

Retiree 2022 Open Enrollment Informational Packet



**Open Enrollment Period:
November 8, 2021 – November 19, 2021**

TO: Our Valued Retirees

RE: Mecklenburg County Open Enrollment 2022 – Retiree Medical Coverage Information

Open Enrollment is your opportunity to review and make changes to your medical plan with Mecklenburg County. During Open Enrollment, you may elect, waive, or change your medical plan for Plan Year 2022 that starts on January 1, 2022. You may also add or remove dependents for your upcoming medical plan. To help you navigate through Open Enrollment decisions, Mecklenburg County has enclosed the following documents in this packet:

- Non-Medicare eligibility retiree plan information, medical rate sheet, and enrollment form
- Medicare eligibility retiree plan information, medical rate sheet, and enrollment form
- Invitation to participate in virtual informational sessions for retirees and important notices

If you decide to make a change to your medical plan, complete the appropriate 2022 Enrollment Form.

The enrollment form must be postmarked, faxed, or emailed to Mecklenburg County on or before **November 19, 2021**. You can mail the form to the Employee Services Center at **700 E. Fourth St, Suite 220, Charlotte, NC 28202**, fax it to **704-336-2731**, or email it to **gregory.payne@mecklenburgcountync.gov**.

- Retirees less than 65 years of age must complete the Non-Medicare Enrollment Form.
- Retirees aged 65 or older must complete the Medicare Enrollment Form.

You may cover your spouse and child(ren) who are less than 26 years of age. Additionally, Mecklenburg County participates in a dependent verification process. If you enroll new dependents, you will receive a request in the mail to provide dependent verification documentation to a third part company called Alight.

The information provided in this packet and more plan details are available online at:

<https://www.mecknc.gov/HR/retirees/Pages/default.aspx>.

Do not return an enrollment form if you do not want to make any changes from your current 2021 medical plan for Plan Year 2022.

What's staying the same for the **Non-Medicare medical plan?**

- BlueCross BlueShield will continue to administer our medical plan
- CVS Caremark will continue to administer our prescription drug plan
- Out-of-Network coinsurance will remain at 40%
- In-Network and Out-of-Network deductibles and Out-of-Pocket maximums will remain the same
- Marathon Health Clinics are available – a great savings option for health services

What's changing for the **Non-Medicare medical plan?**

- Monthly premium rates are increasing (see rate sheet on other page)
- Increase in BlueCross BlueShield coinsurance from 25% to 30% for both the Preferred Provider Organization plan (PPO) and High Deductible Health Plan with a Health Savings Account (HDHP/HSA)
- Decrease in County's seed funding for the HDHP/HSA plan from \$750.00 to \$500.00 for retiree only coverage and \$1,500.00 to \$1,000.00 for retiree + child(ren), spouse, or family coverage
- Increase in CVS Caremark coinsurance from 25% to 30% for prescription drugs

The **Medicare-Coordinated medical plan** co-insurance for in-network services will increase to 30%. The deductibles and out-of-pocket maximum for in-network services will remain the same in plan year 2022. Monthly premium rates are increasing (see rate sheet on other page). The co-insurance for CVS Caremark prescription drug coverage is increasing to 30%. The copay rates and other plan details will remain the same.

If you have any questions, please contact our Employee Services Center at (704) 432-6947. Thank you for your participation in Mecklenburg County's 2022 Open Enrollment.

Sincerely,

Paula Herman

Paula Herman
Human Resources Director

Non-Medicare Medical Plans (Pre-65 years of age)

What's changing?

- Monthly premium rates are increasing (see rate sheet below)
- Increase in BlueCross BlueShield coinsurance from 25% to 30% for both the Preferred Provider Organization plan (PPO) and High Deductible Health Plan with a Health Savings Account (HDHP/HSA)
- Decrease in County's seed funding for the HDHP/HSA plan from \$750.00 to \$500.00 for retiree only coverage and \$1,500.00 to \$1,000.00 for retiree + child(ren), spouse, or family coverage
- Increase in CVS Caremark coinsurance from 25% to 30% for prescription drugs

