

2017-2018 Benefits Options

City of Kansas City, Missouri

Access PeopleSoft Employee Self Service

Intranet: Go to the City site <https://mykc.kcmo.org> and click the [Sign Into PeopleSoft](#) link.

Internet: Go to www.kcmo.gov and click [Employee Home](#)

Customer Service Phone Numbers

AllState	816-531-7500		
BCBSKC	816-395-2969	Humana Dental	800-233-4013
WageWorks	800-950-0105	The Hartford	800-828-1129
VSP	800-877-7195	UNUM Provident	800-227-4165

User ID and Password

Please contact the Help Desk for assistance **Monday – Friday,**
7:00 AM. – 5:00 PM, at Telephone number 816-513-3333.

Or email at help.desk@kcmo.org

PeopleSoft Enterprise Menu: PeopleSoft>Human Resources >Employee Self Service Home > Benefits Home >Benefits Enrollment

Human Resources Benefits Office


816-513-1932 phone 816-513-1953 fax

Or email at benefits@kcmo.org

Employees Enrolling in Benefits Through Employee Self Service

Listed below is the screen navigation to elect or change benefits. Be sure to gather dependent/beneficiary information (including Social Security numbers, dates of birth, and doctor/dentist numbers {if applicable.}) Qualified dependents for health, dental, vision, and dependent life are legal spouse, registered domestic partner, and/or dependent child to the end of the calendar year in which dependent child turns 26.

NOTE: Internet users please begin your navigation at [Employee Home](#) > [Benefits Home](#) > [Benefits Enrollment](#) (Click link)

1. Click on the **SELECT** button.
2. Select the **EDIT** button for the elections you would like to make for each of the Plan Types.
3. Click on the  next to the Benefit Plan in which you would like to enroll or change.
4. Navigate to the bottom of the page and enter **ADD/REVIEW DEPENDENTS** to add dependent and beneficiary information. Follow the directions once you have clicked on the button, or if everyone is already entered.
5. Click on the next to the Dependent/Beneficiary to be covered. If a Primary Care Provider ID is required you will need to fill in the PCP ID in the space and check if previously seen or if the provider is the same for the dependents as it is for the employee.
6. Click on the **CONTINUE** button.
7. The next screen visible allows you to view the benefit plan you chose along with the estimated cost per pay period and the dependent(s) you want covered under this plan. You may change your elections at this time by selecting the **EDIT** button. If these are the elections you want then select the **OK** button.
8. A summary of the estimated per pay period costs for your new benefit choices is at the bottom of the page.
9. If your elections are complete, click on the **SUBMIT** button. Review the Submit Benefit Choices page. Print this page for your records (you may be required to provide it if there are any discrepancies with your elections).
10. Again you have a choice to make changes or **SUBMIT** your request.
11. Click on the **OK** button on the Submit Confirmation page to finish.

Making Changes to Insurance Coverage

The changes you make during this open enrollment will remain in effect until the beginning of the next Plan Year (May 1st) unless you have a change in family status. This is a change in personal circumstances that affects your family's benefit needs. Documentation of the event is required. Some examples are:

- You are married or divorced
- You have a new baby or adopt a child
- Your spouse or dependent child dies
- Your child is no longer eligible due to dependent status, age or moving
- Your eligibility for benefits under another group plan changes
- You or a family member gains or loses coverage under another group insurance plan
- A Court judgment, decree or order requiring coverage
- Your spouse has an open enrollment period at his/her place of employment and coverages end or are elected under spouse
- You or your dependent becoming eligible for Medicare or Medicaid
- A change in employment by you or your spouse affecting benefits
- COBRA coverage is exhausted

NOTE: The request to make an insurance change due to a change in family status must be completed by calling the Benefits Office at 816-513-1932 or email benefits@kcmo.org, providing proper documentation, then entering your changes on-line via PeopleSoft Employee Self Service within 31 days of the qualifying event date.

2017-18 Health Insurance Plan Options

Blue-Care HMO (Base)	
	Employee Bi-Weekly Cost City Bi-Weekly Cost
Employee Only	26.50 238.49
Employee + One	79.52 450.63
Family	152.57 610.30
Plan Description	Choose a primary care physician. Self-refer to physician specialist in the Blue-Care network. Urgent care and an exclusive network of specialists are also covered; other services must be ordered by an HMO Physician.
Primary Care Physician Choices	2,139
Specialist Choices	12,950
Hospital Choices	37
Deductible per Calendar Year	None
Coinsurance	Not Applicable
Out of Pocket Annual Maximum	In/Out-patient hospital services limited to 5 co-pays per member per Calendar Year
Physician Services	
Office Visit Co-Pay	\$30
Specialist Visit Co-Pay	\$60
Hospital Coverage	
Ground Ambulance Co-Pay	No Co-Pay
Emergency Room Co-Pay	\$175 but waived if admitted
Urgent Care Center Co-Pay	\$50
Inpatient Daily Room Co-Pay (includes Maternity, In & Outpatient Surgery)	\$500/day Co-Pay, \$2,500 per calendar year
Prescription Drug Coverage – IMPORTANT - See Plan Details	
Generic is Tier 1	Up to 34 day Supply at Network Pharmacy \$12
Preferred Name Brand is Tier 2	\$35
Non-Preferred Name Brand is Tier 3	\$60
	Mail Order Rx/102 day supply @ 2 Co-Pays
Vision Benefit	\$10 Co-Pay through Physicians Vision Providers Plan (referral not required) 1 visit Max per year
Dependent Eligibility	End of calendar year the child reaches age 26 regardless of student status

