



FRINGE BENEFITS

OPEN ENROLLMENT 2018-2019

Every year, the Allegheny County Schools Health Insurance Consortium (ACSHIC) makes changes to health benefit plans. To review the changes that have been made to your coverage, please visit www.bwschools.net. If you would like to make changes to any of your fringe benefits, you may do so during **Open Enrollment beginning May 15, 2018 thru June 8, 2018**. The Benefits you select will be in effect from July 1, 2018 through June 30, 2019. After July 1, 2018, you can only become eligible for or make changes to your health insurance by a “**qualifying event**” (i.e., marriage, birth of a child).

If you have questions regarding the Baldwin-Whitehall School District Open Enrollment, contact Georgann Helman at 412.884.6300, ext. 7461, Monday - Friday, 7:30 a.m. to 4:00 p.m.

All completed forms must be submitted no later than Friday, June 8, 2018
Attention: Georgann Helman, Administration Office.

The following forms are available in this packet:

MANDATORY ANNUAL COMPLETION

- Affordable Care Act (**All employees must complete and return this form annually.**)

ENROLLMENT

- Highmark Blue Cross Blue Shield Enrollment Application (**If you are satisfied with your existing coverages, no action is necessary.**)
- ACSHIC Audit Documentation
- 2018-2019 Monthly Rates For Health Benefits (July 1, 2018 – June 30, 2019)
- Summary of Community Blue Flex EPO Benefits
- Summary of Community Blue Flex PPO Blue Benefits
 - **Individuals selecting PPO coverage will be responsible for their premium plus the difference between the EPO and PPO rates. (Refer to Collective Bargaining Agreement)**
- ACSHIC Standard Dental Plan
- ACSHIC Vision Plan

OPTIONAL

- **INNOVA Benefit Services Flexible Spending Account Plan Highlights**
- **INNOVA Benefit Services Flexible Benefit Plan Enrollment Form (Must complete annually, if applicable)**
- **Health Insurance Benefit Waiver/Opt Out Request** – A letter from your spouse's employer, stating you are enrolled in husband/wife or family coverage, must be included with this form. (**Must complete annually, if applicable**)