As of November 7, 2016, all employees who work thirty (30) or more hours per week or at least .75 FTE are eligible for year round health benefits and are required, as a condition of employment, to participate in the KPBSD health plan.

**YOU HAVE TWO OPTIONS TO CHOOSE FROM:**

<table>
<thead>
<tr>
<th>MEDICAL BENEFITS</th>
<th>TRADITIONAL PLAN</th>
<th>HIGH DEDUCTIBLE HEALTH PLAN (HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Medical Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$200</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family</td>
<td>$600</td>
<td>$3,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Not including deductible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Health Reimbursement Arrangement (HRA)</td>
<td>None</td>
<td>$750 / year</td>
</tr>
<tr>
<td>Employee contribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td>$TBD</td>
<td>$TBD</td>
</tr>
<tr>
<td>Monthly Prorated (9 month deduction)</td>
<td>$TBD</td>
<td>$TBD</td>
</tr>
</tbody>
</table>

**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.

**DEPENDENTS:**

If you are enrolling a Spouse, you must provide a copy of your legal marriage certificate. If you are enrolling a child, you must include a copy of that child’s birth certificate, or legal guardianship or adoption papers. This documentation must be received within 31 days from your date of hire in order for the dependents to be eligible.

**DECLINING COVERAGE:**

Members who have alternative health insurance coverage meeting the minimum ACA requirements may elect to waive their entitlement to District provided health insurance coverage. Alternative health insurance coverage shall not include District provided coverage which the member is entitled to by reason of his/his status as a spouse or dependent of a District employee who is covered by the District’s health insurance plan.
**KPBSD is a Self-Funded Health Care Plan**

The KPBSD Health Plan offers Medical, Dental, Vision, and Prescription coverage. Rehn & Associates administers the Medical, Dental, and Vision benefits. Caremark administers the Prescription benefits.

**Medical coverage** is subject to the applicable Major Medical deductible and out-of-pocket Maximum.

**Dental coverage** is subject to the applicable Dental Deductible and $2,500 Calendar Year Maximum.

**Vision benefit** is subject to the benefits and limits outlined in the KPBSD Summary Plan Description.

**Prescription benefits** are subject to the applicable co-pay of $5 Generic, $25 Preferred Drug, $50 Non-Preferred Drug, and $100 Specialty for covered medications.

**KPBSD LINKS AND CONTACTS:**

**Employee Health Care Plan webpage**

**Rehn & Associates Employee Web Portal**
https://kpbsd.rehnonline.com

**KPBSD Employee Benefits Manager:**
**Stacey Cockroft**
scockroft@kpbsd.k12.ak.us
907-714-8879

Kenai Peninsula Borough School District
148 N. Binkley Street
Soldotna, Alaska 99669
907-714-8888
www.KPBSD.org

The mission of the Kenai Peninsula Borough School District is to empower all learners to positively shape their futures.
How Are Rates Set?

The HCPC Subcommittee sets the employee contribution rates and manages the employee health care reserve account. Each year the broker estimates the coming years costs based on prior claims and administrative expenses. The total estimated costs are then divided between the District and employees as per the language in the Collective Bargaining Agreement (CBA) to determine prospective rates. The District then determines the contribution amount it will pay to start the year for both the Traditional Health Plan and the High Deductible Health Plan, and it shares that estimate with the Health Care Program Committee. The HCPC Subcommittee comprised of members from KPEA, KPESA, and KPAA determines an employee contribution amount for both the Traditional Health Plan and the HDHP. The Health Care Program Committee monitors claims and expenses over the course of the year to determine if the set contribution rates are going to exceed the claims and administrative costs. If contributions exceed the claims and administrative costs, the extra funds are credited to the applicable Employee and/or Employer reserve account, and may be used for payment of future program expenses. If the contributions are less than the claims and administrative costs, contribution rates can be increased by the HCPC Subcommittee, or funds from each applicable reserve account will be used to pay the additional program expenses. If the employee reserve account balance falls below $750,000 (per Collective Bargaining Agreement), an amount needed to replenish the fund to $750,000 will be calculated by the HCPC subcommittee and added to the employee’s annual rate in the following year.

How is the Health Plan Funded?

Employees can choose between two plans:

- Traditional Health Plan
- High Deductible Health Plan (HDHP)

The District contributes for every enrolled Employee, plus that Employee contributes. Together, this funds the health care plan, and pays claims and administrative costs.

If contributions exceed the claims and administrative costs, the extra funds are credited to the applicable Employee and/or Employer reserve account, and may be used for payment of future program expenses.

If the contributions are less than the claims and administrative costs, contribution rates can be increased by the HCPC Subcommittee, or funds from each applicable reserve account will be used to pay the additional program expenses. If the employee reserve account balance falls below $750,000 (per Collective Bargaining Agreement), an amount needed to replenish the fund to $750,000 will be calculated by the HCPC subcommittee and added to the employee’s annual rate in the following year.

During the annual open enrollment typically November 15 to December 15, you may change between plans, or opt-out if you have alternative coverage.

Throughout the year, you may make changes within 31 days after a Qualifying Event.