

7/1/2023 Health, Dental and Vision Insurance Summary

Similar to last year, we experienced a higher-than-average level of claim activity. As a result, our Aetna premiums increased 7.95% to 8.96%, depending on the selected plan. This is lower than the 2022 premium change and there are no benefit changes for Plans 1, 3, and 4 below. We have a new Base Plan 2, which is an optional High Deductible Health Plan (HDHP) coupled with a Health Savings Account (HSA). Individuals will have the choice of selecting lesser or greater benefits using the narrow or wide area network for health-related services.

All members will receive new Medical ID cards in mid/late June. They will arrive in a plain white envelope that says "Important Information Inside" and no return address. See our website for additional options to obtain cards.

Plans 1, 2 & 3 - KC Care Network Plus PPO (Narrower Network)

The current Aetna I-35 Preferred PPO was simply renamed the KC Care Network Plus PPO. It includes key hospitals; North Kansas City, Liberty, Children's Mercy, KU, Shawnee Mission, CenterPoint, Research, Truman, Menorah, Overland Park Regional, and Mosaic (Saint Joseph). Mosaic and some affiliated providers are now In-Network. Please see links on our website to help in locating Mosaic providers.

Base Plan 1 is the same for 2023.

Base Plan 2 is the optional new High Deductible Health Plan (HDHP). Please see pages 8-9 of this summary.

Buy Up Plan 3 (2022 Plan 2) offers richer benefits with a lower Deductible, Copays, and Out of Pocket Maximum.

Plan 4 (2022 Plan 3) - Open Choice PPO (Wider Network)

Buy Up Plan 4 has the same benefits as Plan 1, but uses the larger Open Choice PPO network (includes St. Luke's).

BASE PLAN 1 In-Network Benefits (KC Care Network Plus PPO)

• \$2,200 Deductible Per Person / \$6,600 Per Family (Calendar Year Based)
• Coinsurance of 70% / 30% (Insurer/Member)
• Total Out-of-Pocket Maximum of \$5,850 Per Person / \$15,800 Per Family (Calendar Year Based)
• Doctor's Office Copays of \$35 & Specialists of \$70
• Urgent Care Copay of \$70 & E.R. Copay of \$250 + Coinsurance
• Prescription Copays of \$15/50/70/150, Mail Order is 2.5 months copays for a 3-month supply.
• 100% District Paid on an Employee Only Basis

BASE PLAN 2, (High Deductible Health Plan) In-Network Benefits (KC Care Network Plus PPO)

• \$3,000 Deductible Per Person / \$6,000 Per Family (Embedded & Calendar Year Based)
• Coinsurance of 70% / 30% (Insurer/Member)
• Total Out-of-Pocket Maximum of \$4,000 Per Person / \$8,000 Per Family (Calendar Year Based)
• Doctor's Office, Specialist, Urgent Care Copays are subject to Deductible and Coinsurance
• Preventative Care and Preventive Medicines covered at 100% (Deductible Waived)
• After Deductible, Prescription Drug Copays of \$15/40/60/120, Mail Order is 2.5 mo. Copay for 3 mo.
• Includes a district paid \$58 monthly contribution to your new Health Savings Account (HSA)

BUY-UP PLAN 3 In-Network Benefits (KC Care Network Plus PPO)

• \$1,650 Deductible Per Person / \$4,950 Per Family (Calendar Year Based)
• Coinsurance of 70% / 30% (Insurer/Member)
• Total Out-of-Pocket Maximum of \$4,700 Per Person / \$14,100 Per Family (Calendar Year Based)
• Doctor's Office Copays of \$30 & Specialists of \$60
• Urgent Care Copay of \$60 & E.R. Copay of \$250 + Coinsurance
• Prescription Copays of \$15/40/60/120, Mail Order is 2.5 months copays for a 3-month supply
• Requires a \$109 monthly pre-tax employee contribution on an Employee Only Basis

BUY-UP PLAN 4 In-Network Benefits (Open Choice PPO)

• \$2,200 Deductible Per Person / \$6,600 Per Family (Calendar Year Based)
• Coinsurance of 70% / 30% (Insurer/Member)
• Total Out-of-Pocket Maximum of \$5,850 Per Person / \$15,800 Per Family (Calendar Year Based)
• Doctor's Office Copays of \$35 & Specialists of \$70
• Urgent Care Copay of \$70 and Emergency Room Copay of \$250 + Coinsurance
• Prescription Copays of \$15/50/70/150, Mail Order is 2.5 months copays for a 3-month supply
• Requires a \$149 monthly pre-tax employee contribution on an Employee Only Basis

Summaries, Provider Directories, Prescription List, and other valuable information can be found at <https://www.plattecountyschooldistrict.com/> (Careers>Benefits>Insurance Plans 2023-24).

