



Elizabeth School District Open Enrollment Overview: 7/1/2022-6/30/2023 SUMMARY OF EMPLOYEE BENEFITS

MEDICAL

- Kaiser Permanente – Group #47229
- Employees working 30+ hours per week.
- New cards will be issued

	Option 2		Option 1		Base Plan	
	<u>Point of Service</u>		<u>DHMO</u>		<u>HSA \$3,000</u>	
	<u>In-Network</u>	<u>First Hlth Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Deductible	\$3,000-I/\$6,000-F	\$5,000-I/\$10,000-F	\$2,250-I/\$4,500-F	N/A	\$3,000-I/\$6,000-F	N/A
Coinsurance	DED/20%	DED/30%	DED/20%	N/A	DED/20	N/A
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Out-Of-Pocket Maximum	\$4,500-I/\$9,000-F	\$6,500-I/\$13,000-F	\$5,000-I/\$10,000-F	N/A	\$4,500-I/\$9,000-F	N/A
Physician Office Visit	DED, 20%	DED, 30%	\$30/visit	N/A	DED, 20%	N/A
Inpatient Hospitalization	DED, 20%	DED, 30%	DED, 20%	N/A	DED, 20%	N/A
Outpatient Surgery	DED, 20%	DED, 30%	DED, 20%	N/A	DED, 20%	N/A
Lab & X-ray	DED, 20%	DED, 30%	DED, 20%	N/A	DED, 20%	N/A
High Tech (MRI,MRA,CT, PET)	DED, 20%	DED, 30%	DED, 20%	N/A	DED, 20%	N/A
Emergency Room	DED, 20%		\$500		DED, 20%	
Ambulance	DED, 20%		\$500		DED, 20%	
Urgent Care	DED, 20%	DED, 20%	\$50	DED, 60/40%	DED, 20%	N/A
Prescription Drug	DED, 20%	DED, 30%	\$15/\$50/\$75/\$30%	N/A	DED, \$15/\$50/\$75/\$30%	N/A

Embedded Deductible

With an embedded deductible, an individual deductible is embedded in the family deductible. In this situation, an individual deductible and a family deductible are separate components. The two deductibles allow each person (covered member) of your family the opportunity to get their specific medical bills covered prior to the entire dollar amount of the family deductible being met.

Example:

High Deductible Health Plan deductible of \$3,000/\$6,000 - Only one individual of the family needs to meet the \$3,000 deductible for the plan to pay incurred charges. No one person can have more than \$3,000 deductible, no family can have more than \$6,000 deductible.

The following monthly employee contributions will be effective on 7/1/2022, and will be reflected on your June paycheck.

Election	POINT OF SERVICE	DHMO	HSA \$3,000
Employee Only	\$192.75	\$96.75	\$0
Employee + Spouse	\$829.65	\$635.73	\$440.28
Employee + Child(ren)	\$713.06	\$533.53	\$352.60
Family	\$1,327.14	\$1,071.77	\$814.41

DENTAL

- Delta Dental Plan of Colorado (Policy #1105) – www.ddpco.com
- Employee working 30+ hours per week.
- \$50/\$100 Deductible. Maximum Benefit per Calendar Year: \$2,000 per person
- Orthodontics – no deductible to max of \$1,500. Up to age 19 only.
- Prevention First and Implants included.

	In-Network	Out-of-Network
Deductible – EE	\$50	\$50
Deductible - FAM	\$100	\$100
Class 1 - Diagnostic/Preventative	100%	80%
Class 2 - Basic Services	90%	80%
Class 3 – Major Services	60%	50%
Calendar Maximum	\$2,000	\$2,000
Orthodontia	50%	50%
Lifetime Maximum	\$1,500	\$1,500

The following monthly employee contributions will be effective on 7/1/2022, and will be reflected on your June paycheck.

Election	7/1/22 – 6/30/23
Employee only	\$0
Employee & spouse	\$35.80
Employee & child(ren)	\$47.12
Family	\$67.49

VISION – DISTRICT PAID

- Vision Service Plan (Policy #12060755) – www.vsp.com
- Employee working 30+ hours.

- Benefit: \$20 Exam/\$20 Materials

	In-Network	Out-of-Network	
Eye Exam	\$20.00	\$35.00	Every 12 Months
Prescription Glasses	\$20.00	\$20.00	Lenses- Every 12 Mos./Frames-Every 24 Mos.
Contacts*	No copay	No copay	Every 12 Months
Allowances - Frames	\$130	\$45	
Allowances – Contacts*	\$130	\$105	
Allowances – Lenses	In full	\$25/\$40/\$55	

*In lieu of glasses

LIFE and AD&D INSURANCE – DISTRICT PAID

- Reliance Standard Life Insurance (Policy #GL131433)
- Employee working 30+ hours per week
- 1x Salary, minimum \$20,000, maximum \$150,000

Employee Assistance/Work-Life Program “Follow Up Plus 5 Program” – DISTRICT PAID

- Reliance Standard Life Insurance (Policy #GL131433)
- Employee working 30+ hours per week
- Problem Resolution Assistance
- Legal and Financial Consultations
- Confidential/Voluntary/Free

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account, or an HSA, is an account that accumulates funds to cover your health care expenses. It comes with a high-deductible health plan that protects you from large health care expenses.

