

## X CONTACT INFORMATION

Benefit	Company	Phone	Website
Health Insurance	Aetna	800.447.0680	www.aetna.com
Dental	Aetna	877.238.6200	www.aetna.com
Vision	VSP	800.877.7195	www.vsp.com

Human Resources	Phone	E-mail
Dixie Balagna	816.858.5420 ext. 2107	balagnad@platteco.k12.mo.us
Kashca Omundson	816.858.5420 ext. 2128	omundsok@platteco.k12.mo.us
Bobbi Wheeler	816.858.5420 ext. 2120	wheelerb@platteco.k12.mo.us

Payroll Department	Phone	E-mail
Angie Hughes	816.858.5420 ext. 2116	hughesa@platteco.k12.mo.us
Salli Sullins	816.858.5420 ext. 2108	sullinss@platteco.k12.mo.us



# Platte County

HOME OF THE PIRATES

### Vision

Building learners of tomorrow...

### Mission

To prepare individual learners for success in life, the Platte County School District provides meaningful experiences in a safe and caring environment.

### Values

- Student Focus
- Collaboration
- High Expectations
- Integrity
- Visionary Leadership
- Innovation
- Results Orientation

**BENEFITS**

**2020-21**





## X BUY UP PLAN 2 - NARROW PROVIDER NETWORK

### PLATTE COUNTY R-3 AETNA OPTIONS FOR 7/1/20-6/30/21

Benefit	In Network	Out of Network
<b>DEDUCTIBLE</b>		
Per Person	1,600	15,000
Per Family	4,800	45,000
<b>CO-INSURANCE</b>		
Insurer	70%	50%
Member	30%	50%
<b>OUT OF POCKET MAXIMUM</b>		
Person	4,700	30,000
Family	14,100	90,000
Deductible included in the Out of Pocket Maximum	Yes	Yes
Primary Copayment	30	50% after Deductible
Specialist Copayment	60	50% after Deductible
Inpatient Hospital	Deductible & 30%	200/visit Ded. after 50%, after Deductible
Outpatient Hospital	Deductible & 30%	200/visit Ded. after 50%, after Deductible
Outpatient Mental Illness Clinic Copay	30	50% after Deductible
Physical/Occupational Clinic Copay	30	50% after Deductible
Urgent Care Copay	60	50% after Deductible
ER Copay	250+co-insurance	250+co-insurance
Prescription Drug Card Copays		
Generic/Preferred/Non Preferred	15/40/60/120	See plan summary
Mail Order Copays (90-day supply)	37.50/100/150	See plan summary
<b>PREMIUMS</b>		
	<b>DISTRICT COST</b>	<b>EMPLOYEE COST</b>
Employee (NET COST TO EMPLOYEE)	555	(53)
Employee + Spouse (NET)	1,115	(613)
Employee + Children (NET)	1,033	(531)
Family (NET)	1,623	(1,121)

If you do not complete the HRA (Health Risk Assessment), you will contribute \$20.00 per month toward your health insurance, starting with your November 10 paycheck.

## X BENEFITS

### Payroll (continued)

All certified staff who contribute to PSRS and have a nine-month contract, will receive their first paycheck on August 25<sup>th</sup>. There will be no payroll deduction from this paycheck for new hires.

All staff will need to contact Human Resources prior to severing employment with the District to discuss payroll deduction options.

### Sick Leave Pool

The Sick Leave Pool (SLP) is established to provide an employment benefit to employees who suffer a serious health condition. It is a voluntary pool created to provide additional sick leave benefits to an employee who suffers from a serious health condition as defined by the Family and Medical Leave Act of 1993 (FMLA). It is not intended to authorize additional days of leave to an employee, but merely to provide income for otherwise approved leave.

It is not the intent or purpose of the SLP to guarantee no loss of pay for persons who are absent from work. Many absences, including minor injuries and illnesses, will not qualify for coverage under this policy and even those that do qualify under FMLA will only receive 70 percent of their current wages. Members must be a full time employee working 30+ hours per week. Effective July 1, 2013: Employees are eligible to participate in the SLP after completing their first year of service. All eligible employees participating during a school year will be able to draw a minimum of 20 days and up to a maximum of 60 days per year, as determined by years of participation. For further details please review board policy GBBDAA.

### Annual Enrollment & Qualifying Events

The choices you make during Annual Enrollment will be effective from July 1 - June 30. You CANNOT change elections until the next Annual Enrollment unless you experience a "qualifying event." You must make your changes within 31 days of the event.

