



Bonner Springs/Edwardsville USD 204 New Teachers Benefits Enrollment Guide

Plan Year: July 1, 2016 – June 30, 2017



Welcome to your Benefits Enrollment!



Elections you make during open enrollment will become effective September 1, 2016.

Bonner Springs/Edwardsville USD 204 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 are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. Your spouse and legally dependent children to age 26 are also eligible for medical, dental and vision coverage.



How to Enroll

Your enrollment will be conducted online. Please refer to instructions provided on page 17. We strongly encourage you to complete the worksheet on page 19 prior to enrolling to ensure you have all information necessary to enroll. This will result in a speedier enrollment process.



When to Enroll

Enrollers will be available August 15th and 18th in the Central Office from 8:00 – 5:00. You will sign up for your 30 minute appointment during the benefit orientation on August 4th.



How to Make Changes

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, for example: 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, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan.

Medical and Prescription Drugs

Bonner Springs/Edwardsville USD 204 currently offers five medical plans and three provider networks for you to choose from. It is very important that you understand your network of providers when choosing the plan that is right for you.

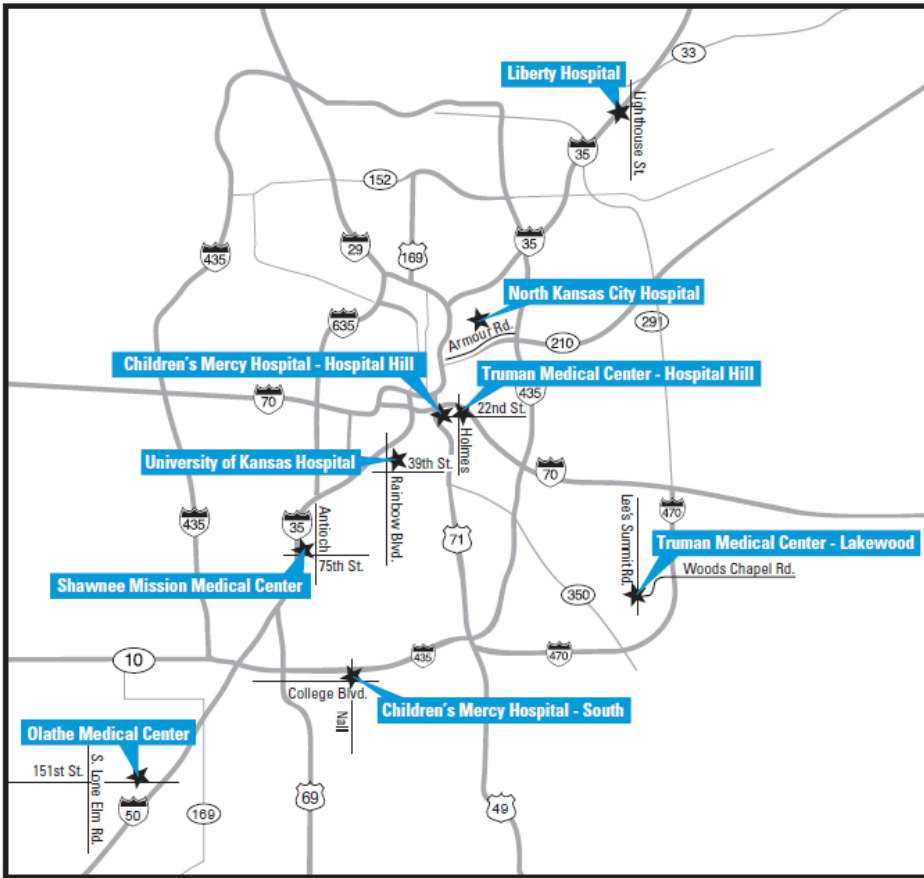
	Networks				
	BSP QHDHP	PCB QHDHP	BASE PPO	BUY-UP PPO	HMO
Preferred-Care Blue		X	X	X	
Blue Select Plus	X				
Blue Care					X

