This year’s open enrollment period begins on Sunday, May 1, 2016 and will close at 11:59 P.M. May 31st 2016. 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 annually.

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 through the May payroll. Coverage and rates under the new plan year will begin July 1, 2016 with the first new premium deducted from the June 30 payroll.

**ONLINE ENROLLMENT SYSTEM**

APS employs an 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 are attached below. The online system will become active on May 1, 2016.

Once the open enrollment period closes, health and dental plan coverage(s) may not be changed until the 2017-18 open enrollment period. Any changes in coverage before the 2017-18 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.

Adding or dropping dependent(s) during the year will require documentation e.g. a HIPPA certificate, letter from a former employer stating the date of loss of coverage, marriage certificate, divorce decree, or adoption paperwork. There cannot be a break between when the current coverage ends and new coverage begins.

OPEN ENROLLMENT FAIRS
Please join us for our APS Enrollment Fairs on May 13th, and May 20th 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 to the way APS employees are deemed eligible for health insurance benefits. 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 2015–16 school year to April 1, 2016. All employees contracted at 30 hours a week and above in 2015 –16 are considered full-time employees under the Affordable Care Act and will be eligible for health insurance benefits in 2016-17. Employees contracted between 20 to 30 hours per week will continue to be offered health insurance at a prorated rate.

Hourly 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, 2016, 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 2016-17 premium rates are available online at:

Rates for Kaiser Permanente will increase by 13.50% and 6.2% 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 $4,000 and $9,000 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/$40 (Designated Network/Network); 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 2016-2017 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. Dependent students attending school out of state who are enrolled in the Kaiser Permanente plan are covered by the Out of Area Student benefit which requires the completion of a certification form each school year. Dependent students attending school out of state who are enrolled in the UnitedHealthCare Navigate plan, 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.

IMPORTANT: In order for us to keep our enrollment records up to date and ensure proper, uninterrupted coverage for dependents, all employees carrying dependents on any health or dental plan must logon to the online enrollment system to either enter or update their dependent profiles.

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 24HourFlex, a new provider for the 2016-17 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.
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.

VISION
APS offers a voluntary vision plan provided by United HealthCare. This plan is available to all healthcare eligible employees, not just UHC customers. The plan is 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 Resources for Living 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.
To access your benefits enrollment from work on a district-connected computer inside of the APS firewall use http://oraprod00.aps.k12.co.us:8055.

To access your benefits enrollment from home or anywhere outside of the APS firewall use http://apsapps.aps.k12.co.us.

Log in with your Oracle User Name and Password.

If you do not know your User Name or Password, contact the Help Desk at Ext. 28203.

If you plan on adding or changing dependent(s) by choosing Employee & Spouse, Employee & Children or Employee & Family, those Contacts must be entered in Oracle.

Use the ENTERING CONTACT INSTRUCTIONS.

If you will plan to choose Employee Only, skip the ENTERING CONTACT INSTRUCTIONS and continue on page 3 with the MAKING ONLINE BENEFITS ELECTIONS INSTRUCTIONS

ENTERING CONTACT INSTRUCTIONS

Skip this section if you plan to choose Employee Only.

1) Expand the APS Employee Self-Service Menu

2) Click Personal Information

Scroll down to Dependents Eligible for Benefits and click Add.
Enter Names
Pick the Relationship
  (for benefits the relationship MUST be a child or a spouse)
Use the calendar icon to enter the Relationship Start Date
  (Ex: birthdate of a child, wedding date of a spouse)
Under Main Address, leave the checkmark for “Use my address for this person. Do NOT remove the checkmark.

Scroll down to Additional Dependent and Beneficiary Information
Select the Gender
Enter the Social Security Number
Use the calendar icon to enter the Date of Birth
Click Next
On the Review page, click Submit
On the Confirmation page, click Return to Overview
On the Personal Information page, click Back
Repeat the process for all needed Contacts.
Continue with the MAKING ONLINE BENEFITS ELECTIONS INSTRUCTIONS
MAKING ONLINE BENEFITS ELECTIONS
INSTRUCTIONS

1) Expand the APS Employee Self-Service Menu
2) Click Benefits Enrollment

1) Click Go. You do not need to enter anything in the Event name field.
2) Then click the Update pencil icon.

