

2020 BENEFIT OVERVIEW



Enrollment - May 11th – May 14th

This year there are minor changes to benefits for the July 1st 2020 benefits enrollment. These changes include vision rate changes, HSA and FSA contribution increase to follow IRS guidelines, and changes to voluntary product carriers and rates. Remember, this is the one time during the year for you to make changes to your benefit elections (unless you have a qualifying life event change during the year).

For the 2020 Plan Year Open Enrollment, you have two options in order to complete your enrollment elections which will be effective July 1, 2020: **Call Center/Virtual Meeting with a Benefit Counselor or Self Enroll.** All eligible employees are required to complete enrollment by either electing or waiving benefits.

- Call Center/Virtual meeting with a Benefits Counselor:** Call the Atchison Dedicated Call Center Number 844-658-0121 to schedule an appointment for May 11th thru May 14th starting April 27th.
- Online Self-Enroll:** Use this website link to self-enroll in your 2020 benefits starting May 11th - www.benefits-direct.com/atchisonusd/. "How to Enroll" then either "Self Enroll Instructions" or "Enroll Now". The Call Center 844-658-0121 is available to answer questions Monday-Friday 8am - 5pm.

Medical Plan - UnitedHealthcare

www.myuhc.com

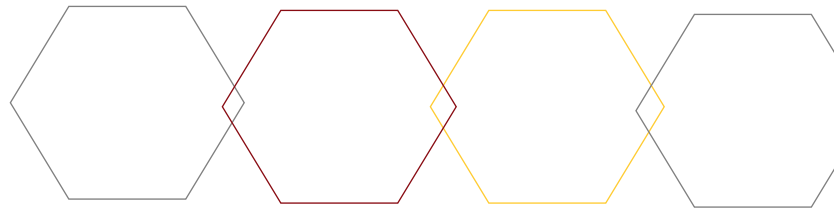
As an employee of Atchison Public Schools you will continue to have the choice between three medical plan options, including a Qualified High Deductible Health Plan which allows an eligible individual to contribute to a tax-sheltered Health Savings Account. For each plan, your deductible will run from July 1 - June 31.

UHC	PLAN OPTION 1	PLAN OPTION 2	PLAN OPTION 3: Qualified High Deductible Plan with a Health Savings Account
	Employee Cost Per Pay Period		
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
	In-Network		
Deductible Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,000 / \$10,000
Coinsurance (Member Pays)	30%	20%	0%
Out-of-Pocket Maximum Individual / Family (includes deductible, coinsurance & copays)	\$5,000 / \$10,000	\$6,000 / \$12,000	\$5,000 / \$10,000
Office Visit Primary Care Physician / Designated Specialist/ Specialist	\$35 copay / \$35 copay / \$70 copay	\$30 copay / \$30 copay / \$60 copay	Deductible / Deductible / Deductible
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Virtual Visit	\$20 Copay	\$20 Copay	\$50 per visit
Diagnostics Lab and X-ray / Major Diagnostics (MRI, CT, PET...)	30% after deductible	20% after deductible	Deductible / Deductible
Urgent Care	\$75 copay	\$75 copay	Deductible
Emergency Room	\$150 Copay	\$150 Copay	In-Network deductible
Outpatient Surgery	30% after deductible	20% after deductible	Deductible
Inpatient Hospital Services	30% after deductible	20% after deductible	Deductible
Prescription Drug Deductible Individual / Family	\$100 / \$300 (Does not apply to Tier 1)	\$100 / \$300 (Does not apply to Tier 1)	Subject to Medical Deductible then covered at 100%
Prescription Drug Retail (at participating pharmacies) Mail Order (90-day supply)	\$20/\$40/\$75 2.5x	\$20/\$40/\$75 2.5x	

