

BP 4119.21 Code of Ethics

KPBSD Policy Manual

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All Personnel CODE OF ETHICS

The School Board expects District employees to maintain the highest ethical standards, to follow District policies and regulations, and to abide by state and national laws. Employee conduct should enhance the integrity of the District and the goals of the educational program.

The Board encourages District employees to accept as guiding principles the codes of ethics published by professional associations to which they may belong.

Members of the teaching profession are obligated by law to abide by the code of ethics and professional standards adopted by the Professional Teaching Practices Commission.

(cf. **4117.4** - Dismissal)

(cf. **4117.6** - Nonretention)

(cf. **4118** - Suspension/Disciplinary Action)

Legal Reference:

ALASKA STATUTES

14.20.370 - 14.20.510 Professional Teaching Practices Act

ALASKA ADMINISTRATIVE CODE

4 AAC 06.765 Testing Security; Consequences of Breach

4 AAC 18.010 Teachers' and administrators' contracts

20 AAC 10.010 - 10.900 Professional Teaching Practices Commission

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Adoption Date: 2/7/05

E 4119.21 Code of Ethics and Teaching Standards: Professional Teaching Practices Commission

BB 9271 Code of Ethics

KPBSD Policy Manual

BB 9271

Bylaws of the Board CODE OF ETHICS

The Code of Ethics expresses the personal ideals which the Board believes should guide each Board member's activities. Each Board member will sign the Code of Ethics upon being seated following their election or appointment to the Board. A Code of Ethics document will be signed annually by each Board member.

An individual Board member should be constantly aware that he/she has no special legal authority except when acting as a member of the Board when it is duly convened in a meeting or as authorized by the Board to perform an action.

Board members shall present their concerns and concepts through the process of Board debate and shall be respectful when opinions are shared which differ from their own. Once deliberations are concluded and a final action made by majority vote, that decision constitutes the decision of the Board. No individual member shall take any action to impede effective implementation of a majority decision other than through proper channels of reconsideration or other actions allowed by the adopted rules of procedure.

Whenever a Board member believes that another has violated the Code of Ethics or Standards of Conduct, it is incumbent on him or her to bring the issue to the subject member first. If the concern is not resolved, the Board member may then bring the issue to the president of the Board, who shall immediately investigate the allegation including discussing it with the person alleged to have violated the code or standards. If the president believes the allegation is substantiated by credible evidence and is not resolved with the individual member, the president may bring the issue to the full Board for discussion. Before convening into executive session to discuss the allegation, the individual member shall be given the opportunity to request that the discussion be held in public. If the individual member requests a public discussion, the Board may not convene into executive session to discuss the allegations against the Board member.

The Board may consider formal action against a member violating the provisions of this policy as allowed by law and including:

- Verbal reprimand from Board in private
- Written reprimand
- Censure
- Removal from a Board committee or removal from any Board officer's position.

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Revised: 06/04/18

E 9271 Code of Ethics

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KPBSD Policy Manual

E 9271

Bylaws of the Board Code of Ethics

As a member of the Kenai Peninsula Borough School District Board of Education I will strive to improve public education, and to that end I will:

- Remember always that my first and greatest concern must be the educational welfare of all the students attending the public schools.
- Attend all regularly scheduled Board meetings and other meetings, insofar as possible, and become informed concerning the issues to be considered at those meetings.
- Recognize that I should endeavor to make policy decisions only after full discussion at publicly held Board meetings.
- Render all decisions based on the available facts and my independent judgment, and refuse to surrender that judgment to individuals or special interest groups.
- Encourage the free expression of opinion by all Board members, and seek systematic communications between the Board and the public.
- Work with other Board members to establish effective Board policies and to delegate authority for the administration of the association to the Superintendent.
- Communicate to other Board members and the Superintendent expressions of member and public reaction to Board resolutions, policies and programs.
- Inform myself about current educational issues by individual study and through participation in programs providing needed information, such as those sponsored by my state and national school boards association.
- Support the employment of those persons best qualified to serve as staff, and insist on a regular and impartial evaluation of all staff.
- Avoid being placed in a position of conflict of interest, and refrain from using my Board position for personal or partisan gain.
- Take no private action, other than through proper channels, that will compromise the Board or administration, and respect the confidentiality of information that is privileged under applicable law.
- Avoid, during public meetings and during the performance of public duties, the use of abusive, threatening or intimidating language or gestures directed at colleagues, citizens or staff.
- Not exhibit any conduct which discredits myself or the School Board or otherwise impairs my ability to perform School Board duties or represent the School Board in a manner consistent with the integrity and trustworthiness expected by the public.
- Avoid making disparaging remarks, in or out of School Board meetings, about other members of the Board.
- Refuse to surrender judgment to any individual or group at the expense of the District as a whole.
- Be continuously guided by what is best for all students of the District.

My signature below indicates that I have read and agree to abide by the KPBSD Board of Education Code of Ethics.

Name _____ Date _____

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Revised: 06/04/18

BB 9271 Code of Ethics

Stacey Cockroft

From: Stacey Cockroft
Sent: Monday, October 21, 2019 8:34 AM
To: Anne McCabe; Dave Jones; David Brighton; Elizabeth Hayes; Jimmy Love; Joel Burns; Kristen Vix; Laura Wertanen; Matt Fischer; Robert Ernst; Stephanie Bohrsen; Vaughn Dosko
Subject: RE: Specific Stop Loss 9/30/19

Good Afternoon,

Below is the Specific Stop loss Report through 9/30/2019.

Subscriber	Total Amt	Amt over Spec	Amt Requested	Amt Reimbursed	Non Reimbursed Expenses	Amt Open
1	\$ 1,190,911.10	\$ 970,911.10	\$ 970,911.10	\$ 411,692.82		\$ 559,218.28
2	\$ 916,434.65	\$ 696,434.65	\$ 696,434.65	\$ 486,535.03		\$ 209,899.62
3	\$ 337,557.18	\$ 117,557.18	\$ 117,557.18	\$ 85,706.58		\$ 31,850.60
4	\$ 254,867.04	\$ 34,867.04	\$ 34,867.04	\$ 26,633.73		\$ 8,233.31
5	\$ 241,130.44	\$ 21,130.44	\$ 21,130.44	\$ 2,939.33		\$ 18,191.11
6	\$ 226,190.48	\$ 6,190.48	\$ 6,190.48	\$ -		\$ 6,190.48
	\$ 3,167,090.89	\$ 1,847,090.89	\$ 1,847,090.89	\$ 1,013,507.49	\$ -	\$ 833,583.40

Thank you,

Stacey Cockroft

Kenai Peninsula Borough School District

Employee Benefits Manager

148 N. Binkley St. Soldotna, AK 99669

Phone: (907) 714-8879 Fax: (907) 262-9645

scockroft@kpbsd.k12.ak.us



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EMPLOYEE BENEFITS GUIDE



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Welcome to your Benefits!

The Kenai Peninsula Borough School District (KPBSD) offers employees a comprehensive benefits package. KPBSD offers the following benefit plans and programs:

Health Benefits: Medical, Dental, Vision, and Prescription

Health Reimbursement Arrangement (HRA)

Health Savings Account (HSA)

Flexible Spending Account

Life and Accidental Death & Dismemberment (AD&D) Insurance

Retirement Plan

403(b) Plan

457 Plan

Optional Benefits through American Fidelity

- Accident Only Insurance
- Cancer Insurance
- Disability Income Insurance
- Life Insurance

This list provides a brief summary of benefits available for KPBSD employees. It does not contain all of the details, rules, and limitations. For additional information, refer to the Summary Plan Descriptions and plan documents which govern these programs. Your enrollment in KPBSD benefits is subject to all limitations of the plans. For more information visit the KPBSD website at

<https://www.kpbsd.k12.ak.us/employees.aspx?id=5232>

Know Your Benefits

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is shop for benefits carefully using the same type of decision making process you use for other major purchases.

KEY TERMS

Knowing the vocabulary and your medical care options before you need help are important steps to becoming a wise health care consumer. Common terms you may find in your health plan include:

Deductible - A specified dollar amount of Covered Expenses that must be incurred during a Calendar Year before any other Covered Expenses can be considered for payment at the percentages stated in the Summary of Benefits of this Plan.

Coinsurance - The portion of a health care provider's fee that you must pay after you meet the deductible. You pay coinsurance plus any deductible until you meet your plan's out-of-pocket maximum.

Out-of-pocket maximum - The total dollar amount the Covered Person will be required to pay, excluding the Deductible, for Covered Expenses under the Plan.

EOB - Explanation of Benefits.

Utilization Review - Medical review of inpatient hospitalizations and other medical procedures to determine if the services are medically necessary.

UCR Allowance - Usual, Customary & Reasonable allowance. Based on geographic location.

The allowable charge for Non-PPO physician services. Providers may balance bill you for the amounts that exceed the UCR allowance.

Balance Billing - When a provider bills you for the difference between the provider's charge & the allowed amount.

Health Plan Eligibility

To be eligible for health benefits, you must be one of the following:

- A regular full-time employee scheduled to work 30 hours a week or more.
- An eligible elected official (KPBSD School Board Member).
- A Temporary employee, substitute teacher or substitute support employees who are hired as full-time (not variable hour) and regularly scheduled to work 30 or more hours per week will be eligible for coverage on the first day of the month following a waiting period of 60 days from the date of hire.
- An hourly employee who is not classified as regular status and who is working variable hours will be eligible for coverage if they average 30 or more hours of service per week during the look back measurement period designated by KPBSD. Coverage shall be effective on the first day of the corresponding stability period.

Declining Coverage

Members who have alternative health insurance coverage meeting the minimum ACA requirements may elect to waive their entitlement to District provided health insurance coverage. Alternative health insurance coverage shall not include District provided coverage which the member is entitled to by reason of his/his status as a spouse or dependent of a District employee who is covered by the District's Health Plan.

Your eligible dependents include:

- Your legal spouse
- Your children under the age of 26, including your:
 - ✓ Natural child
 - ✓ Stepchild
 - ✓ Legally adopted child
 - ✓ Child through legal guardianship

You will be asked to provide copies of supporting legal documents in order to enroll your eligible dependents. These documents include: a marriage certificate, birth certificate, adoption decree or court approved legal guardianship documents.

When Coverage Ends

For Employees:

- The last day of the month following your last day of work.
- June 30th if you have completed your entire work calendar or contract at the end of the school year.

For Dependents:

- The last day of the month after the dependent becomes ineligible for coverage (attains limiting age, divorce, legal separation).

Cost of Coverage

Benefits are an important part of your overall compensation and they can be expensive. Your employer, KPBSD, pays most of the cost. Human Resources will provide you with the current rates for each plan option. You may choose to enroll your spouse and eligible children at no extra cost to you.