Network Differences		
Preferred-Care Blue	Blue Care HMO	Blue Select Plus
1) Applies to : PCB QHDHP Base PPO Buy-Up PPO	1) Applies to: HMO	1) Applies to: BSP QHDHP
2) Larger network in Greater KC area as well as Nationally and Internationally	2) Hospitals and Providers are limited to Greater KC area only.	2) Smallest network, limited to 7 hospitals and approximately 2900 providers
3) Provides out-of-network coverage	3) No coverage out-of-network unless it is an emergency	3) - Providers in the Greater KC area, but not participating in the Blue Select Plus Network, are subject to the out-of-network deductible and out-of-pocket maximum - If you are outside of the Greater KC area and need care, you will have access to the BCBS national Blue Care PPO network and receive in-network benefits

The Blue Select Plus network and is a more limited network of providers and hospitals. Because it is a more exclusive network of providers, BCBS is able to provide better discounts when claims are incurred and therefore, your monthly premium is lower and the District's contribution to your HSA is higher.

It is imperative that you review the providers and hospitals in the Blue Select Plus network before selecting to enroll in the Blue Select Plus QHDHP. While the plan works just like the current QHDHP, if you elect the Blue Select Plus QHDHP and use a provider or hospital **outside** the Blue Select Plus network, **your out-of-pocket maximum will increase to \$13,000 individual or \$26,000 family.**

The Blue Select Plus network of hospitals is limited to the following hospitals. Any other hospital used in a non-emergent situation will be considered out-of-network and subject to the out-of-pocket maximums previously mentioned.



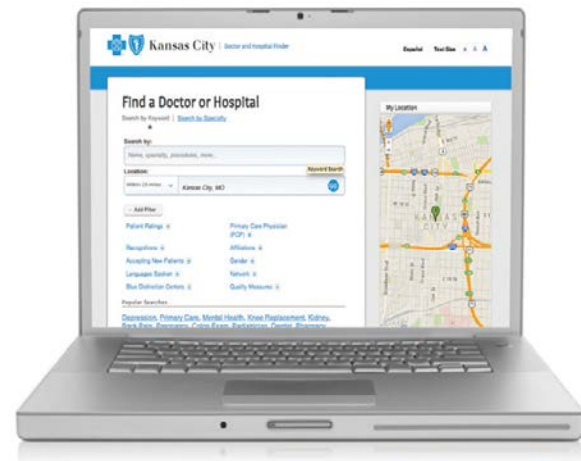
Blue Select Plus Hospitals are limited to:


- Children's Mercy Hospital
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Shawnee Mission Medical Center
- Truman Medical Center
- University of Kansas Hospital

All other hospitals in BCBS's service area are considered out of the Blue Select Plus network

Members have choices in physicians and other healthcare providers. You can search online for physicians and other healthcare providers by visiting the Blue KC website at www.BlueKC.com, clicking **Find a Doctor**. From here you can

- Choose **Blue Select Plus** as the network and hit go (be sure your location information is listed correctly first) or,
- You can scroll to the bottom of the page and click View Our PDF/Print Directory. On the next screen you will want to select the **Blue Select Plus Quick Reference Directory** to review in network provider options.



