



**2025-2026**

**Town of Granby Open Enrollment**



# 2025-2026 OPEN ENROLLMENT

Open Enrollment is the one time during the year you can make changes to your benefit elections, without having a qualified change in family status.

Please note that Open Enrollment is passive this year, meaning you only need to submit forms to the Finance Department if you have a change you need to make. Otherwise, all elections will carry over into the new policy year. Employees waiving insurance will be required to sign and submit a “Declination of Insurance” form for ACA purposes.

Open Enrollment will end on June 4, 2025.

## At this time, you can:

- Enroll in the medical, dental, and vision plans
- Opt-out (waive) of plans
- Add and/or remove dependents



**Benefit  
changes  
you make  
become  
effective  
on**

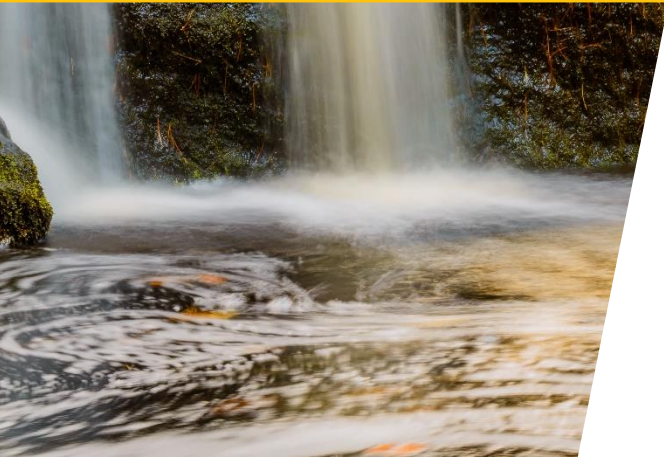
**July 1,  
2025**





# Medical Insurance

Anthem



# HIGH DEDUCTIBLE HEALTH PLAN (HDHP) VS. HEALTH SAVINGS ACCOUNT (HSA)

## High Deductible Health Plan (HDHP)

A medical/pharmacy plan with an up-front deductible that is applicable to all medical and pharmacy benefits.\*

## Health Savings Account (HSA)

A convenient and tax-advantaged way to pay for eligible expenses (such as plan deductibles and pharmacy copays) using pre-tax dollars from an individual bank account that you own.

\* With the exception of preventive benefits, which are always covered at 100% in-network.



# HDHP PLAN SUMMARY – MEDICAL & PHARMACY

In-Network Benefit	HDHP
Deductible (Individual/Family)	\$2,000/\$4,000
Coinsurance	0% Coinsurance after Ded.
Out-of-Pocket Max (Individual/Family)	\$2,000/\$4,000
Benefit Maximum	Unlimited
Preventive Care	\$0
PCP Office Visit	0% Coinsurance after Ded.
Specialist Office Visit	0% Coinsurance after Ded.
Radiology (advanced & non-advanced)	0% Coinsurance after Ded.
Outpatient Therapy	0% Coinsurance after Ded.
Chiropractic Care	0% Coinsurance after Ded.
Urgent Care	0% Coinsurance after Ded.
Emergency Room	0% Coinsurance after Ded.
Ambulance	0% Coinsurance after Ded.
Outpatient Hospital	0% Coinsurance after Ded.
Inpatient Hospital	0% Coinsurance after Ded.

