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HR News

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Open Enrollment for Medical and Dental Insurance

This year's open enrollment period begins on Friday, May 1, 2015 and will close at midnight, June 1, 2015. The open enrollment period allows employees to:

1. Change their medical insurance provider.
2. Change their current medical and/or dental insurance coverage status, i.e. adding or deleting a spouse and/or eligible dependents
3. Initiate or change a Medical Flexible Spending Account and/or Dependent Care Flexible Spending Account. Employees are required to re-enroll in these accounts annual.

To maintain your current coverage with UnitedHealthcare, Kaiser Permanente, and/or Delta Dental, no action is required. **If you are a current UnitedHealthcare subscriber, please ensure that you have selected a primary care physician (PCP). If the identified PCP on your ID card does not match the name of the physician who provides your primary care, you will be responsible for the entire cost of the claim with that doctor. Referrals from a primary care physician are required to see specialists.**

Premiums will be deducted with the 2015-16 rates, effective the payroll at the end of June. Coverage under the new plan will begin July 1, 2015.

NEW ONLINE ENROLLMENT SYSTEM

Beginning this year, APS will employ a newly developed online enrollment system for employees to make changes to their medical and dental elections. Employees will gain access through their Oracle self-service accounts. Detailed instructions on how to access the system can be found at <http://hr.aurorak12.org/wp-content/uploads/sites/64/2015/04/Making-Online-Benefits-Elections.pdf>

The online system will become active on May 1, 2015.

Once the open enrollment period closes, health and dental plan coverage(s) may not be changed until the 2016-17 open enrollment period. Any changes in coverage before the 2016-17 open enrollment period may be made only when an eligible event occurs, i.e., loss of coverage, marriage, divorce, legal separation, death, birth/adoption, open enrollment of a spouse, over-age dependent, change in contracted hours, resulting in a loss or gain in eligibility, or a significant cost increase. Changes must be made within 30 days of the eligible event and must be made by the 15th of the month in order for adjustments to be made the following paycheck. It is the employee's responsibility to notify the Benefits Office should such changes occur, so they can verify the event and open up an enrollment window for you on the online system.



OPEN ENROLLMENT FAIRS

Please join us for our APS Enrollment Fairs on May 14th and 15th from 8:00a.m. - 5:00 p.m. at ESC 4. Vendors will be available to answer your questions on healthcare and other benefits. Our benefits specialists will also be on hand to assist with online enrollment and answer election questions.

BENEFITS ELIGIBILITY

As we near full implementation of the Affordable Care Act, there are changes in regard to the manner in which APS employees are deemed eligible for health insurance benefits. Starting with the 2015–16 school year, eligibility for health insurance will be based on the average number of hours worked per week, (adjusted to account for scheduled breaks), from the beginning of the 2014–15 school year to April 1, 2015. All employees contracted at 30 hours a week and above in 2014 -15 are now considered full-time employees under the Affordable Care Act and will be eligible for health insurance benefits in 2015-16. Employees contracted between 20 to 30 hours per week will continue to be offered health insurance at a prorated rate.

Employees who averaged over 30 hours per week during the above mentioned time period may be eligible for health insurance benefits. If you believe you fall into this category, and would like to enroll in one of our health insurance plans, please email your request to BenefitsHR@aps.k12.co.us, prior to May 15, 2015, so we can analyze your work time for eligibility. **Note: Open enrollment ends on May 31, so you will want to make your request as early as possible to give yourself time to consider these important decisions.**

HEALTH AND DENTAL PLAN CHANGES

The 2015-16 premium rates are available online at <http://aurorak12.org/hr/BenefitsForms/PRICES2015.pdf>

Rates for Kaiser Permanente will decrease by 4.35% and 3% for UnitedHealthcare. There are no significant plan design changes for next year.

- Kaiser Permanente: Office visit copayment for Primary Care \$25; Specialists \$50; Emergency Room \$250 copay; Urgent Care \$50 copay; RX \$15, \$30, \$50. Mail order is 2 Xs retail. The annual out of pocket maximum for individual coverage is \$3,000 and \$6,000 for family coverage. A 10% coinsurance, after deductible will be applied to hospitalizations, surgical, diagnostic x-rays and some in-office procedures.
- UnitedHealthcare Navigate: Office visit copayment for Primary Care \$20; Specialists \$40. Emergency Room \$300 copay; Urgent Care \$75 copay; RX \$15, \$30, \$50. Mail order is 2.5 Xs retail. . The annual out of pocket maximum for individual coverage is \$3000 and \$6000 for family coverage. A 10% coinsurance, after deductible will be applied to hospitalizations, and surgical procedures.

