2021 OPEN ENROLLMENT

NOVEMBER 19th to DECEMBER 15th 2020

- ✓ ENROLLMENT DEADLINE: You MUST enroll no later than 4:30 pm AKST on December 15, 2020. All legal documents and other required documents must be turned in to Stacey Cockroft at the District Office by the deadline of 4:30 pm AKST on December 15, 2020.
- ✓ CURRENT ENROLLEES – ***IF YOU HAVE NO CHANGES:*** **No action is required from you; your current enrollment will remain the same.**
- ✓ Enrollment forms are included in this packet and will also be available online at http://www.kpbsd.k12.ak.us/employees.aspx?id=5232.
- ✓ All changes made during Open Enrollment will be effective ***January 1, 2021***.

YOUR MEDICAL OPTIONS

Choice of Two High Deductible Plans:

MEDICAL BENEFITS	HSA PLAN	HRA PLAN
Annual Medical Deductible **Individual** **Family**	$1,500 ****$3,000** *****Aggregate Family Deductible applies to any policy with more than one enrollee per IRS regulations – individual deductible will not apply.*	$1,500 $3,000
Out-of-Pocket Maximum (Not including deductible) **Individual** **Family**	$2,000 $4,000	
HSA / HRA CREDITS	$800 / fiscal year	
Reimbursement Percentage after Deductible	Plan pays 80% of allowable charges for most services; Plan pays 60% for Non-PPO facility charges	
Preventive Care as required by the ACA	Plan pays 100% of allowable charge – not subject to Deductible	
Prescriptions	**Subject to Major Medical Deductible** – once met current Rx copays will apply	Current Rx copays apply – not subject to Major Medical Deductible
Surgery through Bridge Health Program	Deductible must be met; coinsurance waived	You pay $0 - Deductible and coinsurance waived
Teladoc General Consultations ***NEW* Teladoc Mental Health Services**	You pay $0 - Deductible and coinsurance waived *Due to COVID, the IRS suspended the copay requirement for HSA plans through 2021*	You pay $0 - Deductible and coinsurance waived
Monthly Contribution (July – June) **Prorated (Sept-May paychecks)**	*$392.44 *$523.25	

**These amounts are subject to change by the Health Care Plan sub-committee*

HSA PLAN

An HSA (Health Savings Account) lets you set aside money to pay for future medical costs through your own tax-deferred contributions. The HSA account will be administered by Rehn & Associates and is regulated by the IRS.

- You may make pre-tax contributions through payroll deductions, which reduces the amount of taxable income
- The money stays in your HSA account from year to year. The HSA is yours to keep even of you leave employment with KPBSD
- KPBSD will contribute $800 per fiscal year to your HSA account every July 1st. If you switch from the HRA Plan to the HSA Plan during Open Enrollment, you will ***not*** receive a contribution to your HSA Plan for the FY21 School Year as you have already received the FY21 funds in your HRA account. If you were not enrolled on the KPBSD Health Plan prior to your enrollment on 1/1/2021, you will receive a $400 contribution to your HSA account as there are 6 months remaining in the FY21 School Year
- When your HSA balance exceeds $2,000, you may choose to invest your funds. Rehn & Associates will provide you with those options if you choose to invest
- If you and your Spouse are both KPBSD employees and enrolled on KPBSD Health Plans with Spouse or Family coverage, you ***MUST BOTH*** choose the same plan type (HRA OR HSA). Per IRS Regulations you may not have one enrolled on the HRA Plan and one enrolled on the HSA Plan

FOR YOU (THE EMPLOYEE) TO BE ELIGIBLE TO OPEN AN HSA, PER IRS REGULATIONS YOU *MUST*:

- Be enrolled in a qualified high deductible health plan (HDHP)
- NOT be enrolled in a non-HDHP including a spouse's plan, Medicare, Tricare or prescription drug only plan
- NOT be claimed as a dependent on another individual's tax return, other than your spouse's
- NOT have received any health benefits from the Veterans Administration or one of their facilities, including prescription drugs, in the last three months, except for preventive care. If you have a disability rating from the VA, this exclusion does not apply
- NOT have received any health benefits through the Indian Health Services in the last three months
- NOT be enrolled in a General Purpose medical Health Flexible Spending Account (Health FSA) or Health Reimbursement Arrangement (HRA) (your spouse cannot have an FSA or HRA either)

Other restrictions and exceptions may also apply. We recommend that you consult a tax, legal or financial advisor to discuss your personal circumstances that may affect your HSA eligibility. KPBSD cannot consult you about your HSA eligibility.