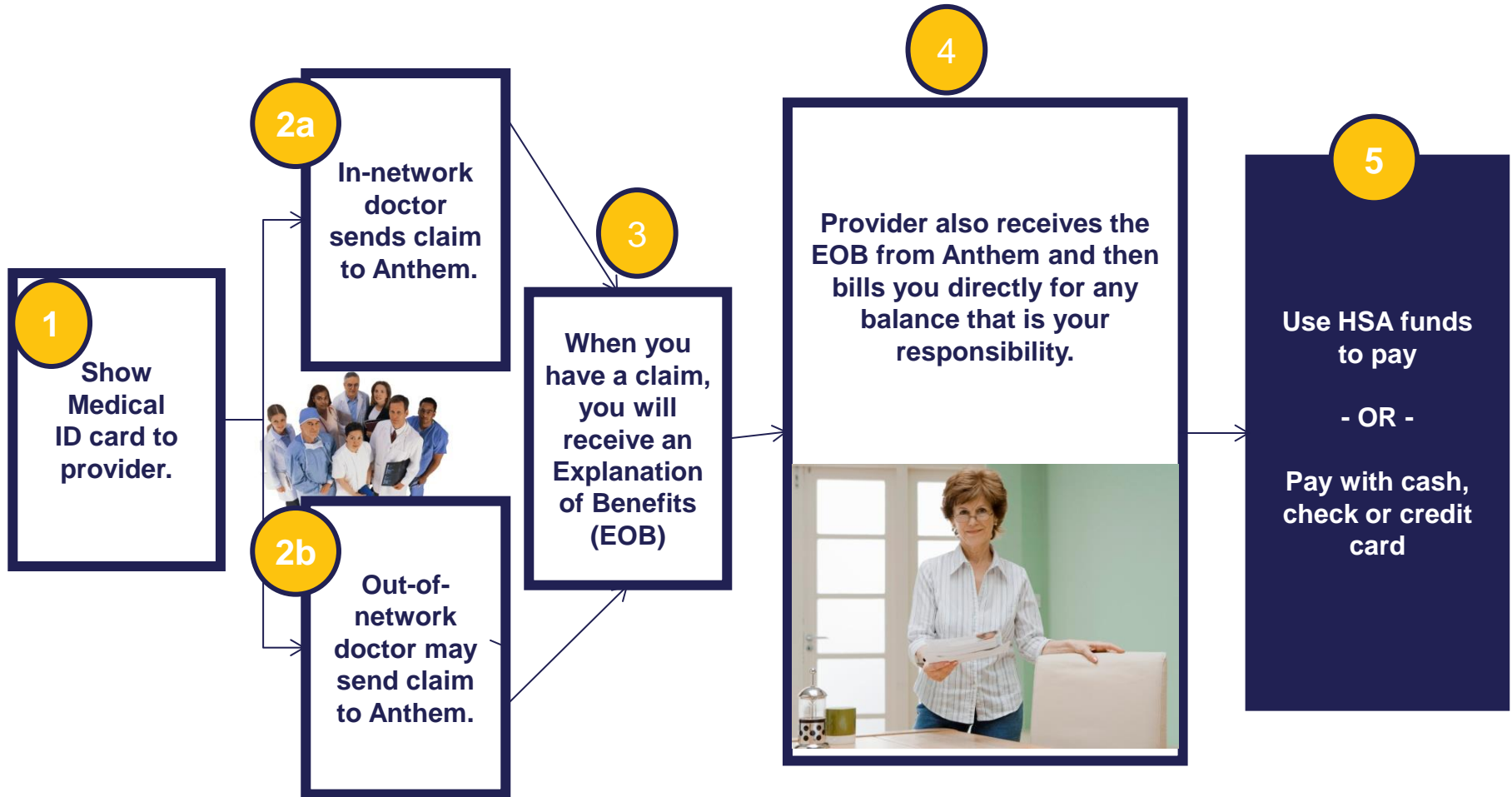
# HDHP PLAN SUMMARY– MEDICAL & PHARMACY

Out-of-Network Benefit	HDHP
Deductible (Individual/Family)	\$2,000/\$4,000
Coinsurance	20% Coinsurance after Ded.
Out-of-Pocket Max (Individual/Family)	\$4,000/\$8,000
Benefit Maximum	Unlimited
<b>Retail Pharmacy</b>	
Generic	\$0 after deductible
Preferred Brand	\$0 after deductible
Non-Preferred Brand	\$0 after deductible
<b>Mail Order Pharmacy</b>	
Generic	\$0 after deductible
Preferred Brand	\$0 after deductible
Non-Preferred Brand	\$0 after deductible





# WHAT HAPPENS WHEN I GO TO MY DOCTOR OR FACILITY?



# WHAT HAPPENS WHEN I GO TO THE PHARMACY?

1

**Show Anthem Medical  
ID card to Pharmacy.**

2

**Pharmacy verifies  
eligibility.**



3

**You pay the full cost of the  
prescription at time of  
service.**

**Once you meet your  
deductible, prescriptions  
are covered at no copay at  
a retail pharmacy.**

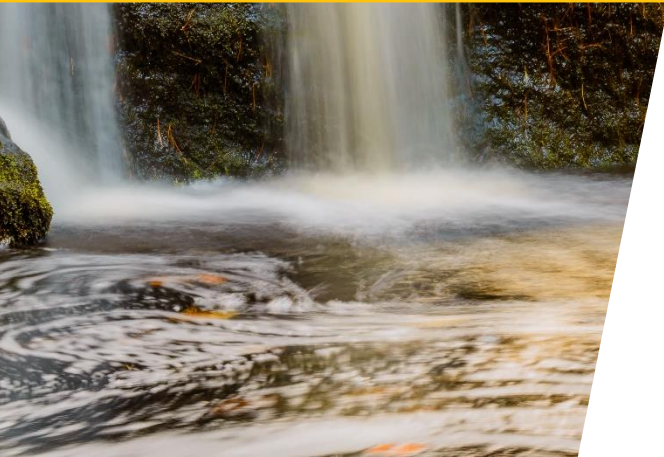
**Use HSA funds to pay  
Or  
Pay with other form of  
payment if you choose**





# Health Savings Accounts

Information & Regulations





# HEALTH SAVINGS ACCOUNT FEATURES

- Employees are the owner of their Health Savings Account.
- Employees may contribute to their HSA (pre-tax through payroll)
  - Eligible expenditures from the HSA are tax free per IRS Publication 502
  - HSA balances roll over every calendar year
    - Not a “use it or lose it” account
  - Account is portable
  - Account may accrue interest

**The Town of Granby will contribute to your deductible amount annually. Refer to your CBA or Personnel Rules for more information.**





# HEALTH SAVINGS ACCOUNT FEATURES

## HSA Highlights

- IRS Federal Maximum HSA deposit limit for calendar year 2025 is \$4,300 for individual coverage and \$8,550 for family coverage
- Catch Up Contributions of \$1,000 are available if you are over the age of 55
- You can access your HSA funds through a debit card or online banking
- You can use your HSA funds to pay for eligible expenses under IRS Publication 502
- IRS Publication 969 clarifies that you can withdraw tax-free money from your HSA to pay for qualified medical expenses for:
  - Yourself, your spouse (regardless of whether you file taxes jointly or separately), tax dependents and children who are claimed on your ex-spouse's tax return.

## Penalties for misuse of funds

- Under 65 → ineligible funds used receive a 20% penalty and are also taxed
- Over 65 → ineligible funds used are NOT penalized, but they are taxed



# IRS PUBLICATION 502

- HSA funds can be used for you, your spouse, and qualified tax dependents to cover qualified medical, dental and vision expenses
- Funds you withdraw for non-qualified expenses are included as income and are subject to income taxes and an additional 20% penalty
- A list of these expenses is available on the IRS website, [www.irs.gov/pub502](http://www.irs.gov/pub502) “Medical & Dental Expenses”



Department of the Treasury  
Internal Revenue Service

## Publication 502 Cat. No. 15002Q

### Medical and Dental Expenses

(Including the Health  
Coverage Tax Credit)

For use in preparing  
**2020** Returns



Get forms and other information faster and easier at:  
• [irs.gov](http://irs.gov) (English) • [irs.gov/korean](http://irs.gov/korean) (한국어)  
• [irs.gov/spanish](http://irs.gov/spanish) (Español) • [irs.gov/russian](http://irs.gov/russian) (Русский)  
• [irs.gov/chinese](http://irs.gov/chinese) (中文) • [irs.gov/vietnamese](http://irs.gov/vietnamese) (Tiếng Việt)

Jan 08, 2021

## Contents

What's New	1
Reminders	1
Introduction	2
What Are Medical Expenses?	2
What Expenses Can You Include This Year?	2
How Much of the Expenses Can You Deduct?	3
Whose Medical Expenses Can You Include?	3
What Medical Expenses Are Includible?	5
What Expenses Aren't Includible?	15
How Do You Treat Reimbursements?	17
How Do You Figure and Report the Deduction on Your Tax Return?	19
Sale of Medical Equipment or Property	19
Damages for Personal Injuries	20
Impairment-Related Work Expenses	21
Health Insurance Costs for Self-Employed Persons	21
Health Coverage Tax Credit	22
How To Get Tax Help	22
Index	26

## Future Developments

For the latest information about developments related to Pub. 502, such as legislation enacted after it was published, go to [irs.gov/pub502](http://irs.gov/pub502).