There are no benefit or premium changes for the Aetna Voluntary Dental Plan. Aetna is waiving the "Waiting Periods" so those without current dental insurance can sign up and not have to wait to use all of the benefits. The maximum benefits are \$2,250 per member with Aetna. They also offer a "rewards" program for using preventative services.

We received a very reasonable 5% rate increase on our Vision Plan, the first since 2013. The new rates are guaranteed for four years. A new benefit, Lightcare, was added (see page 7).

If you want to make plan or enrollment changes after our Open Enrollment period has ended, you must have a Qualifying Event such as a marriage, loss of other benefits, birth, divorce, etc.

Included below is a Google Form link to the 2023 Benefits Action Plan that needs to be completed by all eligible staff, whether or not you plan to enroll. Please complete no later than Wednesday, May 10th. Please select the link below:

[2023 Health/Dental/Vision Action Plan](#)

If you are adding your spouse or child(s), we need to collect some info. Please complete the new online enrollment form using the link in your action plan confirmation email. The link is named 2023 Benefits Enrollment App.

If you enroll in the new Base Plan 2, you will receive an email with additional instructions to set your new Payflex HSA account up.

We will communicate later on wellness updates. Currently we have suspended the on-site biometric testing.

If you have further questions, please contact Grady Robertson at x 2107, or our insurance broker, Chris Donnelly, chrisd@mdinsagency.com or 816-858-2521, or our PCR3 Dedicated Aetna Concierge Line at 1-866-984-2256 from 8-5.

On the following pages please find additional Health, Dental and Vision plan information.

Also, on the following page, please find a high-level overview of the new Base Plan 2 High Deductible Health Plan (HDHP) coupled with a Health Savings Account (HSA).

PLATTE COUNTY R3 SCHOOLS AETNA SUMMARY OF OPTIONS 7/1/2023-24

<i>Plans</i>	<i>Base Plan 1</i>	<i>Base Plan 2, HDHP Option</i>	<i>Buy Up Plan 3</i>	<i>Buy Up Plan 4</i>
Aetna Network	KC Care Network Plus PPO (Narrow)	KC Care Network Plus PPO (Narrow)	KC Care Network Plus PPO (Narrow)	Open Choice (Wide)
Deductible In-Network (Individual / Family)	2,200/6,600	3,000/6,000	1,650/4,950	2,200/6,600
Coinsurance (In / Out Network)	70%/50%	70%/50%	70%/50%	70%/50%
In-Network Out-of-Pocket Max (Indiv. / Family)	5,850/15,800	4,000/8,000	4,700/14,100	5,850/15,800
Preventative Care *	Covered 100%*	Covered at 100%*	Covered 100%*	Covered 100%*
In-Network Primary Care Physician Copay	35	Deductible & Coinsurance	30	35
In-Network Specialist Copay	70	Deductible & Coinsurance	60	70
In-Network Inpatient/Outpatient Hospital	Deductible & 30%	Deductible & Coinsurance	Deductible & 30%	Deductible & 30%
In-Network Outpatient Mental Illness Clinic Copay	35	Deductible & Coinsurance	30	35
In Network Physical/Occupational Clinic Copay	35	Deductible & Coinsurance	30	35
In Network Urgent Care Copay	70	Deductible & Coinsurance	60	70
ER Copay	250 + Coinsurance	Deductible & Coinsurance	250 + Coinsurance	250 + Coinsurance
Prescription Drugs @ Retail Tiers 1-4 Copays	15/50/70/150	Deductible, then 15/40/60/120	15/40/60/120	15/50/70/150
Mail Order Copays Tiers 1-3 (3 month supply)	37.50/125/175	Deductible, then 37.50/100/150 Deductible is Waived for Preventative Medicines	37.50/100/150	37.50/125/175

* Subject to normal quantity limits found in plan summary

Monthly Premiums				
<i>Base Plan 1</i>	Total Monthly Premium	Paid by District	Employee Cost	District H.S.A. Contribution
Employee Only	666	666	0	N/A
Employee + Spouse	1,361	666	695	N/A
Employee + Children	1,259	666	593	N/A
Family	1,982	666	1,316	N/A
<i>Base Plan 2 High Deductible Health Plan</i>	Total Monthly Premium	Paid by District	Employee Cost	District H.S.A. Contribution
Employee Only	608	608	0	58
Employee + Spouse	1,242	608	634	58
Employee + Children	1,149	608	541	58
Family	1,808	608	1,200	58
<i>Buy Up Plan 3</i>	Total Monthly Premium	Paid by District	Employee Cost	District H.S.A. Contribution
Employee Only	775	666	109	N/A
Employee + Spouse	1,555	666	889	N/A
Employee + Children	1,441	666	775	N/A
Family	2,263	666	1,597	N/A
<i>Buy Up Plan 4</i>	Total Monthly Premium	Paid by District	Employee Cost	District H.S.A. Contribution
Employee Only	815	666	149	N/A
Employee + Spouse	1,647	666	981	N/A
Employee + Children	1,525	666	859	N/A
Family	2,396	666	1,730	N/A

