



# EMPLOYEE BENEFITS

Benefit Plans Effective September 1, 2018–August 31, 2019

The benefits offered by Pocatello/Chubbuck School District No. 25 are designed to provide a comprehensive total rewards package for you and your eligible dependents. We encourage you to evaluate and elect benefits that best suit your personal needs.

## Eligibility

If you are scheduled to work at least 20 hours per week you are eligible for medical, dental, vision, and life and AD&D plans on the first day of the month following your date of hire or the date on which you become eligible for benefits. Full-time employees (employees who work at least 32.5 hours per week) must enroll in the medical plan in order to be eligible to enroll in the dental and vision plan. Part-time employees have the option to enroll in the medical, dental, vision, and life and AD&D plans. For details, please contact the District's Insurance Office.

**Many of the plans offer coverage for eligible dependents, including:**

- Your legal spouse
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian)
- Your dependent children of any age who are physically or mentally unable to care for themselves

## Enrollment

You can sign up for benefits or change your benefits within 30 days of your initial eligibility date (as a newly-hired or newly-eligible employee), during the annual benefits open enrollment period, or within 30 days of experiencing a qualifying life event.

The choices you make at this time will remain the same through August 31, 2019. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year unless you experience a qualifying life event.

## Making Mid-Year Benefits Changes

Due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period in August. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event. These regulations are only in effect if you are on the section 125 plan (cafeteria plan).

**Qualifying life events include, but are not limited to:**

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order
- Medicare eligibility

To request a benefits change, notify the District's Insurance Office within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted.

## Affordable Care Act Individual Mandate

**You and your family members are required to have health insurance in 2018 or pay a penalty to the government.**

Learn more about the Affordable Care Act requirements at [www.healthcare.gov](http://www.healthcare.gov).

## Medical Insurance Plan

The District offers you a preferred provider organization (PPO) medical plan through PacificSource. The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Prescriptions are covered under PacificSource's Idaho Drug Plan (IDP). Additionally, if you visit Portneuf Regional Medical Center (PRMC) for hospital services, you will pay even less out of your pocket than another in-network provider. Locate a PacificSource network provider at [www.pacificsource.com](http://www.pacificsource.com).

The table below summarizes the key features of the medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	PacificSource PPO Medical Plan		
	In-Network Portneuf Regional Medical Center	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Individual/Family	\$1,700/\$5,100		
<b>Calendar Year Out-of-Pocket Maximum</b> Includes deductible, copays, and coinsurance Individual/Family	\$4,200/\$8,400		\$6,000/\$12,000
<b>Preventive Care</b>	Plan pays 100%		50% after deductible
<b>Physician Services</b> Primary Care Physician Specialist Urgent Care	\$35 copay \$50 copay \$35 copay		50% after deductible 50% after deductible 50% after deductible
<b>Lab/X-Ray</b> Diagnostic Lab/X-Ray High-Tech Services (MRI, CT, PET)	20% after deductible 20% after deductible	30% after deductible 30% after deductible	50% after deductible 50% after deductible
<b>Hospital Services</b> Inpatient Outpatient	20% after deductible 20% after deductible	30% after deductible 30% after deductible	50% after deductible 50% after deductible
<b>Emergency Room</b>	\$200 copay then 20% after deductible	\$200 copay then 30% after deductible	\$200 copay then 30% after deductible
<b>Idaho Drug Plan Prescription Drugs</b> (Up to a 30-day supply) Generic Preferred Brand Non-Preferred Brand Mail Order (Up to a 90-day supply)	Separate \$250 deductible for brand-name prescription drugs  \$15 copay* \$40 copay after deductible \$50 copay after deductible 3x retail copay		

\*Up to a 90-day supply: 3x retail copay.

## Dental Insurance Plan

The District offers a dental insurance plan through Delta Dental of Idaho. The plan provides in- and out-of-network benefits, allowing you the freedom to choose any dentist. The amount you pay varies based on whether you see a Delta Dental PPO dentist, a Delta Dental Premier dentist, or an out-of-network (non-participating) dentist. Locate a Delta Dental network provider at [www.deltadentalid.com](http://www.deltadentalid.com).

- You will pay less out of your pocket when you see a Delta Dental PPO dentist.
- Delta Dental PPO and Premier dentists file claims directly with Delta Dental and accept Delta Dental's reimbursement in full. When you see a PPO or Premier dentist, you will only be responsible for your deductible and coinsurance, as well as any charges for non-covered services up to Delta Dental's approved amount.
- When you see a Delta Dental PPO or Premier dentist, you are protected from balance-billing.
- If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (called balance-billing).