Important Tax Forms

In January, KPBSD will send you Form 1095-C related to your health care coverage or eligibility. The IRS does not require you to submit documentation of health coverage with your tax return; however, you must keep all forms in case you are audited.

Changing your Elections

You have the opportunity to change your Health Plan elections each year during the annual Open Enrollment period, usually held mid-November to mid-December with an effective date for all changes of January 1st.

You may make Health Plan changes during the year only if you have experienced a Qualifying Event.

You have 31 days to notify the Benefits Manager of the following qualifying events:

- Marriage (Copy of Marriage Certificate required)
- Birth (Copy of Birth Certificate required)
- Adoption/Placement for adoption (Copy of adoption documents required)
- Involuntary loss of other coverage (examples: layoff, involuntary reduction in hours resulting in loss of eligibility)

If an enrollment form and required legal documents are received within 31 calendar days, coverage will begin on the date of the qualifying event. If you fail to make the desired changes within the allowed time period, you must wait for the next annual Open Enrollment period.

You have 60 days to notify the Benefits Manager of the following COBRA qualifying events:

- Divorce (Copy of Divorce Decree required)
- Legal Separation (Court order required)
- Loss of dependent status (Attained limiting age) - *These dependents are automatically terminated monthly*
- Death of a covered member (Copy of Death Certificate required)

If you fail to notify the Plan Administrator within 60 days of the qualifying event, you are intentionally misrepresenting a material fact and the plan will retroactively terminate coverage for your ineligible Dependent. If the plan pays claims based on your misrepresentation, your Dependent may be terminated retroactively and you may be responsible for any claims paid on your Dependent's behalf. Employees may be responsible for reimbursing the Plan for any claims that have been paid on their ineligible dependents. **Please note, failure to notify could constitute insurance fraud.**

This is a summary of Qualifying Events. Please refer to the KPBSD Summary Plan Description for additional information.

Medical Benefits

You Have Two Health Plan Options to Choose From:

- ✓ **The High Deductible HSA Health Plan qualifies for a Health Savings Account (HSA).** If elected, KPBSD will contribute \$800 each fiscal year to the HSA on your behalf. Employees *may* contribute to an HSA account per IRS regulations.
- ✓ **The High Deductible HRA Health Plan qualifies for a Health Reimbursement Account (HRA).** If elected, KPBSD will contribute \$800 each fiscal year to the HRA on your behalf. Employees *may not* contribute to an HRA account per IRS regulations.

The medical plans are administered by our Third Party Administrator, Rehn & Associates.

MEDICAL BENEFITS	*NEW* HIGH DEDUCTIBLE HEALTH PLAN with HSA	HIGH DEDUCTIBLE HEALTH PLAN with HRA
Annual Medical Deductible Individual Family	\$1,500 \$3,000	\$1,500 \$3,000
Out-of-Pocket Maximum (Not including deductible) Individual Family	\$2,000 \$4,000	\$2,000 \$4,000
HSA / HRA	\$800 / fiscal year	\$800 / fiscal year
Reimbursement Percentage after Deductible	Plan pays 80% of allowable charges for most services; Plan pays 60% for Non-PPO facility charges	
Preventive Care as required by the ACA	Plan pays 100% of allowable charge – not subject to Deductible	
Prescriptions	Subject to Major Medical Deductible – once met current Rx copays will apply	Current Rx copays apply – not subject to Major Medical Deductible
Surgery through Bridge Health Program	Deductible must be met; coinsurance waived	You pay \$0 - Deductible and coinsurance waived
Teladoc Consultations	\$40 Copay	You pay \$0 - Deductible and coinsurance waived
Monthly Contribution (Jan – June) Prorated (Jan-May paychecks)	\$369.67 \$443.60	

ALL OTHER PLAN PROVISIONS REMAIN THE SAME BETWEEN THE TWO PLANS:

- Vision, and Dental benefits are the same for both plans offered.
- The same types of services and the same coverage conditions apply to both plans.

Who are my Preferred Provider Organization (PPO) Providers?

The plan contracts with the following Preferred Providers who offer discounted rates for KPBSD plan participants. Use PPO Providers to save money for yourself and the Health Plan!

Municipality of Anchorage:

Alaska Regional Hospital and the Surgery Center of Anchorage are the PPO Facilities for inpatient, outpatient, and imaging services obtained in the Municipality of Anchorage, Alaska.

Soldotna & Homer:

Central Peninsula Hospital and South Peninsula Hospital are the PPO facilities in Soldotna and Homer.

Nationwide:

Aetna is the nationwide network of Preferred Providers (PPO), including facilities and other network providers.

Non-PPO penalties will apply:

- If you use a non-PPO facility

The non-PPO penalties are:

- Services are reimbursed at 60% of the allowable charges
- Not subject to the out of pocket maximum

Non-PPO penalties are not assessed for:

- Services unavailable at a PPO facility, or
- Emergency services at a non-PPO emergency facility when transported via air or ground ambulance. Once the patient is medically stable, he/she should be moved to a PPO facility. Services obtained at a non-PPO facility after the patient is stable for transfer are subject to non-PPO penalties.

Within the Municipality of Anchorage Only:

Alaska Regional Hospital and the Surgery Center of Anchorage are the only PPO Facilities for inpatient and outpatient services obtained in the Municipality of Anchorage, (other PPO facilities in Anchorage are considered non-PPO facilities, even if they are in the Aetna network). **If you use a facility, freestanding imaging center, or freestanding surgery center other than Alaska Regional Hospital or the Surgery Center of Anchorage for inpatient or outpatient services:**

- The non-PPO penalties described above will apply.
- For inpatient services, the Allowable Charge shall be calculated as the per diem or case rate at Alaska Regional Hospital.
- For outpatient services, the Allowable Charge shall be calculated as the case rate at Alaska Regional Hospital, or 50% of the billed charges if no case rate is available.

Examples of common outpatient procedures include: outpatient surgery and procedures, ultrasound, lab and diagnostic x-ray tests, MRIs and CT scans. This section may not apply for outpatient dialysis services.

Within the Municipality of Anchorage, non-PPO penalties are not assessed for:

- Services unavailable at a PPO facility, or
- Services performed in a doctor's office, with doctor's staff, and the doctor's equipment, or
- Emergency services at a non-PPO emergency facility when transported via air or ground ambulance. Once the patient is medically stable, he/she should be moved to a PPO facility. Services obtained at a non-PPO facility after the patient is stable for transfer are subject to non-PPO penalties.

Make the most of your Medical Benefits

KPBSD offers a variety of programs to help make the most of your medical benefits

Claim Self Audit

Your employer wants you to carefully review your health claims. If you find an error such as treatment billed but not received, incorrect arithmetic, drugs or supplies not received, and the error results in an overcharge, submit a copy of the bill with the error noted. If you find an error on a bill that has been paid by the Claims Administrator, you will be reimbursed 50% of the overpayment recovered by the Plan, up to a maximum of \$500.

A Doctor is Just a Phone Call Away



Now you can visit a doctor without leaving home. Teladoc provides 24/7 access to a board certified, licensed family practice doctor or pediatrician via phone or video. Teladoc is not a substitute for a primary care doctor, but can be used to diagnose and treat acute, non-emergency medical issues that may arise such as:

- ✓ Sinus problems
- ✓ Cold & flu
- ✓ And more!
- ✓ Bronchitis
- ✓ Respiratory infection
- ✓ Allergies
- ✓ Ear Infection

How does Teladoc work?

Register each dependent at www.teladoc.com, have your medical ID card ready and click on Set-up Account. The program will ask you some questions and you are ready to request a doctor. The average wait time for the doctor call back is 22 minutes. You can have your visit via phone, tablet or computer.

How much does Teladoc cost?

The cost is FREE for participants in the KPBSD HRA Health Plan. The cost is \$40 per visit for participants in the KPBSD HSA Health Plan.

Learn more about Teladoc:

Teladoc.com
1-800-Teladoc (835-2362)

BridgeHealth for Non-Emergency Surgery



Kenai Peninsula Borough School District's Health Plan includes a supplemental planned surgery benefit through BridgeHealth—at no additional cost to individuals enrolled in the HRA Plan. For those enrolled in the HSA Plan, your deductible must be met, then your coinsurance is waived. The surgery program saves you money and gives you access to top-rated hospitals, surgery centers and doctors nationwide. You will pay **nothing** to use this service; your deductible and coinsurance are waived for procedures you have through the BridgeHealth program.

Concierge Service

A BridgeHealth care coordinator guides you through the surgery planning process to:

- ✓ help you select a top-rated provider for your type of procedure
- ✓ handle all the administrative work and plan approvals
- ✓ schedule your appointments and surgery
- ✓ make your travel arrangements

Most Common Procedures

- **Bariatric:** Gastric bypass, gastric sleeve, lap band removal
- **Cardiac:** Coronary artery bypass graft, valve repair and replacement
- **General:** Gall bladder removal, hernia repair
- **Orthopedic:** ACL repair, hip & knee replacement, shoulder repair & replacement
- **Spine:** Spinal fusion, artificial disc replacement
- **Women's Health:** Hysterectomy

Some pediatric surgeries are not available for children under 12.

Contact BridgeHealth at (844) 249-8108 or alaskacoalition@bridgehealth.com, or visit www.bridgehealth.com and use company code KPBSD.

Coalition Health Center (CHC)



If you are enrolled in a KPBSD Health Plan, the Coalition Health Center offers a wide range of services for you, your spouse, and your children aged two and older. Services include:

- ✓ **Follow-up care for BridgeHealth patients at a \$0 copay!**
- ✓ Wellness and preventive care, such as physicals, lab work, women's care, immunizations, and minor care.
- ✓ Chronic disease management, including medication management. Treatment for illnesses, such as coughs, colds, sore throats, earaches, and rashes.
- ✓ Treatment for injuries, such as sprains, strains, and minor lacerations.
- ✓ On-site services, such as X-rays and EKGs.
- ✓ Prescription dispensary; the CHC can provide some common prescription medications, for your convenience.

The CHC is located at 2741 DeBarr Road, Suite C210 Anchorage, AK 99508. Call them at (907) 264-1370 or visit www.coalitionhealthcenter.com. Preventive care visits at the CHC are available at no cost to you, all other visits are available for a \$30 copay.

Only in an Emergency

The Emergency Room (ER) is an expensive and inconvenient place to receive healthcare services. You should only use the ER for life-threatening situations or if there is risk of bodily harm if you don't receive services immediately. If you use the ER for non-emergency services you will be charged a \$250 deductible.



Prescription Drug Benefits

Prescription benefits are bundled with the medical benefits at no additional cost.

CVS Caremark administers the prescription benefits.

