



*Pueblo City Schools

2018 Benefits Open Enrollment
Presentation

- * November 13 - November 26
- * Benefit elections - Employee Navigator Self-Service Center
- * You must go online to verify your personal information and make or confirm your Benefit Elections.
- * Health Care FSA or Dependent Care FSA elections have to be made each year.
- * Great time to update life insurance beneficiary information - don't leave it to the wrong person!
- * The new benefits coverage begins January 1, 2018.

***Open Enrollment Period**

- * During the Annual Open Enrollment, you may add or delete coverage for yourself or eligible dependents
 - * Mid-year elections may only be made if you experience a Qualifying Event such as:
 - * Marriage or divorce
 - * Birth or death of dependent
 - * Adoption or placement for adoption
 - * Loss of eligibility
 - * Spouse's employment or termination of employment
- * If you experience a Qualifying Event, you have 30 days in which to contact Payroll (60 days for Medicaid/CHIP), in order to change your election. If you wait longer than 30 days, you must wait until next year's Open Enrollment.

***Open Enrollment Period**

- * 2018 Benefit Elections made by logging on to Employee Navigator Self-Service Center.
- * Confirm your information and benefit elections.
- * Make changes to plans, enroll yourself or any of your eligible dependents who are not currently enrolled, or drop coverage for yourself or your covered dependents.
- * Employee Navigator will be available 24/7, even on Thanksgiving Day, to enroll in the 2018 Benefits.
- * It will open on November 13 and will close at 10 pm, MST, November 26.

***Employee Navigator**

* Log on to:

www.employeenavigator.com/benefits/login.aspx

* Click "Register as a new user"

* Complete the New User Registration Information

* The Company Identifier (case sensitive) is: **PUEBLO**

* Follow the on screen instructions to create a unique User Name and Password.

* You must agree to the Terms of Use to register.

* You're in! Don't forget your Username and Password.

***Employee Navigator**

- *Kaiser Permanente
- *Delta Dental
- *EyeMed – two plans to choose from!
- *VOYA Financial
- *Aflac
- *Infinisource

***New Benefit Vendors!**



*Review of Benefits

Benefits at a Glance

	HSA ELIGIBLE \$3500 EMB. DED.	DHMO 3500 20%	DHMO 2500 30% PLUS	DHMO 2000 20% PLUS	DENTAL	EXAM ONLY	BUY UP VISION
Emp. Only:	\$466.04	\$489.91	\$554.45	\$612.69	\$29.78	\$1.24	\$5.76
Emp. + Spouse:	\$950.73	\$999.41	\$1,131.07	\$1,249.90	\$59.56	\$2.07	\$10.93
Emp. + Children:	\$862.18	\$906.33	\$1,025.73	\$1,133.48	\$47.65	\$2.08	\$11.51
Emp. + Family:	\$1,337.54	\$1,406.03	\$1,591.27	\$1,758.43	\$80.44	\$3.38	\$16.92

Example Election and Contribution Amount

Medical Premium	+ Dental/Vision Premium	- \$470 PCS Contribution	= Your Monthly Cost
\$489.91	+ \$97.36	- \$470.00	= \$117.27

- * Four HMO Medical Plans Available.
- * You can choose to use any Kaiser Permanente contracted provider.
- * You also have access to the providers located in any Kaiser Permanente Medical Office Building in Colorado (and other states too).
- * No need to designate your Primary Care Physician.
- * No referrals are required to see a Specialist.
- * May fill your prescriptions at any Kaiser Permanente contracted pharmacy.
- * Mail order prescriptions available but not mandatory. Up to a three month supply for the cost of two months supply.

 **Kaiser Permanente**

	HSA 3500 HMO Embedded Deductible	DHMO 3500 20%
Deductible	\$3,500 Individual \$7,000 Family	\$3,500 Individual \$10,500 Family
Coinsurance	Kaiser Pays: 70% You Pay: 30%	Kaiser Pays: 80% You Pay: 20%
Out of Pocket Maximum	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$12,700 Family
Office Visits	30% after deductible	\$15 PCP \$30 Specialist
Preventive Care	No charge	No Charge
Emergency Room Urgent Care	30% after deductible	\$500 Copay \$30 Copay
Inpatient Hospital/Surgery Freestanding Facility Surgery	30% after deductible	20% after deductible \$250 Copay
Pharmacy Retail 30 Day Supply	30% after deductible	Generic: \$15 Copay Brand: \$40 Copay Non-Preferred: \$60 Copay Specialty: 20% up to \$250
Chiropractic Care	30% after deductible (20 visits per year)	\$25 Copay (20 visits per year)
Acupuncture/Message Therapy	30% after deductible (20 visits each per year)	\$25 Copay (20 visits each per year)