HSA's offer you the following advantages:

- **Tax Savings.** You contribute pre-tax dollars to the HSA. Interest accumulates tax-free and funds are tax-free to withdraw for medical expenses.
- **Reduce your out-of-pocket costs.** You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you satisfy your plan's annual deductible.
- **Invest the funds and take them with you.** Unused account dollars are yours to keep even if you retire or leave the company. Additionally, you can invest your HSA funds, so your available health care dollars can grow over time.
- **The benefits of preventive care, without the cost.** Receive 100% coverage for nationally recommended preventive care, with no deduction from your HSA or out-of-pocket costs for you when you see an in-network provider.
- **The opportunity for long-term savings.** Save unused HSA funds from year to year – money you can use to reduce the future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.
- **2022 HSA Contribution Limits:** Individual with self-only coverage is **\$3,650** and an individual with family coverage is **\$7,300**.

Flexible Spending Account (FSA)

Flexible spending accounts, or FSA's, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax bases. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

Essentially, the Internal Revenue Service set up FSA's as a means to provide a tax break to employees and the employers. As an employee, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state or local income taxes – effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each plan year can be reduced significantly, depending on your tax bracket. As a result of the personal tax savings you incur, your spendable income will increase.

Supplemental Life

Employee-Paid Supplemental Life – One times Earnings, rounded to the next higher \$1,000, subject to a maximum of \$600,000.

PERA

PERA is a substitute for Social Security for most Colorado public employees. Benefits are pre-funded, which means while a member is working, he or she is required to contribute a fixed percentage of their salary to the retirement trust funds. This percentage is 11 percent for members (July 2022). The employer also contributes a percentage of pay to the trust fund.

The trust funds are then invested by PERA under the direction of a board of trustees. PERA's investment strategy uses actuarially established investment objectives with long-term goals and policies.

Annual Notices

- **Women's Health and Cancer Rights Act (WHCRA)** - Each year participants must receive a summary of a health plan's coverage for mastectomies and breast reconstructive services. If the SPD is reissued each year, the notice can be included in the SPD.
- **Medicare Part D Notice of Creditable or Non-Creditable Coverage** - This annual notice must be provided to any participant (employee or dependent) who has coverage under Medicare Part A or coverage under Medicare Part B and who lives in the service area of a Medicare Part D prescription drug plan. While employers usually know whether an employee is eligible for Medicare, employers often do not have this information regarding dependents. As a result, providing the notice to all participants ensures compliance. Again, if the SPD is reissued each year, the notice can be included in the SPD.
- **HIPAA Notice of Privacy Practices** - This notice must be distributed to participants once every three years. Alternatively, the plan may notify participants that they may receive a new copy of the notice at least once every three years. If a statement is included in the plan's annual open enrollment materials that a copy of the notice of privacy practices is available at any time, upon request, it will satisfy this requirement.
- **Notice to Employees of Coverage Option** – The DOL requires that employers are required to provide notice to all employees written notice about the ACA's Exchanges, regardless of whether an employee is enrolled in, or eligible for, coverage under a group health plan. Model Notices to Employees of Coverage Options is available to employers to use to satisfy the ACA's Exchange Notice requirement.

Preventive Care

Preventive care physical exams for adults and children are covered at 100% as well as the screenings, tests and vaccines such as:

Adults, 19 years or older:

- **Hepatitis A**
 - **Hepatitis B**
 - **Diphtheria, Tetanus, Pertussis**
 - **Varicella (Chicken Pox)**
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- **Influenza (Flu)**
 - **Pneumococcal (Pneumonia)**
 - **Human Papillomavirus (HPV)**
 - **Measles, Mumps, Rubella (MMR)**
 - **Meningococcal (Meningitis)**
 - **Zoster (Shingles)**

Children, 18 years or younger:

- **Hepatitis A**
- **Hepatitis B**
- **Diphtheria, Tetanus, Pertussis**
- **Varicella (Chicken Pox)**
- **Influenza (Flu)**
- **Pneumococcal (Pneumonia)**
- **Human Papillomavirus (HPV)**
- **Hemophilus Influenza Type B (Hib)**
- **Polio**
- **Measles, Mumps, Rubella (MMR)**
- **Meningococcal (Meningitis)**
- **Rotavirus**

Includes the Women's Preventive Care Enhancements

Preventive versus Diagnostic Care

What's the difference? Preventive care is precautionary. Diagnostic care is used to find the cause of existing symptoms. For example, if your doctor suggests you have a colonoscopy because of your age, that's preventive care. But, if your doctor suggests a colonoscopy to see what's causing your symptoms, that's diagnostic care and you may need to pay part of the cost. In addition, if you have a colonoscopy that was suggested by your doctor because of your age, and a medical condition is discovered, that colonoscopy is now considered diagnostic care and you may need to pay part of the cost.

What do you need to do during the OPEN ENROLLMENT period?

All full time employees will need to complete through Ease to make your plan selection for the year. You have 31 days from a change in family status to make changes to your current coverage.

NOTE: After the Open Enrollment Period, coverage changes cannot take place unless you experience a Qualifying Event, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Switch from part-time to full-time

REMINDERS:

Open Enrollment Period: May 4 – May 22 for June payroll.