	BSP QHDHP 	PCB QHDHP	BASE PPO	HMO	BUY-UP PPO
Network	Blue Select Plus	Preferred Care Blue	Preferred-Care Blue	Blue Care	Preferred-Care Blue
Deductible - Individual - Family	\$2,600 \$5,200	\$2,600 \$5,200	\$1,000 \$2,000	None None	\$500 \$1,000
Coinsurance	0%	0%	20%	0%	20%
Out of Pocket Maximum - Individual - Family	<u>In-Network</u> \$2,600 <u>Out-of-Network</u> \$13,000 \$26,000	<u>In-Network</u> \$2,600 <u>Out-of-Network</u> \$5,200 \$10,400	\$4,000 \$8,000	\$3,000 \$7,500	\$2,750 \$5,500
Physician Office Visits - Primary Care Physician - Specialist	Subject to Deductible Subject to Deductible	Subject to Deductible Subject to Deductible	\$40 \$80	\$40 \$80	\$20 \$40
Preventive Care - Routine Physicals - Routine Mammogram - Routine Colonoscopy	Covered 100% Covered 100% Covered 100%	Covered 100% Covered 100% Covered 100%	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	Subject to Deductible Subject to Deductible Subject to Deductible	Subject to Deductible Subject to Deductible Subject to Deductible	Deductible then 20% Deductible then 20% Deductible then 20%	\$500 per day up to \$2,500/ calendar year/person	Deductible then 20% Deductible then 20% Deductible then 20%
Emergency Room	Subject to Deductible	Subject to Deductible	\$200 then Ded. then 20%	\$200	\$150 then Ded. then 20%
Urgent Care	Subject to Deductible	Subject to Deductible	\$80	\$80	\$40
Prescription Drugs - Deductible	Medical Ded. then:	Medical Ded. then:	N/A	N/A	N/A
- Tier 1 Generic	\$0	\$0	\$12	\$12	\$12
- Tier 2 Preferred	\$0	\$0	\$35	\$35	\$35
- Tier 3 Non-Preferred	\$0	\$0	\$60	\$60	\$60
- Mail order (120 day)	\$0	\$0	\$24/\$70/\$120	\$24/\$70/\$120	\$24/\$70/\$120

As a reminder, if you select the Blue Care HMO you will be required to designate a primary care physician on your enrollment form for you and each dependent you enroll.

Your Employee Cost in 2016

	EMPLOYEE ONLY	DISTRICT FUNDED HSA	FAMILY
BSP QHDHP	\$0	\$68.58	\$534.79
PCB QHDHP	\$0	\$14.38	\$671.56
BASE PPO	\$0	N/A	\$705.77
HMO	\$34.70	N/A	\$792.77
BUY-UP PPO	\$85.61	N/A	\$921.81

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 is met, so all remaining charges are paid in full.

Prescription drugs also apply to the medical plan deductible. After the full deductible is met they are paid at 100% for the remainder of the year.

If you remain in-network, you will still benefit from the BCBS contracts with their network providers. Only the discounted "allowable" amount will apply to your deductible, not the full billed charge. Contracted discounts average 40-50% savings.

Your deductible is offset by reduced premiums and the contributions you and the District make to your HSA. These funds roll over year to year, and can eventually provide full reimbursement of all out-of-pocket costs.

Health Savings Accounts (HSA): UMB

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. Every service, including prescription drugs, will go toward the Deductible. Once you have satisfied the Deductible amount, all medical services will be paid at 100% for the remainder of the plan year.

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. The District will contribute the following if you are enrolled as employee only:

- BSP QHDHP: \$68.58 per month
- PCB QHDHP: \$14.38 per month

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, Employee 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 Expenses 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.

Dental

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

To identify participating providers, you may go to www.deltadentalks.com or call 1-800-234-3375.

	DENTAL
Network	Premier
Deductible - Individual - Family - Waived for Preventive	\$50 \$150 Yes
Coinsurance - Preventive - Basic - Major	100% 80% 50%
Maximum Benefits - Calendar year Maximum	\$1,000

Your Dental Cost in 2016

EMPLOYEE MONTHLY DEDUCTIONS	
EMPLOYEE	\$30.57
EMPLOYEE+ SPOUSE	\$60.51
EMPLOYEE + CHILD(REN)	\$60.80
FAMILY	\$102.94

Vision

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 plan is available to you and your family members.

To identify participating providers, you may go to www.surency.com or call 1-866-818-8805.

