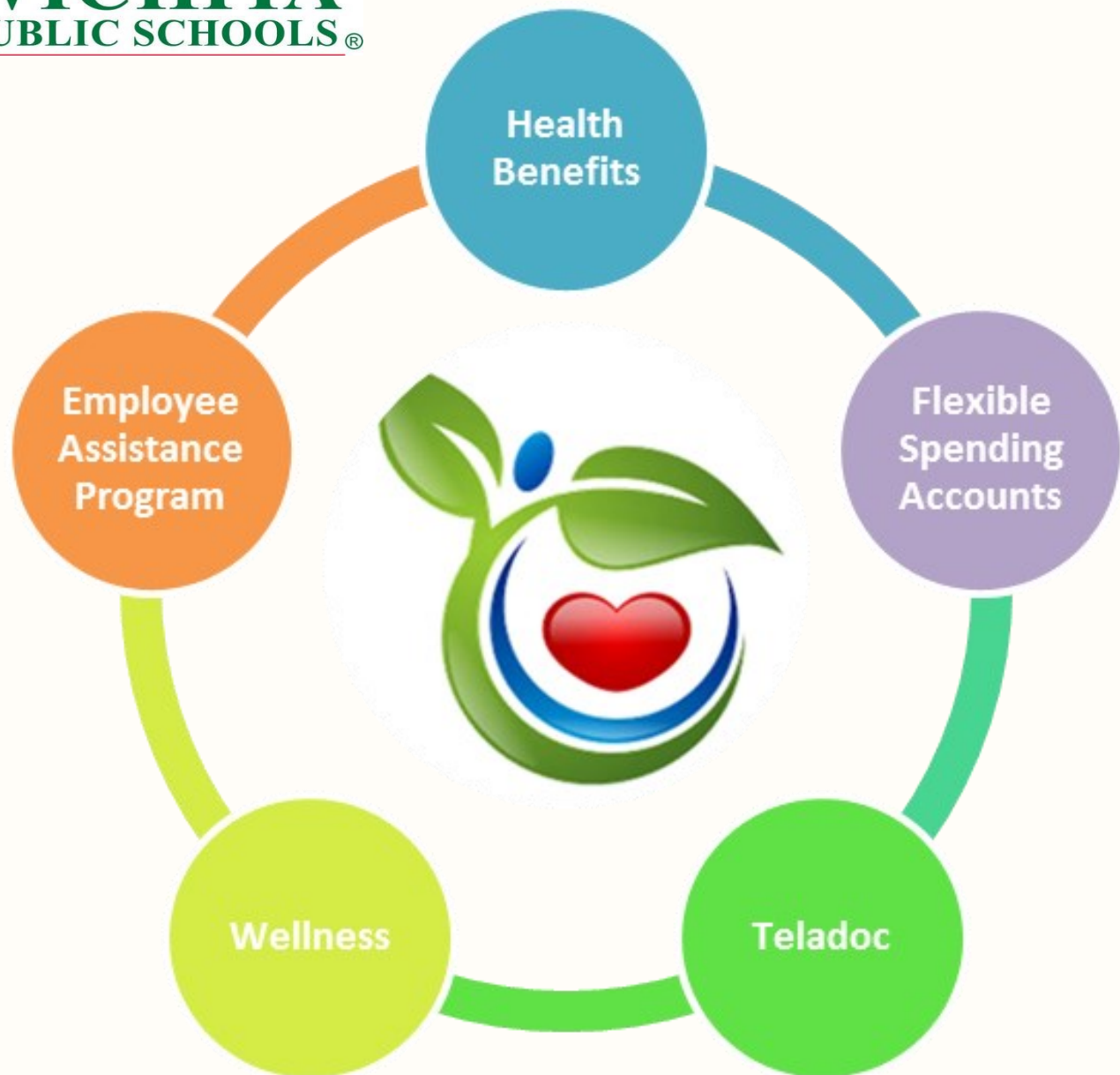




Annual Benefits

Open Enrollment Guide



Benefits To Support Your Well Being



Mark Your Calendar

Retiree Enrollment:

September 14th—30th

Employee Enrollment:

October 15th—26th

Open Enrollment Starts Soon

We know that benefits – in particular, health benefits – are one of the most important aspects of employment at any company. We are proud to offer you and your family an affordable, high-quality, comprehensive benefits package designed to invest in the long-term health of our team members. It is also a way to help keep our business healthy since quality benefits attract high-performing team members who can contribute to our long-term growth and success.

Benefits Open Enrollment is the one opportunity each year when benefits-eligible employees are able to make changes to their benefits elections.

All benefits-eligible employees will need to access self service to make their benefits elections and enroll in the health plan for 2016 between October 15th—October 26th.