2022 Monthly Medical Premium Rates

Retirees with 10 – 19 years of Mecklenburg County Service		
PPO Plan	Retiree Contribution	County Contribution
Retiree Only	\$401.52	\$401.53
Retiree and Non-Medicare Child(ren)	\$711.10	\$654.09
Retiree and Non-Medicare Spouse	\$800.38	\$966.33
Retiree and Non-Medicare Family	\$1,032.50	\$1,778.18
Retiree and Medicare Child(ren)	\$694.51	\$655.64
Retiree and Medicare Spouse	\$706.26	\$975.14
Retiree and Medicare Family	\$1,006.84	\$1,780.58
HDHP/HSA	Retiree Contribution	County Contribution
Retiree Only	\$388.49	\$388.51
Retiree and Non-Medicare Child(ren)	\$607.73	\$713.17
Retiree and Non-Medicare Spouse	\$671.84	\$1,037.56
Retiree and Non-Medicare Family	\$838.50	\$1,881.00
Retiree and Medicare Child(ren)	\$591.85	\$714.51
Retiree and Medicare Spouse	\$581.69	\$1,045.16
Retiree and Medicare Family	\$813.91	\$1,883.08

Retirees with 20+ years of Mecklenburg County Service		
PPO Plan	Retiree Contribution	County Contribution
Retiree Only	\$0.00	\$803.05
Retiree and Non-Medicare Child(ren)	\$268.18	\$1,097.01
Retiree and Non-Medicare Spouse	\$357.46	\$1,409.25
Retiree and Non-Medicare Family	\$589.59	\$2,221.09
Retiree and Medicare Child(ren)	\$251.60	\$1,098.55
Retiree and Medicare Spouse	\$263.35	\$1,418.05
Retiree and Medicare Family	\$563.92	\$2,223.50
HDHP/HSA	Retiree Contribution	County Contribution
Retiree Only	\$0.00	\$777.00
Retiree and Non-Medicare Child(ren)	\$183.47	\$1,137.43
Retiree and Non-Medicare Spouse	\$247.58	\$1,461.82
Retiree and Non-Medicare Family	\$414.24	\$2,305.26
Retiree and Medicare Child(ren)	\$167.59	\$1,138.77
Retiree and Medicare Spouse	\$157.43	\$1,469.42
Retiree and Medicare Family	\$389.65	\$2,307.34

(Deductions are effective on December 2021 retirement checks for retirees with payroll deductions)

Contact Information: BCBS 1-877-275-9787 | CVS Caremark 1-855-298-4257

2022 Medical Plans – Administered by BlueCross BlueShield

*Changes highlighted in red

Annual Deductible	PPO	HDHP/HSA
In-Network	\$600.00 (single) \$1,200.00 (family)	\$1,600.00 (single) \$3,200.00 (family)
Out-of-Network	\$1,500.00 (single) \$3,000.00 (family)	\$3,200.00 (single) \$6,400.00 (family)
Coinsurance	PPO	HDHP/HSA
In-Network	30%	30%
Out-of-Network	40%	40%
Out-of-Pocket Max (In-Network)	\$5,000.00 (single) \$10,000.00 (family)	\$5,000.00 (single) \$10,000.00 (family)
Out-of-Pocket Max (Out-of-Network)	\$10,800.00 (single) \$21,600.00 (family)	\$10,000.00 (single) \$20,000.00 (family)
Lifetime Max Benefits	Unlimited	Unlimited
Physician Services	PPO	HDHP/HSA
Office Visits (primary)	\$25.00 copay	30% after deductible
Office Visits (specialist)	\$40.00 copay	30% after deductible
Preventative Care	Covered at 100%	Covered at 100%
Allergy Injection	Covered at 100%	30% after deductible
Surgery	30% after deductible	30% after deductible
Marathon Health	PPO	HDHP/HSA
Preventative Care	Free	Free
Sick Visit	Free	\$25.00
Prescriptions	Free	\$4.00
Hospital / Facility	PPO	HDHP/HSA
Inpatient / Outpatient	30% after deductible	30% after deductible
Emergency Room	30% after deductible \$225.00 copay	30% after deductible
Urgent Care	\$60.00	30% after deductible
HSA seed from Mecklenburg County		\$500.00 single / \$1,000.00 family

2022 Prescription Drug Plan – Administered by CVS Caremark

*Changes highlighted in red

In-Network Prescription Drugs	PPO	HDHP/HSA
Generic Prescriptions	\$0 copay	\$0 copay
Retail Tier 1	\$15.00 copay	30% coins. after deductible
Retail Tier 2	30% coinsurance \$30 min / \$90 max copay	30% coins. after deductible
Retail Tier 3	40% coinsurance \$60 min / \$120 max copay	30% coins. after deductible
Mail Order Tier 1	\$30 copay	30% coins. after deductible
Mail Order Tier 2	30% coinsurance \$60 min / \$120 max copay	30% coins. after deductible
Mail Order Tier 3	40% coinsurance \$120 min / \$240 max copay	30% coins. after deductible



