



# OPEN ENROLLMENT 2020

May 1 – 11, 2020

Easy Enrollment! Your current elections will carry over to the upcoming year;  
You must only take action if you wish to change your elections or to enroll/re-enroll in the Flexible Spending Account.



REVIEW YOUR OPTIONS



CHOOSE YOUR PLANS



ENROLL ONLINE

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**#StrongerTogether**

## What's new for 2020

Easy Open Enrollment! No action is required if you want to keep your health insurance elections the same for 2020-2021. Open Enrollment is available for all district employees working 20 hours or more per week.

If you are satisfied with your current elections and do not take action, your current elections will carry over to the upcoming year – except for FSA renewals (Flexible Spending Accounts). **If you wish to renew or start an FSA for the upcoming plan year, you are required to log in to complete your open enrollment elections.**

Log in to the Bswift benefits system to review your current elections and confirm there are no changes that you would like to make. If no action is taken, then your current elections will simply carry over to the next plan year. This is your only opportunity to enroll or make changes outside of a qualifying life event.

### Changes for 2020/2021 plan year

There will be dental and vision plan rate changes for 2020-2021.

## What you need to do

### Understand your options

- Read this Enrollment Decision Guide and use the Health Plan Cost Estimator on the UMR website ([www.umar.com](http://www.umar.com)) to compare the medical plans.
- To assist with questions about the health insurance plans or if you need assistance with the enrollment process in Bswift, please contact Angie Sturm, the district HR Benefits Specialist, at 573-659-3014 or email [angela.sturm@jcschools.us](mailto:angela.sturm@jcschools.us)

- For other helpful links, visit our HR benefits webpage <http://www.jcschools.us/Page/12426>
- To learn more about our wellness program go to <http://www.jcschools.us/domain/1733>

### Take Action

- Enroll online through the Jefferson City Public Schools online benefits system, **Bswift** at [www.jcschools.bswift.com](http://www.jcschools.bswift.com)
- Open Enrollment runs from May 1 through May 11, 2020. If no action is taken by midnight May 11, 2020, your current elections will carry over to the upcoming year (except for FSA's).
- This is your only opportunity to enroll or make changes outside of a qualifying life event.

### After enrollment

- Log in to Bswift at [www.jcschools.bswift.com](http://www.jcschools.bswift.com) to review your final confirmation statement and verify that your elections match the elections you submitted during Open Enrollment.
- Changes made during the open enrollment period will become effective **July 1, 2020**.

*Open enrollment is a good time to evaluate your plan choices and make sure you enroll in the options that best suit your needs.*



*“The employee wellness program seeks to establish a workplace that encourages and supports a healthy lifestyle by integrating health promotion activities and resources that help to enhance health and well-being.”*

For employees enrolled in a JC Schools medical insurance plan, the district wellness program will continue to reward your efforts toward living healthfully – with up to a \$30 per month (\$360 per year) premium discount and a one-time payment of \$200 for participating in various programs and/or activities!

#### **Basic Wellness Incentive**

If you completed the Health Screening and Health Risk Assessment (online questionnaire) between January 1, 2020 and March 31, 2020 you will qualify for the \$30 per month medical insurance premium discount effective July 1, 2020. That’s a total savings of \$360 per plan year!

*Note: If you elect the Employee-Only Health Savings Account (HSA) Plan, you will receive a \$5 credit towards your medical insurance premium (making your total insurance premium cost zero!) and a \$25 contribution to your health savings account.*

#### **Advanced Wellness Incentive**

An additional one-time payment of \$200 is awarded if you participate in various programs or activities throughout the plan year. To receive the \$200, you must earn at least 600 points by completing activities that you choose from the Wellness Activity List between July 1, 2020 and March 31, 2021.

#### **Questions?**

If you have questions regarding your wellness incentive eligibility or about the program, please contact Becky Pfenenger, the district Wellness Coordinator, at 573-659-3254 or by email at [becky.pfenenger@jcschools.us](mailto:becky.pfenenger@jcschools.us).

# Your 2020 Medical Plan Options

The district offers you a choice of three medical plan options:

- Health Savings Account (HSA) Plan
- Base Plan
- Buy-Up Plan

The medical insurance plans are administered by **UMR** and utilizes the United Healthcare Choice Plus Network of providers. You can set up an account to review your explanation of benefits and other helpful information at [www.umar.com](http://www.umar.com).

