

Logan Rogersville R-VIII

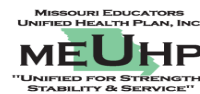


Employee Benefit Plans
Open Enrollment
2018 - 2019



Medical 2018 - 2019

Carrier	MEUHP	MEUHP	MEUHP	MEUHP	MEUHP
Plan Name	H S A	H S A	PPO	PPO	OAP
Network	Cox and CIGNA Nationally (Mercy locally)				
Deductible					
In-network individual (family)	\$5,000 (\$10,000)	\$2,700 (\$5,000)	\$3,500 (\$10,500)	\$2,500 (\$7,500)	\$250 (\$750)
Out-of-network individual (family)	\$5,000 (\$10,000)	\$2,700 (\$5,000)	\$3,500 (\$10,500)	\$2,500 (\$7,500)	\$250 (\$750)
Co-insurance					
In-network	100%	80%	80%	80%	100%
Out-of-network	70%	60%	50%	50%	N/A
In-network out-of-pocket maximum (includes deductible)					
Individual (family)	\$6,450 (\$12,900)	\$5,000 (\$10,000)	\$7,150 (\$14,300)	\$6,000 (\$12,000)	\$1,250 (\$3,750)
Doctor co-pay					
Primary care	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	\$30	\$30	\$20
Specialist	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	\$50	\$50	\$40
Lab			Lab \$0 cost at Free Standing Labs-Lab Corp, Quest-UNLESS PREVENTIVE VISIT then \$0 cost at provider		
Physician's Office	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
Facility/Hospital	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
X-ray *Except complex high dollar radiology					
Physician's Office	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
Facility/Hospital	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
Preventive care					
In-network	100% for Federally Mandated Services	100% for Federally Mandated Services	100% for Federally Mandated Services	100% for Federally Mandated Services	100% for Federally Mandated Services
Urgent Care	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	\$50	\$50	\$50
ER	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	\$250	\$250	\$250
Prescription drug					
Retail (up to 30 day supply)	\$15/\$45/\$75/25% w \$400 Max After Medical Deductible	Deductible and Coinsurance	\$10/\$35/\$75/25% to \$150 max. \$200 deductible applies to tiers 2, 3 & 4	\$10/\$35/\$75/25% to \$150 max. \$200 deductible applies to tiers 2, 3 & 4	\$10/\$35/\$75/25% to \$150 max. \$200 deductible applies to tiers 2, 3 & 4
Remarks	Preventive RX at No Cost	Preventive RX at No Cost			



Medical Plan Reminders

Register at myCigna.com so you have access to your ID card, claims info, cost estimator & to see your network providers.

Download the app for telemedicine and 24/7 access on your mobile device This is an AWESOME APP!!! Please use it!!!

Your network is **Open Access Plus** as well as the **Cox Health Network**.

If you have questions about specific providers, or confusion at the provider office, please contact the following:

Cox Health Network Information - 269-4636

Mercy Network Welcome Line - 844-841-5888

CIGNA customer service line is 800-244-6224 - www.mycigna.com

FTJ and MEUHP Customer Service 1-800-821-7303 - www.ftj.com

BPJ for questions, claims and advocacy 887-3550, request to speak with someone from LR Benefits, MEUHP or bward@bpj.com

You can use retail clinics such as Cox Clinic at Wal-Mart or Hy-Vee, the Minute Clinics at CVS Stores and Family Medical Walk-In Clinics



Wellness Program

Logan Rogersville will be offering the Wellness Program again for plan year 2018 – 2019. If you chose to participate the district will apply *UP TO* \$117 towards your employee medical plan premium.

1) \$58.50 will apply to employee medical plan premium for completing the HRA (Health Risk Assessment).
HRA's (Health Risk Assessment) will be offered again at the different schools.

Times to be announced

2) \$58.50 will apply to employee medical plan premium for completing two Wellness Activities throughout the plan year.

You can chose to complete both the HRA and the Wellness Activities for the full \$117
Or complete only 1 and \$58.50 will apply towards employee medical plan premium

*** The rates in Employee Navigator will show *FULL premium credit* for participation

*** You will need to complete the *Employee Enrollment Election Form* to confirm participation level in the Wellness Program.