## What's New

**Standard mileage rate.** The standard mileage rate allowed for operating expenses for a car when you use it for medical reasons is 17 cents a mile. See [Transportation](#) under *What Medical Expenses Are Includible*, later.

## Reminders

**Photographs of missing children.** The IRS is a proud partner with the [National Center for Missing & Exploited Children® \(NCMEC\)](#). Photographs of missing children selected by the Center may appear in this publication on pages that would otherwise be blank. You can help bring these children home by looking at the photographs and calling 800-THE-LOST (800-843-5678) if you recognize a child.





# IRS REGULATIONS FOR HSA

- Not eligible to receive or make tax advantaged contributions to a Health Savings Account, if:
  - YOU, the employee, are collecting Social Security benefits
  - YOU, the employee, are enrolled in Medicare (at a minimum Part A)
  - YOU, the employee, are not enrolled in a qualified HDHP
  - YOU, the employee, have secondary coverage under your spouse and it is a Copay Plan
  - YOU, the employee, currently have Tricare Military Benefits
  - YOU, the employee, have VA (Veteran) benefits and have utilized them (3) months prior to the effective date of the H S A being opened. Unless VA benefits are due to a disability, then regulation does not apply.
  - EITHER you, the employee, and/or your spouse have an open and active General Purpose Flexible Spending Account (FSA). A Limited Purpose FSA is permitted to be open which covers Dental and Vision ONLY.





# IRS REGULATIONS FOR HSA

- **IMPORTANT** - Active employees approaching age 65 who are not collecting Social Security benefits, can choose to decline Medicare Part A so that you remain eligible to receive and make pre-tax contributions into your Health Savings Account.
  - If you are collecting Social Security benefits when you become eligible for Medicare, you will automatically be enrolled in Part A.
- Keep in mind, if you enrolled in Medicare after you turn age 65, you will be enrolled in Medicare 6 months retroactive to your enrollment date. Thus, you should stop HSA contributions 6 months prior to enrolling in Medicare if enrolling after you turn age 65..
- **IMPORTANT** – In Publication 969 ([irs.gov](https://www.irs.gov)) it states that if you are NOT claiming your dependent as a Tax Dependent the IRS does not allow you to use your tax advantaged HSA dollars to pay for those dependent's claims.

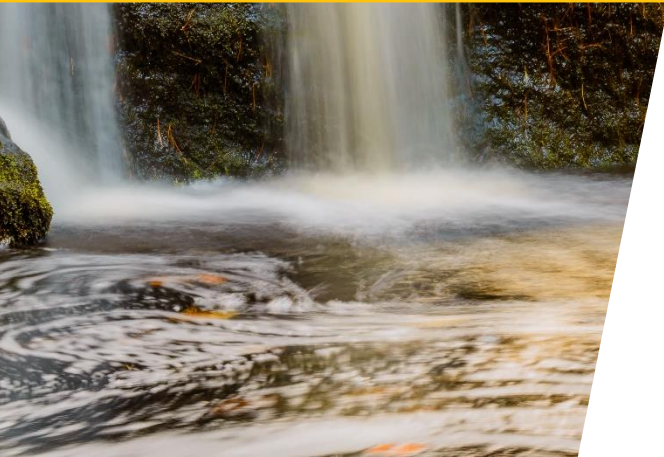






# Vision Insurance

Anthem





# VISION SUMMARY

BVV Plan Benefits	In-Network	Out-of-Network	Frequency
Eyeglass Frames	\$100 Allowance, then 20% off any balance	UP to \$45 reimbursement	Once every calendar year
Eyeglass Lenses (In lieu of contacts)			
Single Vision	\$20 Copay	Up to \$40 reimbursement	Once every calendar year
Bifocals	\$20 Copay	Up to \$60 reimbursement	
Trifocals	\$20 Copay	Up to \$80 reimbursement	
Eyeglass Lens Enhancements			
Transitions Lenses (children under 19)	\$0 Copay	No allowance obtained OON	Same as covered eyeglass lenses
Standard Poly Carbonate (children under 19)			
Factory Scratch Coating			
Contact Lenses (In lieu of eyeglass lenses)			
Elective conventional )non-disposable); OR	\$100 allowance, then 15% off any balance	Up to \$95 reimbursement	Once every calendar year
Elective disposable; OR	\$100 allowance (no additional discount)	Up to \$95 reimbursement	
Non-elective (Medically Necessary)	Covered in full	Up to \$210 reimbursement	



A photograph of a smiling man and woman holding a baby in a white sling. The man is in the background, and the woman is in the foreground, both looking at the baby. The baby is looking towards the camera.

