# 7/1/2023 BENEFIT OVERVIEW



# Enrollment - May 15th - May 22nd

For July 1, 2023 we will be renewing our medical, dental and vision plans with our current carriers. There will be premium increases to the medical plans. The voluntary benefits will be renewing as is. The HSA maximum contribution will increase to follow IRS guidelines. 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 2023 Plan Year Open Enrollment, you have two options in order to complete your enrollment elections which will be effective July 1, 2023: (1) Self-Enroll; or (2) Call Center/Virtual Meeting with a Benefit Counselor. All eligible employees are required to complete enrollment by either electing or waiving benefits:

- 1. Call Center/Virtual meeting with a Benefits Counselor: Call the Atchison Dedicated Call Center Number 844-658-0121 and press 1 to schedule an appointment for May 15th thru May 22nd to meet virtually with a Benefits Counselor; or
- 2. **Online Self-Enroll:** Use this website link to self-enroll in your 2023 benefits starting May 15th thru May 22nd www.benefits-direct.com/atchisonusd/. "How to Enroll" then "Self Enroll Instructions" then "Self Enroll Now". The Call Center 844-658-0121 is available to answer questions Monday-Friday 8am 5pm.

## **Medical Plan - BCBSKS**

www.bcbsks.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.

BCBSKS	PLAN OPTION 1: Buy-up - \$1500 PPO	PLAN OPTION 2: Core - \$2500 PPO	PLAN OPTION 3: \$5000 Qualified High Deductible Health Plan		
	Employee Cost Per Pay Period				
Employee Only Employee & Spouse Employee & Child(ren) Employee & Family	\$784.66 \$1,685.49 \$1,588.60 \$2,489.43	\$745.38 \$1,601.05 \$1,509.00 \$2,364.67	\$660.25 \$1,418.03 \$1,336.51 \$2,094.29		
	In-Network	In-Network	In-Network		
<b>Deductible</b> Individual Family	\$1,500 \$3,000	\$2,500 \$5,000	\$5,000 \$10,000		
Coinsurance (Member Pays)	20%	20%	0%		
Out-of-Pocket Maximum Individual Family (includes deductible, coinsurance & copays)	\$5,000 \$10,000	\$6,350 \$12,700	\$6,350 \$12,700		
Office Visit Primary Care Physician / Specialist	\$35 copay \$70 copay	\$35 copay \$70 copay	Deductible Deductible		
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%		
Diagnostics Lab and X-ray Major Diagnostics (MRI, CT, PET)	First \$300 paid at 100%, then 20% after deductible	First \$300 paid at 100%, then 20% after deductible	Deductible Deductible		
Urgent Care	\$35 copay (if PCP)	\$35 copay (if PCP)	Deductible		
Emergency Room	Deductible then 20% after \$250 copay	Deductible then 20% after \$250 copay	In-Network deductible		
Outpatient Surgery	20% after deductible	20% after deductible	Deductible		
Inpatient Hospital Services	20% after deductible	20% after deductible	Deductible		
Prescription Drug  Retail (at participating pharmacies)	\$15 Generic/\$50 Preferred/\$75 Non- Preferred/\$150 for Specialty/20% up to	\$15 Generic/\$50 Preferred/\$75 Non- Preferred/\$150 for Specialty/ 20% up	Medical Deductible then: \$15 Generic/\$50 Preferred/\$75 Non- Preferred/\$150 for Specialty/ 20% up		
Mail Order (90-day supply)	\$250 for Non-preferred Specialty 2.5x	to \$250 for Non-preferred Specialty 2.5x	to \$250 for Non-preferred Specialty 2.5x		

# MEDICAL RESOURCES





### **DISEASE AND WELLNESS MANAGEMENT**

# **Healthy**Options...

#### **PERSONALIZED SUPPORT**

At Blue Cross and Blue Shield of Kansas, telephone-based disease and wellness management programs are designed to help you improve your quality of life and overall health. When you enroll in one of the following programs, we will provide **one-on-one support**, **coaching and education** through regular telephone calls.

•Asthma1

•High blood pressure

•COPD

•Maternity<sup>2</sup>

•Diabetes<sup>1</sup>

- •Stress management
- Heart disease
- •Tobacco cessation<sup>2</sup>
- •High cholesterol
- •Weight loss

These are provided at no additional cost to your existing health plan and will not affect your benefits. You can participate if you are an enrolled member and have Blue Cross and Blue Shield of Kansas as your primary health insurance carrier.

- 1 Ages 5+
- <sup>2</sup> No age restrictions

#### **HEALTH**

#### **EDUCATION**

Knowledge is power! During routine calls, registered nurses will gather your health information and send you educational materials that will help you take an active role in your health and healthcare.



#### GETTING STARTED WITH BLUEACCESS®



**Manage My Account** | Edit and manage your preferences and go paperless.



**Forms** | Order a new ID card, find authorization forms and other forms related to your health insurance coverage.



Summary of Benefits and Coverage (SBC) and Contract/Certificate | View details about your coverage and contract.

- •View your copay, deductible and coinsurance amounts
- •Common medical coverage information
- Coverage for specific tests or treatments



**Strive, powered by WebMD ONE** | Use this health and wellness platform to take a Health Assessment and generate a personalized health plan to reach your well-being goals.



**Blue365** ® | Exclusive health and fitness deals and discounts.



## MEDICAL RESOURCES





#### TELEMEDICINE THROUGH AMWELL

See a doctor from the comfort of your own home – or anywhere else for that matter. Safe and secure, it's the quality care you need, made easier.

