2018 Benefits Annual Enrollment

BLUE VALLEY SCHOOL DISTRICT





BENEFITS ANNUAL ENROLLMENT

Blue Valley School District # 229 - Benefits

October 2017

Enroll in your 2018 Plan Year Benefits between October 10 - November 2, 2017

Employee Benefit Changes & Information Effective January 1, 2018

Changes to group plan benefits and programs are typically recommended by members of the Employee Benefits Committee to the Negotiations Committee and to the Board of Education. Plans, benefits, contract provisions, rates, carriers, and providers are subject to change and/or termination.

District Benefit Fairs

District Benefit Fairs will be held in the District Office High Plains Room (lower level of Academic Services) on:



October 10th, 2017: Noon to 7 PM

October 11th, 2017: 10 AM to 5 PM

Vendors and Benefits Department staff will be available to help answer your questions. A computer lab will be set-up to help employees re-enroll in their benefits for the 2018 Plan Year.

Anyone who has a Health Savings Account (HSA) or Flexible Spending Account (FSA) and wants to continue the plan benefit in 2018 MUST re-enroll during the Annual Enrollment Period.



Visit MyBVBenefits website: www5.bluevalleyk12.org/cbiz/

Want to \$ave \$ome cash?

Then check out the **NEW** medical plan offering from BlueKC - SPIRA!

- NO cost visits at SPIRA Standalone Clinics
- Lowest deductible/max-out-ofpocket of all plans offered
- On-site patient advocates

How can SPIRA help me \$ave?

Attend a BlueKC SPIRA information meeting on :

October 10th and 11th
Located in the Board Room of the
District Office Admin Center





2018 Updates

- Enrollment Information
- ◆ BlueKC Updates New! Medical Plan - SPIRA DISCONTINUED! - PPO Buy-up
- HSA & FSA Information
- Additional Benefits:

New! Short - Term Disability & Voluntary Life Insurance Vendor - Principal

- Wellbeing Updates
- Retirement Plans
- Working After KPERS Retirement

How Do I Enroll?



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Get started by completing the 2018 BENEFITS ENROLLMENT WORKSHEET

Medical, dental, and vision coverage is available for all eligible dependents. Specific information is required for each beneficiary and eligible covered dependent. Dependent children can be covered to the end of the calendar year in which they attain **age 26**.

- Name, address, phone number
- Social security number, date of birth, and relationship to you (not required if a trust)
- Allocation percentage available (required for beneficiaries only)

TO ENROLL -

- Go online to: www.cbizesc.com/bluevalley
 - Click on HELP for your Username and Password

OR

Call the Enrollment Center at: (888) 972-3430
 between 8:30 am and 5:00 pm
 Monday - Friday

DON'T WAIT: If you have issues with internet, logging in, or printing CALL THE ENROLLMENT CENTER!!



CONFIRM -

Once you have completed the enrollment process, a confirmation statement will be available for your review.

- If correct, click "Confirm." You will then receive a confirmation number.
- If incorrect, click "Change." You may change your enrollment as many times as necessary during your enrollment period.

You will receive a confirmation number when you complete the process and after each enrollment change.

Your enrollment is not complete until you receive your confirmation number.

Health Insurance



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MEDICAL CHANGES - BLUE CROSS BLUE SHIELD OF KC

NEW! SPIRA Medical Plan -

SPIRA includes two stand-alone clinics along with access to the **BlueSelect Plus Network**. See BlueSelect Plus Network details below.

