



Open Enrollment News – Active Employees Effective July 1, 2017

Our group insurance plans renew on July 1, 2017. Open Enrollment is the once-a-year opportunity to make changes to your benefit elections without having a qualifying “life event” or family status change (including birth or adoption of a child, marriage or divorce or change in employment status). You are also allowed to add or drop coverage for yourself and/or add or drop dependent coverage at this time. All changes made during Open Enrollment are effective July 1, 2017. Once you make your selections, you may not change your benefits during the year unless you experience a family status change. **This year Open Enrollment will run from May 8th through May 12th.**

This newsletter summarizes the benefits you have available to you as an eligible full-time employee of Atchison Public School and will give you instructions on how to enroll in your benefits for 2017-18.

Enrollment Instructions

New for 2017 is the simple and easy online self-enrollment process to complete enrollment on your own. Please visit www.benefits-direct.com/atchisonusd/ for benefit information. From May 8th – 12th the button “Enroll Now” will be on the benefit portal. This will be your entry point into the self-enrollment module.

Three Enrollment Options for 2017

1. Online Self-Enrollment – www.benefits-direct.com/atchisonusd/
2. Traditional Face-to-Face – Book an appointment with your school secretary
3. Call Center – (877) 523-0176 – Please identify yourself as an Atchison USD Employee

All employees are required to complete enrollment. If you prefer the face-to-face option, a Benefit Counselor will be on site May 8th, 9th and 10th. Please refer to dates and times below for more information on the enrollment schedule.

All enrollments must be completed no later than **May 12, 2017** in order to have benefits effective July 1, 2017. Requests for changes after May 12th will not be accommodated. During the plan year, changes may not be made to your benefits unless you have a qualifying event.

For the 403(b) plan, you will be required to sign an acknowledgement that this plan is available to you. This form will be available when you complete enrollment online or meet with a counselor.

Date	Time	Location
Monday, May 8 th	7:30 am through 3:30 pm	Elementary School
Tuesday, May 9 th	7:30 am through 11:00 AM	High School
Tuesday, May 9 th	Noon – 3:30 PM	Middle School
Wednesday, May 10 th	7:30 am through 11:00 am	Alternative School
Wednesday, May 11 th	Noon through 4:00 pm	Board Office

MEDICAL PLAN – UnitedHealthcare

Through UnitedHealthcare, USD 409 Atchison Public Schools will continue to offer three medical insurance options, including a Qualified High Deductible Health Plan, which allows an eligible individual to contribute to a tax-sheltered Health Savings Account.

Medical Plan Highlights

In-Network Benefits are illustrated. Refer to your benefit summary for out-of-network benefits.

Benefit/Service	Option 1	Option 2	Option 3 – Qualified High Deductible Health Plan with a Health Savings Account
Deductible (Individual / Family)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,000 / \$10,000
Coinsurance (UHC pays)	70%	80%	100%
Out-of-Pocket Maximum (includes deductible and medical copays)	\$5,000 / \$10,000	\$6,000 / \$12,000	\$5,000 / \$10,000
PCP/Specialist Office Visit	\$35/ \$70 Copay (1) (2)	\$30 / \$60 Copay (1) (2)	0% after Deductible
NEW Virtual Visit (see attached)	\$20 copay	\$20 copay	\$40 per visit
Inpatient Hospital	30% after Deductible	20% after Deductible	0% after Deductible
Outpatient Surgery	30% after Deductible	20% after Deductible	0% after Deductible
Emergency Room	\$150 copay	\$150 copay	0% after Deductible
	Rx Deductible does not apply to Tier One		
Retail (34-day supply or 100-unit dosage, if defined as a maintenance drug)	\$100/\$300 deductible then \$20 / \$40 / \$75 Copay	\$100/\$300 deductible then \$20 / \$40 / \$75 Copay	0% after Deductible
Mail Order (90-day supply)	\$100/\$300 deductible then \$50 / \$100 / \$187.50 Copay	\$100/\$300 deductible then \$50 / \$100 / \$187.50 Copay	0% after Deductible

This is only a summary. Please refer to the booklet/certificate of insurance for specific details.

- (1) Includes “No Kid Copay” (\$0 Primary Care Physician copay for eligible dependent children under age 19);
- (2) Split Copay/Premium Designated Specialists – by using a United Health Premium designated specialist.

Employee Contributions for Medical Insurance

The medical insurance will be 100% Employer paid for single coverage for plan Option 3. Employees will pay the difference for coverage on plan Options 1 and 2 and for dependent coverage on all plans.

Type of Coverage	Employee Cost Per Month		
	Option 1 – \$1,500/\$3,000 Deductible	Option 2 – \$3,000/\$6,000 Deductible	Option 3 – \$5,000/\$10,000 Deductible
Employee Only	\$78.00	\$46.17	\$0.00
Employee & Spouse	\$717.57	\$645.93	\$542.05
Employee & Child(ren)	\$640.82	\$573.98	\$477.01
Employee & Family	\$1,203.63	\$1,101.75	\$954.02

Your premiums will be automatically deducted before taxes are taken from your paycheck under the Section 125 plan, unless you elect otherwise. Premium deduction under the Section 125 plan allows you to lower your gross taxable income.

