

Tonganoxie USD #464 2016 Employee Benefits



Welcome to Open Enrollment for your Benefits!

Elections you make during open enrollment will be effective October 1, 2016.

Tonganoxie School District offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.





Who is Eligible?

If you work more than 20 hours a week you are eligible to enroll in the benefits described in this guide. Spouses and dependent children to the age of 26 are eligible for coverage as well.

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.



How to Enroll

Step 1) Sign up for your mandatory one-on-one enrollment session with a Colonial benefits counselor.

Step 2) Review your benefit elections.

Step 3) Complete the worksheet at the end of this guide and bring it to your enrollment session. This will expedite your enrollment session.

Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualifying event.

The benefits you elect during open enrollment will be effective from October 1, 2016 through September 30, 2017.

In effort to be more environmentally friendly, we are asking that you visit the Human Resources page under Departments at www.tong464.org to view/print benefit summaries and rates before your scheduled enrollment time.

Where can I find my benefits information?

- ♦ You can find complete benefit summaries and rates by going to the Human Resources page on the District website.

Who do I contact with questions?

- ♦ Audra Boone or Meagan Vestal in the District Administrative Center at 913-416-1400.

- OR -

Your CBIZ Team 700 West 47th Street, Suite 1100

Maggie Releford
Account Executive
Direct Line: 816-945-5242
mreleford@cbiz.com

Jennifer Cross
Client Service Representative
Direct Line: 816-945-5287
jcross@cbiz.com

Medical and Prescription Drugs: Aetna

The District will continue to offer you three medical plans to choose from, two POS plans and a QHDHP.

The following chart compares the in-network benefits for the three plans that will take effect October 1, 2016.

	QHDHP	Base POS	Buy-Up POS
Deductible - Individual - Family	\$2,600 \$5,200	\$2,000 \$4,000	\$1,500 \$3,000
Coinsurance	0%	50%	30%
Out of Pocket Maximum⁽¹⁾ - Individual - Family	\$3,500 \$7,000	\$5,000 \$10,000	\$6,000 \$12,000
Physician Office Visits - Primary Care Physician - Specialist	Deductible Only Deductible Only	\$40 \$40	\$25 \$50
Preventive Care - Adult & Child Routine Physicals - Routine Mammogram - Routine Colonoscopy	Covered 100% Covered 100% Covered 100%	Covered 100% Covered 100% Covered 100%	Covered 100% Covered 100% Covered 100%
Hospital Services - Inpatient - Outpatient surgical - Hi-Tech Scans (MRI, CT, PET)	Deductible Only Deductible Only Deductible Only	Deductible then 50% Deductible then 50% Deductible then 50%	Deductible then 30% Deductible then 30% Deductible then 30%
Emergency Room Urgent Care	Deductible Only Deductible Only	\$200 then 50% \$50	\$200 then 30% \$50
Prescription Drugs - Deductible	Medical Deductible then the following copays until the out of pocket max is met:	N/A	N/A
- Tier 1A - Tier 1B - Tier 2 - Tier 3 - Tier 4	\$3 \$12 \$40 \$65 20% up to \$150 per formulary script or \$250 per non-formulary script	\$3 \$12 \$40 \$65 20% up to \$150 per formulary script or \$250 per non-formulary script	\$3 \$12 \$40 \$65 20% up to \$150 per formulary script or \$250 per non-formulary script
- Mail order (120 day supply) - Tier 1A - Tier 1B - Tier 2 - Tier 3 - Tier 4	N/A	\$7.5 \$30 \$100 \$162.50 N/A	\$7.5 \$30 \$100 \$162.50 N/A

(1)Out of Pocket maximum includes all covered medical expenses including copays and prescription drug costs.

2016 Medical Cost

These rates do not include the district contribution

	QHDHP	Base POS	Buy-Up POS
Employee Only	\$409.87	\$422.16	\$446.77
Employee + Spouse	\$906.21	\$933.90	\$986.19
Employee + Child(ren)	\$656.02	\$675.96	\$714.29
Family	\$1,063.58	\$1,096.15	\$1,157.21

How does the QHDHP work?