This form can be obtained through Human Resources:

www.logrog.net>Departments>Human Resources>Insurance & Benefits Information



Dental 2018 - 2019

CARRIER	KC Life
PLAN NAME	Dental
NETWORK	KC Life Dental Alliance
DEDUCTIBLE	
Individual	\$50
Family	\$150
IN/OUT NETWORK CO-INSURANCE	
Preventive care	100%
Basic	80%
Major	50%
Endodontics	80%
Periodontics	80%
Oral Surgery	80%
Orthodontia	N/A
BENEFIT MAXIMUMS	
Annual Dental	\$1,000
Lifetime Orthodontic (under age 19)	N/A
NON-NETWORK PERCENTILE	90%
REMARKS	Roll Over Included

To locate a KC Life dental provider go
kclgroupbenefits.com



Vision 2018 - 2019

CARRIER	EyeMed	
PLAN NAME	Vision	
	NETWORK	NON-NETWORK
NETWORK	EyeMed	
EXAMS		
Copay	\$0	up to \$45
Frequency	12 Months	
LENSES		
Copay		
Single Vision	\$15	up to \$65
Bifocal Vision	\$15	up to \$85
Trifocal Vision	\$15	up to \$85
Lenticular Lenses	\$15	up to \$125
Anti Scratch	\$15	no benefit
Anti Reflective	\$45	no benefit
Frequency	12 Months	
FRAMES		
Copay		
Frame Allowance	\$120 + 20% off balance	up to \$47
Frequency	24 Months	
CONTACT LENSES		
Allowance	\$120 + 15% off balance	up to \$105
Contact Lense Fitting	standard up to \$55	no benefit
Medically Necessary	\$15	up to \$210
Frequency	12 Months	

To locate a provider go to
enrollwiththeyemed.com/access



Basic and Voluntary Life 2018 - 2019

Logan Rogersville School District provides each full time eligible employee with a Basic Life Policy in the amount of \$25,000 through KC Life.

Additional Voluntary Life is available through KC Life and can be purchased during Open Enrollment. If you have previously declined additional Voluntary Life and/or would like to increase your current amount you can do so, but an *Evidence of Insurability* form will be required. This form can be obtained through Human Resources:

www.logrog.net>Departments>Human Resources>Insurance & Benefits Information.

CARRIER	KC Life
EMPLOYEE BENEFIT	
Increments of	\$10,000 minimum \$20,000
Max Multiple of Annual Earnings	5x salary
Or Max Benefit Amount of	\$300,000
SPOUSE BENEFIT	
Increments of	\$5,000 minimum \$10,000
% Of Employee Amount	
Or Max Benefit Amount	\$150,000
CHILDREN BENEFIT	
0-14 Days	\$0
14 day-6 months	\$1,500
6 months to Dep status	\$2,500 to max \$10,000
GUARANTEE ISSUE	
Employee	\$100,000
Spouse	\$50,000
Children	\$10,000



How to Enroll

We are excited to announce we will be doing enrollment electronically through

Employee Navigator

www.employeenavigator.com

To get started you will receive an email from Employee Navigator with the link to the site as well as instructions on how to register.

Company Identifier: logrog

Open Enrollment will run from: Monday, March 26th, 2018 – Sunday, April 15th, 2018



Once you receive the *Welcome Email* you will need to login and register as a new user.

You will need the Company Identifier: logrog



Username

Password

[Reset a forgotten password](#)

[Register as a new user](#)

[Privacy Policy](#) | [Terms of Use](#) | [Legal Notice](#)

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PROFILE ▾

→ Personal Information

● Dependent Information

BENEFITS ▸

FORMS ▸

SUMMARY ▸

[OPEN ENROLLMENT](#)

[PROFILE](#)

[BENEFITS](#)

[REQUIRED TASKS](#)

[RESOURCES](#)

Personal Information

Personal Information

First Name

Middle Name

Last Name

Suffix

Gender Male Female

Date of Birth

SSN

Tobacco User Yes No

On Wellness Program Yes No On Wellness Program is required

Address 1

Address 2

City

State

County

Zip Code

Phone Number

Email Address

[Save & Continue](#)

You will start by updating you and your dependents personal demographic information.

Please have your dependent social security numbers and dates of birth available

You will be required to elect or decline participation in the wellness program.





PROFILE ▾

- Personal Information
- [→ Dependent Information](#)

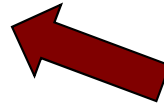
BENEFITS ▶

FORMS ▶

SUMMARY ▶

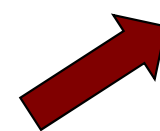
Dependent Information

add dependent +



Edit Dependent ✕

First Name	<input type="text" value="Rogers"/>
Middle Name	<input type="text"/>
Last Name	<input type="text" value="Rogers"/>
Suffix	<input type="text" value="--Select--"/>
Relationship	Spouse
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Date of Birth	<input type="text" value="January"/> <input type="text" value="1"/> <input type="text" value="1981"/>
Age	37
SSN	<input type="text"/>
Fulltime College Student	<input type="radio"/> Yes <input type="radio"/> No
Disabled	<input type="checkbox"/>
Tobacco User	<input type="radio"/> Yes <input type="radio"/> No
Address	<input type="text" value="Home"/>



The next screens will walk you through the Benefits offered to you by Logan Rogersville School District. You can click through and determine what levels of coverage you would like to enroll for as well as see your per pay period premium deduction for each benefit offered.