Qualifying events include:

- Marriage, divorce, legal separation
- A change in your number of dependents, such as birth, death, or adoption
- A change in employment status for you or your spouse that affects benefits eligibility
- The Annual Enrollment of your spouse
- A significant change in coverage or cost for you, your spouse, or dependent child's benefit plans
- A change in your dependent child's eligibility for benefits
- FMLA Leave, COBRA event, Court Judgment or Decree

# X BENEFITS

## Vacation

All full-time Support Staff employed on a 12-month basis will receive:

- Two weeks for less than 5 years of service
  - Three weeks for service of 6-10 years
  - Four weeks for service of 11 years or more
- \*See Human Resources for additional information.

Vacation days must be used by July 1. Any unused vacation days will be paid out at the daily rate of a substitute to the employee on the July 25th payroll. Summer vacation will be charged in hours. (Ex. 10 hr day = 1.25 duration)

Professional Staff will refer to Board Policy GCBDA for vacation.

## Tax Sheltered Annuities

Upon proper notification, the Platte County R-3 School District will make payroll deduction to enable employees to participate in an approved tax sheltered annuity program as provided under the provisions of the Internal Revenue Code.

## 403B/457 Provider

- Consolidated School Districts Retirement Trust: Valic, plan sponsor

## COBRA

At the time of commencement of coverage under the plan, an employee shall be given his or her first notification of rights under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Further notification is contingent upon the occurrence of a qualifying event and, in applicable situations, notification to the District that a qualifying event has occurred, as required by law.

## HR Portal

HR Portal is identified by an icon on the Staff tab of the District website. HR Portal contains all of your personal employment related information. You may view and print your paycheck stubs. The last 4 digits of your social security number is your password to print pay stubs. If you do not have your user name information, contact the HR Department in the business office for help.

## Payroll

All employees shall be paid twice a month on the 10<sup>th</sup> and 25<sup>th</sup>. If these dates fall on a holiday or a weekend, payday will be the last business day prior to the holiday or weekend. Direct deposit is mandatory for all employees.

Twelve month employees are paid in advance. Work from the first day of the month through the 15<sup>th</sup> day is paid on the 10<sup>th</sup>. Work from the 16<sup>th</sup> day through the last day of the month is paid on the 25<sup>th</sup>. All contract and annualized pay employees will receive their pay spread out over 12 months.

# X BUY UP PLAN 3 - WIDE PROVIDER NETWORK

## PLATTE COUNTY R-3 AETNA OPTIONS FOR 7/1/20-6/30/21

Benefit	In Network	Out of Network
<b>DEDUCTIBLE</b>		
Per Person	2,150	6,450
Per Family	6,450	19,350
<b>CO-INSURANCE</b>		
Insurer	70%	50%
Member	30%	50%
<b>OUT OF POCKET MAXIMUM</b>		
Person	5,850	15,800
Family	15,800	39,500
Deductible included in the Out of Pocket Maximum	Yes	Yes
Primary Copayment	35	50% after Deductible
Specialist Copayment	70	50% after Deductible
Inpatient Hospital	Deductible & 30%	200/visit Ded. after 50%, after Deductible
Outpatient Hospital	Deductible & 30%	200/visit Ded. after 50%, after Deductible
Outpatient Mental Illness Clinic Copay	35	50% after Deductible
Physical/Occupational Clinic Copay	35	50% after Deductible
Urgent Care Copay	70	50% after Deductible
ER Copay	250+co-insurance	250+co-insurance
Prescription Drug Card Copays		
Generic/Preferred/Non Preferred	15/50/70/150	See plan summary
Mail Order Copays (90-day supply)	37.50/125/175	See plan summary
<b>PREMIUMS DISTRICT COST EMPLOYEE COST</b>		
Employee (NET COST TO EMPLOYEE)	572	(70)
Employee + Spouse (NET)	1,159	(657)
Employee + Children (NET)	1,073	(571)
Family (NET)	1,687	(1,185)

If you do not complete the HRA (Health Risk Assessment), you will contribute \$20.00 per month toward your health insurance, starting with your November 10 paycheck.

