

# 2019

## BENEFITS GUIDE



*Your Health • Your Family • Your Life*

# Welcome

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you may receive.

## Eligibility

All contracted employees who work 30 hours or more per week are eligible for all benefits outlined in this summary. For Medical, Dental, and Vision, eligible employees may elect to cover a spouse/ domestic partner and/or children through the end of the year in which they turn 26. Please see the voluntary benefits summary plan documents for the cutoff age for children, as the age may vary.

## When Coverage Begins

**New Hires:** You must complete the enrollment process within 30 days of your effective date. If you enroll on time, coverage is effective on the first of the month following your date of hire. If you fail to enroll on time, you will NOT have benefits coverage except for employer-paid life insurance. Your next opportunity to enroll in coverage will be at the next annual open enrollment period.

**Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2019.

**How to Enroll:** To make your benefit elections, please logon to the Employee Navigator Self-Service Center.

[www.employeenavigator.com/benefits/account/login](http://www.employeenavigator.com/benefits/account/login)





## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next Annual Open Enrollment Period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- Change in child custody
- Change in coverage election made by your spouse during his/her employer's Open Enrollment Period
- Loss of Eligibility for Medicaid/CHIPRA (60 days notification)
- Spouse's employment or termination of employment

## Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment Period to make your election changes.



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**Required Information–** When you enroll, you will be required to enter a Social Security Number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the district to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a federal tax penalty. This information will be securely submitted to the IRS and will remain confidential.

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# Medical Plans

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We are proud to offer you a choice between four Kaiser Permanente HMO medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle.

## Out-of-Area Dependent Coverage

All four medical plans include **Out-of-Area Dependent Coverage** which provides coverage for your dependents while they're away from home. Kaiser Permanente covers routine, continuing, and follow-up care, outside of any Kaiser Permanente service area, for any out-of-area dependent enrolled in the plan. Out-of-area services are limited to covered, non-urgent medical needs. Medically necessary urgent and emergency care are always covered for dependents while out of the service area.

The out-of-area dependent benefit will cover:

- Up to 5 office visits
- Up to 5 diagnostic X-rays
- Up to 5 prescription drug fills
- Up to 5 combined therapy visits (physical, occupational and speech)

Applicable coinsurance/copayments apply. Please refer to the supplemental flyer for list of exclusions. Out-of-area dependent benefits are subject to all terms and conditions of your plan. Claims for covered services that are medically necessary will be covered. If the provider bills Kaiser directly, you will not need to submit a claim. If the dependent pays out-of-pocket, submit the bill to Kaiser Permanente for reimbursement.

## The Plus Benefit

The DHMO 2500 30% Plus and DHMO 2000 20% Plus plans include the **Plus Benefit**, where your choices are covered. Choose to see any licensed provider, anytime, up to a set number of visits or covered outpatient medical services each year. So if you have a provider you love, you don't have to switch. Your visits will still be covered, as long as you do not exceed the annual visit limit.

You can use your visits for these types of items/services:

- Routine office visits, including primary, preventive and specialty care, as well as mental health and chemical dependency
- Diagnostic lab tests, X-rays, special procedures, and selected articles of durable medical equipment provided during the office visit (each test, piece of equipment, and X-ray counts separately toward your limit)
- Physical, occupation and speech therapy office visits
- Allergy injections received at an office

Your cost share (copay or coinsurance) is the same as, or similar to, the cost for these services in your DHMO plan. However, your costs under the Plus Benefit **do not** apply to your deductible or out-of-pocket maximum for the year.

All other services, including but not limited to, inpatient services, outpatient surgery, prenatal, and maternity care are covered only under your DHMO plan benefits, which means you'll need to use an in-network provider. Services not covered under your DHMO plan benefits will not be covered under your Plus Benefit. Please see supplemental flyer for a complete list of limitations and exclusions, along with additional benefit information.

