2019-20

BENEFITS ENROLLMENT

Take Action

You must take action and select benefits or waive coverage; you only have 31 days from your start date to make elections for the 2019-20 plan year.

What's inside

#StrongerTogether

WELCOME!

Welcome to JCPS! We are excited you are joining the JCPS team. This enrollment decision guide will provide you with plan overviews for medical, dental, and vision insurance options.

As a new hire, y**ou must take action and select benefits or waive coverage. You only have 31 days from your date of hire to make your elections.** Medical elections will become effective on your first day of employment. All other elections will become effective the first day of the following month from your date of hire. This is your only opportunity in this plan year to enroll or make changes, outside of a qualifying life event.

There is a one-time guarantee issue of up to $150,000 for Voluntary Life Insurance. This means that you will not have to answer any health questions or complete an Evidence of Insurability form to be approved for the requested coverage amount up to $150,000.

Please take some time to evaluate the plans and make sure you enroll in the options that best suit your needs.

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.umr.com) to compare the medical plans.
- Attend a new hire orientation session with Human Resources if you need assistance with the enrollment process in Bswift. See the schedule for these orientations in your school email from HR.
- For other helpful links, visit our webpage http://www.jcschools.us/Page/12426 for information.
- To learn more about our wellness program go to http://www.jcschools.us/domain/1733

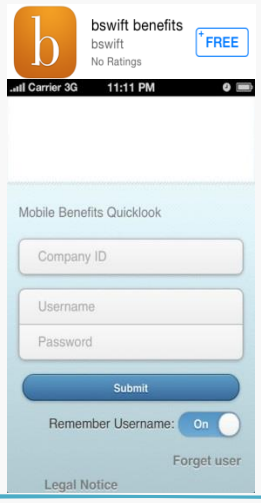
Take Action

- Enroll online through the Jefferson City Public Schools online benefits system, **Bswift** at www.jcschools.bswift.com
- You must enroll or waive coverage within 31 days of your hire date.
- 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 to review your final confirmation statement and verify that your elections match the elections you submitted during New Hire Enrollment.
- Medical elections will become effective on your first day of employment. All other elections will become effective the first day of the following month from your date of hire.

Mobile Benefits Portal



Download the **bswift benefits app** in the Apple or Google Play stores today and follow these easy steps to get started:

1. Enter **jcschools** into the Company ID field
2. Enter your first name + a period + your last name into the Username field (e.g. John Smith – John.Smith)
3. Enter your last 4 numbers of your SSN

"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 JCPS 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

Receive a $30 discount per month off your medical insurance premium. That's a total savings of up to $360 per plan year!

The Wellness Discount is simple to receive - there are just two requirements: complete UMR's Health Risk Assessment (HRA online questionnaire) within one month of hire; and complete biometric health screening (waived for the first school year with the district).

Visit the JCWellness wepage for instructions to complete the cHRA:
https://www.jcschools.us/Page/10124

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. To receive the $200, you must earn at least 500 points by completing activities that you choose from the Wellness Activity List between July 1, 2019 and March 31, 2020.

Questions?

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

Your 2019 Medical Plan Options

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

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

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) at Central Bank. Your HSA can be used for eligible medical, prescription, dental and vision expenses.
- If you don't spend all the money in your HSA in 2019, 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

- Central Bank is the vendor for the HSA accounts. If you elect the high deductible health plan, you will need to open an account with Central Bank 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.

Base Plan

The Base Plan has the same UMR 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 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 has the same UMR provider network as before. You'll pay higher premiums than for the other two plans.

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

Election	HSA Plan w/o Wellness	HSA Plan w/Wellness	Base Plan w/o Wellness	Base Plan w/Wellness	Buy Up Plan w/o Wellness	Buy Up Plan 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
Deductible (Plan Year):			
Individual	$1,500	$1,000	$500
Family	$3,000	$2,000	$1,000
Coinsurance:	100%	80%	90%
Total Out of Pocket Max:			
Individual	$3,000	$3,000	$1,500
Family	$6,000	$6,000	$3,000
Physician Office Visit:	$25 after Deductible	$25	$25
Specialist Office Visit:	$35 after Deductible	$35	$35
Emergency Room:	$100 after Deductible	$100, then Ded / Coins	$100, then Ded / Coins
Urgent Care:	$35 after Deductible	$35, then Ded / Coins	$35, then Ded / Coins
Inpatient Hospital:	$100 after Deductible	$100, then Ded / Coins	$100, then Ded / Coins
Outpatient Surgery:	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
Retail Prescriptions (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
Specialty Prescriptions (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
Mail Order Prescriptions (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
Prescription Drug Out-of-Pocket Maximum	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 2019 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