Aetna Voluntary Dental Plan

Aetna Dental Care Reward SM Plan	<u>Active PPO</u>	
	<u>With PPOII and ExtendSM Networks</u>	
	<u>Participating</u>	<u>Non-participating **</u>
Annual Deductible*		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services	100%	100%
Basic Services	90%	80%
Major Services	50%	50%
Annual Benefit Maximum	\$2,250	\$2,250
Office Visit Copay	N/A	N/A
Orthodontic Services**	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	\$1000	\$1000
*The deductible applies to: Basic & Major services only		
**Orthodontia is covered only for children (appliance must be placed prior to age 20).		
Reward Provisions	<u>Active PPO</u>	
	<u>With PPOII and ExtendSM Networks</u>	
	<u>Participating</u>	<u>Non-participating</u>
Required Service for Annual Maximum Increase in the following year	Any Preventive Service	Any Preventive Service
Annual Maximum Reward Increase	\$100	\$100
Maximum Number of Increases	3	3
Annual Maximum Impact if No Visit	Stays at current level	Stays at current level
** Increase does not apply to Orthodontia.		
Partial List of Services	<u>Active PPO</u>	
	<u>With PPOII and ExtendSM Networks</u>	
	<u>Participating</u>	<u>Non-participating</u>
Preventive		
Oral examinations - 2 per year	100%	100%
Cleanings - Adult/Child - 2 per year	100%	100%
Fluoride - 1 per year, children under 16	100%	100%
Sealants (permanent molars only) - 1 per tooth every 3 years, children under 16	100%	100%

** Under the Dental Preferred Provider Organization (PPO) plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates.

Non-participating benefits are subject to recognized charge limits.

Aetna Voluntary Dental Plan

Aetna Dental Care Reward SM Plan	<u>Active PPO</u>	
	<u>With PPOII and ExtendSM Networks</u>	
	<u>Participating</u>	<u>Non-participating</u>
Bitewing Images - 1 set per year	100%	100%
Full mouth series Images - 1 set every 3 years	100%	100%
Space Maintainers	100%	100%
Basic		
Scaling and root planing - 4 separate quads every 2 years	90%	80%
Gingivectomy *- 1 per quad/tooth every 3 years	90%	80%
Amalgam (silver) fillings	90%	80%
Composite fillings	90%	80%
Stainless steel crowns	90%	80%
Incision and drainage of abscess*	90%	80%
Uncomplicated extractions	90%	80%
Surgical removal of erupted tooth*	90%	80%
Surgical removal of impacted tooth (soft tissue)*	90%	80%
Osseous surgery * - 1 per quad every 3 years	90%	80%
Surgical removal of impacted tooth (partial bony/ full bony)*	90%	80%
General anesthesia/intravenous sedation*	90%	80%
Crown Lengthening	90%	80%
Major		
Root canal therapy, molar teeth	50%	50%
Root canal therapy		
Anterior teeth / Bicuspid teeth	50%	50%
Inlays - 1 every 8 years per tooth	50%	50%
Onlays - 1 every 8 years per tooth	50%	50%
Crowns - 1 every 8 years per tooth	50%	50%
Full & partial dentures - 1 every 8 years	50%	50%
Pontics - 1 every 8 years per tooth	50%	50%
Denture repairs	50%	50%
Crown Build-Ups	50%	50%
*Certain services may be covered under the Medical Plan. Contact Member Services for more details.		

MONTHLY PREMIUMS (Pre-Tax)

Employee Only	\$36.14
Employee + Spouse	\$72.32
Employee + Children	\$92.48
Family	\$134.00

A Look at Your VSP Vision Coverage

With VSP and PLATTE COUNTY R3
SCHOOL DISTRICT, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

	Preferred private practice and retail in-network choices
	private practice doctors
	Visionworks

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.


vision care

More Ways to
Save

Extra
\$20

to spend on
Featured Brands†

bebe CALVIN KLEIN
COLE HAAN DRAGON
FLEXON LACOSTE
and more

See all brands and offers at
vsp.com/offers.