You can add and/or delete coverages for dependents as well.

The system will show prior year election.

Simply click through each benefit option and select a plan.



PROFILE ▸

BENEFITS ▾

④ Defined Contributions

→ Medical

○ Dental

○ Vision

○ Life

○ Voluntary Life

FORMS ▸

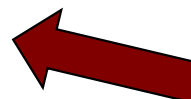
SUMMARY ▸

OPEN ENROLLMENT PROFILE BENEFITS REQUIRED TASKS RESOURCES

Medical

Who am I enrolling?

- Myself
- Rogers Rogers (Spouse)
- Logan Rogers (Child)

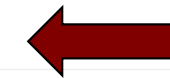


Which plan do I want?

Medical Plan - \$250 OAP-IN - 2018 - 2019

\$346.00 Effective on 07/01/18
Employee
Cost per pay period

compare details



Medical Plan - \$3500 PPO 2018-2019

\$381.00 Effective on 07/01/18
Employee
Cost per pay period

compare details

MY SELECTIONS

Open Enrollment:
Medical Plan - \$5000 HSA - 2018-2019
\$521 per pay
Current:
Medical Plan - \$2500 - 2017-2018
\$893 per pay

HELPFUL RESOURCES

[\\$5000 HSA Summary of Coverage](#)



Who am I enrolling?

- Myself
- Rogers Rogers (Spouse)
- Logan Rogers (Child)

Which plan do I want?

Dental 2017-2018

\$28.54 Effective on 02/19/18
Cost per pay period Employee

[select plan](#)

[compare](#)

- Choose a reason for declining this benefit
- Cost
 - Covered under another plan
 - Ineligible for this plan
 - Other
 - Covered under Tricare
 - Not Interested
 - Unresponsive Enrollment - Mgmt determined

[Don't want this benefit?](#)

If you wish to decline a benefit select: Don't want this benefit? then choose a reason for declination



Logan Rogersville School District Provides each full time eligible employee with a Basic Life Policy in the amount of \$25,000. It is advised to update and or add a beneficiary which can be done through Employee Navigator.

Additional Voluntary Life can be purchased during Open Enrollment but an Evidence of Insurability will be required.

This form can be obtained through Human Resources:

www.logrog.net>Departments>Human Resources>Insurance and Benefits Information

Primary Beneficiary [Close]

Beneficiary Type	--Select--	▼
Relationship	Spouse	▼
Gender	M	▼
Allocation %	100.00	%
First / Middle Name	Rogers	
Last Name / Suffix	Rogers	--Select-- ▼
Date of Birth	January	1 1981
SSN		
Address 1		
Address 2		
City		
State / Country	--Select--	--Select--
ZIP/Postal Code		
Phone		

[Save](#)



[OPEN ENROLLMENT](#) [PROFILE](#) [BENEFITS](#) [REQUIRED TASKS](#) [RESOURCES](#)

PROFILE ▶

BENEFITS ▶

FORMS ▼

- Life Beneficiary
- Evidence of Insurability Information for Voluntary Life/AD&D

SUMMARY ▶

Evidence of Insurability Information for Voluntary Life/AD&D

Evidence of Insurability Form

Your life insurance carrier requires you to fill out an Evidence of Insurability form. Please see your Human Resources Administrator to get a copy of this form. Please fill out the form and return it to your Human Resources Administrator or mail it to your insurance carrier if instructed to do so by your Human Resources Administrator.

[Continue](#)



Once you have completed all sections on Employee Navigator you will receive an enrollment summary with total per payroll deductions, **Click Agree.**

**You may make changes to any elections you select by clicking on Benefits throughout Open Enrollment.
Once Open Enrollment Closes you may not make changes.**

After completion of elections through Employee Navigator you will need to complete the **Employee Enrollment Election Form** to match benefits elected and participation level in the Wellness Program.