The office visit copay is eliminated in this plan. All charges related to diagnostic office visits and hospital services will apply to your deductible. Routine Preventive Care is covered 100%, not subject to the deductible. The plan provides 100% coverage in-network after the deductible.

Prescription drugs also apply to the medical plan deductible.

Deductible, coinsurance and prescription drugs all help you meet your out of pocket maximum. Once the deductible is met, all covered services are paid at 100% for the remainder of the year, including prescription drugs.

If you remain in-network, you will still benefit from the Coventry contracts with their network providers. Only the discounted "allowable" amount will apply to your deductible, not the full billed charge.

Your deductible is offset by reduced premiums. If you wish to contribute to a HSA you may do so. These funds roll over year to year, and can eventually provide full reimbursement of all out-of-pocket costs.

Health Savings Accounts (HSA): Mutual Savings Bank

The District uses Mutual Savings Bank for payroll contributions. If you are newly enrolling in the HSA you will first need to 1) contact the bank to get your account set up and 2) turn in the payroll deduction form at the end of this guide.

If you are currently enrolled in the HSA you will need to complete the payroll deduction form at the end of this guide to receive district contributions and/or make your own payroll contributions.

Over the last several years, you have probably heard a lot about the concept of consumer driven health care. As health insurance costs have continued to increase due to an aging population, state-of-the-art technology, increased cost and prescribing of prescription drugs, and greater occurrence of "lifestyle-related" conditions, the savings once achieved through tightly managing health care delivery has been outpaced by inflation and rejected by consumers who demand more freedom. There are two parts to this plan. The medical plan (QHDHP) and the banking piece (HSA).

Part one, the QHDHP, will have a \$2,600 Individual/\$5,200 Family Deductible/Out of Pocket Maximum. Please see the above section about how this plan works.

The QHDHP is accompanied by part two, a Health Savings Account (HSA). If you participate in the QHDHP, you can set aside money in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a flexible spending account in that you are eligible to pay for health care expenses with pre-tax dollars. There are several advantages of an HSA. For instance, money in an HSA can be invested much like 401(k) funds are invested. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. Also, your HSA account is yours to keep which means that you can take it with you if you change jobs or retire.

Who is eligible to participate in a HSA?

You are eligible to participate in a HSA if you are covered by a QHDHP. Employees, dependent spouses and/or children who are covered by any non-qualified plan, including Medicare, are not eligible for the HSA.

You are ineligible if you and/or your spouse are contributing to a Section 125 FSA plan that is not a LIMITED FSA. You may have a Dependent Day Care Expense Account or participate in the Premium Savings program – these will not disqualify you.

How much can I contribute to my HSA?

The maximum amount that you can contribute to a HSA for the 2016 calendar year is \$3,350 for individual coverage and \$6,750 for family coverage. Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000.

What are some of the advantages of a HSA?

Less monthly premium paid on a QHDHP allows for discretionary employee and District contributions into a personal Health Savings Account, which is then used to offset the cost of your healthcare services.

You may use the HSA funds for the same type of things covered by a Section 125 Flexible Spending Account (e.g. dental, vision, and prescription drug out-of-pocket costs), and some things which the Section 125 plan does not allow: COBRA premium, retiree health insurance premium other than Medicare supplement policies, Long Term Care insurance premiums, and health insurance premiums if you are receiving unemployment.

With the HSA, you have a triple tax advantage: contributions are tax-deductible (no Federal, State, or Employment taxes are deducted), earnings on your balance and investments are not taxed, and funds withdrawn for qualified medical expenses are not taxed.

The money in the HSA is always yours to use – even if you change back to a traditional medical plan at open enrollment, retire or leave the District. If you own an HSA account and later enroll in a non-qualified plan, you will no longer be able to contribute to the HSA, but your account will continue to accumulate interest. You may also withdraw from the account for qualified medical expenses for you and your dependents.