+

Up to
40%

Savings on
lens enhancements†

Enroll through your employer today. Contact
us: **800.877.7195** or vsp.com

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	
FRAME*	<ul style="list-style-type: none"> \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$130 Walmart®/Sam's Club® frame allowance \$70 Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
LIGHTCARE**	<ul style="list-style-type: none"> \$130 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 	\$25	Every other calendar year
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

MONTHLY PREMIUMS (Pre-Tax)

Employee Only	\$11.96
Employee + Spouse	\$19.14
Employee + Children	\$19.54
Family	\$31.50

High Deductible Health Plan (HDHP) and Health Savings Account (HSA) General Information

The following information is a high-level overview of the two new benefits. Please refer to the accompanying documents for more specific information and rules.

NEW Optional High Deductible Health Plan (HDHP)

Base Plan 2 is a new HDHP. The key difference with a HDHP is you are responsible for medical care and non-preventative prescription drug costs until the Deductible is met (\$3,000 individual/\$6,000 family).

Preventative Care and Preventative Medicines (see preventative drug list) are not subject to the Deductible.

Once the Deductible is met, medical costs are subject to Coinsurance of 70%/30%. This means the insurer will pay 70% of the cost and you pay for 30%. Once your Deductible and Coinsurance payments reach the Out of Pocket Maximum.

Maximum (\$4,000 individual/\$8,000 Family), the insurer will pay 100% of remaining In-Network care for the calendar year.

The HDHP has a lower premium and includes a \$58 monthly district contribution to a new Health Savings Account (HSA).

There are pros/cons of HDHP's depending on your individual health insurance needs and desires. Knowing your expected medical/prescription costs are important facts to know when choosing.

NEW Health Savings Account (HSA)

HSA's are tax preferred savings accounts to pay for qualified expenses for medical, prescription, dental, and vision care. You must be enrolled in a Qualified HDHP to be eligible to receive and contribute funds to your HSA.

Balances can be used for you, your spouse and tax dependents, even if not enrolled on your HDHP.

The earnings and withdrawals (for qualified expenses) are tax free.

District and optional Employee pre-tax contributions accumulate to pay qualified expenses. You can also use after-tax dollars to fund your HSA that are generally deducted from your gross income.

The District's contribution for this option is \$58 monthly (\$696 annualized).

The 2023 maximum limits of all contribution types are \$3,850 for individuals and \$7,750 for families. Members aged 55 and older have a \$1,000 catch-up limit available. See pages 4-10 in the PayFlex Consumer HSA Road Rules Guide.

There are no "use it or lose it" provisions (as found in Flexible Spending Arrangement (FSA) plans). HSA account balances rolls from one year to the next.

Who is Eligible for a HSA?

An employee must enroll in a Qualified HDHP to qualify for a HSA.

You, nor your spouse, can have an active, Full Scope Medical Flexible Spending Arrangement (FSA). Check your email for more info. if you are a current PCR3 BASIC Medical FSA participant.

You can't have other secondary health coverage that pays for out of pocket expenses before you meet that plan's deductible. You can have HDHP secondary coverage, just not normal copay type coverage.

You cannot have Medicare or TriCare.

You can not be claimed as a dependent on someone else's tax return.

See other common rules on page 8 of the PayFlex HSA Road Rules Guide.

The HSA is your individual account, whether or not you continue in a HDHP, retire, or seek other employment in the future.

You don't have to submit receipts to receive reimbursement. You will need to keep receipts to show the withdrawals are qualified. You will need to file tax form 8889 with your income tax return to report contributions and deductions. You will receive statements to assist with this process.

PayFlex is our HSA administrator and has a robust platform incl. a debit card (PayFlex), mobile app., etc.

We hope you find value this new option in our employee benefit offerings.

We have future plans to offer some additional products, including an optional Limited Purpose Flexible Spending Arrangement (LPFSA).

A LPFSA has an additional contribution limit as an FSA type account, but is designed to cover Dental and Vision expenses. You can have a HSA and LPFSA at the same time.

By enrolling an HSA and LPFSA together, you will have two sets of pre-tax contribution limits for Health (HSA) and Dental/Vision (LPFSA) out of pocket costs for you and your family.

One popular concept is to use the LPFSA first for Dental/Vision expenses. This can help preserve the HSA account balance, while still receiving pre-tax benefits for these costs.

In 2024 we plan to align the FSA Medical and Dependent Care plan years to July 1.

We will accomplish this by having a short FSA plan year from 1/1/2024 to 6/30/2024.

This will allow you to choose the benefit plan and various pre-tax contribution options at one time that best suits your individual needs.