



# 2020-2021 BENEFITS GUIDE

OCTOBER 1, 2020 — SEPTEMBER 30, 2021



**WELCOME!** 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 receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. 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 company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2020

## 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
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Tiffany Schroeder, Board Clerk, within 31 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.

**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 company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# Medical Plans

USD 273 Mitchell County is proud to offer you a choice between three different medical plans.

| Key Medical Benefits                         | BCBS Option B  | BCBS Option C  | BCBS HDHP Option D                   |
|--|--|--|--------------------------------------|
|  | In-Network Only  | In-Network Only  | In-Network Only                      |
| <b>Deductible (per plan year)</b>            |  |  |                                      |
| Individual / Family                          | \$1,500 / \$3,000  | \$2,500 / \$5,000  | \$5,000 / \$10,000                   |
| <b>Coinsurance (per plan year)</b>           |  |  |                                      |
| Individual / Family                          | 20% of allowed amounts to \$1,000 / \$2,000  | 20% of allowed amounts to \$1,000 / \$2,000  | 0%                                   |
| <b>Out-of-Pocket Maximum (per plan year)</b> |  |  |                                      |
| Individual / Family                          | \$5,000 / \$10,000   | \$5,000 / \$10,000   | \$6,350 / \$12,700                   |
| <b>Covered Services</b>                      |  |  |                                      |
| Office Visits                                | \$25 copay   | \$25 copay   | Subject to Deductible                |
| Telemedicine                                 | \$25 copay   | \$25 copay   | Subject to Deductible                |
| Routine Preventive Care                      | No charge  | No charge  | No charge                            |
| Outpatient Diagnostic (lab/X-ray)            | Plan pays 100% to \$300 per person per plan year. Overage subject to Deductible/Coinsurance. | Plan pays 100% to \$300 per person per plan year. Overage subject to Deductible/Coinsurance. | Subject to Deductible                |
| Complex Imaging                              |  |  | Subject to Deductible                |
| Chiropractic                                 | \$25 copay   | \$25 copay   | Subject to Deductible                |
| Ambulance                                    | Subject to Deductible & Coinsurance  | Subject to Deductible & Coinsurance  | Subject to Deductible                |
| Emergency Room                               | \$250 copay plus Deductible & Coinsurance  | \$250 copay plus Deductible & Coinsurance  | Subject to Deductible                |
| Urgent Care Facility                         | \$25 copay   | \$25 copay   | Subject to Deductible                |
| Accidents                                    | 100% to \$1,000 per person per plan year. Overage subject to Deductible & Coinsurance.       | 100% to \$1,000 per person per plan year. Overage subject to Deductible & Coinsurance.       | Subject to Deductible                |
| Inpatient / Outpatient Hospital Stay         | Subject to Deductible & Coinsurance  | Subject to Deductible & Coinsurance  | Subject to Deductible                |
| <b>Prescription Drugs (Tiers)</b>            |  |  |                                      |
| Prescription Deductible                      | N/A  | N/A  | Subject to medical deductible, then: |
| Retail Pharmacy (34 day supply)              | \$15 / \$30 / \$45   | \$15 / \$30 / \$45   | \$15 / \$50 / \$75                   |
| Mail Order (90 day supply)                   | \$37.50 / \$75 / \$112.50  | \$37.50 / \$75 / \$112.50  | \$37.50 / \$125 / \$187.50           |

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

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. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

| MONTHLY PAYROLL DEDUCTIONS | Medical and Dental \$1,500 Deductible | Medical and Dental \$2,500 Deductible | Medical and Dental \$5,000 Deductible | Dental Only | Vision  |
|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------------|---------|
| Employee Only              | \$180.00                              | \$155.00                              | \$80.00                               | \$35.20     | \$6.40  |
| Family                     | \$650.00                              | \$600.00                              | \$440.00                              | \$99.82     | \$17.84 |

# Telehealth

Connect Anytime, anywhere with Blue Cross Blue Shield Telemedicine.

Healthcare professionals available to evaluate, diagnosis and treat patients at a distance via a secure video/audio connection. You can use it for common conditions like:

- Cold/Flu
- Fever
- Rash
- Sinus infection
- Pink eye
- Ear infection
- Mental help

Download the 'Amwell' app to any mobile device, sign-up at [bcbsks.com/telemed](http://bcbsks.com/telemed) or call 1-844-SEE-DOCS.



# Life and AD&D

**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 the AD&D benefit would be payable.



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

| Benefit Amount       |          |
|----------------------|----------|
| Employee             | \$25,000 |
| Spouse               | \$2,000  |
| Dependent Child      |          |
| 15 days to 6 months  | \$500    |
| 6 months to 23 years | \$2,000  |

This benefit is provided at **NO COST** to you.

# Vision Plan

Vision coverage with Reliance Standard.

| Key Vision Benefits       | Go Anywhere Plan<br>(15% Discount at Walmart Vision Centers) |
|---------------------------|--|
| Deductibles               | \$0  |
| Maximum per Calendar Year | \$150  |
| Lenses                    | Subject to maximum   |
| Frames                    | Subject to maximum   |
| Contact Lenses            | Subject to maximum   |

Add-on services not covered include: coated lenses; oversized lenses exceeding 71mm; photo-gray lenses; polished edges; UV-400 coating & facets, and tints other than solid. **CLAIMS NEED TO BE FILED WITHIN 90 DAYS OF DATE OF SERVICES.**

# Dental Plan

USD 273 Mitchell Co. is proud to offer you dental coverage through Delta Dental..

| Key Dental Benefits                                    | Delta Dental     |   |
|--|------------------|---|
|  | All Participants | Right Start 4 Kids<br>(Children 12 and Under) |
| <b>Deductible</b> (per plan year)                      |                  |   |
| Individual / Family                                    | \$25 / \$75      | \$0   |
| <b>Benefit Maximum</b> (per plan year)                 |                  |   |
| Per Individual   | \$1,500          | \$1,500                                       |
| <b>Covered Services</b>                                |                  |   |
| <b>Preventive Services</b> (not subject to Deductible) | \$0              | \$0   |
| <b>Basic Services</b>                                  | 20%              | \$0   |
| <b>Major Services</b> (including Implants)             | 50%              | \$0   |
| <b>Orthodontia</b>                                     | Not covered      | Not covered                                   |



# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

# Contact Information

| Coverage                 | Carrier                | Phone #        | Website/Email  |
|--------------------------|------------------------|----------------|--|
| Medical and Prescription | Blue Cross Blue Shield | (800) 432-3990 | <a href="http://www.bcbsks.com">www.bcbsks.com</a>                     |
| Dental                   | Delta Dental           | (800) 234-3375 | <a href="http://www.deltadental.com">www.deltadental.com</a>           |
| Vision                   | Reliance Standard      | (800) 497-7044 | <a href="http://www.rsli.com">www.rsli.com</a>                         |
| Life/AD&D                | Advance Life           | (800) 530-5989 | <a href="http://www.advanceinsurance.com">www.advanceinsurance.com</a> |

## Questions?

If you have additional questions, you may also contact:

**Tiffany Schroeder, Board Clerk**  
USD 273 Mitchell Co  
PO Box 547, Beloit, KS 67420  
(620) 738-3261  
[tschroeder@usd273.org](mailto:tschroeder@usd273.org)

**HUB International Mid-America**  
Mark Isley, Area President  
(316) 425-5901  
[mark.isley@hubinternational.com](mailto:mark.isley@hubinternational.com)

Angela Taylor Sr. Account Manager  
(316) 425-5907  
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**DISCLAIMER:** 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:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