Stand-alone clinics are located at:

- ◆ 135th & Blackbob in Olathe
- Shawnee Mission Parkway
 8 I-35



Utilizing SPIRA Clinics	Utilizing BlueSelect Plus In-network Physicians and Facilities	
Plan members pay <i>NO cost for office visits</i> including: ◆ Urgent/Acute Care ◆ Chronic Disease Care ◆ Preventive Screenings & Immunizations ◆ Labs & X-ray	Benefits are subject to in-network deductible of \$1,000 single /\$3,000 per family per calendar year.	
Staffed with behavioral health specialists to refer patients with mental health or substance abuse concerns to appropriate providers. Therapy and psychiatry referrals may be treated as though on-site at the Spira clinic. See your certificate of coverage for details.	Behavioral health or substance abuse subject to deductible. Inpatient care requires prior authorization from New Directions.	
Certain routine medications may be dispensed at the clinics with a copay cost.	Retail Rx copays: Contraceptives at no charge Tier 1 \$15 copay Tier 2 \$50 copay Tier 3 subject to deductible Mail order & specialty pharmacy services available	
A Care Guide will assist if a member needs to be referred to a BlueSelect Plus provider.	The SPIRA plan is NOT a High Deductible Health Plan (HDHP), therefore, you are not able to contribute to a Health Savings Account (HSA) according to IRS rules.	





SPIRA Plan



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SUSTAINABLE SAVINGS



CONVENIENT ACCESS



QUALITY CARE



How will I save money if I switch to SPIRA?



- Save \$2,664 in family premiums per year vs. HMO family coverage
- ♦ Spira in-network maximum individual/family out-of-pocket expense of \$1,000 / \$3,000

VS:

\$4,000 / \$10,000 under the in-network HMO Plan \$4,500 / \$11,250 under the in-network PPO Plan

For more information refer to the SPIRA flyer in the enrollment materials

In-Network Utilization: Health care for members living in the Greater KC Metro Area must be accessed through in-network BlueSelect Plus physicians and the following hospitals:

- Children's Mercy Hospital: Hospital Hill
- Children's Mercy Hospital: South
- ♦ Liberty Hospital
- Truman Medical Center: Hospital Hill
- ◆ Truman Medical Center: Lakewood
- North Kansas City Hospital
- Olathe Medical Center
- Shawnee Mission Medical Center
- University of Kansas Hospital (KU)



Blue Select Plus HDHP Blue Select Plus Network with HSA with HSA (small network)		NEW! SPIRA BlueSelect Plus Network (small network)	PPO Base Preferred Care Blue Network	HMO Base BlueCare Network
2018	2018	2018	2018	2018
				N/A
\$5,400	\$5,400	\$3,000	\$3,000	N/A
DED, then 0%	DED, then 0%	0%	20%	N/A
\$2,700	\$2,700	\$1,000	\$4,500	\$4,000
\$5,400	\$5,400	\$3,000	\$11,250	\$10,000
				-
DED, then 0%	DED, then 0%	DED, then 0%	N/A	\$500
·				
DED, then 0%	DED, then 0%	PCP at SPIRA - \$0	\$20	\$15
DED, then 0%	DED, then 0%	PCP or Specialist in-network.:	\$30	\$25
DED, then 0%	DED, then 0%	DED, then \$0	\$60	\$50
·				
		\$15	\$10	\$10
DED, then 0%	DED, then 0%	\$50	\$50	\$50
		DED	\$70	\$70
	\$2,700 \$5,400 DED, then 0% \$2,700 \$5,400 DED, then 0% DED, then 0% DED, then 0% DED, then 0% DED, then 0% DED, then 0%	BlueSelect Plus Network with HSA 2018	BlueSelect Plus Network with HSA	BlueSelect Plus Network BlueSelect Plus Network with HSA (small network)

Per Pay Period Employer & 12 Month Employee Health Plan Premiums & Contributions*	Per Pay Period				
HSA Blue Valley Contribution	\$49.89	\$72.15	N/A	N/A	N/A
Blue Valley Pays	\$249.20	\$226.94	\$299.09	\$299.09	\$299.09
Employee (EE)	\$0.00	\$0.00	\$0.00	\$0.00	\$36.32
EE & Spouse	\$212.12	\$192.66	\$250.79	\$260.29	\$329.01
EE & Child(ren)	\$164.46	\$149.37	\$194.78	\$202.16	\$263.66
Family	\$378.95	\$344.15	\$446.70	\$463.62	\$557.72
Special Family (both se's work for district. HSA Employer Contribution X 2)	\$137.04	\$124.51	\$165.56	\$171.82	\$2 65.93

^{*} For 9/10 Month Employee Rates Please Refer to Your 9/10 Month Employee Premium Rate Schedule Included in Your Benefits Enrollment Packet

Health Insurance



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MEDICAL CHANGES - BLUE CROSS BLUE SHIELD OF KC

DISCONTINUED!