# X BUY UP PLAN 4 - WIDE PROVIDER NETWORK

## PLATTE COUNTY R-3 AETNA OPTIONS FOR 7/1/20-6/30/21

Benefit	In Network	Out of Network
<b>DEDUCTIBLE</b>		
Per Person	1600	6,450
Per Family	4,800	19,350
<b>CO-INSURANCE</b>		
Insurer	70%	50%
Member	30%	50%
<b>OUT OF POCKET MAXIMUM</b>		
Person	4,700	15,800
Family	14,100	39,500
Deductible included in the Out of Pocket Maximum	Yes	Yes
Primary Copayment	30	50% after Deductible
Specialist Copayment	60	50% after Deductible
Inpatient Hospital	Deductible & 30%	200/visit Ded. after 50%, after Deductible
Outpatient Hospital	Deductible & 30%	200/visit Ded. after 50%, after Deductible
Outpatient Mental Illness Clinic Copay	30	50% after Deductible
Physical/Occupational Clinic Copay	30	50% after Deductible
Urgent Care Copay	60	50% after Deductible
ER Copay	250+co-insurance	250+co-insurance
Prescription Drug Card Copays	15/40/60/100	See plan summary
Generic/Preferred/Non Preferred	37.50/100/150	See plan summary
Mail Order Copays (90-day supply)		
PREMIUMS	DISTRICT COST	EMPLOYEE COST
Employee (NET COST TO EMPLOYEE)	615	(113)
Employee + Spouse (NET)	1,235	(733)
Employee + Children (NET)	1,145	(643)
Family (NET)	1,798	(1,296)

If you do complete the HRA (Health Risk Assessment), you will contribute \$20.00 per month toward your health insurance, starting with your November 10 paycheck.

# X BENEFITS

## Insurance

The Board paid health insurance benefit is set annually by the District's Board of Education. Health insurance is provided by Aetna. The District is currently paying 100% of the employee's base plan monthly premium. If you do not complete the HRA (Health Risk Assessment), you will contribute \$20.00 per month toward your health insurance, starting with your November 10 paycheck.

Employee Assistance Plan (EAP) provides assistance when you face an everyday challenge, such as relationships, stress management, emotional health, legal and financial concerns. For consultation, call 1-888-238-6232.

Dental insurance is provided by Aetna. The employee pays the entire monthly premium. Vision insurance is provided by VSP. The employee pays the entire monthly premium Group Term Life Insurance is provided by Reliance. The employee pays the entire monthly premium.

## Leave Benefits

### Annual Leave Days (ALDs)

ALDs are available to full-time staff members to provide greater flexibility in the use of time off. Full time staff will be entitled to twelve (12) days of leave a year. Full-time employees working less than a full term shall only be entitled to a prorated share of the ALDs based on the length of employment during the current school year. An absence of one to four hours shall be counted as half of a day. Exception to this rule, loss of 1-4 hours can be made up with supervisor's approval. Lost time must be made up in the same work week the loss occurred. (Example-left 2 hrs early on Monday, the 2 hrs can be made up Tues - Fri.). Support staff will be allowed to take leave in increments of two hours, if approved by a supervisor. If this occurs, leave should be submitted in Absence Management as 0.25 (1/4 day) for a two-hour absence.

ALDs shall not be used on the following days unless approved by an administrator, refer to the blackout calendar on the District website.

- Before or after a holiday
- Early release days when an in-service is scheduled
- First and last week of school

An employee who is absent for reasons other than those specified under Board rules, or by reason of fraudulent application of district leave provisions shall be subject to disciplinary action that may include pay reduction, up to and including termination of employment.

### Bereavement Leave

A maximum of three days of leave may be used each school year at the time of death of an immediate relative without a deduction in salary or ALDs. If additional absences are needed, the days will be deducted from the employee's ALD total or salary. Reference the Short-Term Leave Policy GCBDA for examples of immediate family.

# X BENEFITS

## Qualifications

To qualify for benefits, an employee must work 30 or more hours a week on a consistent basis. Benefits start on the first of the month following your date of hire.

## Retirement System

Certified Staff working a minimum of 17 hours per week are required to participate in the Missouri Teacher Retirement System. The current contribution rate is 14.5% of an employee's salary plus board paid insurance. The contribution is matched by the District. No social security is withheld.

Support Staff employees who regularly work 20 hours or more per week are required to participate in the Public Education Employee's Retirement System. The current contribution rate is 6.86% of an employee's salary plus board paid insurance. The contribution is matched by the District.

Employee's who have a valid Missouri teaching certificate working in a position not requiring a valid Missouri teaching certificate are required to participate in the PSRS. The current PSRS contribution rate is 9.67%. They are also required to contribute to social security. The contribution is matched by the District.