If you are currently enrolled in a Flexible Spending Account (FSA) and intend to enroll in the QHDHP, you **MUST** zero out your FSA before you establish your HSA. Due to IRS regulations, you cannot have a FSA and contribute to a HSA at the same time.

If you are currently enrolled in a traditional plan (HMO or PPO) and you intend to enroll in the QHDHP you cannot use your HSA funds for expenses incurred prior to enrolling in the QHDHP.

Please remember – you are not eligible to set up a HSA if you OR your spouse has a Medical Expense FSA account or secondary insurance coverage such as another employer’s group medical plan, individual medical coverage, Medicare, or Tricare.

An HSA works much like an IRA. The money is *yours*, and rolls over year to year, accumulating as you age, as you move from employer to employer, and from one QHDHP to another. Depending on the HSA vendor, you may be able to direct how those funds are invested.

Contributions and investment earnings are tax-free, as are disbursements from the account to pay for qualified expenses. Funds withdrawn for non-qualified expenses will be assessed a 20% penalty in addition to normal taxation. The penalty is waived in the event of death, disability, or attainment of Medicare eligible age.

How do I open my HSA?

If you are newly enrolling in the HSA you will need to 1) contact the bank to get your account set up (a \$50 deposit is now required) and 2) turn in the payroll deduction form at the end of this guide.

If you are currently enrolled in the HSA you will need to complete the payroll deduction form at the end of this guide to receive district contributions and/or make your own payroll contributions.

The account must be opened and payroll deduction forms turned in to Audra Boone prior to September 1, 2016.

Mutual Savings Bank Contact: Jennifer Gumbel JenniferG@MutualMail.com or call (913) 845-2556

Dental: Delta Dental of Kansas

It is very important to maintain good dental health. That is why the District offers a very comprehensive dental program. You have two plans to choose from that offer coverage for preventive, basic and major services. To maximize your benefits you will want to use a participating dentist.

You can find a list of participating Delta Dental premier dentists at www.deltadentalks.com or call 1-800-234-3375.

	Delta Dental – BASE	Delta Dental – BUY-UP
Deductible - Individual - Family -Waived for Preventive	\$50 \$150 Yes	\$50 \$150 Yes
Coinsurance - Preventive - Basic - Major - Ortho	100% 80% 50% N/A	100% 80% 50% 50%
Maximum Benefit - Calendar year Maximum - Ortho Maximum	\$1,000 N/A	\$1,000 \$1,000

Your Dental Cost in 2016

	BASE	BUY-UP
Employee Only	\$31.51	\$35.29
Employee + Spouse	\$63.02	\$70.59
Employee + Children	\$50.42	\$56.46
Employee + Spouse & Children	\$108.05	\$121.02

Vision: Superior

Did you know that a routine eye exam can help to diagnose an array of medical conditions, including diabetes? It is just as important to get your annual eye exam as it is to get your routine medical physical. The following vision plans are available to you and your family members.

The two plans available are the Materials Only and the Full Benefits plans. The Materials Only plan does not include an annual eye exam and is a slightly lower premium than the Full Benefits plan. (Please note: Your Coventry medical plan offers an eye exam every 24 months). The Full Benefits plan will offer you the same materials coverage as the Materials Only plan plus an annual eye exam.

To identify participating Superior providers, you may go to www.superiorvision.com or call 1-800-507-3800.

