

NOVEMBER 14 – DECEMBER 16

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YOUR MEDICAL OPTIONS

This year, you may enroll in either the Traditional Plan or the new High Deductible Health Plan (HDHP) that will be in place starting January 1, 2017. The Traditional Plan is the benefit plan currently offered. The HDHP that will be offered starting January 1, 2017 is new: it has a higher deductible and out-of-pocket maximum, but KPBSD contributes up to \$750 per year* into a Health Reimbursement Account (HRA) on your behalf. The open enrollment period is also changing, so the next time you will be able to choose a different plan will be during November/December 2017.

YOU NOW HAVE TWO PLANS TO CHOOSE FROM

MEDICAL BENEFITS	TRADITIONAL PLAN	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)
Annual Medical Deductible Individual Family	\$200 \$600	\$1,500 \$3,000
Out-of-Pocket Maximum (Not including deductible) Individual Family	\$1,000 \$3,000	\$2,000 \$4,000
Health Reimbursement Arrangement (HRA)	None	\$750 / year*
Employee contribution (annual)	\$3,727.92 = 15% of plan costs	\$2,229.76** = 10% of plan costs

^{*\$375} will be credited on January 1 for January – June 2017. Another \$750 will be credited on July 1 for the period July 2017 – June 2018.

ALL OTHER PLAN PROVISIONS REMAIN THE SAME BETWEEN THE TWO PLANS:

- Prescription drug coverage, Vision, and Dental benefits are the same for the Traditional Plan as they are for the HDHP
- The same types of services and the same coverage conditions apply to both plans.

WHAT IS A HEALTH REIMBURSEMENT ARRANGEMENT (HRA)?

An HRA allows KPBSD to set aside funds for you to spend on qualified health care expenses. Money not used in one calendar year can be rolled over from year-to-year. If you enroll in the High Deductible Health Plan, KPBSD will contribute \$375 to your HRA account on January 1, 2017. If you are enrolled in the HRA on July 1st (the first day of the fiscal year), KPBSD will contribute another \$750 to your HRA account.

You may use these funds for you and your dependents who are enrolled in the HDHP. If you terminate KPBSD employment, the funds will be forfeited.

Your HRA funds can be used towards medical, prescription, dental, and vision expenses. The HRA will be administered by Rehn. A claim form will be made available to submit for HRA reimbursements.

How the HRA works with a Health Care Flexible Spending Account (FSA):

You may have both an HRA and enroll in a Health Care FSA. Expenses are paid from the Health Care FSA first, because that account is "use it or lose it." A Flexible Spending Account is available to employees through American Fidelity. It is not a part of the health plan.



^{**}Based on broker recommended rate.



YOU MAY BE ABLE TO OPT OUT OF COVERAGE

This year, you may have the option of declining coverage for yourself and your dependents.

- You may decline coverage if you have other health coverage outside of the KPBSD health plan that meets the minimum requirements of the Affordable Care Act (ACA). If you decline coverage, you pay no employee contribution.
- If you are double covered within the KPBSD health plan because you are both a KPBSD employee and a spouse or dependent of a KPBSD employee, you may not waive coverage.

HAVE A QUALIFYING

YOU MUST NOTIFY HR WITHIN 31 DAYS TO MAKE CHANGES TO YOUR COVERAGE.

IF I DECLINE COVERAGE THIS YEAR, CAN I ENROLL IN COVERAGE AGAIN NEXT YEAR?

Yes. If you are a full time employee (30 or more hours per week, or at least 0.75 FTE), you may re-enroll yourself and any eligible dependents in coverage at the next open enrollment or within 31 days of a qualifying event. For example, you may re-enroll in coverage if you involuntarily lose coverage under your spouse's health plan.

Note: Employees currently working part time (between 20-30 hours per week or between 0.50-0.75 FTE) who are currently enrolled in coverage shall have the option to continue coverage or decline coverage at this open enrollment. Part-time employees (between 20-30 hours per week or between 0.50-0.75 FTE) who decline coverage shall not be eligible to re-enroll at a future date.

DECLINING DENTAL/VISION COVERAGE

The dental/vision plan is separate from the medical and prescription plan. If you enroll in medical and prescription coverage, you are automatically enrolled in the dental/vision plan. You may decline coverage in the dental/vision plan, but your employee contribution amount will not change.