## First Fill Rx for Maintenance Medications—New Requirement for 2019!

What are maintenance medications? These are prescription medications that you take for an extended period of time (months or even years). Examples include medications to treat blood pressure, high cholesterol, diabetes (such as insulin or Metformin), asthma, or even birth control pills. In 2019, the first time you fill a maintenance medication prescription, you can fill it at either a Kaiser Permanente Medical Office Building pharmacy or a contracted network pharmacy. But for subsequent refills, you will then have to fill the prescription at either a Kaiser Permanente Medical Office Building pharmacy or through the mail order program. If you use the mail order program, you will get up to a three month supply for the cost of two months' copays.

For non-maintenance medications, such as antibiotics, short-term pain medications, etc., you may still fill your prescription at your local contracted network pharmacy or use a Kaiser Permanente Medical Office Building pharmacy.



# Kaiser Permanente

Below is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary of Benefits and Coverage (SBC) or Summary Plan Description (SPD).

Summary of Benefits	HSA 3500 Embedded Deductible	DHMO 3500 20%	DHMO 2500 30% Plus	DHMO 2000 20% Plus
<b>Network:</b>	HMO In-Network Only	HMO In-Network Only	HMO In-Network Only	HMO In-Network Only
<b>Calendar Year Deductible:</b>	\$3,500 Individual \$7,000 Family	\$3,500 Individual \$10,500 Family	\$2,500 Individual \$5,000 Family	\$2,000 Individual \$4,000 Family
<b>Coinsurance:</b>	Kaiser Pays 70% You Pay 30%	Kaiser Pays 80% You Pay 20%	Kaiser Pays 70% You Pay 30%	Kaiser Pays 80% You Pay 20%
<b>Maximum Out-of-Pocket:</b> (Includes Deductible, Copays and Coinsurance You Pay)	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family	\$5,500 Individual \$11,000 Family
<b>Preventative Services:</b>	No Charge	No Charge	No Charge	No Charge
<b>Physician Office Visits:</b> KP Medical Office Building (MOB) Primary Care Physician (PCP) Specialist	Deductible then 30%	KP MOB: \$15 PCP: \$15 Specialist: \$30	KP MOB: \$15 PCP: \$35 Specialist: \$50	KP MOB: \$15 PCP: \$35 Specialist: \$50
<b>Retail Prescriptions:</b> (30 day supply)	Deductible then 30%	Generic: \$15 Copay Brand: \$40 Copay Non-Preferred: \$60 Specialty: 20% to max of \$250	Generic: \$15 Copay Brand: \$40 Copay Non-Preferred: \$60 Specialty: 20% to max of \$250	Generic: \$15 Copay Brand: \$40 Copay Non-Preferred: \$60 Specialty: 20% to max of \$250
<b>Mail Order:</b> (90 day supply)	Deductible then 30%	You pay 2 copays for up to a 90 day supply	You pay 2 copays for up to a 90 day supply	You pay 2 copays for up to a 90 day supply
<b>Drug Coverage and Medicare:</b>	Creditable	Creditable	Creditable	Creditable
<b>Diagnostic Lab:</b>	Deductible then 30%	Free Standing Facility: No Charge Hospital: Deductible then 20%	Free Standing Facility: No Charge Outpatient Hospital: Deductible then 30%	Free Standing Facility: No Charge Outpatient Hospital: Deductible then 20%
<b>Diagnostic X-Ray:</b>	Deductible then 30%	Free Standing Facility: \$30 Copay Hospital: Deductible then 20%	No Charge	No Charge
<b>Diagnostic MRI/CT/PET:</b>	Deductible then 30%	Free Standing Facility: \$150 Copay Hospital: Deductible then 20%	Deductible then 30%	Deductible then 20%
<b>Inpatient Hospital:</b>	Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%
<b>Outpatient Surgery:</b>	Deductible then 30%	Free Standing Facility: \$250 Copay Hospital: Deductible then 20%	Deductible then 30%	Deductible then 20%
<b>Emergency Room:</b> (In-Network or Out-of-Network)	Deductible then 30%	\$500 Copay	\$400 Copay	\$400 Copay
<b>Urgent Care:</b>	Deductible then 30%	\$30 Copay	\$50 Copay	\$50 Copay
<b>Chiropractic Care:</b>	Deductible then 30% (Limited 20 visits per year)	\$25 Copay (Limited 20 visits per year)	Not Covered	Not Covered
<b>Acupuncture/Massage Therapy:</b>	Deductible then 30% (Limited to 20 visits each per year)	\$25 Copay (Limited to 20 visits each per year)	Not Covered	Not Covered

# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Voluntary Short Term Disability

Provided at an affordable group rate through VOYA.

Benefit Amount	\$100 increments not to exceed 60% of weekly earnings
Weekly Benefit	\$25 minimum to \$1,500 maximum
When Benefits Begin	15th day or 31st day
Maximum Benefit Duration	Up to 26 weeks

## Voluntary Long Term Disability

Provided at an affordable group rate through VOYA.

Benefit Amount	\$100 increments not to exceed 60% of monthly earnings
Monthly Benefit	\$300 minimum to \$6,000 maximum
When Benefits Begin	181st day
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)*

\*See product brochure for complete breakdown of benefit duration based on age when disability begins.

# Voluntary Benefits

During the enrollment period, you have an opportunity to purchase voluntary benefits at affordable group rates. For most plans, benefits are paid directly to you—not to a doctor or health care provider.

## VOYA Accident Insurance

Accident insurance can soften the financial impact of an unexpected, non-work-related accident by providing a monetary benefit to help cover unexpected costs related to treating your injuries. Benefits are paid directly to you. Coverage is also available for your spouse and dependents.

## VOYA Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition (e.g., heart attack, cancer or stroke) to pay for treatments, prescriptions, travel, living expenses and more.

## AFLAC Hospital Indemnity

The average cost of a hospital stay is \$10,000 and the average length of a stay is 4.8 days. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs.

## TeleHealth

Three-part program: 1) TeleDoc helps you when unexpected medical conditions arise and you're not able to see your PCP right away; 2) Health Advocate helps you understand the ins and outs of the health care system and how to navigate through it; 3) eDocAmerica, provides you with 24/7 access to web-based answers to medical questions from an expert team of board certified physicians, psychologists, pharmacists, dentists, dieticians and fitness trainers.

# Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program is provided at NO COST to you through Parkview Total Health.

The EAP can help with the following issues, among others:

- Occupational stress
- Emotional distress
- Relationships or marital conflicts
- Major life events, including births, accidents and deaths
- Substance Abuse

EAP Benefits

- Direct access
- Quick response
- Professional
- Direct Treatment: Referrals are made only when you require specialty care or long term care.



# Dental Plan

Staying healthy includes obtaining quality dental care for you and your family. The Delta Dental PPO Plus Premier plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental PPO network.

Following is a high-level overview of the coverage available. See Dental Benefit Summary for complete plan details.

Network Name:	Delta Dental PPO	Delta Dental Premier	Non-Participating
Calendar Year Deductible:	None	None	None
Calendar Year Maximum Benefit:	\$1,000 per covered person		
Preventive Care:	90% covered, does not apply to annual maximum	80% covered, does not apply to annual maximum	80% covered, does not apply to annual maximum
Basic Services: (Endodontics, Periodontics)	80% covered	80% covered	80% covered
Major Services:	50% covered	50% covered	50% covered
Orthodontic Treatment:	50% covered (Adult and Child)	50% covered (Adult and Child)	50% covered (Adult and Child)
Orthodontic Maximum Benefit:	Combined with Annual Maximum		
Waiting Periods:	None	None	None



# Vision Plans

Pueblo City Schools offers two vision plans through EyeMed to help you pay for your routine vision services and supplies for you and your family. You can see any vision provider you choose, but you will enjoy significant savings when you use our vision providers. Please see vision benefit summary for complete plan details.