Retail & Mail Order Pharmacy (up to a 100 day supply per fill)	*HSA / HRA PLAN
Generic Copay	\$5
Preferred Brand Copay	\$25
Non-Preferred Brand Copay	\$50
Specialty Copay	\$100 (limited to a 30-day supply)

**Major Medical Deductible for the HSA plan must be met prior to these copays taking effect.*

Using generic medications can save money for you and for the plan. If you choose a brand-name medication when a generic equivalent is available, you will pay the difference in cost between the brand name and the generic, plus your brand name copay.

Prior authorization is required for certain medications, including specialty medications and some high cost drugs. Your provider will work with Caremark to obtain the prior authorization.

Dental Benefits

Dental benefits are bundled with the medical benefits at no additional cost. The Dental plan is administered by our Third Party Administrator, Rehn & Associates.

DENTAL BENEFIT	TRADITIONAL OR HDHP PLAN
Annual Deductible Individual Family	\$50 \$150
Reimbursement Percentage Preventive Basic Major	Plan pays 100% (not subject to the deductible) Plan pays 100% Plan pays 50%
Calendar Year Benefit Maximum	\$2,500

If the cost of an upcoming treatment is expected to cost \$400 or more, you should ask the dentist to submit a pre-treatment plan to the Rehn claims office before the dental work begins. The claims office will send you a notice of what the plan will pay.

Vision Benefits

Vision benefits are bundled with the medical benefits at no additional cost. The Vision plan is administered by our Third Party Administrator, Rehn & Associates.

VISION BENEFIT	TRADITIONAL OR HDHP PLAN
Eye Exam	Plan pays 80%
Frames	Plan pays 80% up to \$100 every two years
Lenses	Plan pays 80%
Contacts	Plan pays 80%

How to File a Health Plan Claim

You will receive a health plan ID card which you should present to your health care provider or pharmacist. Your provider can contact Rehn & Associates for confirmation of eligibility. In most cases, your provider will file a claim on your behalf. However, it is your responsibility to make sure the claim is filed timely. Claims will not be accepted more than 15 months after the original date of service for medical, dental, and vision services.

After the claim is processed, you will receive an Explanation of Benefits (EOB) for claims. Be sure to review this Explanation of Benefits to make sure the claim was processed correctly.

You have 180 days from the date of the adverse benefit determination to appeal a claim. Please see your Health Plan booklet for instructions on how to file an appeal.

Life and Accidental Death & Dismemberment Insurance (AD&D)

As a benefit-eligible employee, KPBSD provides you with life and AD&D insurance coverage equal to your annual salary (up to \$250,000 for class 4 employees & \$350,000 for class 3 employees), at no charge to you. If married, you may elect \$10,000 spouse coverage at no cost to you.

Note: Beginning on your 75th birthday, the amount of insurance decreases to 65% from age 75 to age 79. At age 80, the amount payable decreases to 50%.

Optional Voluntary Life

You may also elect an additional one times your annual salary at a small cost to you and a flat \$2,000 of coverage for your spouse and dependent children. If you elect coverage within 31 days of the date you first become eligible, you do not have to provide evidence of insurability for up to \$150,000 in supplemental coverage for you. You may need to provide evidence of insurability if you elect higher coverage amounts, or if you elect coverage or choose to increase coverage more than 31 days after you first become eligible. The life and AD&D benefits are provided by Standard. Please refer to the Group Life Insurance Plan booklet for more information about these benefits.

Optional Benefits

Flexible Spending Account (FSA)

FSA is administered by American Fidelity. All regular employees may participate in the FSA account.

Flexible Spending Accounts allow eligible KPBSD employees to pay for qualified health and dependent care expenses with pre-tax dollars. This reduces your taxable income.

You must enroll each year during open enrollment which occurs from mid-March through June 30th. Or within 30 days from your hire date if you are a new hire.

- **Health Care FSA** – reimburses you for most out-of-pocket medical, dental, orthodontia, and vision expenses.
- **Dependent Care FSA** – reimburses you for most out-of-pocket, non-educational, and non-medical dependent care expenses that are incurred because you and your spouse work.

How Do Flexible Spending Accounts Work?

FSAs work like a checking account:

- Decide on the total amount you want to set aside in each account. Be careful! These accounts work on a “use it or lose it” basis. Unclaimed money left in the account at the end of the year is forfeited.
- Your pre-tax contributions will automatically be deducted from your monthly paycheck and placed in your FSA account, allowing you to pay for health and dependent care services as incurred.
- Submit a receipt to our FSA administrator, American Fidelity. You will be reimbursed directly from your FSA account using the tax-free money you contributed.

Health Reimbursement Arrangement (HRA)

Available with the HRA Health Plan.

An HRA allows KPBSD to set aside funds for you to spend on qualified health care expenses. Money not used in one calendar year will be rolled over from year-to-year. KPBSD will contribute \$800 per fiscal year to each HRA account. If you enroll mid-year, your HRA contribution will be prorated.

You may use these funds for you and your dependents who are enrolled in the HDHP. If you terminate KPBSD employment, the funds will be forfeited.

Your HRA funds can be used towards medical, prescription, dental, and vision expenses. The HRA will be administered by Rehn. A claim form is available to submit for HRA reimbursements.

How the HRA works with a Health Care Flexible Spending Account (FSA):

You may have both an HRA and enroll in a Health Care FSA. Expenses are paid from the Health Care FSA first, because that account is “use it or lose it.” A Flexible Spending Account is available to employees through American Fidelity.

Health Savings Account (HSA)

Available with the HSA Health Plan. An HSA lets you set aside money to pay for future medical costs through your own tax-deferred contributions.

- You may make pre-tax contributions through payroll deductions, which reduces the amount of taxable income.
- The money stays in your account from year to year. It is yours to keep even if you leave employment with KPBSD.
- KPBSD will contribute \$800 per fiscal year to each HSA account. If you enroll mid-year, your HSA contribution will be prorated.

FOR YOU (THE EMPLOYEE) TO BE ELIGIBLE TO OPEN AN HSA, YOU MUST:

- Be enrolled in a qualified high deductible health plan (HDHP)
- NOT be enrolled in a non-HDHP including a spouse's plan, Medicare, Tricare or prescription drug only plan
- NOT be claimed as a dependent on another individual's tax return, other than your spouse's
- NOT have received any health benefits from the Veterans Administration or one of their facilities, including prescription drugs, in the last three months
- NOT have received any health benefits through the Indian Health Services in the last three months
- NOT be enrolled in a General Purpose Health Flexible Spending Account (Health FSA)

WHO MAY BE COVERED ON YOUR HSA

In [Publication 969](#), the IRS clarifies that you can withdraw tax-free money from your HSA to pay for qualified medical expenses for:

- Yourself
- Your spouse (regardless of whether you file taxes jointly or separately)
- Any dependents you claim on your tax return (your children, or a qualifying relative dependent) and any children who are claimed on your ex-spouse's tax return
- Anyone you *could* have claimed as a dependent, but weren't able to because he or she
 - filed a joint tax return (for example, your married teenage kid who files a joint return with his or her spouse)
 - earned more than \$4,150 (in 2018), or you (or your spouse, if you file jointly) could be claimed as a dependent on someone else's tax return.
- As long as the person is in one of the above categories, you can reimburse yourself for the cost of their qualified medical expenses with tax-free money from your HSA. It doesn't matter whether the person was covered under your HDHP, or even whether they had health coverage at all.

HSA CONTRIBUTION LIMITS

2020 Calendar Year Maximum Contribution	
Annual Contribution Limit For Employee Only	\$3,550
Annual Contribution Limit for Family	\$7,100
Additional "catch-up" if 55 or older	\$1,000

Remember that your HSA is IRS regulated. IRS Publication 502 provides the detailed list for medical, dental and vision expenses.

Retirement Benefits

Both Public Employees Retirement System (PERS) and Teachers Retirement System (TRS) employees are offered a retirement plan through the State of Alaska, Division of Retirement and Benefits. There are multiple Tiers and specific benefits for each Tier. Please visit <http://doa.alaska.gov/drb/> for additional information.

In addition to the State of Alaska PERS/TRS retirement plans, KPBSD allows employees to participate in additional retirement savings plans by offering a 403(b) and 457. Contact the Payroll department at (907) 714-8888 for more information on these plans.

Important Contact Information

KPBSD Employee Benefits Manager

Stacey Cockroft

(907) 714-8879

scockroft@kpbsd.k12.ak.us

Third Party Administrator

(Eligibility, Claims Questions)

Rehn & Associates

PO Box 5433

Spokane, WA 99205

(800) 872-8979

www.kpbsd.rehnonline.com

Utilization Review

(Hospital Admission & Pre-Authorization)

Aetna (888) 632-3862

Your health care provider will pre-certify services on your behalf

Pharmacy Benefit Manager (PBM)

(Retail & Mail Order Prescription Drug Services)

CVS Caremark

(866) 818-6911

www.caremark.com

Anchorage Preferred Provider (PPO) Facility

Alaska Regional Hospital

2801 DeBarr Rd

Anchorage, AK 99508

(907) 276-1131

www.alaskaregional.com

Surgery Center of Anchorage

4001 Laurel St, Suite A

Anchorage, AK 99508

(907) 563-1800

<https://surgerycenterofanchorage.com/>

Soldotna Preferred Provider (PPO) Facility

Central Peninsula Hospital

250 Hospital Place

Soldotna, AK 99669

(907) 714-4404

www.cpggh.org

Homer Preferred Provider (PPO) Facility

South Peninsula Hospital

4300 Bartlett St

Homer, AK 99603

(907) 235-8101

<https://www.sphosp.org/>

Nationwide Preferred Provider Network

Aetna

www.aetna.com/docfind

Select the "Aetna Choice POS II (open access)" network.

BridgeHealth

When surgery has been recommended, contact

BridgeHealth at (844) 249-8108 or

alaskacoalition@bridgehealth.com

Register with company code: KPBSD

Teladoc

1-800-TELADOC (800-835-2362)

www.teladoc.com

Division of Retirement & Benefits

(PERS / TRS Retirement)

(800) 821-2251

<http://doa.alaska.gov/drb>

HSA FAQ DRAFT

1. Am I eligible for a Health Savings Account (HSA)?

FOR YOU (THE EMPLOYEE) TO BE ELIGIBLE TO OPEN AN HSA, YOU MUST:

- Be enrolled in a qualified high deductible health plan (HDHP)
- NOT be enrolled in a non-HDHP including a spouse's plan, Medicare, Tricare or prescription drug only plan
- NOT be claimed as a dependent on another individual's tax return, other than your spouse's
- NOT have received any health benefits from the Veterans Administration or one of their facilities, including prescription drugs, in the last three months **This is no longer the case. If the veteran has a disability rating from the VA, they can use VA benefits and still contribute to an HSA.**
- NOT have received any health benefits through the Indian Health Services in the last three months
- NOT be enrolled in a General Purpose Health Flexible Spending Account (Health FSA) (your spouse cannot have an FSA either)

If you have any questions about your eligibility, you must contact a tax advisor.

