

2020



# OPEN ENROLLMENT

AND SUMMARY OF MATERIAL MODIFICATIONS FOR  
PART TIME EMPLOYEES



VOLUNTARY DENTAL AND  
VOUNTARY VISION

# OPEN ENROLLMENT

## AND SUMMARY OF MATERIAL MODIFICATIONS

*As a part-time active employee, you are eligible to participate in our voluntary benefits program.*

May 2020

Every year at this time we review our benefit plan offerings. Our carriers provide our plan renewals and we consider what we offer, the cost for the next year and what we can afford. We consider our levels of benefits, our insurance company performance, and the cost to both you and the company. Based on this review, and in consultation with our benefit consultant, we have made the following decisions for our benefit offerings for the next year beginning on June 1, 2020 for our part time employees:

- This year we are adding Voluntary Dental and Voluntary Vision benefits through Principal



## OPEN ENROLLMENT

This is the time of year to add or delete coverage for any eligible family members. If you do not enroll an eligible spouse or child now because they have coverage through another employer, you may only add that person on our plan during next year's Open Enrollment period, unless you experience a qualified family status change.

## ELIGIBILITY

<b>Employee</b>	Part Time employees working at least 20 hours per week may enroll in our voluntary benefits
<b>Dependents</b>	Your legal spouse or same sex domestic partner Dependent children may be covered until age 26
<b>Waiting Period</b>	1 <sup>st</sup> of the month following date of hire

## WHAT DO I HAVE TO DO?

- If you wish to participate in the Voluntary Dental or Voluntary Vision, you will need to complete a Principal enrollment form.

All forms must be completed and returned to Catherine Warden by **May 27<sup>th</sup>**.

# OPEN ENROLLMENT

## AND SUMMARY OF MATERIAL MODIFICATIONS

*As a part-time active employee, you are eligible to participate in our voluntary benefits program.*



### HOW MUCH DO I HAVE TO PAY?

The following contributions are effective June 1, 2020.

Voluntary Dental	Deducted Monthly
	You Pay
Employee Only	\$50.88
Employee & Spouse	\$100.18
Employee & Child(ren)	\$117.62
Employee & Family	\$174.92

Voluntary Vision	Deducted Monthly
	You Pay
Employee Only	\$8.07
Employee & Spouse	\$16.57
Employee & Child(ren)	\$17.67
Employee & Family	\$28.10

### BENEFIT PLAN HIGHLIGHTS

#### NETWORK PROVIDERS

The plans encourage you to use preferred In-Network providers by charging you lower co-pays and co-insurance amounts. Preferred and In-Network providers have agreed to a fee schedule with **Principal and VSP**. Non-Preferred or Out-of-Network providers have not and you may have to pay amounts above the allowed charge (also called balance billing). To find a list of Preferred or In-Network providers, visit the carrier websites and search for providers that are In-Network.



#### VOLUNTARY DENTAL

To learn more about Principal and to find an In-Network provider, visit

[www.principal.com/dentist](http://www.principal.com/dentist)

	In-Network	Out-of-Network
Deductible Individual / Family	\$50 / \$150	\$50 / \$150
Annual Maximum (per person)	\$1,500	\$1,500
Diagnostic & Preventative	Covered in full	Covered in full
Basic & Restorative	Covered at 80%	Covered at 80%
Major Services	Covered at 50%	Covered at 50%

# OPEN ENROLLMENT

## AND SUMMARY OF MATERIAL MODIFICATIONS

*As a part-time active employee, you are eligible to participate in our voluntary benefits program.*



### VOLUNTARY VISION

Voluntary Vision is provided by Principal and administered by VSP using the VSP Choice Network. To learn more about the Voluntary Vision benefits and to find an In-Network provider, visit [www.vsp.com](http://www.vsp.com).

Exams	\$10 copay
Lenses (Single/Bifocal/Trifocal)	\$25 copay Covered up to \$150 allowance
Contact Lens Fitting	Up to \$60 copay
Contact Lens	\$150 allowance

Contact lenses are covered in lieu of frames/lenses.



### WHERE DO I GO IF I HAVE QUESTIONS?

Voluntary Dental	Principal	<a href="http://www.principal.com/dentist">www.principal.com/dentist</a>	800-247-4695
Voluntary Vision	VSP	<a href="http://www.vsp.com">www.vsp.com</a>	800-877-7195
Catherine Warden		<a href="mailto:cwarden@alaskapac.org">cwarden@alaskapac.org</a>	907-263-2900



### BENEFITS ADVOCACY

Alaska Center for the Performing Arts has partnered with Parker, Smith & Feek to provide you and your family with individualized assistance with insurance problems you are unable to resolve directly with the carrier. This includes claims issues, eligibility questions, network problems and general healthcare or insurance questions. Your personal benefits champion is:

Name: Shannon Mahan  
 Email: [sdmahan@psfinc.com](mailto:sdmahan@psfinc.com)  
 Phone Number: 907-865-6801