	SURENCY
Copays - Exams - Lenses - Single - Bifocal - Trifocal	\$10 \$25
Frequency Limitations - Exams - Lenses - Frames	Once every 12 months Once every 12 months Once every 24 months
Reimbursement Schedule - Exam - Glass Lenses - Single - Bifocal - Trifocal - Contact Lenses - Frames	100% 100% 100% 100% \$115 allowance, 15% off amount of \$115 \$100 allowance

Your Vision Cost in 2016

EMPLOYEE MONTHLY DEDUCTIONS	
EMPLOYEE	\$7.45
EMPLOYEE + SPOUSE	\$15.64
EMPLOYEE + CHILD(REN)	\$13.40
FAMILY	\$25.09

HAVE YOU EVER?












- Needed your Will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support

- Worried about being a victim of Identity theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information on-line
- Feared the security of your medical information
- Been pursued by a collection agency

WHAT IS LEGALSHIELD?





LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll Advisory Solutions, the world's leading company in ID Theft consulting and restoration. We have safeguarded over 1 million members, provided more than 200,000 identity consultations, and helped restore nearly 10,000 individual identities.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

-  ✓ Personal Legal advice on unlimited issues
-  ✓ Letters/ calls made on your behalf
-  ✓ Contracts & documents reviewed (up to 15 pages)
-  ✓ Residential Loan Document Assistance
-  ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
-  ✓ Moving Traffic Violations (available 15 days after enrollment)
-  ✓ IRS Audit Assistance
-  ✓ Trial Defense (if named defendant/ respondent in a covered civil action suit)
-  ✓ Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
-  ✓ 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
-  ✓ 24/7 Emergency Access for covered situations

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children. An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details.

THE IDSHIELD™ MEMBERSHIP INCLUDES:

-  **Privacy Monitoring**
Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.
-  **Security Monitoring**
SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18.
-  **Consultation**
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.
-  **Full Service Restoration**
Complete identity recovery services by Kroll Licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 8 dependents up to the age of 18

Payroll Deduction Monthly	Individual	Family
LegalShield	\$16.95	\$18.95
IDShield	\$8.95	\$18.95
Combined	\$25.90	\$33.90

For more information, please call your independent associate:

Cathy Lucas
913.709.4392
cjlucas@legalshieldassociate.com

Customer Service Contacts:

We recognize that making plan elections can be an overwhelming process. It is important to look at the needs of your family which includes reviewing the benefits you and your spouse both have available to you. If at any time you have questions, please do not hesitate to ask. We are here to help you through this process.

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

Blue Cross Blue Shield of Kansas City

1-888-989-8842
www.bluekc.com

UMB Bank

1-866-520-4472
www.hsa.umb.com

Delta Dental of Kansas

1-800-234-3375
www.deltadentalks.com

Surency

1-866-818-8805
www.surency.com

Legal Shield

Cathy Lucas
913-709-4392
cilucas@legalshieldassociate.com

American Fidelity

Deanne Peel
1-800-365-1167
deanne.peel@americanfidelity.com
www.americanfidelity.com

Annual Notices:

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and *you must request coverage within 60 days of being determined eligible for premium assistance.*

Creditable Coverage Disclosure Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Bonner Springs/Edwardsville USD 204 and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Bonner Springs/Edwardsville USD 204 has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Kansas City is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current District coverage may be affected. Your prescription drug benefit can be found in the BCBS benefits summary and Certificate of Coverage.

If you do decide to join a Medicare drug plan and drop your current District coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit <http://www.medicare.gov>
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at <http://www.socialsecurity.gov>, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: August 4, 2016
Name of Entity/Sender: Kathy Wilhite
Contact--Position/Office: Administrative Assistant to Superintendent
Address: P.O. Box 435 Bonner Springs, KS 66012
Phone Number: 913-422-5600 ext. 1000

Wellness Program Notice

Bonner Springs/Edwardsville USD 204 offers a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol, blood pressure, glucose, and BMI. You can complete your biometric screening by seeing your personal physician or attending our annual onsite screenings offered every January. You are not required to complete the HRA or to complete a biometric screening. However, employees who choose not to complete both the biometric screening and HRA, will pay \$30 per month in addition to their monthly medical premium. The \$30 will be deducted beginning July 1 following the annual screening event.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as voluntary District sponsored wellness programs as well as voluntary programs available via your BlueKC member portal. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information:

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Bonner Springs/Edwardsville USD 204 may use aggregate information it collects to design a program based on identified health risks in the workplace, Bonner Springs/Edwardsville USD 204 will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are 1) the physician in your doctor's office that performs your screening or 2) the nurse that administers your screening should you participate in our onsite screenings.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Eric Hansen at Bonner Spring/Edwardsville USD 204.