	Materials Only	Full Benefits
Network	Superior Vision	Superior Vision
Frequency Limitations - Exams - Lenses - Frames	N/A 12 months 24 months	12 months 12 months 24 months
Copay: - Exams - Lenses - Frames - Contacts - Contact Lens Fitting	N/A \$15 \$15 No Copay Standard: \$15	\$15 \$15 \$15 No Copay Standard: \$15
Allowances: - Frames - Contacts	\$125 \$120	\$125 \$120

Your Vision Cost in 2016

	Materials Only	Full Benefits
Employee Only	\$6.22	\$8.09
Employee + Spouse	\$12.31	\$16.02
Employee + Child(ren)	\$12.08	\$15.68
Family	\$18.37	\$23.86

Basic Life and AD&D Insurance: Metlife

Tonganoxie School District provides a basic \$20,000 term life insurance benefit at no cost to you. Additionally, you will receive Accidental Death and Dismemberment (AD&D) coverage in the amount of \$20,000. Please be sure your beneficiary information is up to date for all life insurance coverage.

Voluntary Life and AD&D Insurance: Metlife

Employees who want to supplement their District paid basic life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase coverage as follows:

Employee: You may purchase coverage in units of \$10,000 to 5x salary and a maximum of \$500,000.

Spouse: You may purchase coverage for your eligible spouse in increments of \$5,000 to a maximum of \$100,000, not to exceed 50% of your employee election. You must be enrolled if you add life coverage for your spouse.

Children: You may purchase coverage for your eligible children between the ages of 1 and 25 in the amount of \$10,000.

If you wish to newly enroll or make changes to your current election, you will need to fill out the Evidence of Insurability form (EOI) if applicable. These can be found on the Human Resources page on the District website.

Defender ID Theft: Metlife

IDENTITY THEFT & PERSONAL DATA PROTECTION

- **ID Theft Monitoring:** Patented technology and digital forensics to proactively protect against ID theft and remove personal information from unauthorized locations.
- **Personal Identity Monitoring and Security:** Searches personal data points, monitors and protects personal information in social media accounts, driver's license and passport numbers, email addresses, phone numbers and more.
- **Patented Peer-to-Peer Network Monitoring:** Continuously monitors global networks to find employee information, remove it and track data back to the source of the threat.
- **Junk Mail Removal:** Automatically removes names and personal information from frequently used marketing databases — a proven way to reduce risk of fraud and identity theft.

HEALTH DATA PROTECTION

- **Medical Insurance Fraud Protection:** Provides enhanced security against medical fraud by scanning for the exposure of insurance numbers, Medicaid and Medicare information.
- **Health and Medical Data Protection:** Detects exposure of personal health information and works in real-time to remove and track member data to the source of the threat.

FINANCIAL DATA PROTECTION

- **Financial Data Protection:** Continuously monitors all on-file credit and debit card numbers, bank accounts and other personal financial information.

- **Lost Wallet Protection:** Arranges for cancellation and replacement of all credit and bank cards on file as well as other key personal identification documents in the event that a member’s wallet or purse is stolen.

ONLINE CHILD SAFETY

- **Child Identity Theft Protection:** Continuously scans for children’s social security numbers and if fraudulent activity is detected, members are alerted and trained specialists take immediate action.
- **Cyber Predator Detection and Notification:** Continuously monitors the Internet for exposed photos and other personal information that could be used by cyber predators to locate and connect with children online.
- **Cyber Bullying Applications and Scanning:** Easy to use application identifies suspected patterns of bullying behavior in social media accounts.

Section 125 (Flexible Spending Account) – Ameriflex

Tonganoxie School District provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You can save approximately 25 percent of each dollar spent on these expenses when you participate in a FSA.

A health care FSA is used to reimburse out-of-pocket healthcare expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don’t pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

The maximum that you can contribute to the Health Care Flexible Spending account is \$2,500.

The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.

The following example shows how you can save money with a flexible spending account.