 PPO Buy-up Plan - Current members who do not select a different plan option during Annual Enrollment will be defaulted into the PPO Base plan.

CHANGE!

 HDHP Deductible Increase - In accordance with 2018 IRS rules for the embedded HDHP, both the BlueSaver and the BlueSelect Plus High Deductible Health Plans (HDHP) have a single deductible increase from \$2,600 to \$2,700 and family deductible increase from \$5,200 to \$5,400.

ADDITIONAL INFORMATION:

Looking for a new physician? Blue Distinction Providers

Copays are lower for PPO and HMO plan members who utilize Blue Distinction Physicians. Blue Distinction physicians are credentialed and provide a high standard of care for BlueKC plan members.

• If you are considering a change in your primary care physician or have yet to select one, refer to the flyer *A Better Approach to Better Health Begins Today* included in the Annual Enrollment Materials publication *or* Contact BlueKC customer service at (816) 395-2270 to find a Blue Distinction Provider.



Prescription Drug Reminders:

If you or your covered dependents participate in the following pharmacy programs, they can help reduce your out-of-pocket expenses.



Claims may be denied and/or plan costs may be higher for HMO and PPO Plan members who choose NOT to utilize these programs. These changes also impact members enrolled in the BlueKC Disease Management programs. For more information contact, Express Scripts at:

(888)218-2579 or visit: <u>www.mybluekc.com</u>

Select Step Therapy - When prescribed a brand name medication, ask your doctor about **generic** alternatives.

Select Home Delivery Incentive - This program provides a **financial incentive** for HMO and PPO members to obtain maintenance medications through Express Scripts mail order. HDHP members benefit from the convenience of home delivery and will receive a 3-month supply at a 2-month cost upon satisfying the plan year deductible. **NOTE:** Controlled substances are NOT considered maintenance medications.

For more information regarding prescription drug savings, refer to the flyers *BlueKC Pharmacy Updates* and *Rx Savings Solutions* included in the Annual Enrollment Materials publication.

Savings Accounts (HSA & FSA)

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HEALTH SAVINGS ACCOUNT - UNITED MISSOURI BANK

HSA Employer Contribution

Applicable to eligible and qualified employees who elect the HSA and enroll in the BlueSaver HDHP or the BlueSelect Plus HDHP during EACH Annual Enrollment period.

- \$99.78 per month (\$1,137.12 / year) for BlueSaver HDHP
- \$144.30 per month (\$1,644.48 / year) for BlueSelect Plus HDHP

If you do not set-up your HSA through UMB when you first elect the HSA, then you may establish the account at any time thereafter.

NO retroactive employee or employer contributions will be made to your HSA account.

You are responsible for determining eligibility and continued eligibility for the HSA. See *Benefits Enrollment Worksheet* for more information or the questionnaire included on the Benefits Enrollment website.

PRE-TAX SAVINGS FOR MEDICAL EXPENSES

Medical savings accounts provide an opportunity to cover your medical expenses with tax-free income.

Medical savings accounts available with district Health insurance include Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA).

NOTE: If you are **ineligible for an HSA** in 2018, then you will NOT receive the HSA employer contribution, even if you select the BlueSaver or the BlueSelect Plus HDHPs.

Annual Combined (Employer + Employee) Contribution Limits

- ♦ \$3,450 for an individual
- \$6,900 for a family
- ♦ \$1,000 "catch-up" contribution if a covered member is between ages 55 & 65
- You cannot claim monies that are not yet in your HSA account





FLEXIBLE SPENDING ACCOUNTS - TRI-STAR SYSTEMS

Annual Contribution Limits

- Unreimbursed medical expense account \$2,600
- Dependent Child Care Reimbursement account \$5,000 (\$2,500-married filing single)
- 'Limited FSA' \$2,550. Available ONLY to BlueSaver or BlueSelect Plus HDHP members who elect an HSA. Expenses are limited to qualified dental & vision benefits.