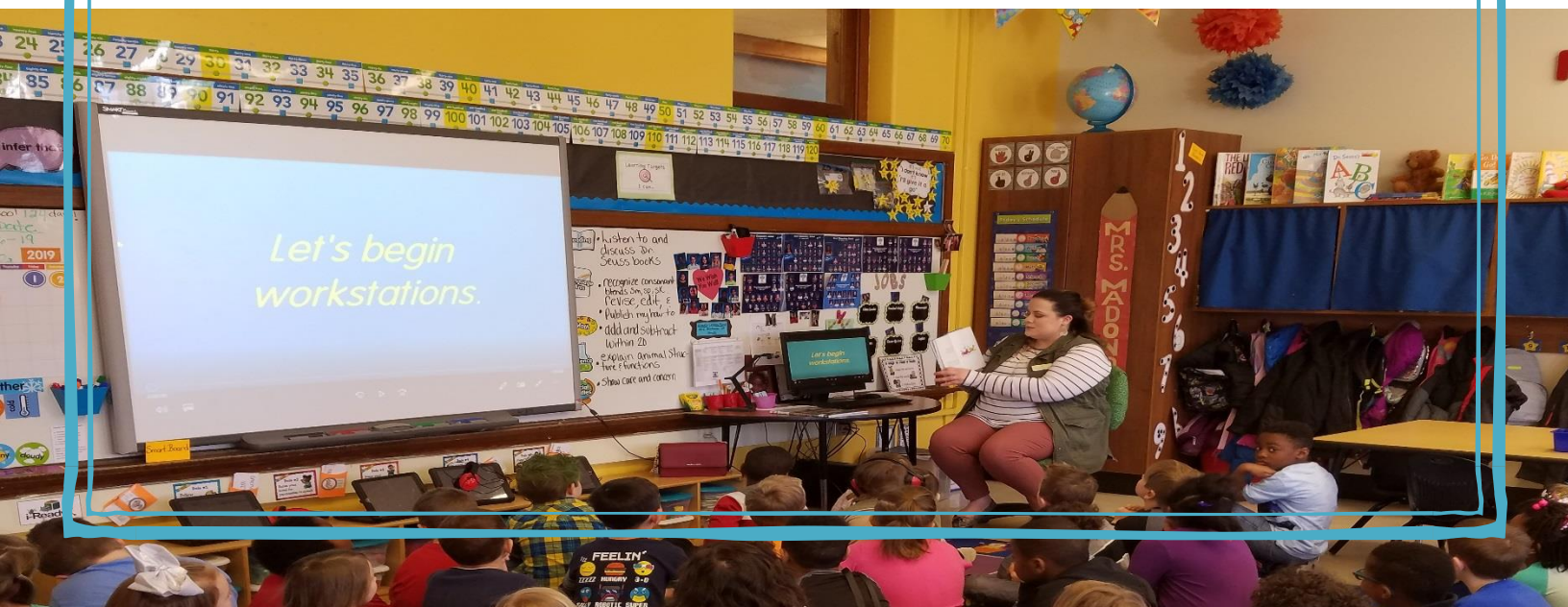
- With this plan, you have the choice of seeing in-network or out-of-network providers. If you stay in-network, your costs may be much lower. In-network preventive care is covered at no charge (meaning there is no charge to you and no deductible applies). Preventive care includes:
    - Cleaning once 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	$25.59	$30.89	$52.57
Employee & spouse	$51.37	$61.96	$124.22
Employee & child(ren)	$61.55	$74.29	$121.65
Family	$91.96	$110.88	$187.55

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 2019 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

Election	VSP Plan
Employee Only	$10.37
Employee & Spouse	$20.74
Employee & Child(ren)	$21.02
Family	$32.76

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

Board Paid & Supplemental Insurance

The district offers you board paid (employer paid) long-term disability coverage and life insurance coverage. There are also a number of supplemental insurance plan options that are available to you such as voluntary life insurance, dependent life insurance, cancer coverage, critical illness coverage, accident coverage, and short-term disability coverage.