#### **HEALTH EDUCATION**

Telemedicine, also called telehealth, is an alternative to in-person visits. It allows healthcare professionals to evaluate, diagnose and treat patients at a distance via secure video/audio connections.

With Blue Cross and Blue Shield of Kansas coverage, you can visit live with a doctor on your computer or mobile device when it's convenient for you.

If you are in need of telemedicine services, call your doctor first. If your doctor does not provide this service, call toll-free **844-733-3627** to see what other telemedicine options may be available to you.

#### WHEN CAN I USE IT?

Consult a doctor for common conditions like:

- •Cold/Flu
- Fever
- Rash
- •Sinus infection
- •Pink eye

#### **PATIENT BENEFITS**

- •Less time away from work
- No travel expenses or time
- Easier if you have a child or elder in your care
- Privacy

For more information, please visit bcbsks.com/telemedicine.

#### **FIND CARE**

Find doctors, pharmacies and hospitals participating in the Blue Cross and Blue Shield of Kansas network. Go to <a href="https://doctor.org/bcbsks.com/find-a-doctor">bcbsks.com/find-a-doctor</a> where you can log in to your member portal or simply search for a Doctor or hospital.

#### COST TRANSPARENCY TOOL

Get the care you need and save money! With the cost transparency tool, you can compare costs before you go to the doctor. Log into BlueAccess for more details at <u>bcbsks.com/blueaccess.</u>

#### BLUE365®

Get the health and fitness products you've been wanting with a little help from our member discount program. Sign up at <u>blue365deals.com</u>.

#### **STRIVE**

Use this health and wellness platform to take a Health Assessment and generate a personalized health plan to reach your well-being goals. Login to your BlueAccess account to enroll or visit <u>bcbsks.com/strive</u>.

#### **GEOBLUE**

Get affordable travel medical insurance with GeoBlue®. From Hospitalizations, emergency evacuations to an elite provider network. Go to bcbsks.com/travel for more information.

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# <u>Dental Insurance - Delta Dental</u>

Delta Dental	Employee Co	ost Per Month		
Employee Employee & Spouse Employee & Child(ren) Employee & Family	\$44.02 \$86.90 \$90.07 \$150.27			
	PPO Network	Premier Network		
<b>Deductible</b> Individual / Family	\$25 / \$75		Applied to Type	e B & C Services
Maximum Benefits Annual	\$1,500		Applied to Type A, B & C Services	
<b>A.</b> Preventive Services	100%	100%	<ul><li>Diagnostic X-rays</li><li>Full Mouth X-Rays</li><li>Panoramic X-Rays</li><li>Sealants</li></ul>	<ul> <li>Topical Fluoride (children)</li> <li>Prophylaxis: cleanings</li> <li>Space Maintainers</li> </ul>
B. Basic Services	80%	80%	Periodontics     Endodontics	<ul><li>Fillings &amp; crown repair</li><li>Oral surgery—simple extractions</li></ul>
C. Major Services	50%	50%	Major Restorative Services (crowns)     Implants	Dentures     Bridges

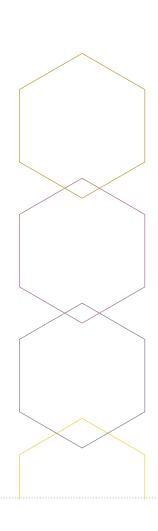
# Vision Insurance - Superior Vision

### www.superiorvision.com

Superior Vision	Employee Cost Per Month		
Employee Employee + Spouse Employee + Child(ren) Employee + Family	\$10.19 \$20.19 \$19.75 \$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 12 months Every 24 months		
Lenses* Single Lined Bifocal Lined Trifocal	\$25 copay \$25 copay \$25 copay		
Frames**	\$125 allowance after \$25 copay, 20% off balance over \$125		
Conventional Contacts** (allowance includes materials only)	\$120 allowance, 20% off balance over \$120 (10% for disposable contacts)		
Contacts Lens Fitting Standard Specialty	\$25 copay \$25 copay up to \$50 allowance		

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

<sup>\*\*</sup>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.



If you are in enrolled in the Qualified High Deductible Health Plan, you may be 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 qualified medical, dental, vision and other eligible expenses for you and/or your qualified 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 \$3,850 for an individual and \$7,750 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 \$2.45 Monthly Administrative Fee.



#### **CONTACT INFORMATION**

If you have any questions regarding your benefits, please review the benefit plan website listed below, or contact your Atchison Public Schools Benefits representative

#### Medical

Blue Cross Blue Shield of Kansas Group # 09161 www.bcbsks.com 800.432.3990

#### Dental

Delta Dental of Kansas Group # 52765 www.deltadentaltalks.com 800.234.3375

#### Vision

Superior Vision Group # 29248 <a href="https://www.superiorvision.com">www.superiorvision.com</a> 800.507.3800

## **Health Savings Accounts**

UMB Bank www.hsa.umb.com 866.520.4472

## Atchison Public Schools Business Manager

Lori Lanter
<a href="mailto:llanter@usd409.net">llanter@usd409.net</a>
913.370.5889

#### **Enrollment Platform**

AmeriLife Benefits-Benefits Direct <a href="https://www.benefits-direct.com/">www.benefits-direct.com/</a> <a href="https://direct.com/">atchisonusd/</a> <a href="https://www.benefits-direct.com/">844.658.0121</a>