For tax purposes, FSA accounts will have deductions beginning in January, or your benefits effective date if later, and ending in December. Claim reimbursement for qualified expenses incurred between **January 1** and **December 31, 2018** must be submitted to Tri-Star on or before March 31, 2019.

Reimbursements for all FSA accounts are processed via direct deposit to your bank account. New account members will need to complete Tri-Star's *Direct Deposit Request* available online at: www.tri-starsystems.com. You can also make changes to your direct deposit online.

You MUST RE-ENROLL in the HSA (if eligible) or FSA EACH YEAR during Annual Enrollment.

Otherwise, EMPLOYEE & EMPLOYER (HSA only) contributions to the account will DISCONTINUE

Additional Benefits



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Identity Theft, Dental, & Vision

No changes to plan designs. Premium rate changes are as follows:

- ♦ Identity Theft InfoArmor: No change
- ◆ Dental Delta Dental of Kansas: No change
 - A 12-month waiting period may apply
- Vision Surency Vision: 8% increase
 - For plan details, go to: <u>MyBVBenefits</u>

KPERS Group Term Life Insurance

Through the Kansas Public Employee Retirement System (KPERS), the district pays for life insurance for active plan members equal to 1½ times eligible salary. Beneficiary updates/changes can be made online at www.kpers.org.

IRS Imputed Income -

 KPERS life insurance is subject to taxation for coverage over \$50,000

VOLUNTARY GROUP TERM LIFE INSURANCE

CHANGE! Principal -



The district is changing its carrier for voluntary group term life insurance and short-term disability from Lincoln Financial to **Principal**.

Eligible enrollees are grandfathered at current level and may apply for additional insurance, based on the following:

- Lower premium rates for employees and spouses
- Dependent child(ren) rates increase to \$1 for \$5,000,
 \$2 for \$10,000, and \$3 for \$15,000 coverage.
- Guaranteed employee issue is \$250,000 or amount issued under prior carrier to age 70, then \$10,000.
- You may elect to add/increase life insurance volumes WITHOUT having to prove Evidence of Insurability (EOI) as follows:
 - \$10,000 in employee life
 - \$5,000 in spousal life

If you or your spouse have been previously declined for coverage or failed to complete the EOI process during a prior enrollment period, the annual increase(s) will not occur until new EOI is submitted to and approved by Principal.

- Members may be able to apply for additional Principal life insurance according to the terms of the group plan provisions during the Annual Enrollment Period, subject to EOI. The EOI form is provided on the benefits enrollment website: www.cbizesc.com/bluevalley.
- Benefit reductions for active members apply starting at age 65 and each five years thereafter.
- Portability available up to age 70; not available if disabled or if in receipt of accelerated benefits.
- Conversion options available.



SHORT-TERM DISABILITY

- NO new memberships to the 8-Day Buy-Up plan
- Current 8-Day Buy-Up plan members will be grandfathered

Changes to the Wellbeing Program

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The District supports members knowing their biometric numbers and setting targets and goals to achieve greater health and wellbeing.

Therefore, changes to the financial incentives that apply to employees and covered spouses are being made.

2017 Bravo Activities & January 1, 2018 Incentive changes

- The financial incentive for the 2017 biometric targets, including blood glucose, blood pressure, body mass index, and cholesterol (LDL) will NOT apply for January 1, 2018.
- However, the \$60 per month cost will still apply if the employee and/or covered spouse did not complete the HRA, submit the completed Provider Screening Form, and were not tobacco free or did not complete a tobacco alternative means under the Bravo plan design by August 1, 2017.

2018 WELLBEING PROGRAM DESIGN CHANGES

For the upcoming plan year - If items 1, 2, and 3 are not completed on a timely basis, then a \$60 per month wellbeing program cost will apply for each employee and/or covered spouse.