Onsite Enrollment Sessions

Open to All

SSC: Library Media Computer Lab

October 15th: 6:30 am—6:00 pm

October 16th: 6:30 am—6:00 pm

Elections you make during open enrollment will become effective **January 1, 2016**

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EMPLOYEE ONLINE ENROLLMENT

STEP ONE: PREPARE

Know your network username and password. Your username and password for benefits enrollment are the same as your district email username and password. We recommend you try logging into the system prior to open enrollment to make sure you can access self-service.

For assistance with your Username or password: Contact the Help Desk at 973-4357.

STEP TWO: ENROLL

You are ready to enroll.

1. From your internet browser enter **wpportal.usd259.org** in the address bar.

Click on **Employee Self-Service (left-hand side)**.

Click **"From Home (outside District)"** or **"From Work (inside District)"**.

Enter your network **User ID** and **Password**. Click **Sign In**.

Note: Do not use your browser forward or back buttons. Use the Edit or Update Elections buttons to navigate.

2. Under **Benefits Enrollment** located in the larger Self-Service box, click either:

A. Wellness Credits Survey - Complete the 2015 Wellness Credits Survey.

Click the box by your **2015** wellness activities. Click **Save Selections**.

Click on **Continue to Benefits Enrollment**.

(100 wellness points are required to receive the premium waiver)

Total Points	Save Selections	
Total Points: 0/100	Continue to Benefits Enrollment ->	
25 Wellness Points	15 Wellness Points	Audit Authorizations
<input type="checkbox"/> Annual Physical including lab work	<input type="checkbox"/> Attend District Health Fair	<input type="checkbox"/> I authorize Coventry to provide Employee Benefits verification of my 2015 preventive exams for wellness audit verification purposes.
<input type="checkbox"/> *Proof of Normal Blood Pressure (systolic <120, diastolic <80)	<input type="checkbox"/> Well-Woman Mammogram	<input type="checkbox"/> I authorize Delta Dental to provide Employee Benefits verification of my 2015 preventive exams for wellness audit verification purposes.
<input type="checkbox"/> *Proof of Normal Cholesterol (total cholesterol <200, LDL<100, HDL>60)	<input type="checkbox"/> Well-Woman Pap Test	
<input type="checkbox"/> *Proof of Normal Blood Sugar (fasting glucose <100)	<input type="checkbox"/> Well-Man PSA Test	
<input type="checkbox"/> *Proof of Normal BMI (18.5 - 24.9) or Normal % Body Fat	<input type="checkbox"/> Annual Eye Exam	
<input type="checkbox"/> Non-Tobacco User (subject to audit & confirmation testing)	<input type="checkbox"/> Dental Cleanings two times per year	
For assistance in stopping the use of tobacco, you may contact the Kansas Tobacco Quitline at 1-800-QUIT-NOW	<input type="checkbox"/> Flu Shot	
	<input type="checkbox"/> Colonoscopy	
	<input type="checkbox"/> Completion of Tobacco Cessation Class	
	<input type="checkbox"/> Coventry Disease Management Program	
	<input type="checkbox"/> Coventry or Dillon's Diabetes Program	
	<input type="checkbox"/> Coventry or Dillon's Nutrition Counseling	
	<input type="checkbox"/> Completion of Coventry Education Series	
	<input type="checkbox"/> Participation in organized fitness events	
	<input type="checkbox"/> Weight-Management Program	
	<input type="checkbox"/> Attend lecture(s) sponsored by EBIM	

