

**OPEN ENROLLMENT- Kings Local**

October 15th, 2018 – November 4th, 2018

The Kings Local School District is committed to offering a high-quality benefit package to support you and your families. Take time to educate yourself about all the benefit information, compare the plan offerings, contributions, deductibles, copays, and select the options that are right for you and your family. Decisions regarding healthcare are among the most important choices you will make to maintain your quality of life.

The 2018-2019 Open Enrollment will take place October 15th, 2018 – November 4th, 2018 for changes effective **January 1st, 2019**. Open enrollment is an opportunity to review your benefits coverage and make choices for the upcoming plan year. It is important that you understand your plan options prior to making your election. You will not be able to make a change until next plan year, unless you experience a qualified life event.

**Benefits Enrollment Instructions**

Benelogic is the EPC‘s electronic enrollment system. During open enrollment you will be able to make your medical/dental/vision/HSA elections online. You can also review and update your life insurance beneficiaries.

[How to use Benelogic for Open Enrollment](http://www.epcschools.org/health-benefits/benelogic.html)

1. Go to [https://epc-online.benelogic.com](https://epc-online.benelogic.com/login.aspx?ReturnUrl=%2f)
2. Logon with your user Id and password:
   1. User ID: This the first letter of your first name, entire last name, and the last four digits of your SSN. For example, Jane Doe 123-45-6789 would be jdoe6789. USE LOWER CASE! Make sure the CAPSLOCK is off.
   2. Your initial password if you have never logged on is the last four digits of your SSN. You will be prompted to create a more secure password before continuing.
3. Your home page will have a big button that says “**GO**”. Click that button and it will start you through the process. This should only take a few minutes.

**Select STEP-BY-STEP** (Don’t select Quick Enroll)

**This option takes you through your information field by field:**

**Personal Information** – Please confirm this information is correct. Make any corrections as needed. **This is the address that will be used to send ID cards**. If it is not correct, you will not get your ID card.

**Dependent Information** – Verify the information is correct, making changes as needed. If mandatory fields are left blank you will not be able to add a dependent. Legal names must be used for dependents. Each dependent must have a SSN and date of birth to be enrolled in coverage.

**Plan Selection-Medical Plan** – Select the medical plan you would like, or select “waive”. You must also select the coverage level (single or family) **AND** click the boxes next to every member who should have coverage. Scroll down the page to find the “next” button. **This is the same for the dental and vision plans on the next pages as well.**

**HSA Contribution** – Please elect the amount you wish to contribute to your HSA account on a pre-tax basis. This is an ANNUAL amount, not a per pay amount.

**Beneficiaries** – Please make your beneficiary selection or review your current designation. A beneficiary does not have to be a covered dependent in order to be named. Scroll down the page to find the “next” button.

**Review** – Please make sure everything you did is correct. If you find an error, you can edit from this page. Once you have confirmed everything is correct, click the “submit” button. You will be asked to verify, click on “yes”. This will complete the process and show you a “Finished” page. You can print a summary of your enrollment by clicking the “View Enrollment Summary” from this page.

**What if the employee doesn’t remember their password from the prior year?** Contact the Treasurer’s Office to reset the password.

**What if the employee is not in Benelogic?** Contact the Treasurer’s office to be added.

**What if the open enrollment portal is not available?** The enrollment change can still be made, but it must be entered as a New Change Request. Date the request for the open enrollment date, select the appropriate drop down, and continue through the steps. Enter “open enrollment change” in the comment box. New Change Requests must be approved by the EPC before they are effective, so you won’t see it on the employee page until it’s approved.

**Dependent Affidavit:** If an employee is adding any dependents to any line of coverage they will need to submit the dependent affidavit to the Treasurer’s Office before the dependent is activated. See the affidavit for instructions.

Once you have submitted your benefit elections and the enrollment deadline has passed, you will not be able to change health, dental or vision plans until the next Open Enrollment period, unless you experience a qualified life event that impacts eligibility for your family.

**Benefit Plan Overview**

**Anthem HDHP Plan**

[Plan Documents](http://www.epcschools.org/Kings.html)

Review the health plan that offers the most advantages to you and your family. Consider all the costs involved (including both premiums and out-of-pocket expenses like deductibles, coinsurance and copays) and your anticipated health and financial needs over the next year. Please note that there is no out-of-pocket cost to you for preventive care when utilizing a network provider.

If you haven’t registered with Anthem to get online access to your benefits, you should register now at [www.Anthem.com](http://www.Anthem.com).