# Resources

# SEE A DOCTOR ANYTIME AT HOME OR ON THE GO

**LiveHealth**<sup>®</sup>  
O N L I N E

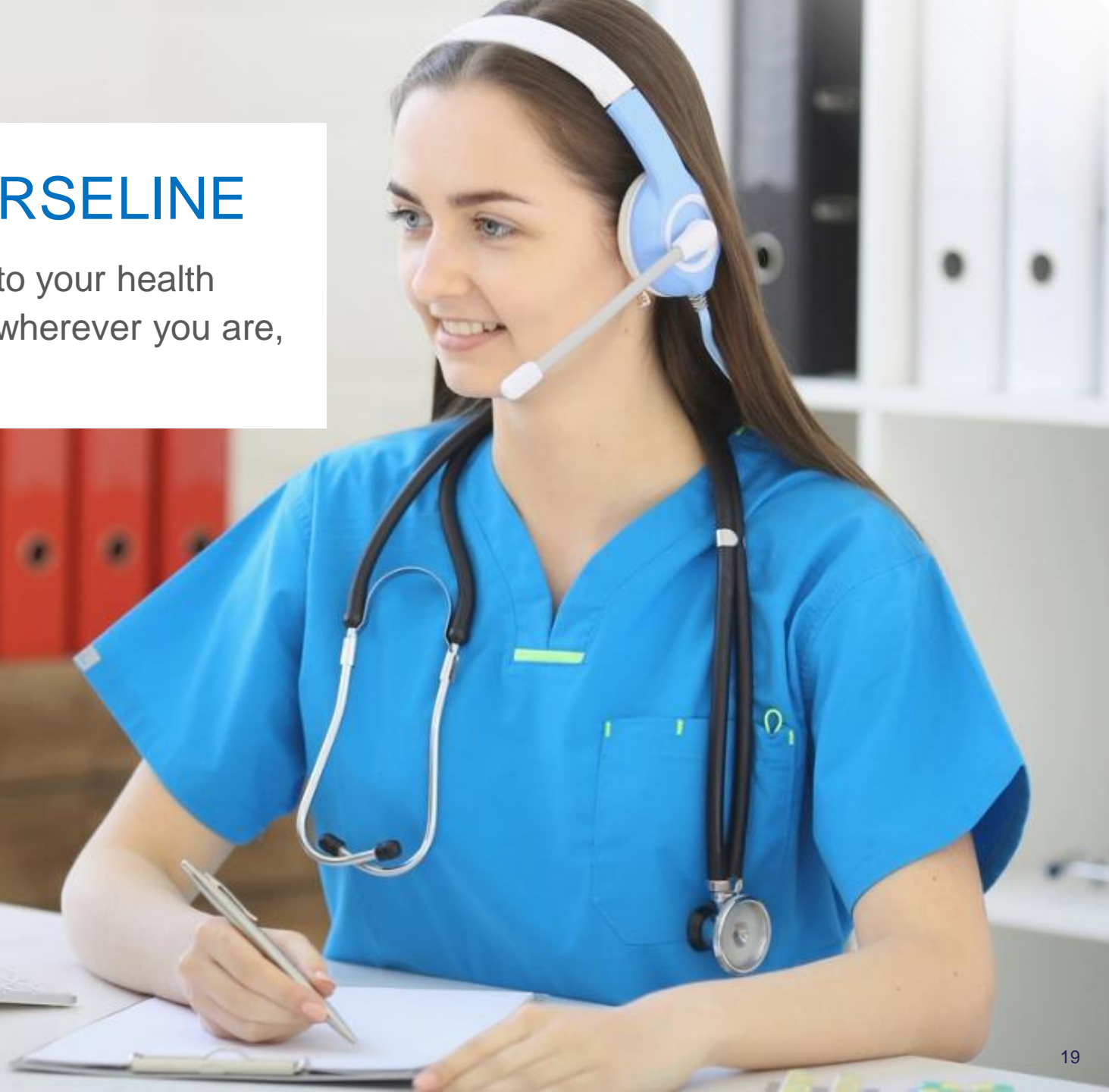
- Have a private video appointment with a doctor on your mobile phone, tablet or computer with a webcam.
- Doctors are available 24/7 for advice, treatment and prescriptions, if needed.
- See a licensed therapist or psychiatrist. Appointments are available 7 days a week and usually cost the same as an in-person visit.

Sign up at [livehealthonline.com](https://livehealthonline.com) today or download the free app.



## 24/7 NURSELINE

Get answers to your health questions — wherever you are, day or night.