This section provides a summary of the plans; refer to page 8 for a side-by-side comparison. Any benefit-eligible employee can choose any of these plans.

## Health Savings Account Plan

The Health Savings Account Plan is a high-deductible health plan which offers lower premiums than the other medical options, along with the opportunity to benefit from a Health Savings Account (HSA), which can help reduce your taxable income and provide a health care financial nest egg for the future.

**Are you eligible for this plan?** Any benefit-eligible employee can choose this plan.

## How the plan works

The Health Savings Account Plan covers the same medical services as the other medical plan options, and you'll have access to the same broad provider network as the other plans. The main difference is in how the plan works.

- You can elect to contribute to a health savings account (HSA) through HSA Central. Your HSA can be used for eligible medical, prescription, dental and vision expenses.
- If you don't spend all the money in your HSA, it will remain in your account and can be used in future years (no "use it or lose it" rule).

- You have the choice of seeing in-network or out-of-network providers. If you stay in-network, your costs may be much lower.
- In-network preventive care is covered at 100% (meaning there is no charge to you and no deductible applies).
- Preventive care includes annual physical exams (including associated lab and X-ray services), immunizations and well-child care.
- As you incur other covered expenses, you can use your HSA funds or pay directly until you meet your annual deductible. The in-network deductible is:
  - \$1,500 for single coverage
  - \$3,000 for family coverage
- HSA Central is the vendor for the HSA accounts. If you elect the high deductible health plan, you will need to open an account with HSA Central for your contributions to be deposited. You may change your HSA contribution amount at any time during the plan year by logging in to [Bswift](#) and electing the Change My HSA option.
- You cannot have medical coverage through another plan and contribute to the HSA.
- If you enroll in the HSA, you will not be able to contribute to the Health Care FSA.
- Under this plan option, Health Care Reform provisions will cover 1 breast pump per delivery at 100%. Contact UMR for more information.

Refer to pages 13 and 14 to compare the difference between health savings accounts and flexible spending accounts.

### Base Plan

The Base Plan is a traditional health plan which offers 80% coinsurance and copays for physician office visit and prescriptions.

#### Are you eligible for this plan?

Any benefit-eligible employee can choose this plan.

#### How the plan works

- With this plan, you have the choice of seeing in-network or out-of-network providers. If you stay in-network, your costs may be much lower.
- In-network preventive care is subject to copay but no deductible applies. Preventive care includes annual physical exams (including associated lab and X-ray services), immunizations and well-child care.
- For most covered expenses, you'll pay out of your pocket until you reach the annual deductible. The in-network deductible is:
  - \$1,000 for single coverage
  - \$2,000 for family coverage
- Your in-network office visit copayment will be \$25 for non-specialists and \$35 for specialists.
- Once you meet your annual deductible, the plan will pay 80% of expenses (excluding copayments) for the rest of the plan year or until you reach the out-of-pocket maximum.
- Under this plan option, Health Care Reform provisions will cover 1 breast pump per delivery at 100%. Contact UMR for more information.

### Buy-Up Plan

The Buy-Up Plan is a traditional health plan which offers 90% coinsurance and copays for physician office visit and prescriptions. You'll pay higher premiums than for the other two plans.

#### Are you eligible for this plan?

Any benefit-eligible employee can choose this plan.

#### How the plan works

- With this plan, you have the choice of seeing in-network or out-of-network providers. If you stay in-network, your costs may be much lower.
- In-network preventive care is subject to copay but no deductible applies. Preventive care includes annual physical exams (including associated lab and X-ray services), immunizations and well-child care.
- For most covered expenses, you'll pay out of your pocket until you reach the annual deductible. The in-network deductible is:
  - \$500 for single coverage
  - \$1,000 for family coverage
- Your in-network office visit copayment will be \$25 for non-specialists and \$35 for specialists.
- Once you meet your annual deductible, the plan will pay 90% of expenses (excluding copayments) for the rest of the plan year or until you reach the out-of-pocket maximum.
- Under this plan option, Health Care Reform provisions will cover 1 breast pump per delivery at 100%. Contact UMR for more information.

