ext.5329 for enrollment periods and information

VSP VISION COVERAGE: VSP Vision Coverage for full-time employees currently enrolled will continue for **2025** unless you complete and sign the VSP Vision Care Enrollment form electing **"waive coverage"** and forward the document by email to Colleen Culverwell in Human Resources at culverwellcm@sunybroome.edu in order to end your current coverage. The **2025** VSP Vision Plan rates remain as follows: ***Individual rate: \$8.36/month and Family rate: \$22.96/month.***

Vision coverage for **Part-Time employees only:** Coverage effective January 1, 2025 through December 31, 2025: Individual: \$100.32 and Family \$275.52 annually. **Complete the VSP Vision Enrollment Form between Thursday, October 24, 2024 and Friday, November 08, 2024, attach a check for the full premium amount made payable to SUNY Broome Community College, and bring to Human Resources or deposit in the HR door drop box after office hours.** This is an annual, calendar year, non-refundable benefit which the part-time employee must enroll for every year during Open Enrollment.

Please contact Colleen Culverwell in Human Resources at Ext. 5240 or by email at culverwellcm@sunybroome.edu with any additional questions.

****Please note that submissions may be brought to Human Resources or sent to HR@sunybroome.edu OR deposited in the HR door drop box in Wales 103 after office hours.**