*Normal values with or without the use of medications

OR

B. Benefits Enrollment -To enroll in Health Plan with the Annual Premium OR elect the Cash Option.

3. Click **Select** next to your Open Enrollment event.

4. Click **Edit** next to [Medical/Dental](#).
Select a plan option: *Health Plan-Annual Premium*, *Health Plan - Wellness Credits*, or *Cash Option*
Scroll down and **CHECK the box next to each dependent to be enrolled on your Health Plan**.
Click **Update Elections**, then click **Update Elections**.
5. Click **Edit** next to [Working Spouse Premium](#).
Select "Pay Working Spouse Premium" if you are enrolling your spouse in the health plan, and
 IF your spouse is not employed by USD 259 and their Employer pays 50% or more of "Employee Only" health coverage.
Select "Decline Working Spouse Premium" if you are enrolling your spouse in the health plan, and
 IF your spouse is self-employed or unemployed, works for USD 259, is covered by Medicare, or
 IF your spouse pays more than 50% of employee only health coverage through their employer.
Select "Decline Working Spouse Premium" if you are not enrolling a spouse.
Click **Update Elections**, then click **Update Elections**.
6. Click **Edit** next to [Employee Tobacco Premium](#).
Select "Elect Employee Tobacco Premium" IF you have used 4 or more tobacco products within the past 6 months.
Select "Decline Employee Tobacco Premium" IF you have not used 4 or more tobacco products within the past 6 months, OR
Select "Decline Employee Tobacco Premium" IF you are not enrolled in the Health plan.
Click **Update Elections**, then click **Update Elections**.
7. Click **Edit** next to [Spouse Tobacco Premium](#).
Follow the same steps as outlined in Employee Tobacco Premium.
Select "Decline Spouse Tobacco Premium" IF you are not enrolling a spouse.
Click **Update Elections**, then click **Update Elections**.
8. Click **Edit** next to [Life](#).
Review your beneficiaries and allocations. You may add beneficiaries or change allocations to be effective January 1, 2016.
9. Click **Update Elections**, then click **Update Elections**.
If you need to remove or update a beneficiary's name e-mail Employee Benefits for assistance at employeebenefits@usd259.net
10. Click **Edit** next to [Flexible Spending Health](#). You may pledge between \$100 and \$2,550 per tax year.
Select "No-I do not want to enroll", or
Select "FSA-Health Care" to enroll. Enter your **annual** (Jan.-Dec.) pledge in whole dollars.
Click **Update Elections**, then click **Update Elections**.
11. Click **Edit** next to [Flexible Spending Dependent Day Care](#). You may pledge up to \$5000 per family per tax year.
Select "No, I do not want to enroll", or
Select "FSA-Dependent Day Care." Enter your **annual** (Jan.-Dec.) pledge in whole dollars.
Click **Update Elections**, then click **Update Elections**.
12. Click **Submit** on Benefits Enrollment screen. Click **Submit** on Submit Benefit Choices screen to finalize your enrollment. Click on "**Sign out**" in the upper right-hand corner of the screen.

CHANGES TO SUBMITTED ELECTIONS CAN ONLY BE MADE BY E-MAILING EMPLOYEE BENEFITS.

SEND EMAIL, WITH THE CHANGES LISTED, TO: employeebenefits@usd259.net

STEP THREE: AFTER YOU ENROLL

Enrollment Confirmation: A confirmation email will be generated for employees who go online and submit their 2016 benefit elections by October 26th. Please review the **Confirmation Email** and reply with any changes. On October 28th we will send out the final Confirmation Email for all benefitted employees. Please take a few minutes to view your elections and respond with final changes by October 30th.

Cash Option Document Submission: If you have elected to receive the cash option benefit for the 2016 health plan year, verification of your current health plan coverage is required. Please mail or fax a copy of your current medical card directly to Employee Benefits. Write your name and Employee ID# on a copy of your card and mail to Employee Benefits/AMAC building, 7th floor or fax to 973-4646.

Dependent Document Submission: To complete the enrollment of a newly added dependent, you will need to submit additional documentation. See table below. Required documentation must be submitted by the end of the day on November 8, 2015.

Benefit Participant being added	Document(s) Needed
Spouse	Copy of Marriage Certificate
Dependent (0–26 yrs.)	Copy of Birth Certificate (with parental information)
Adopted Children	If the child is your adopted child and the birth certificate has not yet been amended to name you and other adoptive parent as the child's parents, then the letter issued by the governmental agency placing the child in your home will suffice for documentation, until such reasonable time as the amended birth certificate can be issued.
Legal Dependents (Court Appointed)	You do not need to prove your relationship to the child's parents if you are the child's legal guardian. You must provide a copy of the guardianship appointment certified by the clerk of the court in which the appointment occurred.

Wellness Credit Verification: If you enrolled in the Health Plan with Wellness Credits you are subject to random audit. Those randomly selected for wellness credit audits will be contacted by Employee Benefits after the completion of Open Enrollment with further instructions. If selected, you will need to submit documentation of your 100 wellness points that you have accumulated since January 1, 2015. You may submit verification of any items adding up to 100 points (it does not have to be the items you marked on survey during enrollment).

IMPORTANT FOR THOSE AGE 65 ON HEALTH PLAN

Active employees and spouses must sign up for Medicare Part A at age 65 or when approved for social security disability. **If retired, and you or your spouse** become eligible for Medicare at age 65 or due to disability, **you must sign up for Medicare Part A and B** in order to continue coverage under the Retiree Health Plan. Failure to enroll in Medicare Part A & B will result in termination from the health plan. Medicare will be primary coverage and the Health Plan will be secondary coverage. If you are covered under the Retiree Health Plan, you do not need to enroll in a separate Medicare Part D plan.



NEW FOR 2016

Aetna will be our new health insurance vendor and Maxor Plus will be providing our prescription drug benefits. You will be receiving a new insurance card from Aetna that includes your prescription drug identification number. You will need to provide a copy of your new insurance card in **January 2016** to your healthcare providers including pharmacies.