# ConditionCare

**Get support from a dedicated nurse team if you have:**



Asthma



Diabetes

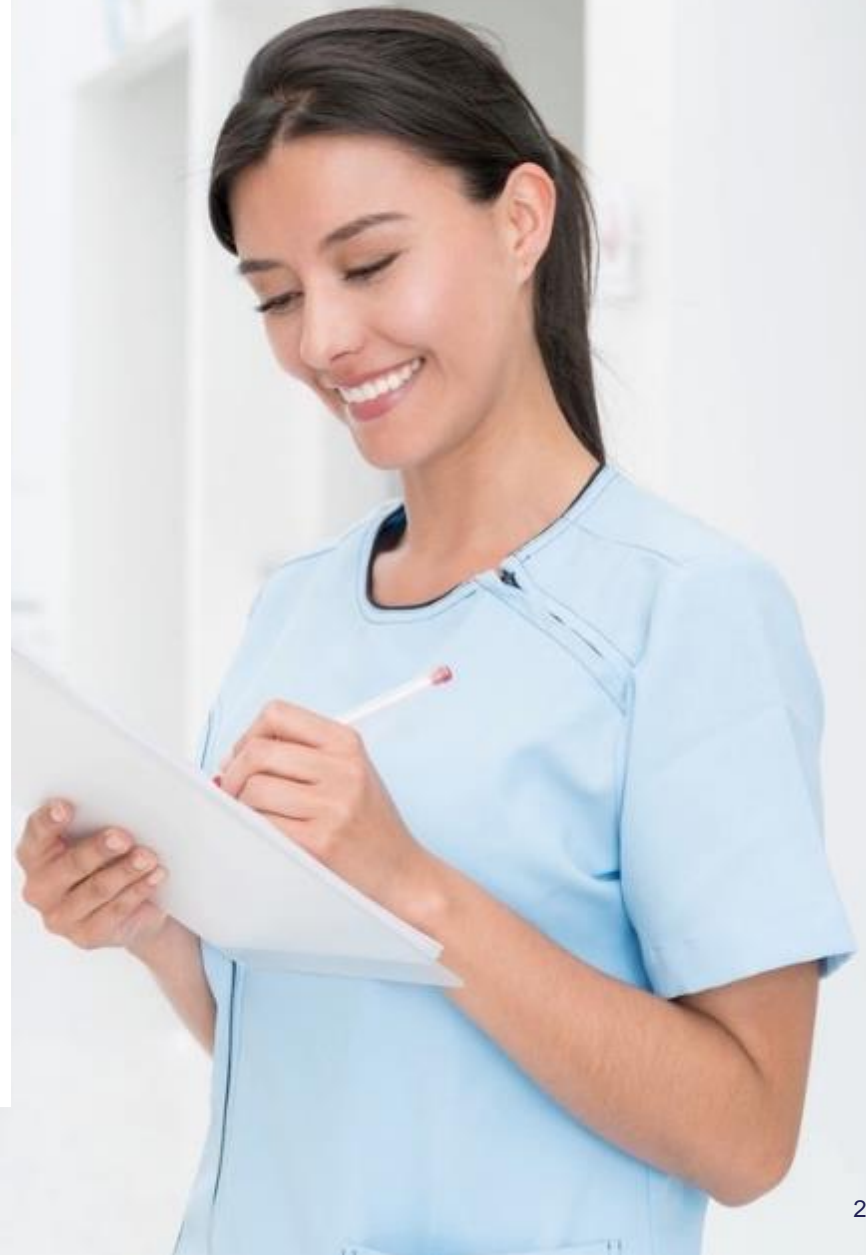


Heart disease / heart failure



Chronic obstructive pulmonary disease (COPD)

- Work with dietitians, health educators and pharmacists.



# Case Management

**If you're in the hospital or have a serious health problem, a nurse care manager can:**

- Help answer your questions.
- Coordinate your care with different doctors.
- Show you how to use your health benefits.
- Educate you about your health issue and treatment options.
- Give you tips on saving money and connecting with local resources.



# SpecialOffers

Visit [anthem.com](https://anthem.com) and choose **discounts** to:



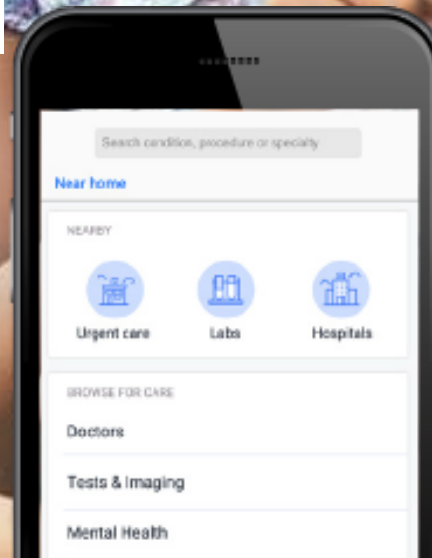
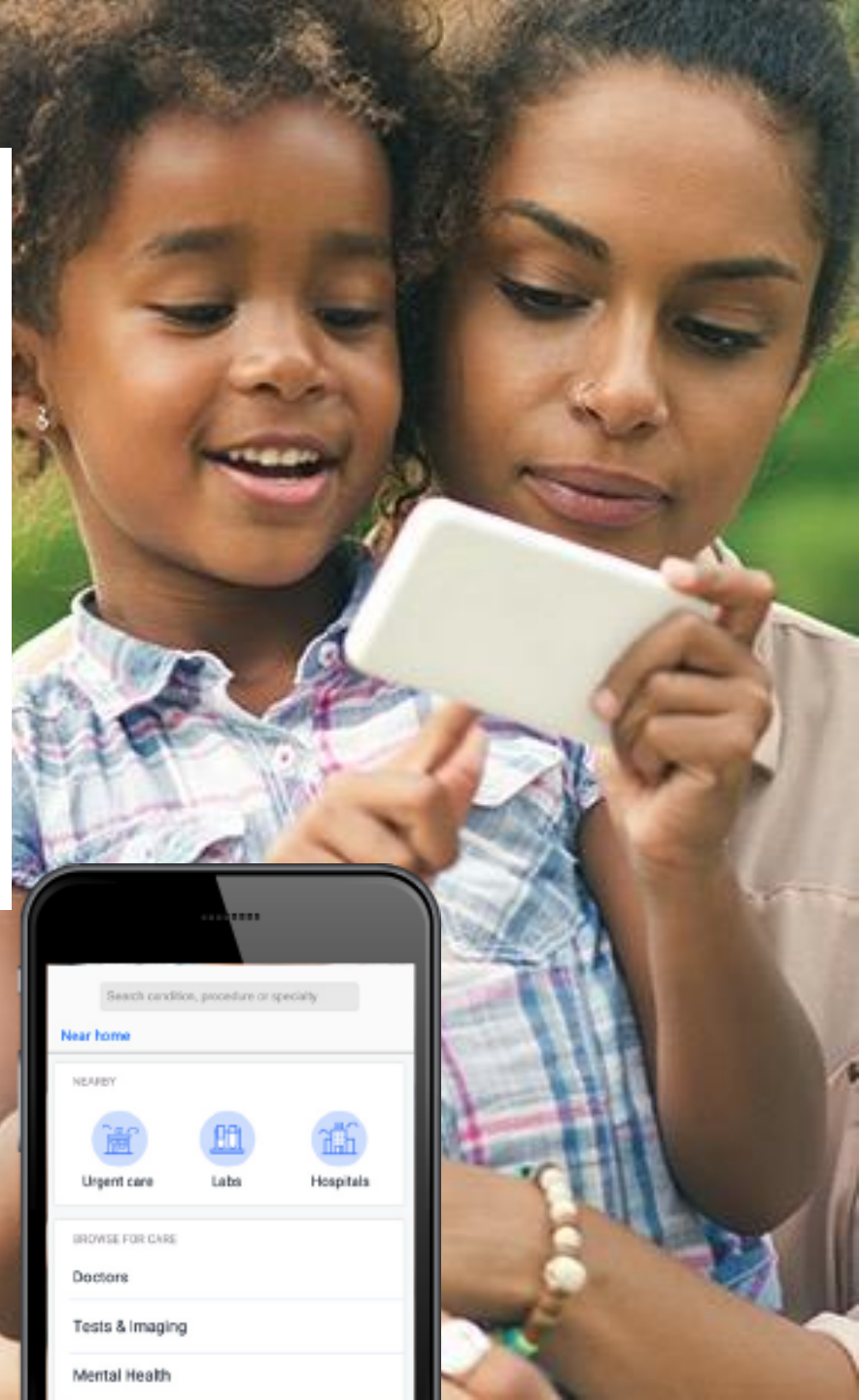
Save money on glasses, weight-loss programs, gym memberships, vitamins and much more.



