CENTRAL STATE EMPLOYEE ANNUAL ENROLLMENT BENEFIT OPTIONS CHECKLIST

It's important to look at your Partners for Health benefit options every year. You must act before the enrollment deadline if you want to make changes. The following checklist includes all benefits for which you may select among various options. Be sure to review information about your included benefits extras, too.

	MEDICAL COVERAGE				
	You can choose from three health plan options:				
	☐ Premier Preferred Provider Organization	☐ Standard PPO		☐ Consumer-driven Health Plan with a health savings account	
	Then choose from four health insurance carrier network options:				
	☐ BlueCross BlueShield Network S		☐ Cigna LocalPlus		
	☐ BlueCross BlueShield Network P		☐ Cigna Open Access Plus		
	DENTAL COVERAGE The state pays one-half of dental premiums				
	You can choose from two dental coverage options:				
	☐ Cigna Dental Health Maintenance Organization		☐ Delta Dental DPPO		
	VISION COVERAGE offered through EyeMed You can choose from two vision coverage options:				
	□ Basic Plan		Expanded Plan		
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	LIFE INSURANCE COVERAGE offered through Securian Financial				
	Basic term life insurance: employee only; state pays for 1X employee salary; automatically enrolled				
	☐ Basic accidental death and dismonattreally enrolled	nemberment insurance: employee only; state pays for 1X employee salary;			
	Voluntary accidental death and dismemberment insurance: optional coverage with employee and family options				
	☐ Voluntary term life insurance: optional coverage with employee and family options				
	SHORT-TERM DISABILITY COVERAGE offered through Metlife				
	You can choose from two short-term disability options:				
	☐ Option A		☐ Option B		
	ONG-TERM DISABILITY COVERAGE Employees will be automatically enrolled in long-term isability option 3, and the state will pay 100% of the premiums				
	There are four options available with MetLife. Employees would pay for enrolling in options other than option				
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	-	LE BENEFITS Employees must enroll each year if they wish to participate. Describe spending accounts (cannot enroll if enrolled in a CDHP)			
	☐ Limited purpose FSA (use for dental and vision expenses only) ☐ Dependent care FSA (use for certain dependent care costs)				
	☐ Transportation and parking FSA (for work-related commuting or parking expenses)			king expenses)	

If there is any discrepancy between the information on this checklist and the formal plan documents and certificates of coverage, the plan documents and certificates of coverage will govern in all cases.