The following changes will take effect January 1, 2016:

- ⇒ Health Plan Premium increasing from \$240 per year to \$600 per year*
(Waived if you earn 100 wellness points)
- ⇒ Working Spouse Premium increasing from \$1200 per year to \$2400 per year
- ⇒ Tobacco Premium increasing from \$600 per year to \$1200 per year
- ⇒ Nutritional Counseling covered at 100% at in-network providers/ 24 visits per calendar year
- ⇒ Annual eye exam covered at 100% at in-network providers

Urgent Care/Immediate Care \$50 co-pay at in-network providers

EMPLOYEE ANNUAL PREMIUMS

Health Plan Premium	\$ 600*
+ Working spouse add	\$2,400
+ Employee tobacco-user add	\$1,200**
+ Spouse tobacco-user add	\$1,200**
+ Part-time premium add	\$ 480 (Permanent Employees .75—.99 FTE)
(subject to negotiations)	

* Earn a \$600 annual wellness premium waiver for the 2016 plan year by accumulating 100 wellness credits between January and December 2015.

** Premium can be waived after completion of the KanQuit tobacco cessation program. Verification of program completion is required

For the 2017 plan year, spouses on the health plan will also have to earn 100 wellness points between January and December of 2016 to receive the \$600 premium waiver.

NETWORK:

Wichita Preferred Aetna Choice POS II. Visit Aetna at www.aetna.com to ensure that your health care provider is in the network. Wesley remains the preferred hospital. Providers that are out-of-network could result in your out-of-pocket expense being significantly higher.

Before services are rendered, contact Aetna Customer Service to verify the provider is in-network. Don't assume because your doctor sends you, that they are in-network. Services rendered out-of-network can be very costly to you.
There are no out-of-pocket maximums for out-of-network services.

UNDERSTANDING YOUR HEALTH COVERAGE

Office Visit Co-Pay (in-network):

Primary Care	\$30
Specialist	\$40

(Office visit co-pay is in lieu of deductible/co-insurance for routine health visits and minor acute illness visits.)

Other Co-Pays (in-network):

Teladoc (24/7/365 Physician telephone consult)	\$15
Walgreens Take Care / Dillons Little Clinic.....	\$30
Urgent /Immediate Care.....	\$50
ER.....	\$100
High Tech Radiology	\$100

(Deductible and Co-Insurance will apply to ER visits and High Tech Radiology. Prior authorization required for High Tech Radiology.)

Deductibles (annual in-network):

Health Plan

Individual	\$850
Family	\$1,700

Co-Insurance (in-network):

Health Plan

In-Network	70/30
Out-of-Network	50/50

Out-of-Pocket Maximum (annual in-network):

Health Plan

Individual	\$3,850
Family	\$7,700

Prescription

Individual	\$3,000
Family	\$6,000

Prescription co-pays will accumulate towards the out of pocket maximum

Lifetime Health Plan Maximum:None

Annual Notices:

All annual notices can be found at the Employee Benefits website, benefitsenrollment.usd259.org. If you have questions or would like a written copy of one of the annual notices, please contact Employee Benefits by calling (316) 973-4581 or send an email to employeebenefits@usd259.net.

FREE PREVENTIVE CARE AT IN-NETWORK PROVIDERS

- 🍏 Dental cleanings 2 times per year.
- 🍏 One annual Mammogram, Pap test **and corresponding office visit per year paid at 100%**, at in-network providers.
- 🍏 One annual PSA **and corresponding office visit per year paid at 100%**, at in-network providers.
- 🍏 Well-Baby immunizations to age 19, **and corresponding office visits paid at 100%**, at in-network providers.
- 🍏 Colonoscopy, starting at age 50, is covered 100% at in-network providers.
- 🍏 Free Adult Vaccines (CDC Recommended) at in-network providers.

NEW FOR 2016

- 🍏 24 free Nutrition Counseling visits at in-network providers per contract year.
- 🍏 One annual eye exam paid at 100%, at in-network providers.

DEPENDENT COVERAGE & TIME LIMITS

- Dependents must be added to or dropped from the Health Plan within 31 days of a life event (birth, marriage, divorce).
- **Children up to age 26 can stay on the USD 259 health plan regardless of student or marital status.**
- During Open Enrollment you can add or drop dependents. Dependent eligibility verification documents are required for any new dependents added to the plan.
- Social security numbers are required for all dependents. Individual Taxpayer Identification Numbers (ITIN) will also be accepted.

To be in compliance with the ACA, the district will be offering a minimum value high deductible plan to all employees including eligible non-benefitted employees. This plan will have an individual deductible of \$5,850 with an employee monthly premium of \$145.23. Contact Employee Benefits at EmployeeBenefits@usd259.net for more information.

Welcome to Delta Dental of Kansas

With Delta Dental of Kansas you receive the expertise of the nation's largest and most experienced dental benefits carrier, paired with our unparalleled customer service. Together with Wichita Public Schools, we designed a benefit plan to help protect the oral health of you and your family.

The Power of the Delta Dental Network

You are free to visit any dentist you choose, however, there may be a difference in the amount you pay if the dentist is not a Delta Dental participating dentist. It is to your advantage to choose a Delta Dental PPO or Delta Dental Premier dentist (in-network dentists). This won't be hard, as Delta Dental offers the largest network of dentists in the nation and Kansas. If you have any questions about whether your current dentist participates with Delta Dental or if you are in search of a new one, go online to DeltaDentalKS.com and use the Find a Dentist feature or call customer service at 800.234.3375.