2. Who can I cover with my HSA?

In [Publication 969](#), the IRS clarifies that you can withdraw tax-free money from your HSA to pay for qualified medical expenses for:

- Yourself
- Your spouse (regardless of whether you file taxes jointly or separately)
- Any dependents you claim on your tax return (your children, or a [qualifying relative dependent](#)) and any children who are claimed on your ex-spouse's tax return (this only applies when the parent claims the children that same tax year)
- Anyone you *could* have claimed as a dependent, but weren't able to because he or she
 - filed a joint tax return (for example, your married teenage kid who files a joint return with his or her spouse)
 - earned more than \$4,150 (in 2018), or you (or your spouse, if you file jointly) could be claimed as a dependent on someone else's tax return.
- As long as the person is in one of the above categories, you can reimburse yourself for the cost of their qualified medical expenses with tax-free money from your HSA. It doesn't matter whether the person was covered under your HDHP, or even whether they had health coverage at all.

3. If my spouse and I are both employed by KPBSD can one of us enroll in the HRA plan and the other one enroll in the HSA plan?

No, under HSA rules, if you're covered by more than one medical plan, each plan must be HSA-qualified coverage. According to IRS guidelines, You cannot have coverage under both our HRA and our HSA Plan as our HRA plan is *not* an HSA qualified plan. You would both need to elect the same plan.

4. What if I currently contribute to the Section 125 Flexible Spending Account (FSA) through American Fidelity?

Per IRS regulations, you cannot contribute to a Health Savings account (HSA) the HSA Plan if you currently contribute to the medical FSA account. You must elect the HRA plan while you are contributing to a medical FSA account. If you currently contribute to a Medical FSA account and would like to enroll in the HSA Plan, you must wait until the American Fidelity FSA account terminates on June 30th and not reenroll in the FSA account the following fiscal year. Then you may enroll in the HSA during the next annual open enrollment effective January 1st.

5. If I switch from the KPBSD HRA Plan to the HSA Plan, does my HRA money roll over to the HSA account?

No, under current law you cannot roll over unused HRA balances into your HSA.

6. My Spouse has an HRA through their employer. How does that affect my HSA eligibility?

It depends on whether you can reimburse your expenses through their HRA. HRAs typically are integrated with medical plans. If they don't cover you on their medical plan and the HRA reimburses only out-of-pocket expenses incurred under their employer's medical plan, your HSA eligibility isn't affected by their HRA.

On the other hand, if they cover you on their medical plan with a first-dollar HRA and you're enrolled in an HSA-qualified medical plan through your employer, you aren't HSA-eligible because your ability to access reimbursement through their HRA constitutes disqualifying coverage.

7. What are the HSA contribution limits?

2020 Calendar Year Maximum Contribution	
Annual Contribution Limit For Employee Only	\$3,550
Annual Contribution Limit for Family	\$7,100
Additional "catch-up" if 55 or older	\$1,000

8. What are HSA qualified medical expenses?

A qualified medical expense is one for medical care as defined by Internal Revenue Code Section 213(d). The expenses must be primarily to alleviate or prevent a physical or mental defect or illness, including dental and vision. Most expenses for medical care will fall under IRC Section 213(d).

However, some expenses do not qualify. A few examples are:

- Surgery for purely cosmetic reasons

- Health club dues
- Illegal operations or treatment
- Maternity clothes
- Toothpaste, toiletries, and cosmetics

HSA money cannot generally be used to pay your insurance premiums.

*See IRS Publications 502 (“Medical and Dental Expenses”) and 969 (“Health Savings Accounts and Other Tax-Favored Health Plans”) for more information.

9. In the event of my death, what happens to my HSA?

You will assign a beneficiary to your HSA account upon enrollment.

10. Are my prescriptions subject to my Major Medical Deductible if I elect the HSA Plan?

Yes, per IRS regulations, the prescription benefits on an HSA eligible Plan must be subject to the Major Medical deductible, with the exception of limited preventive maintenance medications. Once the deductible is met, the regular prescription copays will take effect.

11. Can I get preventive care if I elect the HSA Plan?

Yes, eligible Preventive care required per the Affordable Care Act will be covered at 100% and not subject to the Major Medical deductible for both the HRA and HSA Plan.

12. Can I use BridgeHealth if I elect the HSA Plan?

You may use BridgeHealth if you elect the HSA Plan, however, per IRS regulations, you must satisfy your individual Major Medical Deductible and then the coinsurance will be waived.

13. Can I use Teladoc if I elect the HSA Plan?

Yes, you may use Teladoc if you elect the HSA Plan, however, per IRS regulations, the \$40 Teladoc copay must apply when Teladoc is utilized.

14. Can my HSA be used to pay premiums?

No, this would be a nonmedical withdrawal, subject to taxes and penalty.

Exceptions. No penalty or taxes will apply if the money is withdrawn to pay premiums for:

1. Qualified long-term care insurance; or
2. Health insurance while you are receiving federal or state unemployment compensation; or
3. Continuation of coverage plans, like COBRA, required under any federal law; or
4. Medicare premiums.

15. How are distributions from my HSA taxed after I am no longer eligible to contribute?

If you are no longer eligible to contribute because you are enrolled in Medicare benefits, or are no longer covered by a qualified HDHP, distributions used exclusively to pay for qualified medical expenses continue to be free from federal taxes and state tax (for most states) and excluded from your gross income.

16. How and when can money be taken out of an HSA?

Account holders may make a withdrawal (also known as a distribution) at any time. Distributions received for qualified medical expenses not covered by the high deductible health plan are distributed tax-free. Distributions can be requested via your online account.

Unless individuals are disabled, age 65 or older, or die during the year, they must pay income taxes plus an additional percentage (determined by the IRS) on any distribution not used for qualified medical expenses. Individuals who are disabled or reach age 65 can receive non-medical distributions without penalty but must report the distribution as taxable income.

17. Does my HSA account accrue interest or can I invest the funds?

With an HSA, the participant may invest their funds if their account balance exceeds \$2,000.



2020 OPEN ENROLLMENT

NOVEMBER 15th to DECEMBER 16th 2019

- ✓ **ENROLLMENT DEADLINE:** You **MUST** enroll no later than 4:30 pm on December 16, 2019. All legal documents and other required documents must be turned in to Stacey Cockroft at the District Office by the deadline as well.
- ✓ **TRADITIONAL PLAN ENROLLEES:** You **MUST** make a plan selection during this time as the Traditional Plan terminates on 12/31/2019 per your new Collective Bargaining Agreement.
- ✓ **HDHP HRA ENROLLEES - NO CHANGES?** **No action is required from you; your current enrollment in the HRA Plan will remain the same.**
- ✓ Enrollment forms are included in this packet and will also be available online at <http://www.kpbsd.k12.ak.us/employees.aspx?id=5232>.
- ✓ All changes made during Open Enrollment will be effective **January 1, 2020**.

YOUR MEDICAL OPTIONS

Choice of Two High Deductible Plans:

MEDICAL BENEFITS	*NEW* HSA PLAN	HRA PLAN
Annual Medical Deductible		
Individual		\$1,500
Family		\$3,000
Out-of-Pocket Maximum (Not including deductible)		
Individual		\$2,000
Family		\$4,000
HSA / HRA CREDITS	\$800 / fiscal year <i>If you switch from the Traditional Plan to the HRA/HSA, \$400 will be credited on January 1st for January – June 2020. Another \$800 will be credited on July 1st for the period July 2020 – June 2021. For current HDHP enrollees, you will receive an additional \$50 on 1/1/2020</i>	
Reimbursement Percentage after Deductible	Plan pays 80% of allowable charges for most services; Plan pays 60% for Non-PPO facility charges	
Preventive Care as required by the ACA	Plan pays 100% of allowable charge – not subject to Deductible	
Prescriptions	Subject to Major Medical Deductible – once met current Rx copays will apply	Current Rx copays apply – not subject to Major Medical Deductible
Surgery through Bridge Health Program	Deductible must be met; coinsurance waived	You pay \$0 - Deductible and coinsurance waived
Teladoc Consultations	\$40 Copay	You pay \$0 - Deductible and coinsurance waived
Monthly Contribution (Jan – June)		\$369.67
Prorated (Jan-May paychecks)		\$443.60

HSA PLAN *NEW*

An HSA (Health Savings Account) lets you set aside money to pay for future medical costs through your own tax-deferred contributions. The HSA account will be administered by Rehn & Associates and is regulated by the IRS.

- You may make pre-tax contributions through payroll deductions, which reduces the amount of taxable income
- The money stays in your HSA account from year to year. The HSA is yours to keep even if you leave employment with KPBSD
- KPBSD will contribute \$800 per fiscal year to each HSA account. If you switch from the Traditional Plan to the HSA Plan during Open Enrollment, KPBSD will contribute \$400 to your HSA account on January 1, 2020. If you switch from the HRA Plan to the HSA Plan, you will receive a \$50 credit to your HSA Plan (or a prorated amount if you were not employed at the beginning of the FY20 school year)
- When your HSA balance exceeds \$2,000, you may choose to invest your funds. Rehn & Associates will provide you with those options if you choose to invest
- If you and your Spouse are both KPBSD employees and enrolled on KPBSD Health Plans, you ***MUST BOTH*** choose the same plan type (HRA OR HSA). Per IRS Regulations you may not have one enrolled on the HRA Plan and one enrolled on the HSA Plan

FOR YOU (THE EMPLOYEE) TO BE ELIGIBLE TO OPEN AN HSA, PER IRS REGULATIONS YOU MUST:

- Be enrolled in a qualified high deductible health plan (QHDHP)
- ***NOT*** be enrolled in a non-HDHP including a spouse's plan, Medicare, Tricare or prescription drug only plan (this includes enrollment in KPBSD's HRA Plan)
- ***NOT*** be claimed as a dependent on another individual's tax return, other than your spouse's
- ***NOT*** have received any health benefits from the Veterans Administration or one of their facilities, including prescription drugs, in the last three months
- ***NOT*** have received any health benefits through the Indian Health Services in the last three months
- ***NOT*** be enrolled in a General Purpose Medical Health Flexible Spending Account (Health FSA)
- ***NOT*** be enrolled on a Spouse or parent's HRA Plan through KPBSD as that is not a qualified high deductible health plan

HSA CONTRIBUTION LIMITS

2020 Calendar Year Maximum Contribution	
Annual Contribution Limit For Employee Only	\$3,550
Annual Contribution Limit for Family	\$7,100
Additional "catch-up" if 55 or older	\$1,000

Remember that your HSA is IRS regulated. IRS Publication 502 provides the detailed list for medical, dental and vision expenses. If you enroll in the HSA plan and you are not eligible, the IRS will penalize you. That issue is between you and the IRS. ***KPBSD is not a tax consultant. If you are unsure of your HSA eligibility, please contact your tax professional.***

HRA PLAN

WHAT IS A HEALTH REIMBURSEMENT ARRANGEMENT (HRA)?