Long-Term Disability Coverage

Your long-term disability benefit is 60% of your monthly salary, not to exceed $6000. You have a 90-day elimination period prior to benefits going into effect.

This is an employer paid benefit. Assurant is the carrier for this benefit.

Board Paid Life Insurance & AD&D

Basic Life and AD&D is 1 times your base salary, not to exceed $200,000 paid by your employer.

This is an employer paid benefit. Assurant is the carrier for this benefit.

Voluntary Life Insurance

The Guarantee Issue amount for new hires is $150,000. This means that you will **not** have to answer any health questions or complete an Evidence of Insurability form to be approved for the requested coverage amount up to $150,000.

Voluntary Life is available in increments of $10,000 with a minimum election of $20,000 and a maximum of $500,000 or 10 times your basic annual salary (whichever is less).

Dependent Life is $5,000 for a spouse and $2,000 for each child.

Please make sure you have a current beneficiary on file with the district in bswift.

Other Supplemental Insurance Options

Other supplemental insurance plan options include:

- Accident
- Cancer
- Critical Illness
- Short-Term Disability

For a list of supplemental insurance plan premiums and details visit http://www.jcschools.us/Page/14270

HSAs and FSAs: What's the difference?

Health Savings Account

If you enroll in the Health Savings Account Plan, you have the option of adding your own money to your Health Savings Account (HSA). All HSA accounts must be set up through Central Bank and your CD number provided to the HR department 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 Central Bank.
- 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: $3,500/year
    - Self & spouse: $7,000/year
    - Self & child(ren): $7,000/year
    - Family: $7,000/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 Base Plan or Buy-Up Plan. 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: $2,700/year
  - Dependent Care FSA: $5,000/year
- 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.
- 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.
- 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 JCPS health insurance choices and how to enroll, make changes, or confirm elections…

Resource	Description	How to find
Bswift	Online benefits enrollment system – Login to complete your enrollment and review your current elections	Visit www.jcschools.bswift.com
JCPS Health Insurance webpage	Health insurance information, videos, and other resources	Visit http://www.jcschools.us/Page/12426

To contact plan providers

Benefit	Administrator	Phone	Website
Medical Plans	UMR	800-826-9781	www.umr.com
Prescription Drugs	RxBenefits/ Optum RX	800-334-8134	www.optumrx.com/myCatamaranRx
Flexible Spending Accounts	ASI Flex	800-659-3035	www.asiflex.com
Health Savings Account	Central Bank Motor Bank of Jefferson City	573-634-1212	www.centralbank.net
Dental Plans	Sun Life Financial	800-442-7742	www.sunlife.com/onlineadvantage
Vision Plan	Sun Life Financial	800-877-7195	www.sunlife.com/onlineadvantage
Voluntary Plans	Sun Life Financial	800-786-5433	www.sunlife.com/onlineadvantage
Employee Assistance Program	Capital Region Center for Mental Wellness	573-632-5560 1432 Southwest Blvd. Jefferson City	https://www.crmc.org/services/mental-wellness/ • Indicate you are a JCPS employee when scheduling • Seen within 3 business days • Online booking and video conference sessions available
Employee Assistance Program	Sun Life Financial ComPsych Guidance Resources	800-624-5544	www.guidanceresources.com • 24-hour access • Website organization web ID: EAPBusiness

Permitted Election Change Events

When can you make a change to your health insurance elections?

According to IRS guidelines, participants can change their employee benefits elections either (1) during an open enrollment period, or (2) mid-year pursuant to a permitted election change event. Below is a list of permitted election change events. **You must provide proof of your qualifying event and make your election change request within 31 days of the event**. For certain life events referred to as a "change in status," the election change generally must be consistent with the event. This means that the election change must be on account of and correspond with the event.

- Change in employee's legal marital status
- Change in number of dependents
- Change in employment status of employee or spouse
- Dependent satisfies (or ceases to satisfy) dependent eligibility requirements
- Gain or loss of other group coverage
- Change of custody, judgement, court order or decree requiring medical coverage

The annual open enrollment period for Jefferson City Public Schools is held in May each year, with changes effective July 1st, the start of the next plan year.

This Enrollment Decision Guide provides a summary of various plans included in the Jefferson City Public Schools benefit program effective July 1, 2019. Complete details of the plans are included on the district's Human Resources, Health Insurance webpage https://www.jcschools.us/page/12426. If there is a difference between this Enrollment Decision Guide and the plan details document, then the plan details document will govern in every instance.