403(b) PLAN HIGHLIGHTS

Participation

When am I eligible to participate in this plan?

- You are eligible to join this plan on your date of hire, and as specified by your employer.
-

Contributions

What kinds of contributions may be made to this plan?

- This plan provides for pre-tax salary reduction contributions, post-tax Roth salary reduction contributions, and eligible transfer. There are no employer contributions.
- Pre-tax contributions are deducted **before** you pay current income taxes. Pre-tax investments grow tax-deferred and the contributions and any earnings are taxed when you take a distribution from this plan.
- Post-tax Roth contributions are deducted **after** you pay current income taxes. Earnings on post-tax Roth contributions will never be taxed if you are 59 ½, die, or become disabled and have held the Roth account for 5 years at the time of its distribution from this plan.
- You may transfer benefits from a former employer's eligible retirement plan into this plan.

How much may I contribute?

- You can contribute up to 100% of your compensation to this plan up to the limit allowed under the Internal Revenue Code (\$18,000 in 2016).
- If you are age 50 or older you can contribute a "catch-up" contribution of up to \$6,000 (2016).

Can I ever lose my benefits?

- You are always 100% vested in your salary reduction contributions. This means the value of your contributions and earnings are yours when you terminate employment with your employer, without respect to your years of service.

What do I have to do to start contributing?

- Automatic payroll deduction withdraws your contributions directly from your paycheck after you complete a Salary Reduction Agreement and return it to your financial representative or your employer. You may commence making contributions or modify the amount of your current contributions at any time by modifying your Salary Reduction Agreement.
-

Investments

Where are my contributions invested?

- You may choose the 403(b) custodial account or annuity contract you want from the list of approved investment providers and 403(b) investment products located on the Bay Bridge website <http://www.bbadmin.com>.

How are my contributions invested?

- You select how you want your contributions to be invested from among the investment options available under each approved investment provider's product.
- Your investment provider's custodial account or annuity contract will determine how often you may change your investment mix.



Bonner Springs Unified School District Online Benefits Enrollment

Enrollment Begins April 15th

The online enrollment site will be open **April 15th** through **April 21st**. During this time, you will be able to enroll in your benefits for the upcoming plan year. The online enrollment site allows you convenient access to enroll in your benefits at anytime, whether at work or at home. Please follow the instructions below to get started.

How To Login

- To access the online enrollment system, go to:
www.afenroll.com/enroll
- At the login screen, you will login using the following information:
 - Type in your **Social Security Number (SSN)**.
 - Your **PIN** is the **last four digits of your SSN and last two of your birth year**.
(For example, for SSN# 123-45-6789 & birth year 1974, you would type in 678974).
- Click the **'Log on'** button.

Have Questions or Need Help?

Contact **Deanne Peel**, your American Fidelity Manager, for more information on enrolling in your benefits.

Call **785-232-8100**
or email deanne.peel@americanfidelity.com.

To view a step-by-step video on how to enroll using the online enrollment system, please visit americanfidelity.com/HowToEnroll

Helpful Tips

- If you leave the system in the middle of the enrollment, click the "Logout" button and all of your confirmed selections will be saved. When you return you can scroll your mouse over the menus at the top of the screen to easily navigate throughout the site.
- Print your Enrollment Confirmation. Once you confirm your entire enrollment, you can click on the Enrollment Confirmation link at the bottom of the Sign/Submit Complete screen to print your confirmation statement.
- You can re-enter the enrollment system to make changes anytime during your enrollment period.
- If you wish to elect no benefits, you must enter each product module and make that choice.
- Social Security Number is required for all employees and their dependents.**
- If you are adding a dependent as a beneficiary, their Social Security Number is required.**
- Date of Birth is required for all employee and their dependents.**
- Have your Primary Care Physician (PCP) codes available.
- Your PIN is your electronic signature. You will use your PIN to confirm applications and your enrollment confirmation.