An HRA allows KPBSD to set aside funds for you to spend on qualified health care expenses. Money not used in one calendar year will be rolled over from year-to-year. If you switch from the Traditional Plan to the HRA Plan during Open Enrollment, KPBSD will contribute \$400 to your HRA account on January 1, 2020. If you are enrolled in the HRA on July 1st (the first day of the fiscal year), KPBSD will contribute another \$800 to your HRA account.

You may use these funds for you and your dependents who are enrolled in the HDHP. If you terminate KPBSD employment, the funds will be forfeited.

Your HRA funds can be used towards medical, prescription, dental, and vision expenses. The HRA will be administered by Rehn & Associates. A claim form is available to submit for HRA reimbursements.

HOW THE HRA WORKS WITH A HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA):

You may have both an HRA and enroll in a Health Care Flexible Spending Account. Expenses are paid from the Health Care FSA first, because that account is “use it or lose it.” A Flexible Spending Account is available to employees through American Fidelity. It is not a part of the health plan. For questions relating to the Flexible Spending Account, please contact Nate Leslie at nate.leslie@americanfidelity.com.

PRESCRIPTION DRUG BENEFITS

Retail & Mail Order Pharmacy (up to a 100 day supply per fill)	*HSA OR HRA PLAN
Generic Copay	\$5
Preferred Brand Copay	\$25
Non-Preferred Brand Copay	\$50
Specialty Copay	\$100 (limited to a 30-day supply)

***Major Medical Deductible for the HSA plan must be met prior to these copays taking effect.**

DENTAL AND VISION COVERAGE OPTIONS

DENTAL	HSA OR HRA PLAN
Annual Deductible	
Individual	\$50
Family	\$150
Reimbursement Percentage	
Preventive	Plan pays 100% (not subject to the deductible)
Basic	Plan pays 100%
Major	Plan pays 50%
Calendar Year Benefit Maximum	\$2,500

VISION	HRA OR HSA PLAN
Eye Exam	Plan pays 80%
Frames	Plan pays 80% up to \$100 every two years
Lenses	Plan pays 80%
Contacts	Plan pays 80%

Allowable charges and all plan provisions apply. Please see the Summary Plan Description for more information.

YOU MAY BE ABLE TO DECLINE COVERAGE

- You may decline coverage if you have other health coverage outside of the KPBSD health plan that meets the minimum requirements of the Affordable Care Act (ACA). If you decline coverage, you pay no employee contribution. ***Please start this process early to ensure you are able to obtain the necessary Certificate of Coverage and Summary of Benefits and Coverage (SBC) from your current health plan by the December 16, 2019 deadline.***
- If you are double covered within the KPBSD health plan because you are both a KPBSD employee and a spouse or dependent of a KPBSD employee, you may not decline coverage.
- **DECLINING DENTAL/VISION COVERAGE:** ***You may decline coverage in the dental/vision plan, but your employee contribution amount will not change.*** The dental/vision plan is separate from the medical and prescription plan. If you enroll in medical and prescription coverage, you are automatically enrolled in the dental/vision plan.

HOW DO I ENROLL?

- **STEP 1:**
Review your options. Select the option that is best for you and your family. If you are currently enrolled in the HRA Plan and do not want to make any changes, you do ***not*** need to submit a form. **IF YOU ARE CURRENTLY ENROLLED IN THE TRADITIONAL PLAN YOU MUST SELECT BETWEEN THE HSA & HRA PLAN.**
- **STEP 2:**
Complete an enrollment form with applicable changes and submit documentation to Stacey Cockroft at the District Office by the 4:30 pm December 16, 2019 deadline. For newly enrolled dependents, legal documentation is required (copy of marriage certificate for spouse and birth certificate for dependent child). The enrollment form is included in this packet. Forms are also available online at:
<http://www.kpbsd.k12.ak.us/employees.aspx?id=5232>
- **STEP 3:**
If you are selecting the new HSA Plan, you must also complete an HSA enrollment form. Rehn requires you to return pages 1, 2 & 6.

FOR MORE INFORMATION:

- Go to our website: <http://www.kpbsd.k12.ak.us/employees.aspx?id=5232>
All documents and forms will be posted on the website.
- **QUESTIONS?** Contact Stacey Cockroft, Employee Benefits Manager, at 907-714-8879 or scockroft@kpbsd.k12.ak.us.

Kenai Peninsula Borough School District	<u>Reserve Account</u>	<u>As of 6-30-18</u>	<u>As of 6-30-19</u>	<u>FY19 Monthly Contribution - Traditional</u>
	Employee Share	471,065.27	750,000.00	Employee Share * 469.36
Health Care Committee Monthly recap as of September 30, 2019.	Employer Share	1,572,408.17	2,418,648.76	Employer Share <u>2,659.73</u>
				3,129.09

	<u>FY19 Monthly Contribution - HDHP</u>
	Employee Share * 302.34
	Employer Share <u>1,713.29</u>
	2,015.63

This document is provided to the Health Care Committee as a work paper to recap the contributions to and expenditures from the Health Care Plan each month. It is to be used primarily as an aid in estimating costs of the plan to determine if changes should be made in employee contribution amounts. Every effort is made to provide current and accurate information, but this information is not audited until after the end of the fiscal year.

	Number of Employees	YTD Employees	Current Month Obligations	YTD Obligations	Contributions Current Month Collected	Contributions YTD Collected
Employees						
KPEA Employees	284	836	133,298.24	392,384.96	198,891.30	198,891.30
KPEA Employees - HDHP	281	825	84,957.54	249,430.50	125,509.70	125,509.70
KPEA Repay EE Reserve						
KPESA Employees	163	480	76,505.68	225,292.80	110,230.78	123,178.78
KPESA Employees - HDHP	183	509	55,328.22	153,891.06	79,249.32	85,409.32
KPESA Repay EE Reserve						
Administrators	19	56	8,917.84	26,284.16	12,878.76	14,870.76
Administrators - HDHP	38	111	11,488.92	33,559.74	15,847.38	21,391.38
Admin Repay EE Reserve						
Board Members	1	3	469.36	1,408.08	2,144.50	2,694.50
Board Members - HDHP	3	9	907.02	2,721.06	825.00	2,475.00
Board Repay EE Reserve						
Exempt Employees	10	31	4,693.60	14,550.16	4,550.40	15,008.40
Exempt Employees - HDHP	16	48	4,837.44	14,512.32	4,946.16	14,186.16
Exempt Repay EE Reserve						
Affordable Care Act **			0.00	0.00		
ACA Empl Repay EE Reserve						
Total Employees on Payroll	998	2,908	381,403.86	1,114,034.84	555,073.30	603,615.30
COBRA Payers (FY20 = \$2534.08)	2	8	4,431.76	17,727.04	-	15,204.48
COBRA HD Payers (FY20 = \$1886.06)	3	13	5,880.84	25,483.64	(1,886.06)	15,088.48
Total Employees	1,003	2,929	391,716.46 *	1,157,245.52	553,187.24	633,908.26

* Current month employee obligations are a calculation of "Number of Employees" eligible for health care coverage during that month times the "Employee Share" (shown in the upper right corner of the sheet).

** Affordable Care Act (ACA) coverage is offered to employees once eligibility is determined. Eligibility is based on number of hours worked during the measurement period.

Employer						
Employer share	477	1,406	1,268,691.21	3,739,580.38	1,402,338.39	1,504,283.36
Employer share - HDHP	521	1,502	892,624.09	2,573,361.58	1,179,604.02	1,310,618.80
Total			2,553,031.76	7,470,187.48	3,135,129.65	3,448,810.42

+ Employee Share Split	FY20 Contribution Traditional	469.36	Subtotal	328,695.74	354,643.74
	Cobra	2,534.08	Subtotal	-	15,204.48
				328,695.74	369,848.22
	FY20 Contribution HDHP	302.34	Subtotal	226,377.56	248,971.56
	Cobra HD	1,886.06	Subtotal	(1,886.06)	15,088.48
				224,491.50	264,060.04

Expenditures

Since the health care plan is self-funded, both employee and employer contributions are collected and bills are paid from the accumulated funds.

	TRADITIONAL		HDHP	
	Current Month	Year-To-Date	Current Month	Year-To-Date
Claims				
Health Care Claims paid by TPA (Rehn)	1,154,881.06	3,059,167.18	308,432.46	1,785,502.74
Prescription Claims paid by Caremark	385,377.62	729,908.08	70,762.67	201,122.35
HRA	-	-	29,533.50	81,039.70
Total Claims Paid	1,540,258.68	3,789,075.26	408,728.63	2,067,664.79
Administration				
TPA (Rehn) fees and costs	8,444.54	37,537.15	-	-
TPA (Rehn) HRA fees and costs	-	-	12,717.60	82,538.19
Aetna Administration Fees	10,135.70	29,957.86	11,087.90	32,093.82
Consultant Fees	-	-	-	-
Stop Loss Premiums	136,458.60	392,408.43	149,278.31	420,517.31
Affordable Care Act Fee	-	11,505.19	-	12,079.21
Total Administration	155,038.84	471,408.63	173,083.81	547,228.53
Total Claims plus Administration	1,695,297.52	4,260,483.89	581,812.44	2,614,893.32
Adjustments				
Stop Loss reimbursements	(11,970.68)	(336,538.53)	-	-
Prescription Rebates	-	(130,132.12)	-	(98,296.04)
Health Care Claims refund	-	-	-	-
Claims reimbursements	(400.00)	(1,100.00)	-	-
Other adjustments	-	-	-	-
Total Adjustments	(12,370.68)	(467,770.65)	-	(98,296.04)
Total Expenditures	1,682,926.84	3,792,713.24	581,812.44	2,516,597.28

Obligations/Contributions

Health care obligations and contributions provide employee and employer amounts of health care contributions using different calculation methods.

Obligations are estimates of funds that employees and the district will be obligated to contribute, based on the plan year (July through June).

Returning employees are covered by the health care plan for the entire plan year, meaning the 12 month period July through June; both employee and employer are obligated to pay for 12 months of coverage. New employees pay for coverage from date of hire through June, the end of the plan year. If an employee works at all during a month, both employee and employer pay for the entire month of coverage.

Actual Contributions made by employees and benefits paid by the employer during the payroll process are shown on the sheet in the columns labeled "Collected." The division of payments is governed by the Collective Bargaining Agreements and Memorandums of Understanding between the district and the employee groups.