Non-Medicare Retiree 2022 Medical Enrollment Form – Mecklenburg County

Your Name: _____

Home Address: _____

				Date of Birth:	
Telephone:	Primary	Secondary	__ Married	__ Single	__ Divorced
					__ Leg Sep
Email Address:					<i>Check Marital Status Above</i>
	Male:	Female:	Years of Service:	Last Department: _____	

Medical Plan Election – Check Boxes for One Plan and One Dependent Option for Plan Year 2022

<input type="checkbox"/>	PPO Plan	Option	Retiree's Monthly Cost			
					10-19 Years	20+ Years
				Retiree Only	\$401.52	\$0.00
				Retiree/Child(ren)	\$711.10	\$268.18
				Retiree/Spouse	\$800.38	\$357.46
				Retiree/Family	\$1,032.50	\$589.59
				Retiree/Medicare Child(ren)	\$694.51	\$251.60
				Retiree/Medicare Spouse	\$706.26	\$263.35
				Retiree/Medicare Family	\$1,006.84	\$563.92

<input type="checkbox"/>	HDHP HSA Plan	Option	Retiree's Monthly Cost			
					10-19 Years	20+ Years
				Retiree Only	\$388.49	\$0.00
				Retiree/Child(ren)	\$607.73	\$183.47
				Retiree/Spouse	\$671.84	\$247.58
				Retiree/Family	\$838.50	\$414.24
				Retiree/Medicare Child(ren)	\$591.85	\$167.59
				Retiree/Medicare Spouse	\$581.69	\$157.43
				Retiree/Medicare Family	\$813.91	\$389.65

CHECK TO WAIVE COVERAGE

Dependent Information for family members to be covered by the Medical Plan elected above:

	Full Name - Circle Medicare Eligible	Sex	Social Security #	Date of Birth
Spouse				
Child				
Child				

Complete another form to add more dependents. ***** Note: Spouse is the person to whom you are legally married.**

If a Non-Medicare Retiree has a Medicare eligible dependent to be covered, the Medicare eligible dependent will be enrolled in the BlueCross BlueShield Medicare-Coordinated Plan under with an individual ID # and card.

Retiree: Please review this form and sign/date at the bottom of this form:

I have completed this Election Form accurately to the best of my knowledge and have read, understand, and agree to the information contained on this form and all plan details provided by Mecklenburg County.

Signature

Date

Medicare-Coordinated EPO Plan (Post-65 years of age)

What is the Medicare-Coordinated EPO Plan?

This Exclusive Provider Organization plan offers coverage for a large, national network of providers and hospitals (providers considered “in-network”) from which members can choose to receive care. This EPO plan works in coordination with Medicare and is secondary coverage to a member’s Medicare Part A and Part B primary health plan. Eligible health expenses from an in-network provider that are not covered by Medicare are generally covered by this plan at 70% once a member satisfies their deductible. Therefore, members pay 30% coinsurance for eligible health expenses under this plan. This plan does not cover expenses from out-of-network providers. This plan includes pharmacy drug coverage through CVS Caremark, which is considered Creditable Coverage for Medicare Part D.

2022 Monthly Medical Premium Rates

Retirees with 10 – 19 years of Mecklenburg County Service		
EPO Plan	Retiree Contribution	County Contribution
Retiree Only	\$306.34	\$306.35
Retiree and Medicare Child(ren)	\$683.61	\$357.96
Retiree and Medicare Spouse	\$778.98	\$568.94
Retiree and Medicare Family	\$1,026.92	\$1,117.50
Retiree and Non-Medicare Child(ren) – PPO	\$666.91	\$360.42
Retiree and Non-Medicare Spouse – PPO	\$843.16	\$559.47
Retiree and Non-Medicare Family – PPO	\$983.35	\$1,123.92
Retiree and Non-Medicare Child(ren) – HDHP-HSA	\$662.52	\$361.06
Retiree and Non-Medicare Spouse – HDHP-HSA	\$837.16	\$560.35
Retiree and Non-Medicare Family – HDHP-HSA	\$974.33	\$1,125.26