Information on specific benefits is available from these links.

Make your elections using the drop down menus.
If you select UHC, you can select a PCP and enter the PCP number. However, that is not required. If no selection is made, UHC will assign a PCP and you can change that at any time through UHC. To designate PCP for dependents, contact UHC once your enrollment is active.

Enter the monthly amount for flexible spending accounts, if desired. Leave the zeros if no flexible spending account is desired. The yearly contribution will be displayed, if amounts are entered.
You can use the Save button to save your elections. You can come back and make changes after you Save.

However, clicking only the Save button does NOT complete the process.

IMPORTANT NOTE:
To complete the process you MUST use the Submit button.

Once you are sure you will make no further changes, you must use the Submit button.

You cannot make changes online after using the Submit button. Any issues can be addressed with the Benefits office.

On the final screen, you MUST use the COMPLETE MY SUBMISSION button, to finalize your elections.

By submitting these elections, you verify that these are the choices you wish to make for your APS benefit package. If you SUBMIT your benefits elections you can make no further changes online. All issues must be addressed with the benefits office. IMPORTANT: To complete your submission, please click COMPLETE MY SUBMISSION.
Let us show you our appreciation.

Because of where you work, get a $100 Reward Card when you join Sprint. Plus, you get a discount on select Sprint monthly data service.

$100 Reward Card when you activate a new account
After activation, register for your Reward Card at sprint.com/promo/IL3113TDA

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Already a customer? Request your 18% discount by visiting www.sprint.com/verify

Be sure to mention this code. Corporate ID: GDSCO_WCA_ZZZ
Call Sprint Sales: 866-639-8354
Visit a local Sprint Store: sprint.com/storelocator

Activ. Fee: Up to $30/mo. Credit approval req. SDP Reward Card Offer: Offer ends 06/30/16. SDP only. While supplies last. Req. new account activation at point of sale. Excludes add-a-line and tablet activations. New account must remain active and in good standing for 31 days to receive Reward Card. Reward Card request must be made at sprint.com/promo or Reward Card will not be issued. Subject to C1, corporate giving policy. Allow 10-15 days for delivery. May not be combinable with other offers. See store or sprint.com for details. Reward Card. Terms and conditions apply to Reward Cards. See Cardholder Agreement or visit www.americanexpress.com/Sprint for details. Subject to applicable law; a $2.95/mo. service fee applies beginning in the 7th month after Card issuance. Card is issued by American Express Prepaid Card Management Corporation. American Express is not the sponsor of this promotion. SDP Discount. Available for eligible company employees or org. members (pending verification). Discount subject to change according to the company’s change agreement with Sprint and is available upon request for select monthly data services. Discount only applies to data service for Better Choice Plans. Sprint Family Share Pack and Unlimited My Way plans. Not available with no credit check offers or Mobile Hotspot add-on. Satisfaction Guarantee: For new lines of service to qualify call us to deactivate, and return to plan of purchase w/complete, undamaged phone/device and receipt within 30 days of activation. We'll refund your phone/device cost, service charges and activation fee. Excludes international usage not included in plan, premium content and 3rd party billing. Upgrades, exchanges and accessories have 14 days to return and deactivate. You pay for actual usage charges (monthly svc. charges, taxes, Sprint surcharges, etc.). We'll refund your phone/device cost. Sprint data plans may impose add’tl fees. A $25 restocking fee may apply. Visit sprint.com/returns. Other Terms. Offers and coverage are not available everywhere or for all phone networks. May not be combined with other offers. Restrictions apply. See store or sprint.com for details. ©2016 Sprint. All rights reserved. Sprint and the logo are trademarks of Sprint. Other marks are the property of their respective owners.