



Division of Human Resources
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To: APS Employees
From: Myla Shepherd, Director, Human Resources
Date: May 1, 2012
Subject: Open Enrollment for Medical & Dental Insurance; Premium Payment Options; Medical/Dependent Care Flexible Spending Accounts; and Beneficiary Update

This year's open enrollment period will begin Tuesday, May 1 and close Thursday, May 24 at 4:00 P.M. The open enrollment period allows employees to:

1. Change their medical insurance provider
2. Change their current medical and/or dental insurance coverage status, i.e. adding or deleting self and/or eligible dependents
3. Initiate or change a Medical Flexible Spending Account and/or a Dependent Care Flexible Spending Account. Employees are required to re-enroll in these accounts annually.

There are [Open Enrollment meetings](#) scheduled at the Professional Learning & Conference Center at 15771 E 1st Ave. Vendors will be available to answer your questions on Kaiser Permanente and United HealthCare Navigate.

To maintain your current coverage with Kaiser Permanente, and/or Delta Dental, no action is required. **If you are a current United HealthCare subscriber, you must complete the [United HealthCare Enrollment Form](#) to select your primary care physician (PCP). If you fail to choose a PCP and your ID card does not match the PCP you go to after July 1, you will be responsible for paying the entire cost of the claim. Referrals will be required by primary care physicians to see specialists.** Coverage will continue with the [2012-13 rates](#), effective the June payroll. Coverage under the new plan will begin July 1, 2012.

To enroll or change coverage status in [Kaiser Permanente](#), [UnitedHealthcare](#) or [Delta Dental](#), please complete the appropriate Enrollment Change Form or submit a [request](#) for a complete enrollment packet.

Once the open enrollment period closes, health and dental plan coverage(s) may not be changed until the 2013-14 open enrollment period. Any changes in coverage before the next open enrollment period may be made only if an eligible event occurs, i.e., loss of coverage, marriage, divorce, legal separation, death, birth/adoption, open enrollment of a spouse, over-age dependent, change in contracted hours, resulting in a loss or gain in eligibility, or a significant cost increase. Changes must be made within 30 days of the eligible event and must be made by the 15th of the month in order for adjustments to be made the following month. It is the employee's responsibility to notify the Benefits Office should such changes occur.

Adding or dropping dependent(s) during the year will require documentation e.g. a HIPPA certificate, letter from a former employer stating the date of loss of coverage, marriage certificate, divorce decree, or adoption paperwork. There cannot be a break in coverage.

HEALTH AND DENTAL PLAN CHANGES

The [premium rates](#) for Kaiser Permanente increased this year by 7.4%. The emergency room benefit changed to a \$250 copay. United HealthCare changed plan design to the United HealthCare Navigate plan. This plan had no significant rate change but does require you to choose a primary care physician (PCP) and does require referrals to specialists.

- [Kaiser Permanente](#): Office visit copayment for Primary Care \$25; Specialists \$50; Emergency Room \$250 copay; Urgent Care \$50 copay. Annual deductible for individual coverage is \$500 and \$1,000 for family coverage. The annual out of pocket maximum for individual coverage is \$2500 and \$5000 for family coverage. A 10% coinsurance, after deductible will be applied to hospitalizations, surgical, diagnostic x-rays and some in-office procedures.
- [UnitedHealthcare Navigate](#): Office visit copayment for Primary Care \$25; Specialists \$40. Emergency Room \$300 copay; Urgent Care \$75 copay; RX \$15, \$30, \$50. Mail order is 2.5 Xs retail. Annual deductible for individual coverage is \$500 and \$1,000 for family coverage. The annual out of pocket maximum for individual coverage is \$2500 and \$5000 for family coverage. A 10% coinsurance, after deductible will be applied to hospitalizations, and surgical procedures. **You are required this year to select a primary care physician by completing the change form.**

There are no benefit changes under [Delta Dental](#) for the 2012-2013 plan year. The annual maximum is \$1,250.