## Compare Your Monthly Medical Plan Costs

(The second premium amount listed for each plan type represents the Wellness \$30 monthly discount)

Election	HSA Plan		Base Plan		Buy Up Plan	
	w/o Wellness	w/Wellness	w/o Wellness	w/Wellness	w/o Wellness	w/Wellness
Employee only	\$5	\$0 **	\$55	\$25	\$100	\$70
Employee & spouse	\$450	\$420	\$540	\$510	\$630	\$600
Employee & child(ren)	\$315	\$285	\$390	\$360	\$460	\$430
Family	\$755	\$725	\$875	\$845	\$990	\$960

\*\*The Board will contribute \$25 per month into your HSA account.

## Compare Your Medical Plan Options

Benefit Design	HSA Plan	Base Plan	Buy Up Plan
<b>Deductible (Plan Year):</b>			
Individual	\$1,500	\$1,000	\$500
Family	\$3,000	\$2,000	\$1,000
<b>Coinsurance:</b>	100%	80%	90%
<b>Total Out of Pocket Max:</b>			
Individual	\$3,000 (deductible & copays)	\$3,000 (deductible & coinsurance)	\$1,500 (deductible & coinsurance)
Family	\$6,000 (deductible & copays)	\$6,000 (deductible & coinsurance)	\$3,000 (deductible & coinsurance)
<b>Physician Office Visit:</b>	\$25 after Deductible	\$25	\$25
<b>Specialist Office Visit:</b>	\$35 after Deductible	\$35	\$35
<b>Emergency Room:</b>	\$100 after Deductible	\$100, then Ded / Coins	\$100, then Ded / Coins
<b>Urgent Care:</b>	\$35 after Deductible	\$35, then Ded / Coins	\$35, then Ded / Coins
<b>Inpatient Hospital:</b>	\$100 after Deductible	\$100, then Ded / Coins	\$100, then Ded / Coins
<b>Outpatient Surgery:</b>	Deductible	Ded / Coins	Ded / Coins

## Prescription Drug Coverage

### How the Health Savings Account, Base, and Buy-Up Plans Cover Prescription Drugs

	Health Savings Account (HSA) Plan	Base Plan	Buy-Up Plan
<b>Retail Prescriptions</b> (up to 31-day supply) Generic drugs	\$10 Copay per prescription*	\$10 Copay per prescription	\$10 Copay per prescription
Preferred brand drugs	\$30 Copay per prescription*	\$30 Copay per prescription	\$30 Copay per prescription
Non-preferred brand drugs	\$50 Copay per prescription*	\$50 Copay per prescription	\$50 Copay per prescription
<b>Specialty Prescriptions</b> (up to 31-day supply)	\$75 Copay per prescription for drug cost less than \$1,000; \$125 Copay per prescription for drug cost \$1,000 or greater*	\$75 Copay per prescription for drug cost less than \$1,000; \$125 Copay per prescription for drug cost \$1,000 or greater	\$75 Copay per prescription for drug cost less than \$1,000; \$125 Copay per prescription for drug cost \$1,000 or greater
<b>Mail Order Prescriptions</b> (32-90 day supply) Generic drugs	\$20 Copay per prescription*	\$20 Copay per prescription	\$20 Copay per prescription
Preferred brand drugs	\$60 Copay per prescription*	\$60 Copay per prescription	\$60 Copay per prescription
Non-preferred brand drugs	\$100 Copay per prescription*	\$100 Copay per prescription	\$100 Copay per prescription
<b>Prescription Drug Out-of-Pocket Maximum</b>	Medical and pharmacy expenses are subject to the same medical out-of-pocket maximum.* Per person: \$3,000 Per family: \$6,000		

### \* How the medical Health Savings Account Plan covers prescription drugs:

*Under the Health Savings Account Plan, you benefit from the prescription drug discount, but pay the full cost of covered prescription drugs until you meet the deductible. Medical and pharmacy expenses are subject to the same medical deductible. After you meet the deductible, you pay the copay of covered prescription costs until you reach the combined medical and prescription drug out-of-pocket maximum. At that point, the plan pays 100% of covered prescription costs for the rest of the plan year.*

# Your 2020 Dental Plan Options

The district offers you a choice of three dental plan options:

- Low Plan
- Mid Plan
- High Plan

This section provides a summary of the plans; refer to page 10 for a side-by-side comparison.