HSA CONTRIBUTION LIMITS

2021 Calendar Year Maximum Contribution	
Annual Contribution Limit For Employee Only	$3,600
Annual Contribution Limit for Family	$7,200
Additional "catch-up" if 55 or older	$1,000

Remember that your HSA is IRS regulated. IRS Publication 502 provides the detailed list for medical, dental and vision expenses. If you enroll in the HSA plan and you are not eligible, the IRS will penalize you. That issue is between you and the IRS. ***KPBSD is not a tax consultant. If you are unsure of your HSA eligibility, we recommend that you consult a tax, legal or financial advisor to discuss your personal circumstances that may affect your HSA eligibility. KPBSD cannot consult you about your HSA eligibility.***

HRA PLAN

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 will be rolled over from year-to-year. KPBSD will credit $800 per fiscal year to your HRA account every July 1st. If you switch from the HSA Plan to the HRA Plan during Open Enrollment, you will not receive a contribution to your HRA Plan for the FY21 School Year as you have already received the FY21 funds to your HSA account. If you were not enrolled on the KPBSD Health Plan prior to your enrollment on 1/1/2021, you will receive a $400 contribution to your HRA account as there are 6 months remaining in the FY21 School Year.

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 & Associates. A claim form is 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 Flexible Spending Account. 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. For questions relating to the Flexible Spending Account, please contact Nate Leslie at nate.leslie@americanfidelity.com.

PRESCRIPTION DRUG BENEFITS

Retail & Mail Order Pharmacy (up to a 100 day supply per fill)	*HSA OR HRA PLAN
Generic Copay	$5
Preferred Brand Copay	$25
Non-Preferred Brand Copay	$50
Specialty Copay	$100 (limited to a 30-day supply)

Major Medical Deductible for the HSA plan must be met prior to these copays taking effect.** **$3,000** ***Aggregate Family Deductible applies to any HSA policy with more than one enrollee per IRS regulations – individual deductible will not apply for a Family Plan.

DENTAL AND VISION COVERAGE OPTIONS

DENTAL	HSA OR HRA 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	HRA OR HSA 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.

YOU MAY BE ABLE TO DECLINE COVERAGE

- 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. ***Please start this process early to ensure you are able to obtain the necessary Certificate of Coverage and Summary of Benefits and Coverage (SBC) from your current health plan by the deadline of 4:30 pm AKST on December 15, 2020.***

- 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 decline coverage if you do not have other coverage outside of KPBSD per the Collective Bargaining Agreement.

- DECLINING DENTAL/VISION COVERAGE: ***You may decline coverage in the dental/vision plan, but your employee contribution amount will not change.*** 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.

HOW DO I ENROLL?

➢ STEP 1:

Review your options. Select the option that is best for you and your family. If you are currently enrolled in the KPBSD Health Plan and do not want to make any changes, you do *not* need to submit a form.

➢ STEP 2:

Complete an enrollment form with applicable changes and submit documentation to Stacey Cockroft at the District Office by the 4:30 pm AKST on December 15, 2020 deadline. For newly enrolled dependents, legal documentation is required (copy of marriage certificate for spouse and birth certificate for dependent child). The enrollment form is included in this packet. Forms are also available online at:
http://www.kpbsd.k12.ak.us/employees.aspx?id=5232

➢ STEP 3:

If you are selecting the HSA Plan, you must also complete an HSA enrollment form and submit to Stacey Cockroft at the District Office by the 4:30 pm AKST December 15, 2020 deadline. Rehn requires you to return pages 1, 2 & 6. This packet is attached to the Open Enrollment email.

FOR MORE INFORMATION:

- Go to our website: http://www.kpbsd.k12.ak.us/employees.aspx?id=5232
  All documents and forms will be posted on the website.
- QUESTIONS? Contact Stacey Cockroft, Employee Benefits Manager, at 907-714-8879 or scockroft@kpbsd.k12.ak.us.