Employee-paid contributions are deductions from payroll checks. Employees who work 12 months make contributions each pay period. Many school district employees do not work 12 months, so contributions are collected for those employees during the 9 month period from September through May.

For this reason, contributions are generally larger than obligations for September through May and contributions are generally smaller than obligations for June, July and August.

The "Collected" columns show what is actually available for paying health care costs. The "Obligations" show what is estimated to be available by month, based on number of employees at the current rate of contributions.

Kenai Peninsula Borough School District
 Healthcare Expenditures Split
 as of September 30, 2019.

Traditional Plan				HDHP			
YTD Participants	1,406			YTD Participants	1,502		
Net Expenditures	3,792,713.24			Net Expenditures	2,516,597.28		
ER - Employer portion (85%)	<u>3,223,806.25</u>			ER - Employer portion (85%)	<u>2,139,107.69</u>		
EE - Employee portion (15%)	<u>568,906.99</u>			EE - Employee portion (15%)	<u>377,489.59</u>		
Total ER & EE Expenditures	3,792,713.24			Total ER & EE Expenditures	2,516,597.28		
Traditional Summary				HDHP Summary			
Through Current Month	YTD EXP	YTD REV	REV Less EXP	Through Current Month	YTD EXP	YTD REV	REV Less EXP
Employer	3,223,806.25	1,504,283.36	(1,719,522.89)	Employer	2,139,107.69	1,310,618.80	(828,488.89)
Employee	<u>568,906.99</u>	<u>369,848.22</u>	<u>(199,058.77)</u>	Employee	<u>377,489.59</u>	<u>264,060.04</u>	<u>(113,429.55)</u>
Totals	3,792,713.24	1,874,131.58	(1,918,581.66)	Totals	2,516,597.28	1,574,678.84	(941,918.44)
				6,309,310.52	3,448,810.42		
Obligation per Employee FY20	Year-to-date			Obligation per Employee FY20	Year-to-date		
469.36 EE/2659.73 ER Split	3,129.09	3,129.09		302.34 EE/1713.29 ER Split	2,015.63	2,015.63	
Monthly Cost per Employee - ER	2292.89			Monthly Cost per Employee - ER	1424.17		
Monthly Cost per Employee - EE + Cobra	<u>404.63</u>			Monthly Cost per Employee - EE + Cobra	<u>251.32</u>		
	2697.52				1675.50		
Current Variance	431.57			Current Variance	340.13		

Obligations indicate the funds that will be accumulated per employee per month. Expenditures are amounts that have been paid through the plan.

A positive number for "current variance" represents the amount per employee per month that is estimated to be collected above the amount spent year-to-date. A negative number represents the amount of expenditures (per employee per month) that are more than what is estimated to be collected for payment of those expenditures.

Kenai Peninsula Borough School District
2020 Self-Funded Projected Rates

MEDICAL/RX/DENTAL/VISION	Enrollment	FY19 Rates	2020 Projected Rates
HDHP HRA			
Employee Only	500	\$2,421.49	\$2,542.06
Monthly Total	500	\$1,210,745	\$1,271,031
Annual Total		\$14,528,940	\$15,252,367
PEPM		\$2,421.49	\$2,542.06
% Increase			5.0%
HDHP HSA			
Employee Only	500	\$2,078.47	\$2,491.02
Monthly Total	500	\$1,039,235	\$1,245,512
Annual Total		\$12,470,820	\$14,946,142
PEPM		\$2,078.47	\$2,491.02
% Increase			19.8%
Monthly Total	1,000	\$2,249,980	\$2,516,542
Annual Total		\$26,999,760	\$30,198,509
PEPM		\$2,249.98	\$2,516.54
% Increase			11.8%

3-Tier Rate Options

MEDICAL/RX/DENTAL/VISION	Enrollment	FY19 Rates	2020 Projected Rates
All Plans			
Employee Only	195	\$2,249.98	\$905.51
Employee + One Dependent	227	\$2,249.98	\$1,892.53
Employee + Family	578	\$2,249.98	\$3,305.13
Monthly Total	1,000	\$2,249,980	\$2,516,542
Annual Total		\$26,999,760	\$30,198,509
PEPM		\$2,249.98	\$2,516.54
% Increase			11.8%

4-Tier Rate Options

MEDICAL/RX/DENTAL/VISION	Enrollment	FY19 Rates	2020 Projected Rates
All Plans			
Employee Only	195	\$2,249.98	\$916.67
Employee + Spouse	176	\$2,249.98	\$2,108.35
Employee + Child(ren)	97	\$2,249.98	\$1,925.01
Employee + Family	532	\$2,249.98	\$3,345.86
Monthly Total	1,000	\$2,249,980	\$2,516,542
Annual Total		\$26,999,760	\$30,198,509
PEPM		\$2,249.98	\$2,516.54
% Increase			11.8%

Note: The Projected rates above are for as HDHP/HSA and HSHP/HRA. The individual deductible for both HDHP options is \$1,500 and the out-of-pocket limit is \$2,000. Under the HDHP/HSA option, prescription drug coverage is subject to the deductible and copayments would apply after the deductible is satisfied.

2020 projections are based on claims and enrollment through September 2019.

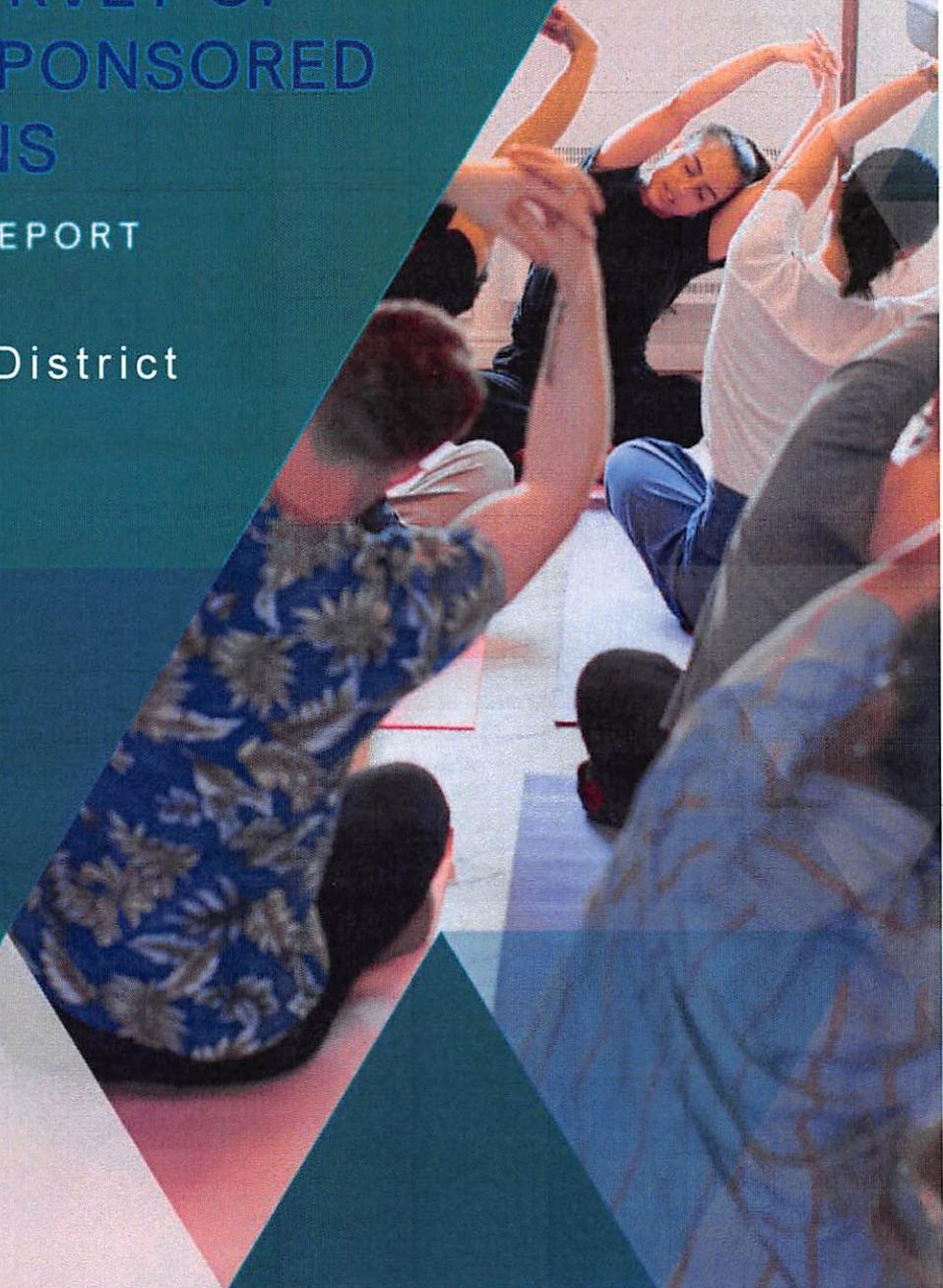
All estimates are based upon the information available at a point in time, and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Marsh & McLennan Agency. Marsh & McLennan Agency is not responsible for the consequences of any unauthorized use.

HEALTH WEALTH CAREER

NATIONAL SURVEY OF EMPLOYER-SPONSORED HEALTH PLANS

2018 BENCHMARK REPORT

Kenai Peninsula
Borough School District



MAKE TOMORROW, TODAY



A BENCHMARK REPORT FROM THE 2018 NATIONAL SURVEY OF EMPLOYER-SPONSORED HEALTH PLANS

Health benefit cost growth ticked upward in 2018, with smaller employers feeling the most pressure. Average total health benefit cost per employee rose by 3.6%, a sharper increase than 2017's 2.6%. Among smaller employers (those with 10-499 employees), cost rose by 5.4% on average, while midsize and large employers (500 or more employees) held cost growth to 3.2%. Prescription drugs remained a top cost driver, rising by about 7%. Faced with tough renewals in 2018, many small employers raised PPO deductibles or moved to high-deductible consumer-directed health plans (CDHPs), which cost them 13% less, on average, than a traditional PPO (38% now offer a CDHP, up from 29% in 2017). On the other hand, many midsize and large employers chose to forego the short-term savings offered by cost-shifting. The prevalence of CDHPs among these employers grew more slowly, from 64% to 68%, and PPO deductibles rose by less than 2% on average.