## Low Plan

The Low Plan offers lower premiums than your other dental options. The plan has the same Sun Life provider network as before.

### Are you eligible for this plan?

Any benefit-eligible employee can choose this plan.

### How the plan works

- With this plan, you have the choice of seeing in-network or out-of-network providers. If you stay in-network, your costs may be much lower. In-network preventive care is covered at no charge (meaning there is no charge to you and no deductible applies). Preventive care includes:
  - Cleaning once every 6 months
  - Fluoride treatments for those under age 19
  - Oral exams, sealants, and applicable x-rays.
- For most covered expenses, you'll pay out of your pocket until you reach the annual deductible. The in-network deductible is:
  - \$50 for single coverage
  - \$150 for family coverage
- Your calendar year maximum benefit per person is \$750.

- Basic services are covered at a 50% rate and subject to the calendar year maximum. Basic services include anesthesia (restrictions apply), fillings, and simple extractions.
- Major services are not covered.

## Mid Plan

The Mid Plan has the same Sun Life provider network as before.

### Are you eligible for this plan?

Any benefit-eligible employee can choose this plan.

### How the plan works

- With this plan, you have the choice of seeing in-network or out-of-network providers. If you stay in-network, your costs may be much lower. In-network preventive care is covered at no charge (meaning there is no charge to you and no deductible applies). Preventive care includes:
  - Cleaning once every 6 months
  - Fluoride treatments for those under age 19
  - Oral exams, sealants, and applicable x-rays.
- For most covered expenses, you'll pay out of your pocket until you reach the annual deductible. The in-network deductible is:
  - \$50 for single coverage
  - \$150 for family coverage
- Your calendar year maximum benefit per person is \$750.
- This plan offers a Preventive Max Waiver, which provides the same coverage for preventive services, without it counting towards your annual maximums. This makes more benefit dollars available for other care!
- Basic services are covered at a 50% rate and subject to the calendar year

maximum. Basic services include anesthesia (restrictions apply), fillings, and simple extractions.

- Major services are covered at a 25% rate and subject to the calendar year maximum. Major services include:
  - Dentures and denture repairs
  - Inlays, onlays and crowns
  - Fixed bridges
  - Complex extractions and root canals
  - Stainless steel crowns
  - Periodontal scaling and root planning, periodontal maintenance, and periodontal surgery.

### High Plan

The High Plan has the same Sun Life provider network as before.

#### Are you eligible for this plan?

Any benefit-eligible employee can choose this plan.

#### How the plan works

- With this plan, you have the choice of seeing in-network or out-of-network providers. If you stay in-network, your costs may be much lower. In-network preventive care is covered at no charge (meaning there is no charge to you and no deductible applies). Preventive care includes:
  - Cleaning once every 6 months
  - Fluoride treatments for those under age 19
  - Oral exams, sealants, and applicable x-rays.

- For most covered expenses, you'll pay out of your pocket until you reach the annual deductible. The in-network deductible is:
  - \$50 for single coverage
  - \$150 for family coverage
- Your calendar year maximum benefit per person is \$1,000.
- This plan offers a Preventive Max Waiver, which provides the same coverage for preventive services, without it counting towards your annual maximums. This makes more benefit dollars available for other care!
- Basic services are covered at an 80% rate and subject to the calendar year maximum. Basic services include anesthesia (restrictions apply), fillings, and simple extractions.
- Major services are covered at a 50% rate and subject to the calendar year maximum. Major services include:
  - Dentures and denture repairs
  - Inlays, onlays and crowns
  - Fixed bridges
  - Complex extractions and root canals
  - Stainless steel crowns
  - Periodontal scaling and root planning, periodontal maintenance, and periodontal surgery.