**Prescription Drug Plan**

When you enroll in a medical plan through the district, you are also enrolled in the prescription drug plan through [CVS/Caremark](http://www.caremark.com).

**Dental Insurance Plan**

Dental Insurance will be provided by Dental Care Plus Group, effective January 1, 2019. You can review the coverage by following this link to the [Plan Documents](http://www.epcschools.org/Kings.html).

Your insurance cards will be mailed to your home after the open enrollment is completed.

**VSP Vision Plan**

[Plan Summary](http://www.epcschools.org/Kings.html)

If you elect to enroll into the vision plan, you may have an additional premium cost. Coverage is available for dependents who meet age and eligibility guidelines. Have you registered on [VSP](http://www.vsp.com) to access your personalized eligibility and plan coverage details and print a Member Vision Card?

**Health Savings Account**

The District provides $2,000 for a family plan and $1,000 for a single plan to a Health Savings Account to meet the deductible with your High Deductible Health Plan. During the enrollment you will have the opportunity in Benelogic to contribute additional tax deferred dollars to your Health Savings Account to meet your deductible or build savings for health care expenses in the future. A family plan can contribute up to $5,000 and a single plan can contribute up to $2,500 to their Health Savings Account.

**Who Qualifies as an eligible Dependent?**

**Spouse** - Your legally married (including same sex) spouse, not legally separated or divorced.

**Children** - Your or your spouse’s natural child or adopted child and/or a child for whom you are the legal guardian. All EPC coverages terminate on the last day of the month they turn age 26.

**Disabled Child Age 26 or Older:** Children who are mentally or physically disabled and totally dependent on the Employee for support, regardless of age.

**Dependent Documentation**

You must provide the required documentation and complete a [Dependent Affidavit Form](http://www.epcschools.org/health-benefits/benelogic.html) in order to enroll **new** dependents on your medical, dental or vision coverage. These documents should be submitted to your Treasurer’s department **within 31 days** of the enrollment event. All dependents must be enrolled with their legal name and have a SSN and date of birth.

**Spouse** – marriage certificate **AND** most recent tax return.

**Children** – birth certificate, adoption decree or legal guardianship

**Disabled Children** – must also provide statement of disability

**Qualified Life Events**

During the plan year, you may experience a qualified life event that allows you to make changes to your current elections. The change must be made **within 31 days of the event**. Information regarding your special enrollment rights is contained in the General Health Notices. Some of the qualified life events are listed below:

Marriage

Divorce

Birth/Adoption

Death

Loss of coverage

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**Enrollment Meetings**

The following open enrollment meetings will be held to explain the HSA program with Fifth Third and Chard Snyder and answer questions about the open enrollment process. The schedule is as follows:

Tuesday, October 16, 2018 7:45 a.m. Columbia Intermediate

Wednesday, October 17, 2018 8:00 a.m. Kings Mills Elementary

Wednesday, October 17, 2018 1:45 p.m. Kings Education Center

Friday, October 19, 2018 7:00 a.m. Kings Junior High (KHS Auditorium)

Tuesday, October 23, 2018 7:00 a.m. Kings High School (KHS Auditorium)

Wednesday, October 24, 2018 8:00 a.m. South Lebanon Elementary

November 2, 2018 8:00 a.m. JF Burns Elementary

November 2, 2018 9:45 a.m. Kings Education Center (Makeup)

If you cannot attend a meeting at the assigned time for your building or department, you are welcome to join a meeting at another location.

**Health Plan Definitions**

**Premium -** the amount that must be paid for your health plan. You pay a portion of the monthly health plan premium through automatic payroll deductions.

**Deductible -** the amount you owe for health care services before your health plan begins to pay. For example, if your deductible is $500, your plan won’t pay anything until you have paid $500 towards covered health care services subject to the deductible. The deductible may not apply to all services.

**Copay -** a fixed dollar amount (for example, $25) you pay for a covered health care service, such as an office visit, at the time you receive the service. The amount can vary by the type of service.

**Coinsurance -** your share of the cost of a covered health care service, calculated as a percent of the allowed amount for the service (for example, 20%). You pay coinsurance in addition to any deductible you owe for your plan. The health plan pays the rest of the allowed amount.

**Out-of-Pocket Maximum** - The most you pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. Your plan may have a separate out-of-pocket maximum amount for prescription drugs.

**[Required Notifications](http://www.epcschools.org/Districts.html)**

For the following notices, click above on the required notifications

General Health Notices - Includes GINA, Special Enrollment Rights, WHCRA

EPC Privacy Notice

Medicare Part D Notice

CHIPS Model Notice