# Sydney mobile app

## It's personalized so you can:

- See what's covered, what it costs and where you've spent your health care dollars.
- Find doctors in your plan.
- Get ratings and reviews.
- Always have your ID card with you.
- Add a Primary Care Physician under Our Care Team





# GET PERSONALIZED INFORMATION

Register on the **Sydney** mobile app or at [anthem.com](https://www.anthem.com).



Find a doctor.



Check the price of a medicine or refill a prescription.



Update your email address for easy access to plan information you need.



Take a health assessment and get tips for how to get or stay healthy.



Estimate your costs before you go to the doctor.

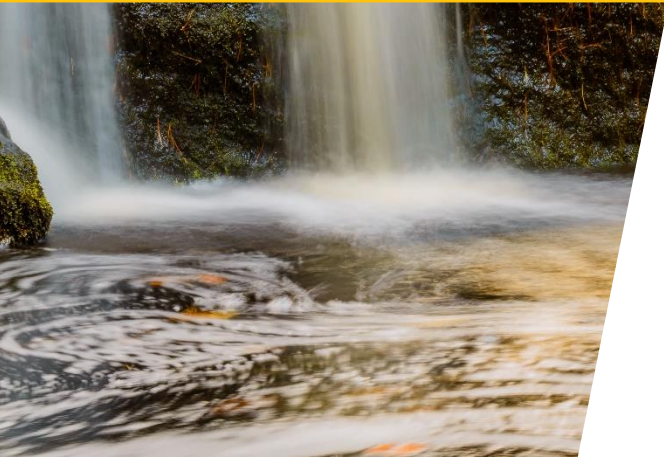


View claims, Explanation of Benefits and your health savings account balance.



# Dental Insurance

Delta Dental



# DENTAL SUMMARY

	<b><u>If a Delta Dental PPO<sup>SM</sup> Network Dentist is Used</u></b>	<b><u>If a Delta Dental Premier® or Non- Network Dentist is Used</u></b>
<b>Calendar Year Deductible</b>		
• Per Person	\$25	\$25
• Family Aggregate Maximum	\$75	\$75
<b>Preventive &amp; Diagnostic (No Deductible)</b>	<b><u>Plan Pays:</u></b> 100%	<b><u>Plan Pays:</u></b> 100%
• Exams, Cleanings, Bitewing X-Rays (2 per calendar year per person)		
• Fluoride Treatment (for children to age 19)		
• Sealants (To age 16)		
<b>Remaining Basic (After Deductible)</b>	80%	80%
• Fillings, Extractions & Root Canals (Endodontics)		
• Periodontal & Oral Surgery		
• Repair of Dentures		
<b>Crowns &amp; Prosthodontics (After Deductible)</b>	70%	70%
• Crowns & Gold Restorations		
• Bridgework, Full & Partial Dentures		
• Implants		
<b>Calendar Year Maximum (Per Person)</b>	\$1,500	\$1,500
<b>Orthodontia (Adult &amp; Children)</b>		
• Lifetime Deductible	\$50	\$50
• Coinsurance	60%	60%
• Lifetime Maximum	\$2,000	\$2,000



# Delta Dental PPO Plus Premier™ nationwide networks

## If you use a Delta Dental PPO™ dentist

- Your out-of-pocket costs will be lowest for services if you use a participating PPO dentist.
- Your annual maximum stretches further because the PPO dentists' fees are lower.
- Participating dentists may not charge more than Delta Dental's allowed charges, and are paid directly by Delta Dental for covered services.

## If you use a Delta Dental Premier® dentist

- Our largest nationwide network.
- Your out-of-pocket costs will be higher, and your plan maximum will not go as far, since Premier dentists' fees are not as discounted as PPO dentists
- Participating dentists may not charge more than Delta Dental's allowed charges, and are paid directly by Delta Dental for covered services

## You may use dentists that do not participate with Delta Dental

- You are responsible for submitting the claim
- You are responsible for making payment to the dentist
- Your out-of-pocket costs are highest when you use non-participating dentists

Visit [www.DeltaDentalCT.com/FAD](http://www.DeltaDentalCT.com/FAD) to find a dentist.

Choosing dentists with the “Greater Savings” icon helps you keep more money in your pocket.





# DENTAL EMERGENCY? USE OUR VIRTUAL VISITS SERVICE!

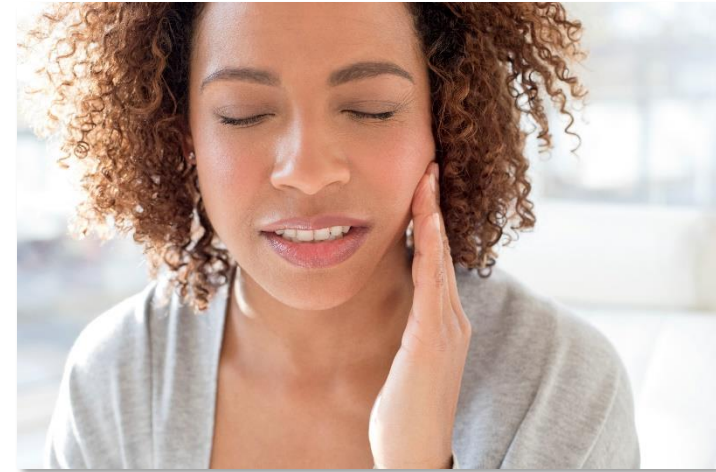
Delta Dental Virtual Visits, delivered by TeleDentistry.com, provides 24/7 access to a dentist, 365 days a year, for our members.