## Compare Your Monthly Dental Plan Costs

Election	Low Plan	Mid Plan	High Plan
Employee only	\$27.22	\$32.86	\$55.93
Employee & spouse	\$54.65	\$65.92	\$132.16
Employee & child(ren)	\$65.48	\$79.04	\$129.42
Family	\$97.84	\$117.96	\$199.53

## Compare Your Dental Plan Options

Benefit Design	Low Plan	Mid Plan	High Plan
Individual Deductible (Calendar Year)	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150
Calendar Year Maximum Benefit	\$750 per person (includes Preventive)	\$750 per person (does not include Preventive)	\$1,000 per person (does not include Preventive)
Diagnostic Services	100%	100%	100%
Preventive Services	100%	100%	100%
Basic Services	50%	50%	80%
Major Services	0%	25%	50%

## Your 2020 Vision Plan Option

The district offers you one vision plan option. The plan has the same Sun Life provider network as before, VSP. As a reminder, if you elect medical coverage under any of the three plans, one eye exam is covered per year through the preventive care benefits.

### **Are you eligible for this plan?**

Any benefit-eligible employee can choose this plan.

### **How the plan works**

- With this plan, you have the choice of seeing in-network or out-of-network providers. If you stay in-network, your costs may be much lower.
  - The plan will pay many of you and your covered dependent's vision care expenses.
  - The plan's copayments include:
    - \$10 vision examination
    - \$25 for each pair of standard frames and/or standard lenses
    - \$25 for necessary contact lenses
- The plan limits the number of times per year services are covered:
    - One vision examination in any 12 month period.
    - One set of standard lenses in any 12 month period.
    - One set of standard frames in any 24 month period.
    - Elective contact lenses up to \$130 once every 12 months, with a 20% discount on any amount exceeding this allowance.
      - If the plan covers charges for elective contact lenses, it will not cover charges for standard lenses for 12 months and standard frames for at least 24 months.
  - Discounts may be available if you meet certain qualifications for prescription glasses and non-prescription sunglasses.

## Your Monthly Vision Plan Costs

Electionf	VSP Plan
Employee Only	\$10.78
Employee & Spouse	\$21.56
Employee & Child(ren)	\$21.85
Family	\$34.05

## Your Vision Plan Summary

Benefit Design	VSP Network
Exams	Once every 12 months
Glasses / Contact Lenses	Once every 12 months
Frames	Once every 24 months
Exams	\$10 copay
Glasses (Lenses / Frames)	\$25 copay
Contact Lenses	Elective – up to \$130

## HSAs and FSAs: What's the Difference?

### Health Savings Account

If you enroll in the Health Savings Account Medical Plan, you have the option of adding your own money to your Health Savings Account (HSA). All HSA accounts must be set up through HSA Central for payroll deposits.

#### Are you eligible for this account?

You can have an HSA only if you are enrolled in the Health Savings Account medical plan. You cannot have an HSA if:

- You are covered by another health plan (including Medicare).
- You are claimed as a dependent on someone else's tax return.
- You or your spouse is enrolled in a Health Care FSA.

#### How the HSA works

- All HSA accounts must be set up through HSA Central.
- You can contribute to the HSA on a pre-tax basis through payroll contributions and/or by making deposits to this account, so you save money on taxes.
- Your maximum contribution\*, is based on your coverage level:
  - Self only: \$3,550/year
  - Self & spouse: \$7,100/year
  - Self & child(ren): \$7,100/year
  - Family: \$7,100/year

*\*Age 55 and older may contribute an additional \$1,000/year*

- You can invest your HSA funds in select mutual funds, once your account balance is over \$2,000.
- Your HSA funds and any earnings are tax-free as long as you use them for eligible medical, prescription drug, dental and vision expenses.

- You can start, stop, or change your contributions at any time to meet your needs.
- There is no "use it or lose it" rule, meaning the funds can remain in the account year after year. This allows you to save money for future health care expenses.
- If you leave the district, you take your HSA money with you.
- If you are currently enrolled in a FSA and switching to a HSA for the next plan year, you must use all your FSA funds by June 30 of the current plan year. If you have funds left over, you can still enroll in the HSA, but you cannot carry over any funds from the FSA.

*Your HSA can provide a savings buffer for unexpected or high medical bills.*

## Flexible Spending Account

You have the option of enrolling in the Health Care and/or Dependent Care Flexible Spending Accounts (FSAs) to help pay for health and dependent care expenses with pre-tax dollars.