Retirees with 20+ years of Mecklenburg County Service		
EPO Plan	Retiree Contribution	County Contribution
Retiree Only	\$0.00	\$612.69
Retiree and Medicare Child(ren)	\$324.22	\$717.35
Retiree and Medicare Spouse	\$419.59	\$928.33
Retiree and Medicare Family	\$667.54	\$1,476.88
Retiree and Non-Medicare Child(ren) – PPO	\$307.54	\$719.79
Retiree and Non-Medicare Spouse – PPO	\$483.77	\$918.86
Retiree and Non-Medicare Family – PPO	\$623.96	\$1,483.31
Retiree and Non-Medicare Child(ren) – HDHP-HSA	\$303.14	\$720.44
Retiree and Non-Medicare Spouse – HDHP-HSA	\$477.77	\$919.74
Retiree and Non-Medicare Family – HDHP-HSA	\$614.94	\$1,484.65

Contact Information: BCBS 1-877-275-9787 | CVS Caremark 1-855-298-4257

2022 Medicare-Coordinated Plan – Administered by BlueCross BlueShield

*Changes highlighted in red

Annual Deductible	EPO
In-Network	\$250.00 (single) / \$750.00 (family)
Coinsurance	EPO
In-Network	30%
Out-of-Pocket Max (In-Network)	\$1,500.00 (single) \$3,000.00 (family)
Lifetime Max Benefits	Unlimited
Physician Services	EPO – You Pay
Office Visits (primary)	30% coinsurance
Office Visits (specialist)	30% coinsurance
Preventative Care	Covered at 100%
Diagnostic Tests (x-ray, blood work)	30% coinsurance
Imaging (CT/PET scans, MRIs)	30% coinsurance
Surgery	30% coinsurance
Facility Fee	30% coinsurance
Hospital / Facility	EPO – You Pay
Surgeon Fee	30% coinsurance
Facility Fee	30% coinsurance
Emergency Room Care	30% coinsurance
Emergency Medical Transportation	30% coinsurance
Other Services	EPO – You Pay
Home Health Care	30% coinsurance
Rehabilitation Services	30% coinsurance
Skilled Nursing Care	30% coinsurance

*No coverage for out-of-network services except for 30% coinsurance for emergency room care and medical transportation. Access the plan summary and plan details online at <https://www.mecknc.gov/HR/retirees/Pages/default.aspx>.

2022 Prescription Drug Plan – Administered by CVS Caremark

*Changes highlighted in red

2022 Prescription Drug Plan Highlights	Any In-Network Pharmacy	Any In-Network Pharmacy or CVS Caremark Mail Service
	Price of One 30-day supply	Price of One 90-day supply
Generic Prescription	\$10 copay	\$20 copay
Preferred Brand-Name Prescription	30% (\$25 min / \$75 max)	30% (\$50 min / \$150 max)
Non-Preferred Brand-Name Prescription	40% (\$50 min / \$100 max)	40% (\$100 min / \$200 max)
Specialty Prescription	CVS Specialty Pharmacy only \$10 generic prescription 30% preferred (\$25 min / \$75 max) 40% non-preferred (\$50 min / \$100 max)	No coverage
Generic Preventative Drug List	\$0 (no cost to the member)	\$0 (no cost to the member)
Diabetes Supplies	\$0 for insulin syringes and all other generic/preferred supplies	\$0 for insulin syringes and all other generic/preferred supplies
Annual Deductible and Out-of-Pocket Maximums	Pharmacy limits are combined with the Medical Plan. See Medical Plan description for details.	



Medicare Retiree 2022 Medical Enrollment Form – Mecklenburg County

Your Name: _____

Home Address: _____

					Date of Birth:		
Telephone:	Primary	Secondary	__ Married	__ Single	__ Divorced	__ Leg Sep	
Email Address:						<i>Check Marital Status Above</i>	
	Male:	Female:	Years of Service:				Last Department: _____

Medical Plan Election – Check Boxes for One Plan and One Dependent Option for Plan Year 2022

	EPO Plan	Option	Retiree's Monthly Cost	
			10-19 Years	20+ Years
<input type="checkbox"/>		Retiree Only	\$306.34	\$0.00
		Retiree with Medicare Child(ren)	\$683.61	\$324.22
		Retiree with Medicare Spouse	\$778.98	\$419.59
		Retiree with Medicare Family	\$1,026.92	\$667.54
		Retiree with Non-Medicare Child(ren)	See Monthly Costs on previous page	
		Retiree with Non-Medicare Spouse		
		Retiree with Non-Medicare Family		