Insight Vision Network	Exam Only	Buy-Up Plan
Key Vision Benefits	In Network	In Network
Eye Exam (once every 12 months):	\$25 Copay	\$10 Copay
Prescription Glasses Single Vision Lenses: Bifocal Lenses: Trifocal Lenses: Progressive Lenses:	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
Frames (once every 24 months):	35% Discount Off Retail Price	\$0 Copay, \$130 Allowance, 20% off balance over \$130
Contact Lenses (once every 12 months): (In lieu of glasses)	15% Discount Off Retail Price	\$0 Copay, \$130 allowance, 15% off balance over \$130

# 2019 Monthly Cost of Benefits

Following are the monthly premium amounts of the medical, dental and vision plans available to you. These rates will be used to determine your monthly contribution amount as described below.

Level of Coverage	HSA 3500 Embedded Deductible	DHMO 3500 20%	DHMO 2500 30% Plus	DHMO 2000 20% Plus	Dental	Vision Exam Only	Vision Buy-Up
Employee Only	\$481.65	\$506.32	\$573.02	\$633.22	\$29.78	\$1.24	\$5.76
Employee + Spouse	\$982.57	\$1,032.89	\$1,168.97	\$1,291.76	\$59.56	\$2.07	\$10.93
Employee + Children	\$891.06	\$936.69	\$1,060.09	\$1,171.45	\$47.65	\$2.08	\$11.51
Employee + Family	\$1,382.34	\$1,453.14	\$1,644.57	\$1,817.33	\$80.44	\$3.38	\$16.92

## Determining Your Monthly Contribution

Pueblo City Schools contributes up to \$520 per employee per month towards the cost your enrollment in the medical, dental and vision plans. You may elect any medical plan for you and your eligible dependents for 2019. You may also make a separate election for you and your eligible dependents for dental and vision, either the exam only plan or the buy-up plan. If you choose to enroll in the dental and vision plans, the level of coverage will be the same for both plans.

Your monthly cost is the amount in excess of \$520, if any. Use the worksheet below to enter the premium for the medical plan you have selected based on who you are covering as well as the dental and vision plans based on who you are covering. Any unused amount is forfeited back to Pueblo City Schools.

	+		-	\$520	=	
Medical Monthly Premium		Dental + Vision Monthly Premium		Pueblo City Schools' Contribution		Your Monthly Cost (If balance is greater than \$0)

## Section 125 Plan: Pre-taxing your monthly contribution amount

Section 125 of Internal Revenue Service (IRS) allows participants in the Pueblo City Schools' Section 125 Plan to save taxes by electing to pay their share of premiums for certain health coverage on a pre-tax basis. Your election will remain in effect throughout the plan year, unless you have a qualified life event.

## Thinking of retiring?

Employees who are considering retirement within three to five years may want to elect to have their premiums deducted after taxes are withheld from their earnings, in order to maximize their retirement benefit. Please consult your personal tax advisor or PERA for more information on your retirement benefits.



# Health Savings Account

The HSA 3500 Embedded Deductible plan gives you the freedom to seek care from the provider of your choice within the HMO network. In addition, the HSA 3500 Embedded Deductible plan has an optional health savings account (HSA) administered by Infinisource that allows you to save pre-tax dollars<sup>1</sup> to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

Here's how the HSA plan works:

- **Annual Deductible:** you must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. The plan pays 70% and you pay 30%.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the calendar year.
- **Health Savings Account:** You may contribute<sup>2</sup> to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TriCare programs. See the plan documents for full details.



Important: Your contributions may not exceed the annual IRS limits shown below.

HSA Contribution Limit	2019
Employee Only	\$3,500
Family (employee + 1 or more)	\$7,000
Catch-up (age 55+)	\$1,000

<sup>1</sup> tax free under federal law; state taxation rules may apply

<sup>2</sup> You must be enrolled in a qualified health plan to contribute to an HSA.