All of the above groups are required to contribute to Medicare.

For more detailed information, reference the PSRS website, [www.psrps-peers.org](http://www.psrps-peers.org).

## Early Retirement Announcement

Certificated staff announcing their retirement in writing to the Board prior to January 15 of the school year, will be paid a one-time retirement stipend of \$1500. Administrators announcing their retirement in writing to the Board prior to October 1 of the school year will be paid a one-time stipend of \$1,500. The Early Retirement Announcement will be paid after notification from the Missouri Public School Retirement System. For additional, detailed information concerning all Early Retirement Announcements, please review board policy GCBD and GCD.

## Aflac

Aflac offers a wide range of additional insurance coverage. The District has the capability to payroll deduct your premiums. Open enrollment for Aflac is every November with the plan year beginning January 1<sup>st</sup>.

## Flexible Spending Plan

Flexible Spending Plan, also known as Section 125 or Cafeteria Plan, allows an employee to tax exempt payroll deduct health, dental, life, vision, and qualifying Aflac premiums. Out of pocket medical expenses and/or dependent care can be tax exempted under the plan. Plan year runs January to December.

# X DENTAL

## DENTAL BENEFIT PLAN SUMMARY 7/1/2020-6/30/2021

AETNA DENTAL	Aetna Dental PPO and Blue Dental Choice Providers	Non-Participating Providers
<b>Type I - Diagnostic and Preventive Services</b> <b>Deductible Does Not Apply</b> <ul style="list-style-type: none"> <li>• Oral evaluations – 2 per calendar year</li> <li>• X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year</li> <li>• Teeth cleaning – 2 per calendar year</li> <li>• Fluoride treatment – 1 per calendar year age 15 and under</li> <li>• Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 15 and under)</li> <li>• Fixed and removable space maintainer (initial appliance only)</li> <li>• Emergency treatment – temporary pain relief</li> </ul>	100%	100%
<b>Type II - Basic Services Deductible Applies</b> <ul style="list-style-type: none"> <li>• Fillings – composite fillings on all teeth</li> <li>• Recementation of existing inlays, crowns and bridges</li> <li>• Endodontics – root canals and pulpal therapy</li> <li>• Periodontics – gum/tissue care and surgery</li> <li>• Tooth extraction (simple and surgical including wisdom teeth)</li> <li>• General Anesthesia – payable only if provided in connection with a covered service</li> </ul>	90%	80%
<b>Type III - Major Services Deductible Applies</b> <ul style="list-style-type: none"> <li>• Single crowns, inlays, onlays, bridges and dentures</li> <li>• Maintenance of Prosthodontics – adjust/ repair of dentures</li> </ul>	50%	50%
<b>Type IV - Orthodontia Services (to age 19)</b> <b>Dependent Limiting Age</b>	50%	50%
<b>Orthodontia Lifetime Maximum</b>	26	
<b>Calendar Year Maximum</b>	\$1,000 Combined per Covered Person Dental Rewards does not apply \$2,250 Combined per Covered Person Preventive applies towards Calendar Year Maximum	
<b>Dental Rewards</b>	See plan summary	

This document is intended to give a summary of the plan and is not a contract. Please refer to your contract for complete terms and conditions.

**Aetna Dental PPO Providers:** The preferred network of coverage in the Blue KC service area. Lowest out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

**Aetna Dental Choice Providers:** An additional network of coverage in the Blue KC service area. Higher out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

**Non-Participating Providers:** Seeing a non-participating dentist results in the highest out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider.

PREMIUMS			
Employee Only	\$32.59	Employee + Children	\$83.39
Employee + Spouse	\$65.22	Family	\$120.83



## Keep your eyes healthy with Platte County R3 School District and VSP® Vision Care

Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eyecare and eyewear.

### Using your VSP benefit is easy

- Find an eyecare provider who's right for you. To find a VSP doctor, visit vsp.com or call 800.877.7195.
- Review your benefit information. Visit vsp.com to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP. There's no ID card necessary. That's it! We'll handle the rest - there are no claim forms to complete when you see a VSP doctor.