HOW DO I ENROLL?

OPEN ENROLLMENT STARTS MONDAY, NOVEMBER 14

ALL FORMS MUST BE COMPLETED AND RETURNED TO STACEY COCKROFT BY 4:30PM ON OR BEFORE FRIDAY, DECEMBER 16, 2016!

STEP 1:

Review your options. Select the option that is best for you and your family.

STEP 2:

Complete an enrollment form. Enrollment forms are included in your open enrollment packet, and are available online at: http://www.kpbsd.k12.ak.us/employees.aspx?id=5232

FOR MORE INFORMATION:

- Go to our website: http://www.kpbsd.k12.ak.us/employees.aspx?id=5232
 All documents and forms will be posted here
- You may also view the presentation online at http://www.kpbsd.k12.ak.us/employees.aspx?id=5232
- Call Stacey Cockroft at 907-714-8879





FREQUENTLY ASKED QUESTIONS



What happens if I don't enroll?

If you are currently covered, you will continue to be enrolled in the Traditional medical plan and have dental/vision coverage (if you are not enrolled in health benefits now, you will have no coverage in 2017).

If I have a change in my family or my other health coverage during the year, what do I do?

Outside of the open enrollment period, you may make changes to your health benefit choices only when you experience a qualifying event. Qualifying events include family changes like marriage, divorce, birth, adoption or death of a spouse or dependent. They also include coverage changes like a dependent gaining or losing other coverage, involuntary loss of your other coverage, or a change in your employment status.

To make a change in your benefits coverage, you must notify Stacey Cockroft within 31 days of your qualifying event. If you miss this deadline you will have to wait until the next open enrollment period (or until another qualifying event occurs) to make any benefit changes. You must complete a new enrollment form and provide a copy of required documents (such as a marriage certificate, birth certificate or divorce decree). All changes must be consistent with the qualifying event.

I have other insurance. May I opt out of the KPBSD health plan?

Yes. You may waive medical coverage only if you have other coverage outside of the KPBSD plan, such as coverage through a spouse's employer, the VA, or another entity and this coverage meets the minimum Affordable Care Act (ACA) requirements. You may waive dental/vision benefits for any reason.



HEALTH PLAN OVERVIEW



MEDICAL BENEFITS	TRADITIONAL PLAN	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)
Annual Medical Deductible Individual Family	\$200 \$600	\$1,500 \$3,000
Reimbursement Percentage	Plan pays 80% Plan pays 60% (non-PPO facility)	
Out-of-Pocket Maximum (Not including deductible) Individual Family	\$1,000 \$3,000	\$2,000 \$4,000
Chiropractic and Rolfing Services	20 visits / calendar year	
Acupuncture	20 visits / calendar year	
Physical Therapy	24 visits / calendar year (additional visits may be approved based on medical necessity)	
Prescription Drug Coverage Generic Copay Preferred Brand Copay Non-preferred Brand Copay Specialty Copay	\$5 \$25 \$50 \$100 (limited to a 30-day supply)	
Health Reimbursement Arrangement	None	\$750 / year*
Employee contribution (annual)	\$3,727.92	\$2,229.76**

^{*\$375} will be credited on January 1 for January – June 2017. Another \$750 will be credited on July 1 for the period July 2017 – June 2018. **Based on Broker Recommended Rate.



DENTAL	TRADITIONAL OR HDHP PLAN
Annual Deductible Individual Family	\$50 \$150
Reimbursement Percentage Preventive Basic Major	Plan pays 100% (not subject to the deductible) Plan pays 100% Plan pays 50%
Calendar Year Benefit Maximum	\$2,500



VISION	TRADITIONAL OR HDHP PLAN
Eye Exam	Plan pays 80%
Frames	Plan pays 80% up to \$100 every two years
Lenses	Plan pays 80%
Contacts	Plan pays 80%

Allowable charges and all plan provisions apply. Please see the Summary Plan Description for more information.





OPEN ENROLLMENT STARTS MONDAY, NOVEMBER 14

ALL FORMS MUST BE <u>COMPLETED</u> AND <u>RETURNED</u>
TO **STACEY COCKROFT** BY **4:30PM**ON OR **BEFORE FRIDAY**, **DECEMBER 16**, **2016**!