This form can be obtained through Human Resources:

www.logrog.net>Departments>Human Resources>Insurance & Benefits Information

Open Enrollment dates: Monday, March 26th, 2018 – Sunday, April 15th, 2018

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

Please review the acknowledgment below
As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

Enrolled Plans

Plan Type	Carrier	Plan Name	Coverage	Effective	Cost Per Pay	Benefit
Universal	Employer Sponsored	Wellness HRA 2017-2018	Employee	02/19/2018	\$0	\$0
Universal	Employer Sponsored	Wellness Activity 2017-2018	Employee	02/19/2018	\$0	\$0
Medical	Cigna	Medical Plan - \$2500 - 2017-2018	Employee + Spouse + Child	02/19/2018	\$893	
Vision	EyeMed	2017 Vision	Employee + Child	02/19/2018	\$17.15	
Life	Kansas City Life	Board Paid Life 2017-2018	Employee	02/19/2018	\$0	\$25,000
Voluntary Life	Kansas City Life	Voluntary Life/AD&D	Employee	02/19/2018	\$18	\$100,000
Voluntary Life	Kansas City Life	Voluntary Life/AD&D	Employee (Pending)	02/19/2018	\$45	\$250,000
Voluntary Life	Kansas City Life	Voluntary Life/AD&D	Spouse	02/19/2018	\$4.50	\$25,000

Total Cost Per Pay Period
\$932.65




After completion of elections through Employee Navigator you will need to circle elections on the **Employee Enrollment Election Form** to match benefits elected as well as elect the participation level in the Wellness Program and complete the two questions on the form.

This form can be obtained through Human Resources:

www.logrog.net>Departments>Human Resources>Insurance & Benefits Information

Logan Rogersville R-VIII
2018/2019 EMPLOYEE ENROLLMENT ELECTION FORM



EMPLOYEE NAME: _____
ADDRESS (IF CHANGED): _____
**please print clearly

HRA Completion (\$58.50 Credit): _____
Wellness Activity Completion (\$58.50 Credit): _____
*Credit(s) will be applied to employee's HSA Account.

Are you covered under a health plan with your spouse? Yes or No
Do you or your spouse participate in a Flex (Section 125) plan? Yes or No
Board HSA Contribution/Month - \$5,000 HSA - \$141 \$2,700 HSA - \$79
*with qualifying discounts.

MEDICAL ELECTION (MEUHP/Cigna - Cox Health and Mercy Health Providers In Network): Circle Selected Rate

\$5,000 Deductible HSA Plan		\$2,700 Deductible HSA Plan		\$3,500 Deductible PPO Plan		\$2,500 Deductible PPO Plan		\$250 HMO Plan (Cigna OAP-IN)	
*EE Only	\$0	*EE Only	\$0	EE Only	\$0	EE Only	\$55	EE Only	\$234
EE + Spouse	\$422	EE + Spouse	\$497	EE + Spouse	\$592	EE + Spouse	\$713	EE + Spouse	\$1,106
EE + 1 Child	\$211	EE + 1 Child	\$248	EE + 1 Child	\$296	EE + 1 Child	\$384	EE + 1 Child	\$670
EE + 2 or more Children	\$334	EE + 2 or more Children	\$393	EE + 2 or more Children	\$468	EE + 2 or more Children	\$576	EE + 2 or more Children	\$925
EE + Sp + 1 Child	\$633	EE + Sp + 1 Child	\$745	EE + Sp + 1 Child	\$888	EE + Sp + 1 Child	\$1,042	EE + Sp + 1 Child	\$1,542
EE + Sp + 2 or more Children	\$756	EE + Sp + 2 or more Children	\$890	EE + Sp + 2 or more Children	\$1,060	EE + Sp + 2 or more Children	\$1,234	EE + Sp + 2 or more Children	\$1,797

Waive Medical: _____ Reason for waiving (circle) _____ Spouse/Parent Coverage _____ Individual Coverage _____ Other _____

DENTAL ELECTION (KC Life): _____ VISION ELECTION (FT/EyeMed): _____ VOLUNTARY LIFE ELECTION (KC Life): _____

	Amount	Cost
EE Only	\$31.11	EE Only \$12.27
EE + Spouse	\$61.23	EE + 1 Dependent \$17.15
EE + Child(ren)	\$72.95	EE + Family \$29.61
Family	\$112.55	Employee Amount _____
		Spouse Amount _____
		Child Amount _____

Waive Dental: _____ Waive Vision: _____ Waiving Life Coverage: _____
Change on Life Amt: Yes ___ No ___

Employee Signature: _____ Date: _____

These rates are based on completing the HRA and Wellness Activities.
If you do not complete the wellness your cost will increase a maximum of \$117 based on current contributions strategy assuming 100% PPO cost is covered.



If you have any questions please contact:
Tammy Cook, ext. 3030 or Jodi Beck, ext. 3038 with
Human Resources

Or Brooke Ward with BPJ 417-887-3550

