

7/1/2022 BENEFIT OVERVIEW



Enrollment - May 16th – May 20th

For July 1, 2022 we will be renewing our medical, dental and vision plans with our current carriers. There will be premium increases to the medical and dental 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 2022 Plan Year Open Enrollment, you have two options in order to complete your enrollment elections which will be effective July 1, 2022: **(1) Self-Enroll; or (2) Call Center/Virtual Meeting with a Benefits Counselor.** All eligible employees are required to complete enrollment by either electing or waiving benefits:

- Call Center/Virtual meeting with a Benefits Counselor:** Starting on May 11th, you can call the Atchison Dedicated Call Center Number 844-658-0121 and press 1 to schedule an appointment for May 16th thru May 20th to meet virtually with a Benefits Counselor; or
- Online Self-Enroll:** Use this website link to self-enroll in your 2022 benefits starting May 16th - 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.

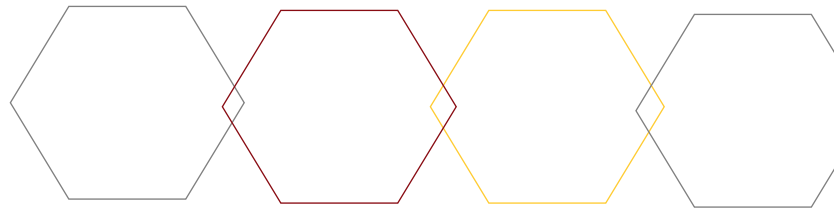
BCBSKS	PLAN OPTION 1	PLAN OPTION 2	PLAN OPTION 3: Qualified High Deductible Plan with a Health Savings Account
	Employee Cost Per Pay Period		
Employee Only	\$107.03	\$73.69	\$0.00
Employee & Spouse	\$861.45	\$789.75	\$631.31
Employee & Child(ren)	\$780.30	\$712.73	\$563.41
Employee & Family	\$1,534.71	\$1,428.80	\$1,194.73
	In-Network		
Deductible 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%
Virtual Visit	\$35 Copay	\$35 Copay	Deductible
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 (PCP)	\$35 copay (PCP)	Deductible
Emergency Room	Deductible then 20% after \$250 copay	Deductible then 20% after \$250 copay	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 \$250 for Non-preferred Specialty	\$15 Generic/\$50 Preferred/\$75 Non-Preferred/\$150 for Specialty/20% up to \$250 for Non-preferred Specialty	\$15 Generic/\$50 Preferred/\$75 Non-Preferred/\$150 for Specialty/ 20% up to \$250 for Non-preferred Specialty

NEW Mandatory Generic! Generic medications are mandatory unless you receive an override from your provider for you to receive a brand name drug. See Benefit Guide for more details.

Dental Insurance - Delta Dental

www.deltadentalks.com

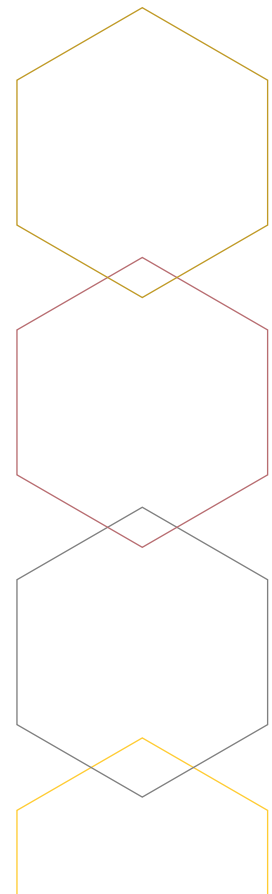
Delta Dental	Employee Cost Per Month	
Employee	\$44.02	
Employee & Spouse	\$86.90	
Employee & Child(ren)	\$90.07	
Employee & Family	\$150.27	
	PPO Network	Premier Network
Deductible Individual / Family	\$25 / \$75	
	Applied to Type B & C Services	
Maximum Benefits Annual	\$1,500	
	Applied to Type A, 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 • 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 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 \$3,650 for an individual and \$7,300 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 \$2,850. Remember you can carry over up to \$570 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 – Prosperity
- Voluntary Accident – Guardian
- Voluntary Critical Illness – Prosperity
- Voluntary Hospital Indemnity - Reliance Standard
- Voluntary Permanent Life and Long Term Care – Trustmark
- Voluntary ID Protection – ID Force
- Voluntary Legal - MetLife Legal

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