**You must enroll in the FSAs each plan year – your elections do not carry over.** *There is a \$3 monthly administrative fee.*

### Are you eligible for these accounts?

You can only enroll in the Health Care FSA if you select the Base Plan or Buy-Up Plan or if you have health insurance coverage elsewhere. If you enroll in the Health Savings Account Plan, you'll have a Health Savings Account (HSA) instead. ASI Flex will remain the vendor.

### How the FSAs work

There are two separate FSAs (Health Care and Dependent Care) but they work the same way:

- You contribute to the accounts on a pre-tax basis, so you save money on taxes.
- Your maximum contribution is:
  - Health Care FSA: \$2,750/year
  - Dependent Care FSA: \$5,000/year

- You can submit your claims online or via fax and have your reimbursements deposited directly into your preferred account.
- You can use the Health Care FSA for eligible medical, prescription drug, dental and vision expenses.
- You can use the Dependent Care FSA for eligible dependent care expenses.
- You have online access to your FSA, so you can instantly track your expenses and account balance.
- Under the carry-over option, a Health Care FSA allows participants to carry over up to \$500 in unused money at the end of the plan year to be used to reimburse expenses incurred in the next year. The carry-over does not count toward the annual maximum allowable contribution.
- Use the Tax Savings Estimator by estimating your annual medical expenses to see the tax savings that will benefit you from a FSA. Visit <http://www.asiflex.com/calculator.html>

*With an FSA, most people can save at least 25% on each dollar that is set aside, for expenses they are paying for anyway!*

## Resource List

For more information about your JC Schools health insurance choices and how to enroll, make changes, or confirm elections...

Resource	Description	How to find
<b>Bswift</b>	Online benefits enrollment system – Login to complete open enrollment and review your current elections	Visit <a href="http://www.jcschools.bswift.com">www.jcschools.bswift.com</a>
<b>Open Enrollment webpage</b>	Open Enrollment information, videos, and other resources	Visit <a href="http://www.jcschools.us/Page/12426">http://www.jcschools.us/Page/12426</a>

To contact plan providers...

Benefit	Administrator	Phone	Website
<b>Medical Plans</b>	UMR	800-826-9781	<a href="http://www.umar.com">www.umar.com</a>
<b>Prescription Drugs</b>	UMR/RxBenefits	800-334-8134	<a href="http://www.optumrx.com/myCatamaranRx">www.optumrx.com/myCatamaranRx</a>
<b>Flexible Spending Accounts</b>	ASI Flex	800-659-3035	<a href="http://www.asiflex.com">www.asiflex.com</a>
<b>Health Savings Account</b>	HSA Central	573-634-1234	<a href="http://www.hsacentral.net">www.hsacentral.net</a>
<b>Dental Plans</b>	Sun Life Financial	816-474-2345	<a href="http://www.sunlife.com/onlineadvantage">www.sunlife.com/onlineadvantage</a>
<b>Vision Plan</b>	Sun Life Financial	816-474-2345	<a href="http://www.sunlife.com/onlineadvantage">www.sunlife.com/onlineadvantage</a>
<b>Voluntary Plans</b>	Sun Life Financial	816-474-2345	<a href="http://www.sunlife.com/onlineadvantage">www.sunlife.com/onlineadvantage</a>
<b>Employee Assistance Program</b>	Capital Region Center for Mental Wellness	573-632-5560 1432 Southwest Blvd. Jefferson City	<a href="https://www.crmc.org/services/mental-wellness/">https://www.crmc.org/services/mental-wellness/</a> <ul style="list-style-type: none"> <li>• Indicate you are a JC Schools employee when scheduling</li> <li>• Seen within 3 business days</li> <li>• Online booking and video conference sessions available</li> </ul>
<b>Employee Assistance Program</b>	Sun Life Financial CompPsych Guidance Resources	800-624-5544	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> <ul style="list-style-type: none"> <li>• 24-hour access</li> <li>• Website organization web ID: EAPBusiness</li> </ul>



*This Open Enrollment Decision Guide provides a summary of various plans included in the Jefferson City School District's benefit program effective July 1, 2020. Complete details of the plans are included on the Human Resources, Health Insurance webpage <https://www.jcschools.us/page/12426>. If there is a difference between this Open Enrollment Decision Guide and the plan details document, then the plan details document will govern in every instance.*