# Flexible Spending Accounts

We provide you with an opportunity to participate in two different flexible spending accounts (FSAs) administered through Infinisource. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, PERA and Medicare taxes.

## Health Care FSA

In 2019, you may contribute up to \$2,650<sup>1</sup> to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

**For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).**

This benefit is not available to those employees who are covered by the HSA 3500 Embedded Deductible plan. You may contribute to the health savings account (HSA).

<sup>1</sup> Subject to change pending updated IRS regulations.

## Dependent Care FSA

For 2019, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

**For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).**

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

### Health Care FSA:

Unused funds will **NOT** be returned to you. Your grace period allows you to incur expenses up until March 15, 2020 using funds contributed during the 2019 benefit plan year, and you must file claims by April 14, 2020.

### Dependent Care FSA:

Unused funds will **NOT** be returned to you. Your grace period allows you to incur expenses up until March 15, 2020 using funds contributed during the 2019 benefit plan year, and you must file claims by April 14, 2020.

# Life and AD&D Insurance

**Life Insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and AD&D benefits would be payable.

## Basic Life/AD&D (Employer-paid)

These benefits are provided at NO COST to you through VOYA.

Who is Covered	Benefit Amount
Employee	2 x your Annual Salary up to \$500,000 maximum benefit
Spouse	\$1,000 life only (no AD&D)
Children up to age 26	\$1,000 life only (no AD&D)

## Voluntary Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through VOYA for yourself and your eligible family members.

Benefit Option		Guaranteed Issue <sup>1</sup>
Employee <sup>2</sup>	Choice of \$10,000 increments, up to 5 times your annual salary, not to exceed \$300,000	\$100,000
Spouse <sup>2</sup>	Choice of \$5,000 increments, up to \$150,000, not to exceed 50% of the employee election amount	\$20,000
Children <sup>3</sup>	\$10,000	\$10,000

<sup>1</sup> During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

<sup>2</sup> Portability and/or Conversion are available for employee and spouse coverage.

<sup>3</sup> Life insurance benefits for your dependent children terminate at age 19 or 26, if full-time student.





Coverage	Carrier	Phone #	Website/Email
Medical	Kaiser Permanente	719-867-2170	www.kp.org
Dental	Delta Dental	800-610-0201	www.deltadentalco.com customer_service@ddpco.com
Vision	EyeMed	866-800-5457	www.eyemed.com
Flexible Spending Accounts (FSA)	Infinisource	800-300-3838	www.infinisource.com fsa@infinisource.com
Health Savings Accounts (HSA)	Infinisource	800-300-3838	www.infinisource.com
Life/AD&D	Corrine Arriaga Human Resources	719-549-7132	corrine.arriaga@pueblocityschools.us
Employee Assistance Program	Parkview Employee Assistance Program	719-584-4770	56 Club Manor Drive, Pueblo CO
Voluntary Benefits	Cheri Brown HUB International	720-207-2347	cheri.brown@hubinternational.com
Telehealth	New Benefits Teladoc	855-647-6767 855-847-3627	www.hubtelehealth.com
All of the Above	Tori Cordova HUB International	719-546-6822	tori.cordova@hubinternational.com
Benefits Website	Employee Navigator	www.employeenavigator.com/benefits/account/login	

### Human Resources

If you have additional questions, you may also contact Corrine Arriaga in Human Resources at 719-549-7132 or [corrine.arriaga@pueblocityschools.us](mailto:corrine.arriaga@pueblocityschools.us)

### Payroll

You may contact Valerie Rodriguez in Payroll at 719-549-7125 or [valerie.rodriguez@pueblocityschools.us](mailto:valerie.rodriguez@pueblocityschools.us)



**Important Note:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

**Annual Notices:** Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. The District will distribute all required notices annually.