VOLUNTARY DENTAL – Delta Dental of Kansas

Atchison Public Schools will continue to partner with Delta Dental of Kansas to offer a comprehensive dental plan effective 7/1/17.

Employee contributions may be deducted from your paycheck on a pre-tax basis, through Section 125 Cafeteria plan, which result in a tax savings. You can access provider and plan information at www.deltadentalks.com. You are free to go to a dentist of your choice; however, there will be a difference in payment if the dentist is not a participating dentist with Delta Dental of Kansas with either the Delta PPO or Delta Premier Networks. If you receive services from a non-participating dentist, your out-of-pocket expenses may well increase. You only realize the maximum savings by seeing a Delta Dental of Kansas dentist.

Benefit/Service	In-Network
Deductible (Policy Year):	
Individual	\$25
Family	\$75
Policy Year Benefit Maximum	\$1,500 per person
Coinsurance:	<i>Member Pays:</i>
Diagnostic/Preventive (oral exams, cleanings)	0% (Deductible Waived)
Basic Services (fillings, simple extractions)	20% after Deductible
Major Services (crowns, bridges, dentures,)	50% after Deductible
	Monthly Employee Rates
Employee	\$39.19
Employee & Spouse	\$77.37
Employee & Child(ren)	\$80.19
Employee & Family	\$133.79

VOLUNTARY VISION INSURANCE – Superior Vision

You have the opportunity to purchase vision insurance for you and your family through Superior Vision Plan. Employee contributions may be deducted from your paycheck on a pre-tax basis, through Section 125 Cafeteria plan, which result in a tax savings. You can access provider and plan information at www.superiorvision.com. Out of network benefits are available; please refer to your plan summary for more detail.

Benefit/Service	In-Network
Exam Copay	\$10 copay
Materials Copay	\$20 copay
Contact Lens Fitting Fee	\$25 copay
Frequency of Services:	
Exam	Every 12 months
Lenses or Contacts	Every 12 months
Frames	Every 24 Months
Lenses:	<i>Member Pays (after copay):</i>
Single	0%
Bifocal	0%
Trifocal	0%
Frames	0% up to \$125 Allowance
Contacts*:	<i>Member Pays (after copay):</i>
Standard Fitting Fee	0%
Elective Lens	0% up to \$120 Allowance
	Monthly Employee Rates
Employee	\$9.80
Employee & Spouse	\$19.41
Employee & Child(ren)	\$18.99
Employee & Family	\$28.89

*Contacts are in lieu of glasses and frames.

Individual Voluntary Products – BenefitsDirect

USD 409 Atchison Public Schools will again be partnering with BenefitsDirect to offer you the opportunity to purchase individual products via payroll deduction that can help financially protect you and your family.

The following products are available to you through BenefitsDirect:

- Voluntary Short Term Disability – Reliance Standard
- Voluntary Cancer – Loyal American
- Critical Illness – Loyal American
- Voluntary Accident - Humana
- Voluntary Life and AD&D – Reliance Standard
- Permanent Life and Long Term Care – Fidelity Life
- Voluntary Legal and Voluntary Identity Theft - Legal Shield.

Information on specific benefits and rates are available at your mandatory one-on-one meeting with a benefit counselor.

Section 125 Cafeteria Plan – ASIFlex

The Section 125 Cafeteria plan, administered by ASIFlex, offers you an opportunity to save taxes and increase your take home pay. Under this plan, you can elect:

1. **Premium Savings.** Allows you to tax-shelter your medical, dental, vision, and certain Voluntary premiums. This is beneficial to you because you do not pay FICA, Federal and State taxes on these premium payment costs. Your overall “take-home-pay” will be greater with participation in the Premium Savings portion of the Section 125 Cafeteria Plan.
2. **Medical Flexible Spending Account.** This account reimburses you for health care expenses not covered by insurance. You set aside money, tax free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for those qualified health care expenses not covered by insurance. **The maximum amount you can set aside in this account is \$2,550.**

Common expenses that qualify for reimbursement include doctor visit copayments, deductibles, prescription drug copayments, mental health care, dental services and orthodontics, chiropractor services, eye exams, and glasses and contacts.

3. **Dependent Care Reimbursement Account.** This account reimburses you for day care expenses for eligible children and adults. Through regular payroll deductions, you set aside part of your income to pay for these expenses on a tax-free basis. To qualify, your dependent(s) must be either a child under the age of 13, or a child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least 8 hours a day in your household. Qualified expenses for reimbursement include adult and child day care centers, preschool, and before/after school care. The maximum amount that you can set aside for this account is \$5,000 (or \$2,500 if married and filing separately).