You can use Delta Dental Virtual Visits when:

- having a dental emergency while on vacation, during holidays, or away from home
- needing access to a licensed dentist after hours or if your dentist is unavailable
- having a dental emergency and you do not have an established dentist

You should always try to access your regular dentist before using the Virtual Visits service.

To get started, call our 24/7 hotline at 866-443-1882 or visit [www.DeltaDentalCT.com/VirtualVisits](http://www.DeltaDentalCT.com/VirtualVisits).



Delta Dental's Virtual Visits service is provided by Teledentistry.com. This service is a covered benefit in most Delta Dental of Connecticut plans for currently enrolled members.

Please note that a Virtual Visit is considered to be a "problem-focused exam" and counts as one of your annual examinations covered by your plan.



# YOUR RESOURCES – CONNECT WITH DELTA DENTAL

- Register and log into your *My Smile*® account at [DeltaDentalCT.com](https://DeltaDentalCT.com) to access your dental benefits information
- Use the same log in information to access your dental benefits information in the Delta Dental App
- Customer Service 800-452-9310

Call, go online or download our mobile app for these services:

- Verify eligibility
- Review benefits
- Look up claim payments
- Find a dentist
- Cost Estimator – on mobile app
- Get your ID card

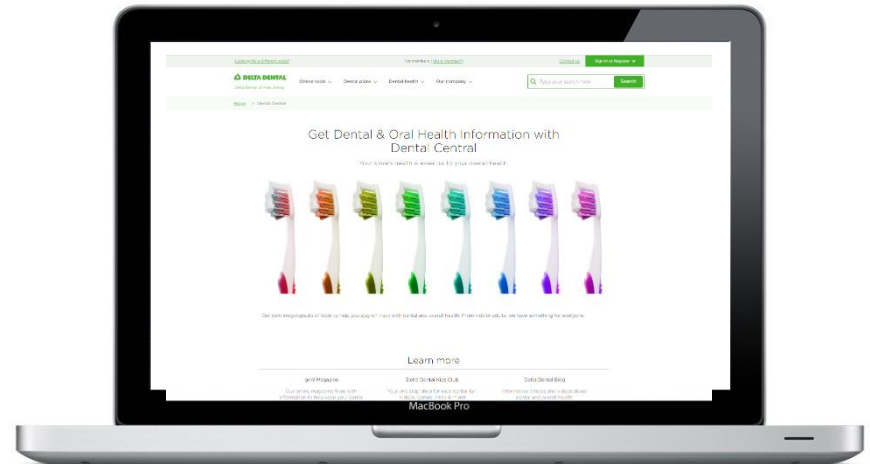




# Oral health and wellness information

## Your one-stop dental resource hub

- Library of articles on oral health & wellness
- Videos on dental topics
- Oral health risk assessment tool – MyDentalScore.com
- [Grin! Magazine – quarterly online wellness magazine](#)
- Resources on:
  - [Smoking Cessation](#)
  - [Hygiene Practices](#)
  - [Vegan Diet](#)



# Dental ID card

PPO Plus Premier

**New Members:** Your ID Card will arrive in the mail.

**All Members:** Your ID card is available online in the MySmile Portal at [DeltaDentalCT.com](https://DeltaDentalCT.com)





# WE WANT YOU TO FEEL HEALTHY AND LOVE YOUR SMILE.

Taking good care of your teeth is an important part of taking good care of yourself.

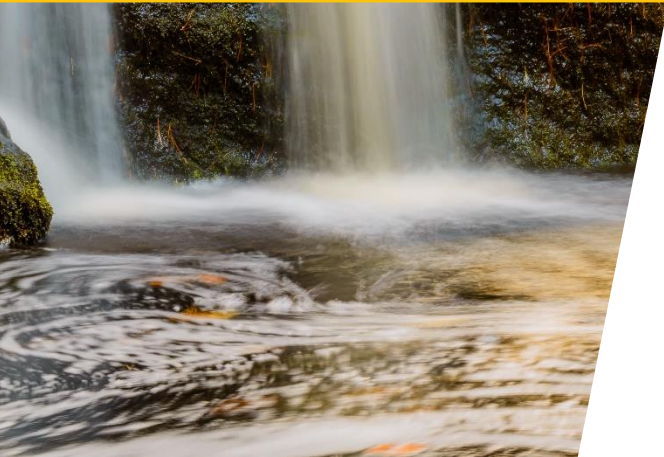
- **Brush and floss** your teeth twice a day
- Go to the dentist **twice a year**
- If you have pain in your mouth, **don't delay**, visit your dentist
- Tell your dentist about any medical conditions you have **like diabetes, cardiac disease, or pregnancy**
- **Protect your teeth** from injury – wear a mouth guard when playing sports
- **Find a dentist that** is conveniently located for you that offers hours that work for you and your family





# ABS

HSA, FSA, DCFSA



# Limited FSA

## \$3,300.00

- Unlike an HSA where funds are only available to spend once they are deposited into your account, the entire amount you elect to contribute to your Limited FSA is available on day 1 of your plan year.
- Even though your HSA can also cover these services, using a Limited FSA allows you to save your HSA funds for future medical expenses.
- If you cannot fund your HSA in full, a Limited FSA may not be a valuable asset. Unlike a Limited FSA, funds in your HSA will always roll forward from year-to-year, allowing you to accumulate funds over time, so it is most beneficial to fully fund this account first.