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Delta Dental of Idaho Dental Plan		
	PPO Dentist	Premier Dentist	Out-of-Network Dentist
<b>Calendar Year Deductible</b> Individual/Family	\$50/\$150		
<b>Calendar Year Benefit Maximum</b>	\$1,000	\$750	\$750
<b>Preventive and Diagnostic Services</b>	Plan pays 100%	20% after deductible	20% after deductible
<b>Basic Services</b>	20% after deductible	30% after deductible	30% after deductible
<b>Major Services</b>	50% after deductible	60% after deductible	60% after deductible

## Vision Insurance Plan

The District offers a vision insurance plan through VSP. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a VSP network provider at [www.vsp.com](http://www.vsp.com).

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	VSP Vision Plan	
	In-Network	Out-of-Network
<b>Eye Exam</b> (every 12 months)	\$20 copay	Reimbursement up to \$45
<b>Standard Plastic Lenses</b> (every 12 months) Single/Bifocal/Trifocal	\$20 copay	Reimbursement up to \$30/\$50/\$65
<b>Frames</b> (every 24 months)	\$150 allowance then 20% off balance	Reimbursement up to \$70
<b>Contact Lenses</b> (every 12 months in lieu of standard plastic lenses)	\$130 allowance	Reimbursement up to \$105

## Flexible Spending Accounts

The District offers two flexible spending account (FSA) options—the health care FSA and the dependent care FSA—which allow you to pay for eligible expenses with pre-tax dollars. The FSAs are administered by American Fidelity. Log into your account at [www.americanfidelity.com](http://www.americanfidelity.com) to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more. There may be a small monthly charge by the plan administrator to participate in the FSA options.

### Health Care FSA

Eligible expenses include deductibles, copays, and other health-related expenses that are not paid by the medical, dental, or vision plans. The health care FSA maximum contribution is \$2,650 for the 2018–2019 plan year.

### Dependent Care FSA

Eligible expenses include day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider). You may contribute up to \$5,000 to the dependent care FSA for the 2018–2019 plan year if you are married and file a joint return or if you file a single or head of household return.

## Life and AD&D Insurance

### Basic Life and AD&D Insurance

The District provides basic life and accidental death and dismemberment (AD&D) insurance through The Hartford to all full-time employees at **no cost**. Part-time employees will pay a portion of the cost. Please contact Shauna Miller, Insurance Administrative Assistant, for specific benefit information.

### Voluntary Life and AD&D Insurance

The District provides you the option to purchase voluntary life and AD&D insurance for yourself, your spouse, and your dependent children through The Hartford. You must purchase voluntary coverage for yourself in order to purchase coverage for your spouse and/or dependents.

- **Employee:** \$5,000 increments up to \$300,000  
Guarantee issue: \$100,000
- **Spouse:** \$5,000 increments up to \$250,000 or 100% of the employee's election, whichever is less  
Guarantee issue: \$30,000
- **Dependent children:** Live birth to 25 years: \$5,000 increments up to \$10,000

If you elect coverage when first eligible (within 30 days of initial employment), you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by the carrier.

## Employee Assistance Program

Employees enrolled in the District's medical plan automatically receive access to an employee assistance program (EAP) at **no cost**. This program provides a counseling service that helps you manage problems before they adversely affect your personal life, health, and/or job performance. All employees and their household members are eligible for up to five face-to-face counseling sessions.

### Assistance is available for the following personal and work-life situations:

- Legal issues
- Communication issues
- Family and parenting issues
- Stress and anxiety
- Substance abuse
- Marital problems
- Emotional well-being
- Co-worker conflict
- Financial services

This is a free, strictly confidential service provided through Rocky Mountain EAP. Schedule an appointment by calling 208-227-0152 Monday through Friday, during regular business hours. For crisis situations, access the 24-Hour Hotline by calling 866-260-9490.

## Voluntary Benefits

The District offers other voluntary benefits to eligible employees. Please contact Shauna Miller, Insurance Administrative Assistant for additional information.

## Important Contact Information

If you have any questions regarding your benefits or the material contained in this guide, please contact the District's Insurance Office.

### Shauna Miller, Insurance Administrative Assistant

Phone: 208-235-3255

Provider/Plan	Policy Number	Contact Number	Website
<b>Medical</b> —PacificSource	G0032790	208-333-1523 or 855-203-4410	<a href="http://www.pacificsource.com">www.pacificsource.com</a>
<b>Dental</b> —Delta Dental of Idaho	0594	800-356-7586	<a href="http://www.deltadentalid.com">www.deltadentalid.com</a>
<b>Vision</b> —VSP	07103798	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Flexible Spending Accounts</b> —American Fidelity	N/A	Contact Brett Demuzio at 405-212-2624	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
<b>Life and AD&amp;D Insurance</b> —The Hartford	GL-220009	Contact Shauna Miller at 208-235-3255	<a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>
<b>EAP</b> —Rocky Mountain EAP	N/A	208-227-0152 (Available during regular business hours Monday–Friday) 24-Hour Hotline: 866-260-9490	N/A