PLEASE NOTE: *If you participate in the Medical Flexible Spending Account and/or the Dependent Care Reimbursement Account, you will be charged a Monthly Administrative Fee of \$3.00. Your election is taken from your salary in equal allotments before any taxes are calculated. Since your taxable income is reduced, you owe less tax. Under each type of Spending Account, you file claims for reimbursement as expenses are incurred through the plan year. You must first pay the expense, and then get reimbursed from your account.*

REMEMBER USE IT OR LOSE IT????

On October 31, 2013 the IRS and Department of Treasury modified the longstanding “Use It or Lose It” rule which required participants to forfeit unused health FSA dollars at the end of the plan year. You will now be able to carryover up to \$500 of unused health FSA funds at the end of a plan year (6/30/17).

What does this mean for you?

- **Greater flexibility and less guessing future expenses**
- **Does not change the maximum you can elect in a plan year**
- **A \$500 election in a health FSA can be made without risk of losing funds at the end of the year**
- **No more rushing to spend down your unused funds at the end of the year**
- **Caution: If you have FSA carryover funds, you will not be eligible to open an H.S.A. for the entire year you have had FSA funds available.**

If you have not participated in the past, now is a great time to consider enrolling in a Flexible Spending Account. A \$500 election can be made with no risk of losing your hard earned money. If you know you will have out of pocket expenses you may consider an election greater than \$500 with the knowledge that you will be able to carryover \$500.

FAQs

How much can I carryover?

Up to \$500 of your 2016-2017 health FSA plan funds can be carried over into July 2017-18.

Can I still elect \$2550 in July 2017?

Yes. You can elect \$2550 for 2017 for a combined balance of \$3050.

Can I carryover another \$500 from July 2017 to July 2018?

You will forfeit any balance over \$500 at the end of the plan year. The most you can ever carryover to a new plan is \$500 and the most that can be available in a given plan year is \$3050.

Can I carryover dependent care balances?

No. The carryover only applies to the health FSA.

Medical and Dependent Care amounts are not “transferable” between accounts. After July 1, 2017 you cannot change your elections unless you have a change in family status.

Health Savings Account (HSA) – UMB Bank

If you are enrolled in the Qualified High Deductible Health Plan, you are eligible for the Health Savings Account administered by UMB Bank. The contribution limits are \$3,400 for an individual and \$6,750 for a family. A covered plan member who is between the ages of 55 & 65, may be able to make “a catch-up” contribution of \$1,000 / year. Employees who select the HSA must establish their account through UMB Bank within 30 days of their election.

PLEASE NOTE: If you participate in the UMB Bank HSA, you will be charged a \$2.00 Monthly Administrative Fee.

You cannot contribute to an HSA if

- You are covered by another health insurance plan that is not a High Deductible Health Plan (HDHP), such as coverage under a spouse’s non-HDHP.
- You or your spouse is covered by a comprehensive health care Flexible Spending Account (FSA) – one that is not for the purposes of “limited vision & dental benefits”, even if the FSA dollars are not used for you.
- You or your spouse is covered by a Health Reimbursement Arrangement (this is an optional type of employer-sponsored health saving plan and is not available through Atchison Schools but may be available through a spouse’s plan).

- You have coverage under TRICARE, Medicare, or Medicaid.
- You are in receipt of Veteran Administration (VA) benefits within the previous 3 months.
- You are claimed as a dependent on someone else's tax return (such as a parent's tax return). You are not a dependent if married filing jointly.

To open a HSA account, you will use the UMB Bank online enrollment process. You will need a working e-mail address, your HDHP coverage information and your enrollment verification number. Your enrollment verification number is UMB0003 (in the first field) and 00150492 (in the second field). To get started, access the UMB HSA home page at hsa.umb.com. Click on "Enroll Today in a UMB Health Savings Account". Then enter the enrollment verification number (UMB0003-00150492) and follow the prompts given.

403(b) Plan

The Tax-Sheltered Annuity (TSA) Program is a supplemental retirement savings program authorized by section 403(b) of the Internal Revenue Code.

Through the TSA Program you can invest a portion of your income for retirement on a pre-tax basis. Participation in the USD 409 TSA Plan is voluntary. You make the entire contribution; there is no employer match.

Investment options include a wide array of mutual funds and fixed and variable annuities managed by six authorized investment companies.

To enroll, change your contribution and receive more information on this plan, contact one of the following approved investment providers:

Investment Provider	Contact Name	Contact Phone
AXA Equitable Life Insurance	Mark L. Begly, CLU Guy "Criss" Brown	913-367-0826 913-345-2800
MetLife Midwest Associates	Julie Avey	913-367-2354
Security Benefit	Terry Clark (OFG Financial Services) Brad R. Flipse (OFG Financial Services)	913-962-9911 913-962-9911
Security Distributors, Inc.	Terry Clark (OFG Financial Services) Brad R. Flipse (OFG Financial Services)	913-962-9911 913-962-9911