There are no changes to Delta Dental for the 2015-2016 plan year. The annual maximum is \$1,250.

DEPENDENT COVERAGE

Kaiser Permanente, UnitedHealthcare and Delta Dental provide dependent coverage through the month the dependent becomes 26 years of age. Dependent coverage may include an employee's unmarried and/or married child(ren) under the age of 26. Students away at school who have Kaiser Permanente are covered by the Out of Area Student benefit which requires the completion of a certification form each school year. UnitedHealthCare Navigate students, who are out of state, need to select a primary care provider in the Colorado Navigate network. The dependent student would be covered for urgent care and emergency services out of state. It is the responsibility of the employee to notify the Benefits Office the month the dependent becomes 26 years of age. Over-age dependents may have the right to continuation of coverage through COBRA.

COMMON LAW SPOUSES AND DOMESTIC PARTNERS OR CIVIL UNION

Health and Dental coverage is available for an employee's common law spouse. An [affidavit](#) of common law marriage is required to enroll in the health and/or dental plan.

The district's health and dental plans are also available to an APS employee's domestic partner, partner in a civil union and their dependent children. This election requires the completion of an [affidavit](#) which certifies the domestic partnership or a certificate for the civil union for purposes of health and/or dental insurance only. For domestic partners and pursuant to IRS regulations, the employee's portion of the premium will be deducted pre-tax and the domestic partner's and/or dependent children portion of the premium will be deducted after-tax unless the domestic partner is eligible as a [dependent](#) under IRS Code Section 152.

PREMIUM PAYMENT OPTION

All premium payments for medical and/or dental insurance are paid with pre-tax dollars. Employees considering retirement in the next three years may wish to have premiums paid with after-tax dollars. This is important because the highest average salary (HAS) is reduced by the amount of pre-tax premiums paid for health and dental plans. Usually, an employee should not participate in medical or dependent care flexible spending accounts during those last four years. Please contact PERA if you have any questions regarding this matter. Employees interested in paying insurance premiums with after-tax dollars may do so by completing and submitting a [request](#) to the Benefits Office.

HEALTHCARE AND DEPENDENT CARE ACCOUNTS

As an employee of APS, a portion of your before taxes salary may be withheld to reimburse medical, dental, and vision, and/or dependent care expenses incurred during the year. These programs may be advantageous, as income taxes are not paid on the portion of your salary credited to the account(s). However, each individual should make the decision regarding this option based upon his/her own financial circumstances. Although APS uses a fiscal year budget, the IRS will still audit such accounts on a calendar year basis. Employees currently enrolled in these plans must re-enroll annually when making their elections in the online system. The healthcare and/or dependent care flexible spending accounts will be administered through Total Administrative Services Corporation (TASC), a new provider for the 2015-16 school year. The accounts will operate in the same way as in the past where employees would be issued a debit card to pay for medically related expenses from their accounts. However, we expect that employees will see much improved customer service and account management with TASC as the new provider

The maximum election amount for the Medical Flex plan is \$2500.

The maximum election amount for Dependent Flex is \$5,000 for a married couple or single parent, or \$2,500 if you are married but file taxes separately.

***NOTE:** APS is aiming to rollout a new vision plan provided by United HealthCare. This plan will be available to all healthcare eligible employees, not just UHC customers. The new plan will be 100% Voluntary and will not only cover exams with a co-pay, but also provide an allowance for materials (glasses, contacts, etc.) after co-pay. Please take this into account when considering any flexible spending withholdings.

BENEFICIARY UPDATE

All employees are strongly encouraged to update their [beneficiary information](#). Beneficiaries are named for life insurance, PERA, PERA 401(k), 403(b), and 457 plans. Beneficiaries for district life insurance must be 18 years of age or older. The district's life insurance and long term disability plan are administered by CIGNA. A plan summary is posted on the HR website.

**DISTRICT-PROVIDED EMPLOYEE ASSISTANCE**

The [Employee Assistance Program \(EAP\)](#), administered through Horizon Behavioral Services is a free service offered to all APS employees. The EAP provides professional counselors who can help manage any type of problem with complete confidentiality, 24 hours a day. In addition to four face-to-face counseling services, the EAP also offers legal and financial consultation (free 30 min. telephone consultation with financial, legal, id theft consultants).

HIPPA PRIVACY REMINDER

Aurora Public Schools is committed to the privacy of your health information. The administrators of Kaiser Permanente, UnitedHealthcare Navigate, Delta Dental, and Total Administrative Services Corporation use strict privacy standards to protect your health information from unauthorized use or disclosure.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As required by the Women's Health and Cancer Rights Act of 1998, APS' healthcare plans provide benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For additional information, please contact your healthcare provider.