If completed timely, there will be no additional cost to the employee in **2019**.

- 1. Completion of a BlueKC online Health Risk Assessment (HRA) by **May 1, 2018.**
- If a tobacco user, must complete an alternative means on a timely basis. The alternative means is the digital tobacco cessation course made available to plan members through BlueKC.
- Complete Health screening by the plan member's physician and submission of the Provider Screening Form by August 1, 2018.





Federal Reporting & Benefits



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In order to be compliant with federal reporting requirements, the district will rely on the accuracy of covered members **Social Security numbers** as you have reported them through the district's benefits enrollment website.

Employees and dependents are encouraged to shop for medical plan benefits available in the individual and/or federal marketplace.

The Federal Marketplace enrollment period starts November 1, 2017.

For more information, go to: www.healthcare.gov.

Federal Marketplace enrollment qualifies as a Life Changing Event which opens a 30-day window for you to apply to make changes to your district health plan benefits. Marketplace insurance premiums are paid for with after-tax dollars. Consult with a tax advisor if you have guestions.

Important Notices are provided on the District's Benefits Website: http://www5.bluevalleyk12.org/cbiz/. On the home page, click on the top tab **Resources**, then click on **Important Notices** in the drop-down menu.

If you are unable to access this information through a work computer, contact the Blue Valley Benefits Department to request a copy of these notices.



Review these each year to avoid personal tax

penalties. The district assumes no responsibility for



403(B) Plan and 457(B) Plan Transamerica Retirement Solutions

incorrect information.

- 2017 limits for each Plan are \$18,000 if less than age 50 or **\$24,000** if age 50+.
- 2018 Plan limits have not been published at this time. These plans are voluntary retirement savings and you may enroll in these plans throughout the year.
- Refer to the Benefits Enrollment Worksheet for instructions on how to enroll or make changes.
- Visit trstire.com for more information.

KANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM



Your most recent KPERS statement is available online at the KPERS website: www.kpers.org

Follow the login instructions provided on the home page.

If you need assistance, contact KPERS at: (888) 275-5737

KPERS Working After Retirement



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Effective July 1, 2017 through December 31, 2017

NO changes to the rules for grandfathered retirees working in non-licensed school positions.

Changes for retirees working in licensed school positions:

Those who retired before 1/1/2018 and returned to work in a licensed school professional position are covered by the current provisions for grandfathered licensed school professionals effective July 1 through December 31, 2017.

- Salary is reduced by the amount of the employer cost; no improvement to your KPERS benefit
- There are NO employer costs on earnings for substitute teachers working without a contract

KPERS Covered Position	Member Type	Earnings Limit	Employer Contribution	Waiting Period
Yes	Retired <i>before</i> 1/1/18	None	Statutory Contribution on 1 st \$25,000, 30% above \$25,000	60 days
Yes	Retired on or after 1/1/18	None	Statutory Contribution on 1 st \$25,000, 30% above \$25,000	180 days if retired before age 62; 60 days if retired age 62+
No	Retired <i>before</i> 1/1/18	None	None	60 days
No	Retired on or after 1/1/18	None	None	180 days if retired before age 62; 60 days if retired age 62+

- ♦ **KPERS covered position** for school employees employment is not seasonal or temporary; or whose employment requires at least 630 hours of work per year or at least 3.5 hours a day for at least 180 days
- ♦ **KPERS non-covered position** for school employees employment is seasonal or temporary; or whose employment requires less than 630 hours of work per year or less than 3.5 hours a day for 180 days

KPERS WORKING AFTER RETIREMENT (WAR) EFFECTIVE JANUARY 1, 2018

- NO pre-arrangement of Working After Retirement employment between KPERS member and employer
- MUST satisfy waiting period
- Applies to **ALL retirees**, regardless of whether licensed or non-licensed
- Great-Grandfathered and grandfathered classifications will no longer apply





Brought to you by your Blue Valley Benefits Team

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