CHECK TO WAIVE COVERAGE – You elect NOT to participate in the Medical Benefit Plan for 2022 and understand that you cannot participate in the Mecklenburg County-sponsored plan at a later date if you waive or “opt-out” from the Mecklenburg County-sponsored plan at any time. The County will reimburse you for the cost of your individual Medicare-Coordinated plan based on years of service and at the rate of the Mecklenburg County-sponsored plan each year. Retirees with 10-19 years of service receive a maximum of 50% of the total cost Mecklenburg County would pay, and retirees with 20+ years of service receive a maximum of 100% of the total cost Mecklenburg County would pay.

If you are a Medicare Retiree with a Non-Medicare eligible dependent to be covered, the Non-Medicare dependent will be given the choice between the PPO Plan or the HDHP/HSA Plan.

Please indicate the plan you choose for your Non-Medicare dependent(s):

PPO	HDHP/HSA

Dependent Information for family members to be covered by the Medical Plan elected above:

	Full Name - Circle Medicare Eligible	Sex	Social Security #	Date of Birth
Spouse				
Child				
Child				

Complete another form to add more dependents.

*Note: Spouse is the person to whom you are legally married.

Retiree: Please review this form and sign/date at the bottom of this form: I have completed this Election Form accurately to the best of my knowledge and have read, understand, and agree to the information contained on this form and all plan details provided by Mecklenburg County.

Signature

Date

Retirees are invited to join Mecklenburg County Benefit Representatives for an upcoming virtual **Informational Session** to learn the highlights of the medical plans. Please go to the following site and click the registration link to register for one of the sessions offered: <https://www.mecknc.gov/HR/retirees/Pages/default.aspx>.

Retiree Pre-65

Thursday, October 14 from 10 am – 12 pm
Thursday, October 21 from 1 pm – 3 pm
Thursday, October 28 from 10 am – 12 pm

Retiree Post-65

Thursday, October 14 from 1 pm – 3 pm
Thursday, October 21 from 10 am – 12 pm
Thursday, October 28 from 1 pm – 3 pm

Important Notice for Members and Dependents with Medicare Coverage and MECKLENBURG COUNTY'S Medical and Prescription Drug Plan

This notice requires no action from you unless you elect to waive/opt-out of the County's Medicare Supplemental Prescription Drug Plan and enroll in an individual Medicare D plan. This notice is required to be given annually to all Medicare-eligible individuals covered under the County's Medicare-coordinated plan to advise such individuals that the County's Prescription Drug Plan is as good as, or better, than the coverage available through Medicare D. This notice has information about your current prescription drug plan with Mecklenburg County and about your options under Medicare's prescription drug plans. This information can help you decide if you want to enroll in a Medicare prescription drug plan. If you are considering that option, you should compare your current coverage including which drugs are covered at what cost, with the coverage and costs of the plans in your area offering Medicare prescription drug coverage. Information about where you can get help to make decisions about your prescription drug coverage is available at the end of this notice.

There are two important notices regarding your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Mecklenburg County has determined that the prescription drug coverage offered in Mecklenburg County's medical plan, on average for all plan participants, is expected to pay out as much as a standard Medicare prescription drug plan pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lost your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. If you decide to join a Medicare prescription drug plan, your current Mecklenburg County coverage will not be affected. See pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions and options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you do decide to join a Medicare prescription drug plan and terminate your current Mecklenburg County Medical and Prescription Drug, be aware that you and your dependents will not be eligible to re-enroll in Mecklenburg County's plan, indefinitely. You should also know that if you waive or lose your current coverage with Mecklenburg County and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. For more information about your current prescription drug coverage contact CVS Caremark at 1-855-298-4257. For more information about Medicare plans and Medicare prescription drug plans:

- Visit www.medicare.gov ("Medicare & You" Handbook)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227) / TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778). Keep a copy of this Creditable Coverage notice as you may be required to provide a copy when you enroll in a plan.

Medicare eligible retirees may decide to participate in another Medicare-Coordinated plan in lieu of the County's plan, and the County will reimburse them up to the same amount that the County would have contributed towards their individual premiums had they been in the County's plan. If Medicare eligible retirees opt-out ("waive") of the County's plan, neither they nor their otherwise eligible dependents are eligible to participate in the plan at a later date. Please visit the following site for more information.

<https://www.mecknc.gov/HR/retirees/Pages/default.aspx>