DEPENDENT COVERAGE

Kaiser Permanente, United HealthCare and Delta Dental provide dependent coverage through the month the dependent becomes 26 years of age. Dependent coverage may include an employee's unmarried and/or married child(ren) under the age of 26. Students away at school who have Kaiser Permanente are covered by the Out of Area Student benefit which does require a completed form each school year. United HealthCare Navigate students who are out of state, need to pick a primary care provider in the Colorado Navigate network. They would be covered for urgent care and emergency services out of state. It is the responsibility of the employee to notify the benefits office the month the dependent becomes 26 years of age. Over-age dependents may have the right to continuation of coverage through COBRA.

COMMON LAW SPOUSES AND DOMESTIC PARTNERS

Health and Dental coverage is available for an employee's common law spouse. An [affidavit](#) of common law marriage is required to enroll in the health and/or dental plan.

The district's health and dental plans are also available to an APS employee's domestic partner and their dependent children. This election requires the completion of an [affidavit](#) which certifies the domestic partnership for purposes of health and/or dental insurance only. Pursuant to IRS regulations, the employee's portion of the premium will be deducted pre-tax and the domestic partner's and/or dependent children portion of the premium will be deducted after-tax unless the domestic partner is eligible as a [dependent](#) under IRS Code Section 152.

PREMIUM PAYMENT OPTION

All premium payments for medical and/or dental insurance are paid with pre-tax dollars. Employees considering retirement in the next four years may wish to have premiums paid with after-tax dollars. This is important because the highest average salary (HAS) is reduced by the amount of pre-tax premiums paid for health and dental plans. Usually, an employee should not participate in medical or dependent care flexible spending accounts during those last four years. Please contact PERA if you have any questions regarding this matter. Employees interested in paying insurance premiums with after-tax dollars may do so by completing and submitting a [request](#) to the Benefits Office.

HEALTHCARE AND DEPENDENT CARE ACCOUNTS

As an employee of APS, a portion of your salary before taxes may be withheld to reimburse medical, dental, and vision, and/or dependent care expenses incurred during the year. These programs may be advantageous, as income taxes are not paid on the portion of your salary credited to the account(s). However, each individual should make the decision regarding this option based upon his/her own financial circumstances. Although the school district uses a fiscal year budget, the IRS will still audit such accounts on a calendar year basis. Employees currently enrolled in these plans must re-enroll annually by completing the appropriate [forms](#). To obtain a complete enrollment packet, please submit a [request](#) to the Benefits Office. The healthcare and/or dependent care flexible spending accounts are administered through [Discovery Benefits](#).

The annual amount this year for the Medical Flex plan has been reduced from \$5,000 per plan year to \$2500. This change is due to the fact that in 2013 the IRS has reduced it to \$2500 for the calendar year and since our plan year falls over two tax years we need to make the change this year.

BENEFICIARY UPDATE

All employees are strongly encouraged to update their [beneficiary information](#). Beneficiaries are named for life insurance, PERA, PERA 401(k), 403(b), and 457 plans. Beneficiaries for district life insurance must be 18 years of age or older. The district's life insurance and long term disability plan are administered by CIGNA. A plan summary is posted on the HR website.

DISTRICT-PROVIDED EMPLOYEE ASSISTANCE

The Horizon Behavioral Services [Employee Assistance Program \(EAP\)](#) is a free service offered to all APS employees. The EAP provides professional counselors who can help manage any type of problem with complete confidentiality, 24 hours a day. In addition to 4 face-to-face counseling services, the EAP also offers legal and financial consultation (free 30 min. telephone consultation with financial, legal, id theft consultants).

HIPPA PRIVACY REMINDER

Aurora Public Schools is committed to the privacy of your health information. The administrators of Kaiser Permanente, United HealthCare Navigate, Delta Dental, and Discovery Benefits use strict privacy standards to protect your health information from unauthorized use or disclosure.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As required by the Women's Health and Cancer Rights Act of 1998, APS' healthcare plans provide benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For additional information, please contact your healthcare provider.