Strategies addressing care delivery and health management gained ground among midsize and large employers in 2018. Employers continued to add telemedicine services (80%, up from 71%) and the average utilization rate inched up to 8% of eligible employees. About half (51%) provide employees with a surgical decision support service, which makes it easy to get a second opinion from a highly qualified specialist. Targeted programs that provide support for people with chronic conditions and other health issues (such as diabetes, infertility, and cancer) are offered by 56%. Enhanced health advocacy programs, featuring medical professionals who provide support throughout the entire care episode and help resolve claims issues, are offered by 36% of employers. Employers are also providing employees with access to Centers of Excellence (COE) for surgeries and growing range of complex treatments. Some steer employees to the COE with financial incentives or even by requiring they use it. In addition, 76% of employers say that a "focused strategy to create a culture of health" will be a top priority for them over the next five years, up from 70% last year. These and other "future-focused" strategies are already making a difference for many employers. They may take more time to reduce medical costs than greater employee cost-sharing, but in the process they change how plans manage care, how providers are reimbursed, and even how people behave.

Using a scientific random sample and supplemental convenience sample, we collected data from 2,409 employers with 10 or more employees. National, regional and major industry group results are based on the random sample only and are weighted to be projectable. However, results for cities, states, sub-industries and other special employer groups include the convenience sample and are unweighted. In cases where there are too few data to report, "ID" (insufficient data) appears instead of a figure.

NUMBER OF PARTICIPANTS	GEOGRAPHIC REGIONS USED IN THIS SURVEY
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West 500+	311
School Boards, Other Inst. 500+	61
County Gov'ts 500+	107
Unions 500+	100



*The Unions data cut represents employers with 500+ employees that have at least 65% of employees in unions.

EMPLOYER PROFILE

Demographics

	West 500+	School Boards, Other Inst. 500+	County Gov'ts 500+	Unions 500+
Average employee age	41	42	45	44
Average % of female employees	47%	72%	51%	51%
Average % of union employees	17%	44%	33%	82%

MEDICAL PLAN PREVALENCE AND ENROLLMENT

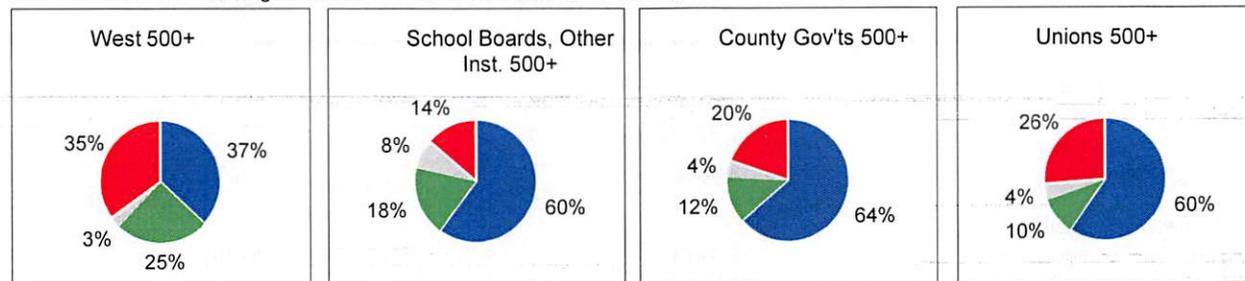
Prevalence and enrollment, by medical plan type

Percent of employers offering each type of medical plan

	West 500+	School Boards, Other Inst. 500+	County Gov'ts 500+	Unions 500+
PPO/POS*	87%	77%	89%	87%
HSA-eligible CDHP	57%	54%	39%	40%
HRA-based CDHP	11%	16%	10%	12%
Either type of CDHP	62%	62%	46%	44%
HMO	58%	26%	33%	43%

Percent of all covered employees enrolled in each type of medical plan

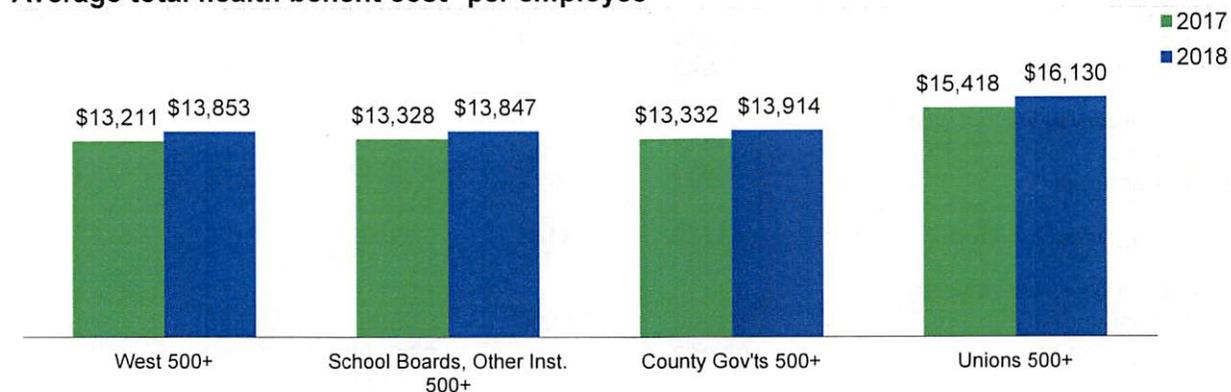
■ PPO/POS* ■ HSA-eligible CDHP ■ HRA-based CDHP ■ HMO



*includes traditional indemnity plans

TOTAL HEALTH BENEFIT COST

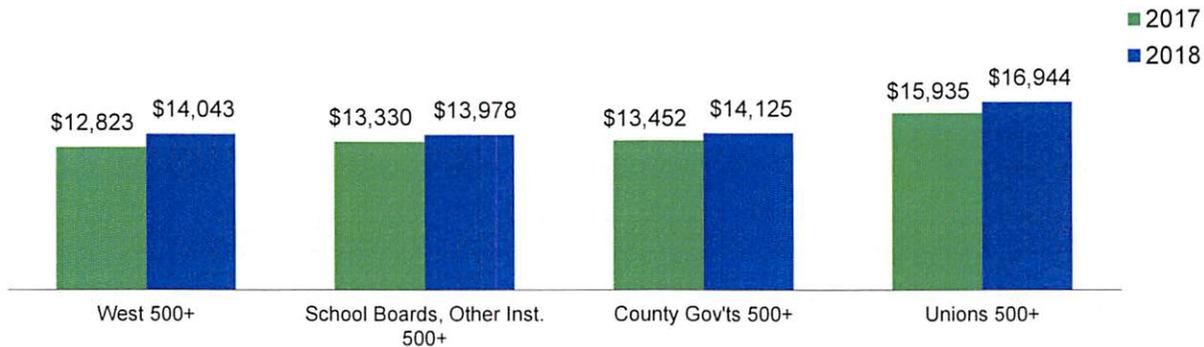
Average total health benefit cost* per employee



*Total health benefit cost includes medical, dental, Rx, vision and hearing benefits

PREFERRED PROVIDER ORGANIZATION (PPO) / POINT-OF-SERVICE PLANS (POS)

Average PPO / POS* cost per employee, for active employees



*includes traditional indemnity

Employee contributions

	West 500+	School Boards, Other Inst. 500+	County Gov'ts 500+	Unions 500+
Employee-only coverage				
% requiring a contribution	88%	80%	84%	86%
Average contribution as a percent of premium	20%	15%	15%	16%
Average monthly contribution amount	\$131	\$148	\$102	\$125
Family coverage				
% requiring a contribution	95%	96%	96%	95%
Average contribution as a percent of premium	28%	44%	24%	27%
Average monthly contribution amount	\$502	\$689	\$441	\$423

PPO / POS cost sharing

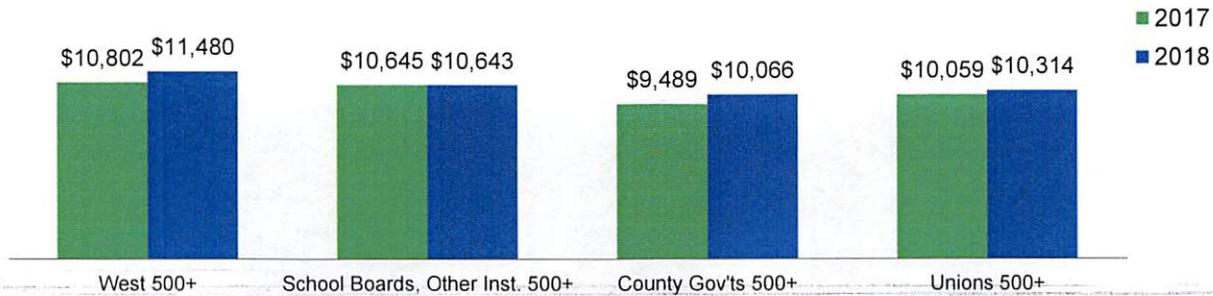
	West 500+	School Boards, Other Inst. 500+	County Gov'ts 500+	Unions 500+
Average actuarial value¹	88%	87%	88%	89%
Deductible for in-network services				
Median individual deductible amount	\$600	\$1,000	\$500	\$500
Median family deductible amount	\$1,500	\$2,050	\$1,288	\$1,000
Deductible for out-of-network services				
Median individual deductible amount	\$1,000	\$1,125	\$1,000	\$675
Median family deductible amount	\$3,000	\$3,200	\$2,000	\$1,500
In-network physician visit				
Median PCP copay amount	\$25	\$25	\$20	\$20
Median specialist copay, when higher than PCP	\$40	\$50	\$40	\$40
Out-of-network primary care physician visit				
% requiring coinsurance	91%	81%	88%	93%
Median coinsurance amount	40%	40%	40%	40%
Emergency room copay, when required	\$150	\$188	\$150	\$100
Out-of-pocket maximum for in-network services*				
Median individual out-of-pocket maximum	\$3,000	\$3,000	\$3,000	\$2,500
Median family out-of-pocket maximum	\$7,000	\$7,500	\$6,000	\$5,600

*Includes deductible

¹Calculated using plan design information supplied by the respondent, modeled through Mercer's MedPrice tool. AVs represent the ratio of paid claims divided by covered health care claims and exclude the impact of employee payroll contributions.