	DHMO 2500 30% Plus	DHMO 2000 20% Plus
Deductible	\$2,500 Individual \$5,000 Family	\$2,000 Individual \$4,000 Family
Coinsurance	Kaiser Pays: 70% You Pay: 30%	Kaiser Pays: 80% You Pay: 20%
Out of Pocket Maximum	\$6,350 Individual \$12,700 Family	\$5,500 Individual \$11,000 Family
Office Visits	\$15 KP Med. Ofc. Bldg. \$35 PCP Copay \$50 Specialist Copay	\$15 KP Med. Ofc. Bldg. \$35 PCP Copay \$50 Specialist Copay
Preventive Care	No charge	No charge
Emergency Room Urgent Care	\$400 Copay \$50 Copay	\$400 Copay \$50 Copay
Inpatient or Outpatient Hospital/Surgery	30% after deductible	20% after deductible
Pharmacy Retail 30 Day Supply	Generic: \$15 Copay Brand: \$40 Copay Non-Preferred: \$60 Copay Specialty: 20% to max of \$250	Generic: \$15 Copay Brand: \$40 Copay Non-Preferred: \$60 Copay Specialty: 20% to max of \$250
Chiropractic Care/ Acupuncture/Message Therapy	Not covered	Not covered

- * Go to www.KP.org and click on Find Doctors and locations
 - * Select your search type: Doctors or Locations
 - * Select the Region, e.g. Colorado – Southern Colorado
 - * Click on Use my Location (GPS enabled) or Enter Zip Code & Distance or Select City
 - * You can enter Name or other keywords
 - * Select Search

* **Find a Provider**

- * All four Kaiser plans provide Out-of-Area Dependent Coverage while your dependents are away from home.
- * Routine care, continuing, and follow-up care, outside of any Kaiser Permanente service area, for any out-of-area dependent enrolled in the plan.
 - * Up to 5 office visits
 - * Up to 5 diagnostic x-rays
 - * Up to 5 prescription drug fills
 - * Up to 5 combined therapy visits (PT, OT, ST)
- * Applicable copay or coinsurance applies.
- * Be sure to read the Out-of-Area Dependent Coverage flier for complete details.

* Out-of-Area Dependent Coverage

- * The DHMO 2500 30% Plus and DHMO 2000 20% Plus plans include The Plus Benefit:
 - * 20 Office Visits and Services to non-Kaiser contracted providers.
 - * Routine office visits
 - * Diagnostic lab tests, x-rays, special procedures, and selected articles of durable medical equipment provided during the office visit.
 - * Physical, occupational and speech therapy office visits
 - * Allergy injections received at an office.
- * What's the cost?
 - * Your cost share (copayment or coinsurance) is the same as, or similar to, the cost share for these services in your DHMO plan. However, your costs under the Plus Benefit DO NOT apply to your deductible (if applicable) or to the out-of-pocket maximum for the year.
- * What's not covered?
 - * All other services, including but not limited to, inpatient services, outpatient surgery, prenatal and maternity care. You must use in-network providers for these services.
- * Be sure to read The Plus Benefit flier for complete details.

***The Plus Benefit**

- * To help make your transition to Kaiser Permanente a smooth one, we are introducing the Customer Experience Team.
- * Get the one-on-one attention that you deserve
 - * Getting started with Kaiser Permanente
 - * Choose your personal physician, schedule appointments, and get medical advice
 - * Learn about screening options and where they're available
 - * Become a registered member on kp.org; take a tour of their secure online features
 - * Understanding your plan and costs
 - * Understand your benefits and how your plan works
 - * Explore specific treatment options and get cost estimates

*** Customer Experience Team**

- * Using pharmacy and laboratory services
 - * Understand your prescription benefits and KP's formulary
 - * Consult with a pharmacist about your current prescriptions and OTC medications
 - * Transition your prescriptions; learn about your Rx filling options
 - * Order lab work, including those you might need before your first visit
- * Monday, December 18 is when you can meet with the Customer Experience Team. Sign up will be available.
- * You may also contact the Kaiser Permanente Local Resource Team at:
 - * 719-867-2170
 - * PuebloCitySchools@kp.org
 - * For benefit questions
 - * Transition of care concerns

*** Customer Experience Team**



*Virtual Care Rooms

- * Kaiser Permanente is making it easier to take care of yourself with their Virtual Care Rooms. Their Virtual Care Rooms offer a convenient way for you to connect with the Kaiser Permanente care team for a quick consultation, without ever leaving the workplace. It's a private, comfortable space you can reserve to consult with a doctor or nurse while you're at work.
- * PHONE: Save yourself an office visit by scheduling a call with a doctor.
- * CHAT ONLINE: Connect in real time with a Kaiser Permanente physician.
- * EMAIL: Message your doctor's office with non-urgent questions.
- * E-VISITS: Online consultations are available for some medical conditions. Learn more at kp.org/appointments
- * VIDEO VISIT: Ask about this online alternative to an in-person appointment.

*Virtual Care Rooms

- * VOYA Financial and Aflac replaced AIG products as of July 1, 2017 when AIG left the market.
- * Enrollment was transferred from AIG to either VOYA or Aflac.
- * Employees opportunity to take advantage of Guarantee Issue of these products if previously waived the coverage.
- * These products pay YOU! You can use the money to pay your deductible or out of pocket expenses or to pay a utility bill or buy the latest flat screen TV.
 - * Accident Insurance
 - * Critical Illness Insurance
 - * Hospital Indemnity
- * Disability Insurance - insures your paycheck in case you cannot work due to off-the-job injury or illness.
- * Life Insurance - additional coverage for you, spouse and children.