Easily Manage Your Benefits

Manage your benefits anytime, anywhere with Delta Dental's mobile app. Get access to dentist search, claims and coverage, ID cards and more! Delta Dental's mobile app is available for smartphones and tablets using iOS (Apple) or Android. To download the app on your device, visit the App Store or Google Play and search for Delta Dental. Or, if you have a QR code reader installed on your phone, scan the code to the right.



You can also easily manage your benefits by logging in to the *Subscriber Connection* at DeltaDentalKS.com.

Dental Plan at a Glance

Annual Deductible

Per Person.....\$50
Per Family.....\$150

Annual Benefit Maximum

Per Person.....\$1,500

Limited Lifetime Implant Coverage

Per Person.....\$2,500
(Prior authorization required)





Pharmacy Benefit Management Services

320 S. POLK STREET, SUITE 200, AMARILLO, TEXAS 79101

Welcome to MaxorPlus!

MaxorPlus has been selected to administer the prescription drug benefit program for Wichita Public Schools effective January 1, 2016.

With MaxorPlus, you will have access to a nationwide network of participating retail pharmacies as well as comprehensive pharmacy benefits and exceptional customer service. We are pleased to partner with Wichita Public Schools to provide an innovative prescription benefit program. This letter contains important information on your benefits through MaxorPlus. Please read through this information in its entirety, and keep it for future reference.

Member Identification Information

Member identification (ID) information will be included on the front of your new Aetna health insurance card. This card can be used to access prescription benefits. Please remember that you must present your Aetna card when you visit your pharmacy on or after January 1, 2016.

Finding a Pharmacy Near You

MaxorPlus' participating pharmacy network includes more than 62,000 retail pharmacies, including regional and national chains, as well as independently owned pharmacies. The following are examples of some participating pharmacies: CVS, Walgreens, Dillon's Pharmacy, Walmart, Target, Sam's, Costco, and many, many more.

To locate a pharmacy near you, log on to www.maxorplus.com and access our online pharmacy locator. You may also contact MaxorPlus customer service at 1-800-687-0707 and speak with a customer service representative to assist in finding a pharmacy near you.

Save Money with Preferred Drugs

The MaxorPlus Preferred Drug Formulary is a reference to help guide you and your physician in choosing medications which allow the most effective use of your prescription drug benefit. By prescribing generic or preferred brand-name drugs on this list, your physician can help you save on your prescription expenses. Upon receiving your ID card with the group number, you are encouraged to print a copy of the Preferred Drug Formulary from our website at www.maxorplus.com and share this list with your physician and other health care providers. It is our goal to partner with both you and your physician to save you money.

Please note that brand-name drugs may move to non-formulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription drug benefit programs; check your benefit materials for the specific drug coverage and exclusions.



Pharmacy Benefit Management Services

320 S. POLK STREET, SUITE 200, AMARILLO, TEXAS 79101

Mail Service Pharmacy

As an added benefit, MaxorPlus offers the convenience of home delivery through Maxor's Mail Order Pharmacy. A 90 day supply of medication can be filled through the Maxor mail service. A new 90 day prescription is required for those who wish to use the mail service.

If you are new to mail service, please take note of the important information below.

To begin receiving medications through mail service, you will first need to enroll:

Please complete the enrollment form you will soon receive in your benefits packet and return it with your prescription to PO Box 32050, Amarillo, TX 79120-2050. The form is also available at www.maxorplus.com. When completing this form, please make sure that you include the member ID & Rx group numbers that are printed on the ID card you will receive in the upcoming weeks. Refills can be authorized 24/7 by calling Maxor mail service at 1-800-687-8629, or securely through www.maxorplus.com.

Co-payments

Drug	Retail Co-pay (30 Day Supply)
Generic	\$10
Preferred Brand	\$30
Non-Preferred Brand	\$55
Specialty	10% up to \$100
Drug	Mail Order Co-pay (90 Day Supply)
Generic	\$20
Preferred Brand	\$60
Non-Preferred Brand	\$110
Specialty	N/A

Free Medications

Formulary generic blood pressure, cholesterol, and select diabetic medications and supplies are free at any in-network pharmacy. Please talk to your doctor about prescribing a generic, so you can save money.

We're Here to Help

If you have questions, please call our customer service department at 1-800-687-0707. Representatives are available to assist Monday through Friday 7AM-9PM, Saturday 8AM-6PM, and Sunday 9AM-5PM CST (Central Standard Time). In the event of an emergency, MaxorPlus has staff readily available 24/7 to assist you with your prescription benefit questions.



Medical flexible spending account maximum increased to \$2550



Flexible Spending Accounts Save You Money!