	Without FSAs	With FSAs
Gross Monthly Pay	\$3,500	\$3,500
Pre-Tax Benefits		
-Medical/Dental Premiums	\$0	\$300
-Medical Expenses	\$0	\$100
-Dependent Care Expenses	<u>\$0</u>	<u>\$400</u>
Total	\$0	\$800
Taxes		
Wages subject to tax	\$3,500	\$2,700
Federal Tax	\$525	\$405
FICA Tax (Social Security)	\$268	\$207
State Tax	\$175	\$135
Out of Pocket Expenses	<u>\$800</u>	<u>\$0</u>
Total Spendable Income	\$1,732	\$1,953
Net Increase in Take-Home Pay = \$221/mo		
This is just an illustration and actual numbers may vary. Paying certain qualified expenses before tax increases your take-home pay		

Tonganoxie Benefits Enrollment Worksheet

YOU WILL ENROLL DURING A ONE-ON-ONE MEETING WITH A BENEFITS COUNSELOR

Even if you are waiving coverage, you must still complete the enrollment process. This worksheet will help you gather the information needed for your enrollment meeting.

Social security numbers for you and any enrolled dependents or spouses will be required in order to complete your enrollment.

Legal Name	SSN	Relation	Gender	Date of Birth	Medical Yes/No	Dental Yes/No	Vision Yes/No	Defender Yes/No

Aetna Medical: Check the plan that you want (*cost shown is per month*), or check “Waive” if you are not enrolling.

	<u>QHDHP</u>	<u>BASE POS</u>	<u>BUY-UP POS</u>
EE Only	<input type="checkbox"/> \$409.87	<input type="checkbox"/> \$422.16	<input type="checkbox"/> \$446.77
EE + Spouse	<input type="checkbox"/> \$906.21	<input type="checkbox"/> \$933.90	<input type="checkbox"/> \$986.19
EE + Child(ren)	<input type="checkbox"/> \$656.02	<input type="checkbox"/> \$675.96	<input type="checkbox"/> \$714.29
EE+Family	<input type="checkbox"/> \$1063.58	<input type="checkbox"/> \$1096.15	<input type="checkbox"/> \$1157.2
Waive	<input type="checkbox"/>		

Health Savings Account (HSA): (Only available with the QHDHP plan)

- If you want to contribute to the Healthcare Account, you may elect to have your contributions deducted on a pre-tax basis. Do you want to participate?
 - Yes – Employee Contribution Amount \$_____ /paycheck (2016 tax year limits: \$3,350/individual or \$6,750/family. This is the combination of any employer + employee contributions). This election amount can be changed as often as monthly if desired – you must change in accounting/payroll.
 - No

Healthcare Flexible Spending Account: (Not available if you participate in a HSA)

- If you want to contribute to the Healthcare Account, you may elect to have your contributions deducted on a pre-tax basis. Do you want to participate?
 - Yes – Plan Year Contribution Amount \$_____ (\$2,500 plan year max.)
 - No

Dependent Care Spending Account: (*Day Care Expenses only – Available with or without a Health Savings Account- HSA*)

- If you want to contribute to the Dependent Care Spending Account, you may elect to have your contributions deducted on a pre-tax basis. Do you want to participate?
 - Yes - Plan Year Contribution Amount \$_____ (\$5,000 plan year max.)
 - No

Delta Dental: Check the plan that you want (*cost shown is per month*), or check “Waive” if you are not enrolling.

	<u>BASE</u>	<u>BUY-UP</u>
EE Only	<input type="checkbox"/> \$31.51	<input type="checkbox"/> \$35.29
EE + Spouse	<input type="checkbox"/> \$63.02	<input type="checkbox"/> \$70.59
EE + Child(ren)	<input type="checkbox"/> \$50.42	<input type="checkbox"/> \$56.46
EE+Family	<input type="checkbox"/> \$108.05	<input type="checkbox"/> \$121.02
Waive	<input type="checkbox"/>	

Superior Vision: Check the plan that you want (*cost shown is per month*), or check “Waive” if you are not enrolling.

	<u>Materials Only</u>	<u>Full Benefits</u>
EE Only	<input type="checkbox"/> \$6.22	<input type="checkbox"/> \$8.09
EE + Spouse	<input type="checkbox"/> \$12.31	<input type="checkbox"/> \$16.02
EE + Child(ren)	<input type="checkbox"/> \$12.08	<input type="checkbox"/> \$15.68
EE+Family	<input type="checkbox"/> \$18.37	<input type="checkbox"/> \$23.86
Waive	<input type="checkbox"/>	

Metlife Life and AD&D: The District provides a flat \$20,000 benefit to you. Please list your beneficiary below.