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1. Participant Information			Location _____		
Plan Name <u>Bonner Springs USD 204 Voluntary Sec. 403(b) Plan</u>					
Participant Name _____			<input type="checkbox"/> Male <input type="checkbox"/> Female		
First	MI	Last			
Mailing Address _____					
Street Address		City	State	Zip	
Residential Address _____					
(If different from mailing address) _____					
Street Address		City	State	Zip	
Social Security Number _____		Date of Birth _____		Date of Hire _____	
Daytime Phone Number _____			Home Phone Number _____		

2. I have been informed of the availability of the opportunity to participate in the voluntary Sec. 403(b) offered through my employer.	
<input type="checkbox"/> I wish to participate in the Bonner Springs USD 204 403(b) Plan. <input type="checkbox"/> I am already participating in the Bonner Springs USD 204 403(b) Plan. I <input type="checkbox"/> choose not to participate in the Bonner Springs USD 204 403(b) Plan.	

3. Provide Signatures	
I understand that I am eligible to participate in the Bonner Springs USD 204 Sec. 403(b) plan.	
<input checked="" type="checkbox"/> _____ Signature of Participant	Date (mm/dd/yyyy)

Approved Companies and Representatives:

Security Benefit Life & NEA

Teena Dreesen 913-962-9911
Terry Clark 913-962-9911

VALIC

Darla Haines Mills 913-752-7260

VOYA Retirement Ins. and Annuity

Mark Prestwood 913-469-8800
Laura Coup 913-661-3770

Primerica Shareholder Service

Steven Nelson 913-963-3612
Dale Raymond 913-397-8888
Elba D Unruh 785-826-6996

Waddell & Reed

George Knittle 913-491-9202

Bonner Springs/Edwardsville USD 204 Benefits Enrollment Worksheet

In order to expedite your enrollment, it is recommended that you complete this worksheet. Any missing information could slow down your enrollment experience.

Legal Name	SSN	Relationship	Gender	Date of Birth	Medical Yes / No	HMO PCP #	Dental Yes/No	Vision Yes/No

MEDICAL – BCBS OF KC					
	BSP QHDHP	PCB QHDHP	BASE PPO	HMO	BUY-UP PPO
Employee Only	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$34.70	<input type="checkbox"/> \$85.61
Family	<input type="checkbox"/> \$534.79	<input type="checkbox"/> \$671.56	<input type="checkbox"/> \$705.77	<input type="checkbox"/> \$792.77	<input type="checkbox"/> \$921.81
Waive	<input type="checkbox"/>				

HSA - UMB:

Only available with the QHDHP plan. Not available if you or your spouse are contributing to a FSA.

- 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 (2015 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.

The District will contribute the following if you are enrolled as employee only:

- BSP QHDHP: \$68.58 per month/ (\$274 total September – December)
- PCB QHDHP: \$14.38 per month/ (\$57.52 total September – December)

- No

DENTAL – DELTA DENTAL OF KS:	
Employee Only	<input type="checkbox"/> \$30.57
Employee + Spouse	<input type="checkbox"/> \$60.51
Employee + Child(ren)	<input type="checkbox"/> \$60.80
Family	<input type="checkbox"/> \$102.94
Waive	<input type="checkbox"/>

VISION - SURENCY	
Employee Only	<input type="checkbox"/> \$7.45
Employee + Spouse	<input type="checkbox"/> \$15.64
Employee + Child(ren)	<input type="checkbox"/> \$13.40
Family	<input type="checkbox"/> \$25.09
Waive	<input type="checkbox"/>