Dental Insurance - Delta Dental

www.deltadentalks.com

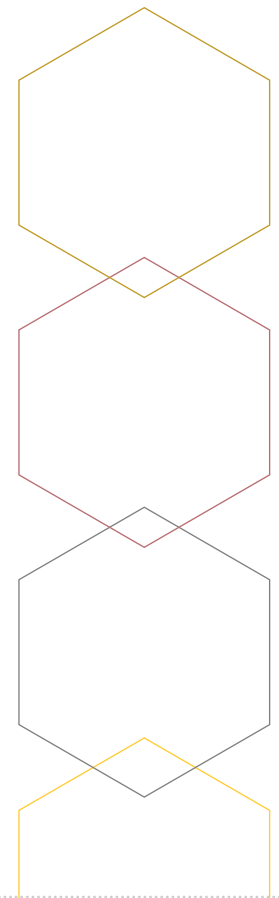
Delta Dental	Employee Cost Per Month	
Employee	\$42.33	
Employee & Spouse	\$83.56	
Employee & Child(ren)	\$86.61	
Employee & Family	\$144.49	
	PPO Network	Premier Network
Deductible Individual / Family	\$25 / \$75	
	Applied to Type B & C Services	
Maximum Benefits Annual	\$1,500	
	Applied to Type A, B & C Services	
A. Preventive Services	100%	100%
	<ul style="list-style-type: none"> • Diagnostic X-rays • Full Mouth X-Rays • Panoramic X-Rays • Sealants • Topical Fluoride (children) • Prophylaxis: cleanings • Space Maintainers 	
B. Basic Services	80%	80%
	<ul style="list-style-type: none"> • Periodontics • Endodontics • Fillings & crown repair • Oral surgery—simple extractions 	
C. Major Services	50%	50%
	<ul style="list-style-type: none"> • Major Restorative Services (crowns) • Implants • Surgical Periodontics • Dentures • Bridges 	



Vision Insurance - Superior Vision

www.superiorvision.com

Superior Vision	Employee Cost Per Month
Employee	\$10.19
Employee + Spouse	\$20.19
Employee + Child(ren)	\$19.75
Employee + Family	\$30.05
	In-Network
Copays Examination Materials	\$10 copay \$25 copay
Frequency of Service Exam Contact Lenses/Fitting Lenses Frames	Every 12 months Every 12 months Every 12 months Every 24 months
Lenses* Single Bifocal Trifocal	\$0 copay \$0 copay \$0 copay
Frames**	\$125 allowance, 20% off balance over \$125
Conventional Contacts** <i>(allowance includes materials only)</i>	\$120 allowance, 20% off balance over \$120
Contacts Lens Fitting Standard Specialty	\$25 copay \$25 copay



* If only new lenses are bought and don't purchase frames at the same time, the copay would apply to lenses alone.

****Discount Features:** Look for providers in the Provider Directory who accept discounts, as some do not; please verify services and discounts prior to service as they vary.

Health Savings Account - UMB Bank

www.hsa.umb.com

If you are enrolled in the Qualified High Deductible Health Plan, you are eligible for the Health Savings Account administered by UMB Bank. This is a savings account where you can either direct pre-tax payroll deductions or deposit money to be used to pay for current or future qualified medical expenses for you and/or your dependents. Once money goes into the account, it's yours to keep—the HSA is owned by you, just like a personal checking or savings account.

The contribution limits are \$3,550 for an individual and \$7,100 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 \$2.45 Monthly Administrative Fee.

Flexible Spending Account - ASI Flex

www.asiflex.com

Health Care Flexible Spending Account

This account enables you to pay medical, dental, vision, and prescription drug expenses for you and your dependents that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year. **The maximum amount you can set aside in this account is \$2,750. Remember you can carry over up to \$500 from the prior plan year to the next.**

Dependent Care Expense Account

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). **The maximum amount you can set aside in this account is \$5,000.**

PLEASE NOTE: If you participate in the ASI Flex FSA, you will be charged a \$3.00 Monthly Administrative Fee.

403(B) Retirement 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

Individual Voluntary Products

www.benefits-direct.com/atchisonusd/

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 Life and AD&D – Reliance Standard
- Voluntary Short Term Disability – Reliance Standard
- Voluntary Cancer – *Moving to Prosperity*
- Voluntary Accident – Guardian
- Voluntary Critical Illness – *Moving to Prosperity*
- Voluntary Permanent Life and Long Term Care – *Moving to Trustmark*
- Voluntary ID Theft – InfoArmor
- Voluntary Legal - MetLife Legal

Information on specific benefits and rates are available in your Benefit Guide or online at www.benefits-direct.com/atchisonusd/