Beneficiary Legal Name	Relationship	Social Security Number	Date of Birth	Primary or Contingent	Percentage (must add up to 100%)	Trust or Individual

Metlife Voluntary Life and AD&D: Please list your beneficiary below.

Election amount: \$_____

Beneficiary Legal Name	Relationship	Social Security Number	Date of Birth	Primary or Contingent	Percentage (must add up to 100%)	Trust or Individual

Metlife Defender:

Employee	<input type="checkbox"/> \$15.00	Employee + Child(ren)	<input type="checkbox"/> \$20.00
Employee & Spouse	<input type="checkbox"/> \$25.00	Employee + Family	<input type="checkbox"/> \$30.00
Waive	<input type="checkbox"/>		

Colonial Voluntary Accident, Cancer, Short Term Disability (STD) AND Medical Bridge (hospital confinement) plan will be offered during your 1:1 enrollment session with a benefits counselor.

Colonial Life’s portfolio of supplemental policies help pay for out of pocket medical and non-medical expenses. Benefits are paid directly back to you in addition to any other benefit plans. All plans can be customized based on your needs and you can continue the plans when you retire or change jobs.

- You will have a one-on-one meeting with a benefits enroller.
- Complete this worksheet in preparation for the one-on-one meeting.

Employee name/signature

Date

Payroll Deduction Form for HSA Contribution

This is the election or change form for you to indicate the amount of your *payroll* contributions to be placed in the Health Savings Account (HSA) each plan year.

Please complete the following:

FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NUMBER
BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER	

I would like to contribute the following amount to my HSA through pre-tax payroll deductions:

\$ _____ per plan year. I understand that the elected amount will be deducted from my pay in equal installments.

Your HSA will accumulate money through your payroll contribution to reimburse you for qualified health care expenses. Your Health Savings Account belongs to you and is your financial asset even if you change employers or health plans. Your contributions to the health savings account will be made pre-tax through payroll deductions by completing this form.

Reminder: To contribute to a Health Savings Account you must meet the following criteria:

- 1) You must be covered by a Qualified High Deductible Health Plan (QHDHP), and
- 2) You cannot be covered by another health plan, including Medicare (other than a QHDHP or other non-QHDHP coverage permitted by law), and
- 3) You and/or your spouse can not participate in the medical reimbursement part of a Flexible Spending Account.

The maximum contribution amount cannot exceed the IRS stated maximums for the calendar year. The 2016 calendar year maximum is \$3,350 for an Individual and \$6,750 for Family. Individuals age 55 and older can make an additional \$1,000 catch up contribution. Check the IRS guidelines for maximum contributions at www.treas.gov and click on Health Savings Accounts.

- I authorize my employer to reduce my pay before taxes on a "per pay period" basis as indicated above.
- I understand my payroll contribution election (if any) is for one HSA plan year and that I can add, change or revoke my HSA contribution at least once per month in accordance with the Plan's HSA rules.
- I understand that my changes must be prospective in accordance with Internal Revenue Code (IRC) rules.
- I understand that my election contributions must comply with federal regulations.
- I certify that I am eligible to make HSA contributions and I understand my Employer will rely on this certification in making the contributions to my HSA and for appropriate tax withholding and reporting.

I agree to the above deferral request and will submit this form to my Employer for processing. I also authorize my Employer to make withdrawals from my HSA in the event that a credit entry is made in error. I understand that the custodian may provide my HSA account number to my Employer to facilitate the money transfer. I further understand that the date of my payroll may differ from the date the funds are actually deposited and are available for use.

Print Name _____

Signature _____

Date: _____

Return this completed form to Audra Boone prior to September 1st.