*Want to save money on Medical or Child Care Expenses?
Sign up for the Flexible Spending Account and
put more money in your pocket!*



Save 25% or more on eligible expenses.

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck on a pre-tax basis to pay for medical and child/elder care expenses. That means you do not have to pay federal, and in most cases, state income tax, or FICA taxes on those dollars...which means you have more money in your pocket! Most people can save at least 25% on each dollar that is set aside, for expenses they are paying for anyway!

The FSA is easy to manage, and you can take advantage of the spending accounts by following three easy steps:

- 1) Review your expenses for medical and/or child/elder care for the previous year. Make note of what you spend on regular, planned expenses, and what expenses you may incur in the coming year.
- 2) Sign up for your FSA during your employer's annual open enrollment period.
- 3) Submit claims to ASIFlex for reimbursement of your expenses.

Estimating your annual election amount can be the most difficult part of the process, but even this is pretty easy! ASIFlex offers the following tips and tools to help!

First, take a look at your prior year's expenses, as this is a good indicator of what you might anticipate for next year.

Then make a list of your predictable or recurring expenses that you know you have, such as annual deductible, monthly prescriptions, contact lens supplies or ongoing child care costs. Next, think about any other anticipated expenses you plan to incur next year, such as eyeglasses or orthodontia.

You can review ASIFlex's Eligible Expense list as a reference of the hundreds of eligible expenses.

Then you can use the ASIFlex expense estimator and the tax savings calculator to see your savings!

Remember that the more you set aside, the more you save, so it is to your advantage to do a thorough review of your expenses.

That's it!!

Have questions



1.800.659.3035

Customer Service Hours: 7:00 am - 7:00 pm CT Monday -Friday; 9:00 am - 1:00 pm CT Saturday



www.asiflex.com



asi@asiflex.com



GET STARTED TODAY!

VISIT [TELADOC.COM](https://www.teladoc.com)
OR CALL 1-800-TELADOC

So many reasons to use Teladoc®.



Talk to a doctor
anytime, no matter where
you are



Prompt treatment,
average call back in
16 min



Receive quality
care via phone or
online video



No limit on consults, so
take your time



A network of doctors
that can treat children
of any age



Secure, personal and
portable electronic
health record (EHR)

WHAT CAN I USE IT FOR?

- Cold and flu symptoms
- Allergies
- Bronchitis
- Respiratory infection
- Skin problems
- Ear infection
- And more!

WHEN CAN I USE IT?

- When you need care now
- If your doctor is unavailable
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

Get started today!

We've made it quick and easy to set up your account online. If you do not have access to a computer, call **1-800-Teladoc** to set up your account by phone.

1. Visit [Teladoc.com](https://www.teladoc.com).
2. Click **Set up account**.
3. Follow the online instructions.

Teladoc is only a call or click away!

Once you've set up your account, request a consult with a Teladoc doctor anytime, no matter where you happen to be. Simply visit [Teladoc.com](https://www.teladoc.com) or call **1-800-Teladoc**.



Download the Teladoc member app at
[Teladoc.com/mobile](https://www.teladoc.com/mobile)

Talk to a doctor anytime for \$15

NEW DIRECTIONS

EMPLOYEE ASSISTANCE PROGRAM



➤ **80% of employees report reduced productivity at work due to daily stress**

“Life threw me a big ol’ curveball I could have never anticipated. The EAP helped me move forward with advice and resources I wasn’t able to find on my own.

- Accountant/Controller

➤ **70% of employees who use the EAP find their stress levels improve**



Together Is The Way Forward

THE TOOLS TO FIND YOUR BEST SELF

Employee Assistance Program

As a valued employee of the Wichita Public School system, a big job is asked of you – to develop, support and guide students in their academic journeys. Chances are, the daily demands of life don’t end when you leave work. That’s why USD 259 partners with New Directions to offer an Employee Assistance Program (EAP) to help you best manage your life. The free, confidential benefit provides you with the tools, whether online or in person, to tackle life’s challenges.

EAP Can Give You the Support You Need

Hard-working employees just like you use the program’s experts and resources every day to help with:

- Relationship challenges
- Life-changing events
- Legal or financial issues
- Excessive worry or stress
- Substance dependence
- Workplace challenges

Treatments and Resources to find your best self

The expansive list of resources, free to you and your loved ones, can be used at your style and pace:

- **Dedicated helpline:** Around the clock support from professionals
- **Assessments and referrals:** In-person or telephone assessments to help match you with the resources you need to improve your health
- **Short-term counseling:** In-person and/or telephone counseling from certified, licensed and passionate professionals
- **Relationship issue guidance:** Around-the-clock help to find resources to deal with parenting, personal or work-related issues.
- **Legal and financial services:** Access to a network of attorneys and financial counselors prepared to provide legal expertise and advice on many issues. Download customizable legal documents for things like wills, traffic violations, asset sales and more.
- **Health Resource library:** Comprehensive collection of searchable articles, videos, self-assessments, calculators and planners for information on any health issue or topic

And there’s more. For nearly any piece of your life that feels like it needs some improvement, there is support for you.