Benefit	Copay	Frequency
<b>WellVision Exam</b> • Focuses on your eyes and overall wellness	\$10	Every calendar year
<b>Prescription Glasses</b>	\$25	See frame and lenses
<b>Frame</b> • \$130 allowance for a wide selection of frames • 20% off amount over your allowance	Included in Prescription Glasses	Every other calendar year
<b>Lenses</b> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
<b>Lens Options</b> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 35-40% off other lens options	\$50 \$80-\$90 \$120-\$160	Every calendar year
<b>Contacts (instead of glasses)</b> • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year

### Extra Savings and Discounts

**Glasses and Sunglasses:** 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. 20% off from any VSP doctor within 12 months of your last WellVision Exam.

**Retinal Screening:** Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam.

**Laser Vision Correction:** Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

### Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam.....up to \$50	Single Vision Lenses....up to \$50	Lined Trifocal Lenses....up to \$100	Contacts.....up to \$105
Frame.....up to \$70	Lined Bifocal Lenses....up to \$75	Progressive Lenses.....up to \$75	

VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the © 2010 Vision Service Plan. All rights reserved. VSP and WellVision Exam are registered trademarks of Vision Service Plan. All other company names and brands are trademarks of their respective owners.

### PREMIUMS

Employee Only	\$11.39	Employee + Child	\$18.60
Employee + Spouse	\$18.22	Family	\$29.99



## PLATTE COUNTY R-3 VOLUNTARY TERM LIFE 7/1/20

### Employee

- Coverage is available in \$10,000 increments.
- Newly Eligible Employees: \$200,000 of coverage on a Guaranteed Issue basis under age 60, \$100,000 Ages 60-69.
- Maximum coverage available is \$500,000.

### Spouse

- Coverage is available in \$10,000 increments for spouses under age 75.
- Newly Eligible Employee's Spouses under age 60: \$50,000 of coverage on a Guaranteed Issue basis.
- Maximum coverage available is \$500,000.
- Spousal coverage is only available if the employee purchases coverage.

### Children

- Coverage for all dependent children for \$1 per month. Birth to 6 months coverage limit is \$1,000, 6 months up to Age 20 is \$10,000 (Age 26 if a Full Time Student).
- Dependent coverage is only available if the employee purchases coverage.

### Voluntary Life Information/Features

- All permanent employees regularly scheduled to work at least 30 hours each week are eligible to participate. An employee must be actively at work on the date of coverage takes effect. Employees who work part-time, on-call or on a seasonal basis are not eligible to participate. Retirees are not eligible.
- Accelerated Death Benefit (Living Benefit) - Maximum of \$250,000 or 50% of Insured person's coverage, whichever is less.
- Waiver of Premium for Total Disability
- Portability & Conversion Options
- Coverage reduces 40% when Employee attains age 75, and reduces further every 5 years.
- Spousal coverage ceases at spouses age 75.

Dependent Coverage	Coverage Limit	Rate/month
From birth to 6 months	\$1,000	\$1
6 months to Age 20 (Age 26 if a Full Time Student)	\$10,000	\$1

### Reliance Life Insurance Company

### Platte County R3 School District Life Insurance Premiums

Age	Per \$1,000	Age	Per \$1,000	Age/Other	Per \$1,000
18-25	\$0.038	45-49	\$0.128	70-74	\$1.26
25-29	\$0.042	50-54	\$0.196	75-79	\$2.14
30-34	\$0.046	55-59	\$0.314	80-99	\$2.14
35-39	\$0.060	60-64	\$0.416		
40-44	\$0.084	65-69	\$0.706	Accidental Death & Dismemberment	\$0.014



To be eligible for FMLA an employee must have worked for at least 12 months prior to the leave and have worked at least 1,250 hours in that 12-month period. You must also work at a site with at least 50 employees within 75 miles. Notification for FMLA leave must be 30 days prior, if foreseeable and as soon as possible if not foreseeable. If an employee fails to provide required notice, the District may delay or deny the FMLA protected leave. The District will provide the employee notice in writing within 5 business days of receiving enough information to determine whether the leave qualifies for FMLA.

### FMLA leave can be used for:

- Birth of a child, or placement of a child with you for adoption or foster care
- Your own serious health condition
- To care for a family member with a serious health condition
- Because of a qualifying exigency arising with an immediate family member who is a member of the Armed Services
- To care for a family member who is a covered service member with a serious health condition

FMLA gives any employee who qualifies, 12 weeks of unpaid leave in one calendar year (July 1- June 30). This leave can be extended to 26 weeks if you are caring for a covered service member with a serious injury or illness. District annual leave days will run consecutively with FMLA. All FMLA leave will require that documentation be filled out by your health care provider (or family member's health care provider). Failure to have this paperwork filled out could result in denial of your FMLA leave.