### Expenses covered by a Limited FSA:

- Dental, orthodontia, dental implants, veneers, dentures, crowns, filling and bridges ( no cosmetics)
- Vision: Optometrist, ophthalmologist visits, Eyeglasses, contacts, prescription sunglasses, solutions, laser eye surgery and drops

### Rules :

- A limited FSA can be paired with a health savings account (HSA)
- A Limited FSA cannot be paired with a Medical Flexible Spending Account (FSA)
- After you hit the Minimum IRS deductible (1650/3300), your Limited FSA can cover eligible out-of-pocket medical expenses just like a Medical Flexible Spending FSA. This is referred to as a post-deductible or combination FSA.

# Flexible Spending (medical)

**\$3,300.00**

- FSA medical funds are available on **DAY 1** of the plan year – July 1, 2025
- Medical Flexible Spending is **INDEPENDENT** of your health insurance plan and you can participate if you are enrolled in **Medicare**.
- Your election will deduct evenly out of every paycheck during the plan year – 26 payrolls. **Example**  
**\$1000.00/26 = \$38.46**
- You can cover your spouse and children under the age of 27.
- **Debit card will be mailed to your home address (set of 2).**

## Healthcare FSA includes:


- Medical Expenses (Copays, doctor visits, surgeries, prescription drugs, etc.)
- Dental Expenses (Cleanings, fillings, implants, crowns, orthodontia, etc.)
- Vision Expenses (Frames, contacts, contact lens solution, prescription lenses & sunglasses, etc.)
- Over **20,000** eligible items in the marketplace including **over-the-counter medications** (allergy, asthma, cold/flu, heartburn, acetaminophen), first-aid, feminine care products, PPE
- Visit the FSA Store online for a full list ([www.abs125.com](http://www.abs125.com))



# Dependent Care

- Employees contributing to this benefit reduce taxable income as it spreads the benefits of pre-tax dollars throughout the year helping to save 30% or more on dependent care costs.
- DCAs may provide employees more tax advantages than the federal income tax credit
- **Pay to balance** – Reimbursement only occurs after funds are deducted from your paycheck and applied to your account.
- **No debit card** – Sign up for direct deposit for a faster return.
- If you have a fixed cost, complete an ABS “Affidavit” once at the beginning of the plan year and submit it directly to ABS with a receipt.

Eligibility	Ineligibility
<b>Common eligible expenses</b>  <b>Preschool &amp; after-school</b>  <b>Day care providers</b>  <b>Summer day camps</b> <b>Eligible dependents</b>  Children under age 13 who are claimed as dependents for tax purposes  Disabled spouse or disabled dependents of any age	<b>Ineligible expenses</b>  Services provided by one of your dependents  Night-time babysitting (unless you work nights when the expenses are incurred)  Expenses paid for school (kindergarten and above)  Overnight camps  Nursing homes, respite care or other residential care centers



Advanced Benefit Strategies  
Your Flexible Benefits Specialist

### Yearly Automatic Dependent Care Reimbursement Affidavit

1) Have your day care provider sign this form in box II. **REQUIRED**  
 2) Attach a bill or statement that notes the time and address of provider. **REQUIRED**  
 3) Last date of service of the recurring expense (example – Jan 1, 20\_\_ to Dec 31, 20\_\_). **REQUIRED**  
 4) **COMPLETE A NEW FORM EACH NEW PLAN YEAR.**

**I. Employee Information**

Your Employee	Your Name
Day time telephone number	Social Security Number (or Employee ID if applicable)

**II. Certification from Dependent Care Provider – this box must be complete**

I, the Dependent Care Provider listed below, certify that I will provide the services as listed below.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider Tax ID # or Social Security # \_\_\_\_\_

The cost for dependent care service charged to me is as noted below: Choose one.

☐ **Weekly** - Amount paid per week: \$ \_\_\_\_\_ Number of weeks: \_\_\_\_\_ Total: \$ \_\_\_\_\_  
☐ **Monthly** - Amount paid per month: \$ \_\_\_\_\_ Number of months: \_\_\_\_\_ Total: \$ \_\_\_\_\_  
☐ **Quarterly** - Amount paid per quarter: \$ \_\_\_\_\_ Number of quarters: \_\_\_\_\_ Total: \$ \_\_\_\_\_  
☐ **Yearly** - Amount paid per year: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

The date of service will begin on \_\_\_\_\_ and end on \_\_\_\_\_ (enter a complete date in each section.)

**EXAMPLE:** \$100.00 per week for 48 weeks = \$4,800.00

I understand that I can only be reimbursed for services with funds that have been paid to my Dependent Care Account and that reimbursements will be made payable to me with a check or direct deposit. I understand that I am responsible to pay any daycare provider.

I understand it is my responsibility to notify ABS if any daycare situation changes (example a change in dependent care provider or a change in service amount). No employee is responsible for reporting the amount withheld from any pay for dependent care expenses on any year-end W-2. I understand that I must disclose this amount to the IRS when filing my annual tax return. If I fail to provide accurate information, I understand I may be subject to penalties in the event of an audit by the IRS.

**IV. Certification**  
 I certify that the above reimbursement substantiation is for expenses incurred for my eligible dependent.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: Advanced Benefit Strategies 30 Mill Street  
 Danvers, CT 06001  
 Call: 860-475-2261 • Toll Free: 877-732-6125 • Fax to: 860-475-2267  
 Or, visit our web site @www.abs125.com

**\$5,000** per household  
**\$2,500** per person (if married filing separately)



# Grace period and run out

A Grace Period **extends** the period of time in which you can use your FSA funds on eligible expenses, such as going to the doctor or purchasing prescriptions or over-the-counter medications.



- July 1<sup>st</sup> , 2025 – June 30<sup>th</sup> , 2026
- September 15<sup>th</sup> , 2026 – deadline to **incur** claims
- September 30<sup>th</sup> , 2026 – deadline to **submit** claims

- This extension does not impact the next plan year. You can still elect up to the full maximum annual election.
- If you have the debit card, it will continue to work as normal, using the funds remaining in your prior plan year first.



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