Get Started

Call: 800-624-5544 or 816-237-2352

Log on: www.ndbh.com with passcode **USD259**

Request a session online at www.ndbh.com

Online, real time, anytime: **confidential care** for you and your family to live with balance, health and happiness.

Changes Coming for 2017

HEALTH PLAN DESIGN

The District will be offering two types of health plans **for the 2017 plan year.**

Aetna Choice POS II Plan

In-network: This plan gives you the ability to visit any Wichita Preferred Aetna Choice POS II network doctor you want. You do not need a referral if you wish to see a specialist, nor do you need to select a primary care physician (PCP). You can go to a dermatologist, orthopedic surgeon, or other specialist by simply calling the specialist and setting up an appointment.

In-network benefits include copayments for office visits.

Out-of-network: This plan also gives you the ability to visit an out-of-network licensed provider. However, because the insurance company has not negotiated discounted rates with these providers, you will have to pay your out-of-network deductible and co-insurance plus the difference between what the Choice POS II Plan pays for services and the amount the out-of-network provider charges.

Choice POS II Plan, effective 01/01/2017

	Yes	No
PCP selection required		✓
Referrals required		✓

Aetna Quality Point-of-Service (QPOS) Plan **You must have a PCP in order to enroll.**

This plan requires each member and their covered dependents to designate a PCP in order to enroll in the plan and receive the In-network level of benefits. The designated PCP serves as your main doctor who will coordinate your other health care services. For example, your PCP coordinates services you may need like physical therapy or home oxygen. Your PCP will also coordinate the care you receive from specialists. To receive the highest level of coverage you will need a referral from your PCP to visit an in-network specialist.

The QPOS plan will have lower copayments, deductibles and out-of-pocket maximum.

The QPOS plan does provide you the option of using an out of network provider. However, Aetna has not negotiated discounted rates with these providers, so you will have to pay your out-of-network deductible and co-insurance plus the difference between what the QPOS plan pays for services and the amount the out-of-network provider charges.

QPOS Plan, effective 01/01/2017

	Yes	No
PCP selection required	✓	
Referrals required	✓	

PREMIUM WITHOUT WELLNESS CREDITS

	Employee Only	Spouse Only	Employee & Spouse
2016	\$600 annual	\$0	\$0
2017	\$600 annual	\$600 annual	\$1200 annual
2018	\$1200 annual	\$1200 annual	\$2400 annual

WELLNESS CREDITS

2016 Activities For 2017 Health Plan Premium Waiver
for Employees & Spouses on the Health Plan



40 POINTS EACH	25 POINTS EACH
<input type="checkbox"/> Annual Physical including blood work <input type="checkbox"/> Annual Eye Exam <input type="checkbox"/> Dental Cleanings two times per year <div style="border: 1px solid red; padding: 5px; margin-top: 20px;"> <p><i>Please Note: Your Health Plan is committed to helping you achieve your best health. The premium waiver for participating in the wellness program is available to all employees. If you think you might be unable to meet the standard for a waiver under this wellness program, you might qualify for an opportunity to earn the same waiver by different means. Contact Employee Benefits at 973-4581 and we will work with you (and if you wish, with your doctor) to find a wellness program for the same waiver that is right for you in light of your health status.</i></p> </div>	<input type="checkbox"/> Well-Woman Mammogram <input type="checkbox"/> Well-Woman Pap Test <input type="checkbox"/> Well-Man PSA Test <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Annual Flu Shot or Approved CDC Vaccine <input type="checkbox"/> Non-Tobacco /Nicotine User <p>Subject to audit and confirmation testing.</p> <p>* For assistance in stopping the use of tobacco, you may contact the Kansas Tobacco Quitline at 1-800-QUIT-NOW</p> <p>* Nicotine gum/patches are not considered tobacco products if prescribed or recommended by a physician and/or used in conjunction with smoking cessation treatment.</p> <p>Earn a \$600 annual premium waiver by accumulating 100 wellness points between January and December 2016</p> <p>*NEW: Spouses on the health plan will also need to accumulate 100 wellness points between January and December 2016 to earn the \$600 annual premium waiver.</p>
40 POINTS EACH	25 POINTS EACH

**Employees and Spouses on the health plan must
accumulate 100 points EACH between
January and December 2016 for the
2017 Health Plan Premium Waiver.**

IMPORTANT TO NOTE

ALL employees / retirees **and** spouses who wish to enroll in the health plan with wellness discount will be required to submit supporting documentation of wellness initiatives completed when enrolling in benefits for the 2017 plan year in order to receive the wellness premium waivers.