HSA-ELIGIBLE CONSUMER-DIRECTED HEALTH PLANS (CDHP)

Average HSA-eligible CDHP cost per employee, for active employees



Employee contributions

	West 500+	School Boards, Other Inst. 500+	County Gov'ts 500+	Unions 500+
Employee-only coverage				
% requiring a contribution	78%	71%	72%	79%
Average contribution as a percent of premium	18%	16%	12%	14%
Average monthly contribution amount	\$84	\$112	\$48	\$72
Family coverage				
% requiring a contribution	87%	87%	93%	92%
Average contribution as a percent of premium	27%	39%	18%	23%
Average monthly contribution amount	\$343	\$577	\$335	\$284

HSA cost sharing

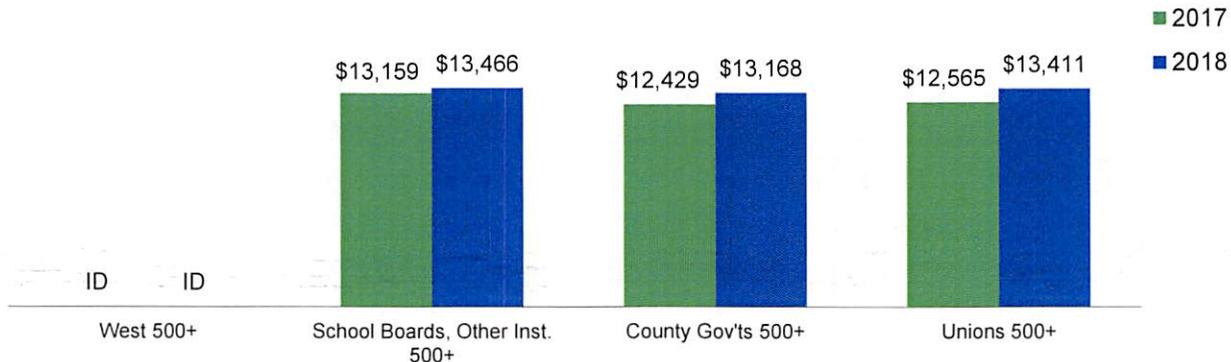
	West 500+	School Boards, Other Inst. 500+	County Gov'ts 500+	Unions 500+
Average actuarial value¹	82%	81%	85%	85%
Percent of employers making an account contribution	76%	70%	90%	83%
Employee-only coverage				
Median employer contribution to account*	\$550	\$900	\$750	\$750
Median in-network deductible	\$1,500	\$2,700	\$1,750	\$1,500
Median in-network out-of-pocket maximum	\$4,000	\$4,000	\$3,000	\$3,463
Family coverage				
Median employer contribution to account*	\$1,000	\$1,320	\$1,350	\$1,470
Median in-network deductible	\$3,000	\$5,300	\$3,500	\$3,400
Median in-network out-of-pocket maximum	\$6,850	\$8,000	\$6,000	\$6,550
Median coinsurance for in-network physician visit	20%	20%	20%	20%
Type of employer account contribution*				
Matching contributions	9%	5%	11%	10%
Incentive-based contributions	19%	9%	14%	13%

*Among employers that contribute to employee accounts

¹Calculated using plan design information supplied by the respondent, modeled through Mercer's MedPrice tool. AVs represent the ratio of paid claims divided by covered health care claims and exclude the impact of employee payroll contributions. Includes the employer contribution to the health savings account.

HRA-BASED CONSUMER-DIRECTED HEALTH PLANS (CDHP)

Average HRA-based CDHP cost per employee, for active employees



Employee contributions

	West 500+	School Boards, Other Inst. 500+	County Gov'ts 500+	Unions 500+
Employee-only coverage				
% requiring a contribution	71%	75%	64%	64%
Average contribution as a percent of premium	24%	10%	14%	10%
Average monthly contribution amount	\$84	\$78	\$90	\$88
Family coverage				
% requiring a contribution	91%	88%	73%	60%
Average contribution as a percent of premium	30%	15%	26%	14%
Average monthly contribution amount	\$456	\$556	\$348	\$370

HRA plan design

	West 500+	School Boards, Other Inst. 500+	County Gov'ts 500+	Unions 500+
Employee-only coverage				
Median employer contribution to account	\$750	\$750	\$675	\$500
Median in-network deductible	\$2,000	\$2,000	\$1,500	\$1,725
Median in-network out-of-pocket maximum	\$4,000	\$4,250	\$3,000	\$3,000
Family coverage				
Median employer contribution to account	\$1,500	\$1,500	\$1,500	\$1,250
Median in-network deductible	\$4,500	\$4,000	\$3,000	\$3,750
Median in-network out-of-pocket maximum	\$8,000	\$8,500	\$6,000	\$6,000
Make incentive-based contributions to account	10%	20%	40%	18%
Cost-sharing for in-network physician visit				
% requiring coinsurance	81%	50%	55%	50%
Median coinsurance amount	20%	20%	20%	20%

PRESCRIPTION DRUG (RX) BENEFITS¹

Average copayments in prescription drug plans

Retail	School Boards,		County Gov'ts	
	West 500+	Other Inst. 500+	500+	Unions 500+
Generic	\$11	\$12	\$10	\$10
Brand-name formulary	\$35	\$31	\$32	\$27
Brand-name non-formulary	\$51	\$53	\$52	\$45
Specialty or biotech drugs (when separate)	\$101	\$106	\$115	\$72
Mail-order (for 90-day supply)				
Generic	\$22	\$22	\$21	\$18
Brand-name formulary	\$68	\$63	\$64	\$50
Brand-name non-formulary	\$113	\$109	\$106	\$86
Specialty or biotech drugs (when separate)	\$177	\$150	\$232	\$143

HEALTH AND WELL-BEING PROGRAMS¹

Steps taken to build a "culture of health"

	School Boards,		County Gov'ts	
	West 500+	Other Inst. 500+	500+	Unions 500+
Vision / mission statement supports a culture of health	40%	32%	40%	37%
Offer onsite fitness facility	38%	19%	30%	35%
Work environment modified to promote well-being	28%	27%	25%	27%
Have policies to promote healthy work / life balance	50%	37%	39%	46%
Healthy food choices in cafeteria, meetings / events	62%	68%	32%	49%
No smoking anywhere on campus	61%	86%	48%	64%

Health and well-being incentives / penalties

Use incentives in connection with health and well-being program

	School Boards,		County Gov'ts	
	West 500+	Other Inst. 500+	500+	Unions 500+
Financial rewards	63%	43%	60%	49%
Financial penalties	8%	14%	19%	11%
Make charitable contribution on behalf of members	4%	0%	0%	0%
Non-financial rewards	22%	36%	30%	26%
Do not use any incentives	27%	31%	20%	33%

Incentives for participating in health and well-being programs²

Provide participation incentives	64%	64%	73%	65%
Maximum annual value of incentive* (median)	\$300	\$390	\$250	\$330

Outcomes-based incentives²

Provide outcomes-based incentives	26%	10%	24%	14%
Maximum annual value of incentive* (median)	\$400	\$350	\$300	\$500

Provide incentive for non-tobacco use

Lower premium contribution	11%	15%	11%	10%
Other incentive	8%	7%	18%	11%
Annual reduction in premium for non-tobacco-users, when provided (median)	\$600	\$600	\$420	\$500

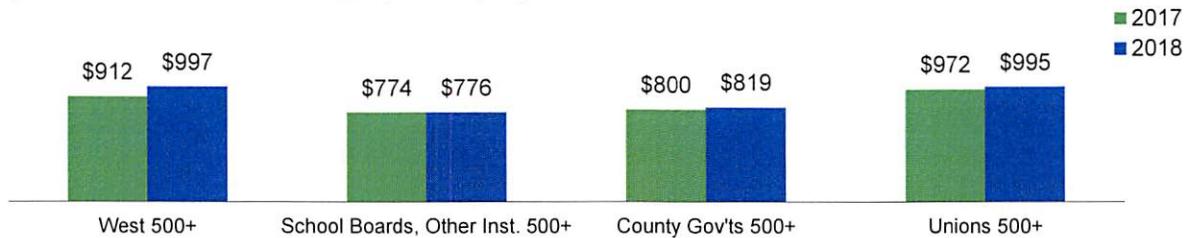
*Among employers that offer financial incentives

¹ Offered to employees enrolled in the largest medical plan of any type

² Based on employers with 500 or more employees

DENTAL BENEFITS

Average cost of dental coverage, per employee



Employee contributions

	West 500+	School Boards, Other Inst. 500+	County Gov'ts 500+	Unions 500+
Employee-only coverage				
% requiring a contribution	72%	68%	72%	59%
Average contribution as a percent of premium	36%	71%	57%	48%
Average monthly contribution amount	\$15	\$25	\$18	\$16
Family coverage				
% requiring a contribution	81%	85%	86%	71%
Average contribution as a percent of premium	44%	72%	58%	54%
Average monthly contribution amount	\$59	\$66	\$58	\$52

Type of dental plan offered / plan design

	West 500+	School Boards, Other Inst. 500+	County Gov'ts 500+	Unions 500+
Active PPO	58%	59%	53%	61%
Passive PPO	38%	29%	40%	32%
Dental HMO	24%	19%	22%	27%
No provider network	7%	9%	5%	5%
Deductible for restorative services				
Median individual deductible	\$50	\$50	\$50	\$50
Median family deductible	\$150	\$100	\$150	\$100
Annual maximum benefit (median)	\$1,500	\$1,500	\$1,500	\$1,500
Lifetime maximum benefit (median)	\$1,500	\$1,000	\$1,500	\$1,500

VOLUNTARY BENEFITS

Voluntary insurance benefits

	West 500+	School Boards, Other Inst. 500+	County Gov'ts 500+	Unions 500+
Benefits offered				
Accident	65%	69%	66%	62%
Cancer / critical illness	56%	69%	62%	63%
Individual disability insurance	36%	52%	46%	42%
Whole / universal life	33%	59%	41%	48%
Hospital indemnity	30%	44%	27%	30%
Long-term care	28%	43%	23%	25%
Auto / homeowners	15%	15%	4%	13%
ID theft	33%	28%	23%	22%
Legal benefit	43%	30%	29%	27%
Discount purchase program	27%	7%	20%	22%
Student loan refinancing / repayment	12%	15%	6%	10%
Pet insurance	26%	7%	6%	9%
None of the above voluntary programs offered	12%	11%	15%	17%

DEFINITIONS

HEALTH PLAN PREVALENCE AND ENROLLMENT

A **consumer-directed health plan eligible for a Health Savings Account** is a high-deductible health plan with an employee-controlled account. Employer contributions are optional. Account funds roll over at year end and are portable.

A **consumer-directed health plan with a Health Reimbursement Account** is a health plan with an employer-funded spending account. Account funds may roll over at year end, but are not portable.

HEALTH PLAN COST

Total health benefit cost is the total gross cost for all medical, dental, prescription drug, MH / SA, vision and hearing benefits for all covered active employees and their dependents divided by the number of enrolled employees. Total gross annual cost includes employee contributions but not employee out-of-pocket expenses.

Medical plan cost is the total gross cost for medical and prescription drug benefits divided by the number of enrolled employees. Mental health, vision and hearing benefits for all active employees and their covered dependents are included if part of the plan. Dental benefits, even if a part of the plan, are not included in these costs. CDHP cost includes any employer account contribution.

EMPLOYEE CONTRIBUTIONS, PPO/POS, HMO, CDHP, DENTAL

Unless otherwise noted, employers with multiple plans of the same type were asked to respond for the **largest plan of each type** (i.e., the one with the largest enrollment).

Family coverage is the coverage level for an employee, spouse and two children.

"ID" = Insufficient data.