Kenai Peninsula Borough School District Health Care Plan
Participant Enrollment Form

REHN & ASSOCIATES

EMPLOYEE ENROLLMENT INFORMATION

NAME:			Date of Enrollment or Change:
Social Security Number:		Sex: ❑ M ❑ F	IHS (Indian Health Services)Eligible: ❑ Y ❑ N
Mailing Address:			Date of Birth:
City:	State:	Zip:	Marital Status:
Phone:	Email:		Date of Marriage:

TYPE OF ENROLLMENT/LEGAL DOCUMENTATION

Legal documentation is required for all new enrollments and any changes made:

❑ New Enrollment ❑ Open Enrollment ❑ Change in Status

❑ DECLINING COVERAGE Note: You may decline only if you have other health coverage outside KPBSD that meets the minimum Affordable Care Act requirements.

Reason for electing, changing or declining coverage: _____

❑ I wish to DECLINE Dental/Vision coverage (I understand this will NOT reduce/change my contribution amount)

COVERAGE AND DEPENDENT INFORMATION

One plan option must be selected: *Copies of marriage certificate and children's birth certificates required*

❑ HRA Plan (Health Reimbursement Arrangement) *You may choose to opt-out of HRA reimbursements by contacting the Benefits Manager*

❑ HSA Plan (Health Savings Account) *IMPORTANT: HSA Enrollment Form required (return pages 1, 2, & 6) Please see the HSA FAQ for IRS eligibility guidelines*

Add	Drop	Relationship to Employee	Last Name	First Name	Middle Initial	IHS Eligible	Social Security No.	Date of Birth	Employer	Gender
❑	❑	SPOUSE				❑Y ❑N				❑ M❑F
❑	❑					❑Y ❑N				❑ M❑F
❑	❑					❑Y ❑N				❑ M❑F
❑	❑					❑Y ❑N				❑ M❑F
❑	❑					❑Y ❑N				❑ M❑F
❑	❑					❑Y ❑N				❑ M❑F

Is any child over the dependent age limit applying for coverage due to disability? ❑No ❑Yes→*Complete the Request for Certification of Disabled Dependent form.*

Does any dependent have a different mailing address? ❑ No ❑ Yes→ _____

List Dependent name

_____

Write in Dependent mailing address including City, State and ZIP Code

OTHER COVERAGE INFORMATION

Do you, your spouse and/or your covered dependents have other coverage for: If yes, please attach a Certificate of Creditable Coverage from your current carrier(s) – Certificates only apply to newly enrolled Employees & Dependents.

Medical ❑ No ❑ Yes Dental ❑ No ❑ Yes Vision ❑ No ❑ Yes Prescriptions ❑ No ❑ Yes Medicare ❑ No ❑ Yes

COVERAGE #1:

Enrollee's Name:_____ Enrollee's Birth Date: _____ Plan Name_____

ID #:_____ Effective Date: _____ Individuals currently covered under this policy: _____

COVERAGE #2:

Enrollee's Name:_____ Enrollee's Birth Date: _____ Plan Name: _____

ID #:_____ Effective Date: _____ Individuals currently covered under this policy: _____

SIGNATURE

I declare that to the best of my knowledge, all of the information on this form is true and complete, and all of the persons for whom I am requesting enrollment are eligible for coverage. The changes on this form supersede all previous forms submitted. I UNDERSTAND THAT MISSTATEMENT, OMISSION OF MEDICAL INFORMATION OR FAILURE TO DISCLOSE ANY INFORMATION MAY BE USED AS A BASIS FOR RESCISSION OF COVERAGE FOR ME AND FOR MY DEPENDENTS, AND THAT I WILL BE GUILTY OF INSURANCE FRAUD. I authorize deductions, if any, from any earnings toward the cost of the coverage. A copy of this authorization shall be as valid as the original.

Sign Here →

_____	_____	_____
Employee's Signature	*Print Name*	*Date*

THIS SECTION TO BE COMPLETED BY EMPLOYER

Exact date of full-time employment:	Effective Date:	Date Processed:	
Month Day Year	Month Day Year	Month Day Year	Plan Administrator