Customer Service

1-(800)-228-6481

www.aetna.com

The Wichita Public Schools dedicated customer service phone number will be located on the back of your Aetna ID card



Customer Service

1-(800) 234-3375

(316) 264-4511

www.deltadentalks.com



Pharmacy Benefit Management Services

Pharmacy Benefit Questions

1-(800) 687-0707

<http://www.maxor.com/maxorplus/members>



Flexible Spending Questions

1-(800) 659-3035

www.asiflex.com



Employee Assistance Program

1-(800) 624-5544

www.ndbh.com

Passcode: USD259



Get Started Today

1-(800) TELADOC

www.teladoc.com

GLOSSARY

Health coverage pays for provided services, medications, hospital care, and special equipment when you're sick. It is also important when you're not sick. Here are explanations of some key health insurance words that you may hear.

Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act (PPACA) - also known as the Affordable Care Act or ACA, is the landmark health reform legislation passed by the 111th Congress and signed into law by President Barack Obama in March 2010.

Co-payment

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A co-payment is usually a set amount, rather than a percentage. For example, you might pay \$30 for a doctor's visit or \$10 for a prescription.

Co-insurance

An amount you may be required to pay as your share of the cost for services after your deductible is satisfied. Co-insurance is usually a percentage (for example, 30%).

Deductible

The amount you owe for health care services before your health insurance or plan begins to pay.

Explanation of Benefits (EOB)

A summary of health care charges that your insurance company sends you after you see a provider or receive a service. It is not a bill. It is a record of the health care you or individuals covered on your policy received and how much your provider is charging your insurance company. If you have to pay more for your care, your provider will send you a separate bill.

Formulary

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

In-network

The facilities, providers, and suppliers your health plan has contracted with to provide health care services.

Non-formulary

Drugs that are not included in the list of preferred medications that a committee of pharmacists and doctors deems to be the safest, most effective and most economical. They are drugs not included in the drug list approved by Maxor Plus.

GLOSSARY

Out-of-network

A provider or facility who doesn't have a contract with your health plan to provide services to you. You'll pay more to use them.

Out-of-pocket Maximum

The most you pay during a policy period (usually one year) before your health insurance or plan starts to pay 100% for covered essential health benefits. The out-of-pocket maximum includes the yearly deductible and may also include any co-insurance you have after the deductible.

Out-of-network co-insurance

The percent (for example, 50%) you pay of the allowed amount for covered health care services to providers who don't contract with your health insurance or plan. Out-of-network co-insurance costs you more than in-network co-insurance.

Preauthorization

Sometimes called prior authorization, prior approval, or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization is not a guarantee of benefits.

Primary Care Provider (PCP)

The doctor you see first for most health problems. He or she makes sure you get the care you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. In many health plans, you must see your primary care doctor before you see any other health care provider.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of healthcare.

Urgent Care

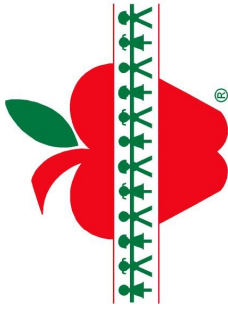
Urgent care is non-preventive or non-routine health care service needed to prevent serious deterioration of a person's health following an unforeseen illness, injury or condition. Urgent care includes conditions that could not be adequately managed without immediate care or treatment, but do not require the level of care provided in an Emergency Room. Often referred to as Immediate Care.

EMPLOYEE BENEFITS & INSURANCE MANAGEMENT

201 N. Water, 7th Floor

Tel. (316)973-4581 Fax (316)973-4646

Employeebenefits@usd259.net

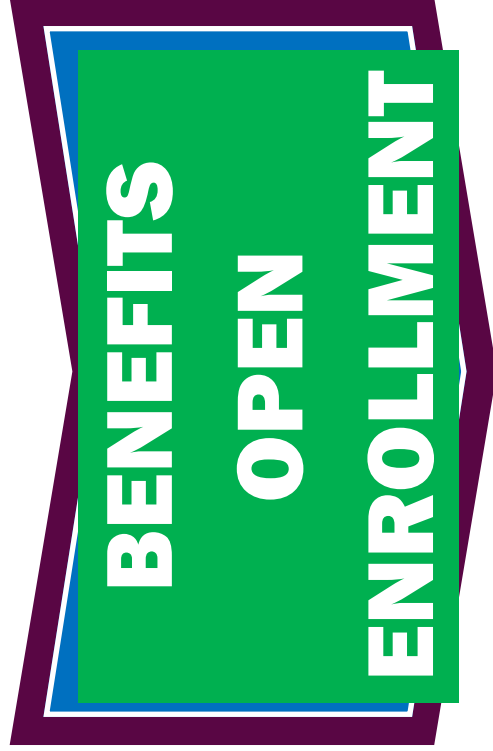


Employee Benefits & Insurance Management

201 N. Water

Wichita, KS 67202

WICHITA
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September 14th- 30th (Retirees)

October 15th—26th (All Employees)