* Voluntary Benefits

	Delta Dental PPO Providers	Delta Dental Premier Providers	Non-Participating Providers
Calendar Year Deductible:	None		
Calendar Year Max Benefit:	\$1,000 per person		
Diagnostic & Preventive Care:	90% covered, does not apply to annual max	80% covered, does not apply to annual max	80% covered
Basic Services: (Endo & Perio Covered)	80% covered	80% covered	80% covered
Major Services:	50% covered	50% covered	50% covered
Orthodontic Treatment: (Child & Adult)	50% covered	50% covered	50% covered
Orthodontic Maximum:	Included in Annual Max		
Waiting Periods:	None		

 **Delta Dental**

	Exam Only Plan	Buy-Up Plan
Network Name	Insight Network	
Eye Exam: 12 months	\$25 copay	\$10 copay
Lens Options Single: Bifocal: Trifocal: Progressive: 12 months	Discounted costs when purchased as part of a complete pair of eyeglasses: \$50 copay \$70 copay \$105 copay \$135 copay	\$25 copay \$25 copay \$25 Copay \$80-\$125 copay (see benefit summary for complete details)
Frames: 24 months	35% discount off retail price	\$0 copay, \$130 allowance, 20% off balance over \$130
Contact Lenses: 12 months	15% discount off retail price	\$0 copay, \$130 allowance, 15% off balance over \$130

 **EyeMed Vision**

- * If you enroll in the HSA 3500 Embedded Deductible Plan, and you are not covered by other first dollar coverage, you may open a Health Savings Account and contribute pre-tax money into it.
- * 2018 Maximum Contributions:
 - * \$3,450 for individual coverage
 - * \$6,900 for family coverage
 - * If you are 55 or older, you may contribute additional \$1,000 per year until the year you are covered by Medicare.
- * All contributions into Health Savings Account are owned by the employee. Should you leave PCS, you take the money with you. If you switch to a non-qualified plan in future years, you may no longer contribute to Health Savings Account, but may continue to use funds in the account to pay for qualified medical expenses.

***HSA in a Nutshell**

- * Use funds in the Health Savings Account to pay for qualified medical expenses
 - * Services covered by medical, dental or vision plans
 - * Services not covered by above plans but still considered qualified medical expense - See IRS Publication 502 for complete list of qualified medical expenses.
- * Distributions for non-qualified medical expenses are subject to income tax plus 20% penalty.
- * Administered by Infinisource - new vendor. Be sure and logon to Employee Navigator to elect this benefit and provide your information for the new bank account and new debit cards.
- * If you currently have a Health Savings Account through the current vendor, you will need to complete the account transfer form to transfer funds from old account into the new account to avoid paying the account maintenance fees.

*** HSA in a Nutshell**

- * Must make your elections each year - they do not rollover!
- * \$2,650 maximum contribution for 2018
- * Pre-tax
- * Can use the money to pay qualified medical expenses for you, your spouse or tax-dependent children (even if they are not covered by your medical, dental or vision plans).
- * Must use it or lose it!
- * Cannot use this benefit if you are enrolled in the Health Savings Account plan.
- * Administered by Infinisource - new vendor. Be sure and logon to Employee Navigator to elect this benefit and provide your information for new debit cards.

*Flexible Spending Accounts

- * Must make your elections each year - does not rollover!
- * Maximum elections:
 - * \$5,000 married, filing jointly or single parent
 - * \$2,500 married, filing separate federal tax return
- * Administered by Infinisource - new vendor. Be sure and logon to Employee Navigator to elect this benefit and provide your information for new debit cards.

***Dependent Care FSA**

- *TeleHealth

- *Basic Life and AD&D

- *Pueblo City Schools provides Two Times your Annual Salary if life and accidental death and dismemberment coverage for all benefit eligible employees. They also provide \$1,000 life insurance coverage for your spouse and children. Be sure your dependents are shown in Employee Navigator so that this benefit is provided!

- *Voluntary Life Insurance

- *Employees can buy from \$10,000-\$300,000 coverage, \$100,000 GI

- *Spouse - \$5,000-\$150,000 coverage, \$20,000 GI

- *Child - \$10,000, \$10,000 GI

- *Employee Assistance Program

***Additional Benefits**

* Make your 2018 Benefit Elections using Employee Navigator

www.employeenavigator.com/benefits/login.aspx

* Verify your and your dependents' information when you log in.

* You must make your Health Care FSA and Dependent Care FSA elections! IRS requires it as they do not allow rollover elections.

* Don't forget Kaiser Permanente will have Pharmacy and Transition Team Members available to help transfer prescriptions, answer questions about transition of care, and find you a new doctor if you were using a Paladina provider.
Monday, December 18!

*** 2018 Enrollment Process**



*Questions?

Thank you for your time!