2017-18 Dental Insurance Plan Options

Dental Benefits	Humana Dental Advantage Plus	Humana Dental Traditional Preferred
Employee Bi-Weekly Cost	Employee Only 6.86 Employee + One 13.74 Family 20.48	Employee Only 11.64 Emp.+ 1 or Emp.+ Children 24.77 Family 37.07
Dental Offices	135 Dentists All 135 Dentists Accept New Patients	Unlimited
Deductible (Calendar Year)	None	\$75 per Individual
Preventive Care	\$5 Office Visit Co-Pay	No Co-Pay (deductible waived)*
Basic Services	See Benefit Schedule for Details	20% Co-Insurance* After Deductible
Major Services	See Benefit Schedule for Details	50% Co-Insurance* After Deductible
Orthodontia	Covered-See Benefit Schedule for Details and Co-Pays	Not Covered
Plan Maximum Benefit	None	\$1,000 per Person per Calendar Year

* Covered services are subject to usual and customary limits.

This partial list of benefits was compiled by the Benefits Office for comparative purposes only.

This is not a contract, nor does it modify or amend the group master policy.

2017-18 Health Insurance Plan Options

Blue-Care HMO (Mid-Level)		Blue-Care HMO (Premium)		Preferred-Care Blue PPO	
Bi-Weekly Cost	City Bi-Weekly Cost	Bi-Weekly Cost	City Bi-Weekly Cost	Bi-Weekly Cost	City Bi-Weekly Cost
32.50	292.55	33.11	298.05	39.41	354.72
97.71	553.68	99.37	563.13	118.46	671.30
182.30	729.20	190.66	762.66	221.02	884.10
Choose a primary care physician. Self-refer to physician specialist in the Blue-Care network. Urgent care and an exclusive network of specialists are also covered; other services must be ordered by an HMO Physician.		Choose a primary care physician. Self-refer to physician specialist in the Blue-Care network. Urgent care and an exclusive network of specialists are also covered; other services must be ordered by an HMO Physician.		May receive services from ANY hospital or physician but receive greater benefits when providers within the Preferred-Care Blue network are used.	
2,139		2,139		2,704 In network	
12,950		12,950		14,928 In network	
37		37		56 In network	
None		None		\$500/Individual, \$1,000/Family	
Not Applicable		Not Applicable		In network 90%-Out of network 70%	
In/Out-patient hospital services limited to 5 co-pays per member per Calendar Year		In/Out-patient hospital services limited to 5 co-pays per member per Calendar Year		IN \$2,500 per Person, \$5,000 per Family OUT \$5,000 per Person \$10,000 per Family	
\$20 \$40		\$15 \$30		\$20 In network Non-network: Deductible then co-insurance	
No Co-Pay \$175 but waived if admitted \$30 \$300/day Co-Pay, \$1,500 Max/Cal Year		No Co-Pay \$175 but waived if admitted \$20 \$100/day Co-Pay, \$500 Max/Cal Year		Deductible then 90% \$175 Co-Pay, then network deductible & coinsur Urgent Care Office Visit - Network: \$20 Deductible then co-insurance	
Up to 34 day Supply @ Network Pharmacy \$12 \$35 \$60 Mail Order Rx/102 day supply @ 2 Co-Pays		Up to 34 day Supply @ Network Pharmacy \$12 \$35 \$60 Mail Order Rx/102 day supply @ 2 Co-Pays		Non-network 50% after Co-Pay Up to 34 day Supply @ Network Pharmacy \$12 \$35 \$60 Mail Order Rx/102 day supply @ 2 Co-Pays	
\$10 Co-Pay through PVP Plan (referral not required) 1 visit Max per year		\$10 Co-Pay through PVP Plan (referral not required) 1 visit Max per year		Not Covered	
End of calendar year the child reaches age 26 regardless of student status		End of calendar year the child reaches age 26 regardless of student status		End of calendar year the child reaches age 26 regardless of student status	

2017-18 Vision Benefits Plan Options – VSP

	Access Plan	Signature Plan Bi-Weekly	
Employee Only	Free to benefits-eligible full-time employees and qualified dependents when not enrolled in the Signature Plan	\$4.52	
Employee +1		\$7.12	
Family		\$11.19	
Benefit Frequency Exam Lenses Frames	Discounts are unlimited when accessing services through a VSP provider.	12 Months 12 Months 24 Months	
Co-payments Exam Lenses & Frames (Combined) Contact Lens Fitting & Evaluation Progressives, Blended Multifocals & Anti-Reflective Coating	N/A Discounts Only N/A Discounts Only N/A Discounts Only	\$10 \$25 glasses Co-Pay \$60 (Maximum Co-Pay) \$25 additional copay each	
Benefits Paid by VSP Exam Contacts* Fitting Exam & Evaluation Single Vision Lenses/ Progressives Lined Bifocal Lenses Lined Trifocal Lenses Polycarbonate for Dependent Children	20% - Discount 15% - Discount 20% - Discount 20% - Discount 20% - Discount 20% - Discount	<u>In-Network (after co-pay)</u> 100% 100% 100%/\$25 100% 100% 100%	<u>Non-Network (reimbursed)</u> Up to \$50 Up to \$105 Up to \$50/ \$75 Up to \$75 Up to \$100 Up to \$50
Frame Allowance	20% - Discount	\$150	Up to \$70
Contact Lens Allowance*	N/A	\$130	Up to \$105

* Under Signature Plan contact lenses are provided instead of lenses and frames.

2017-18 Term Life Insurance Plan Options – Hartford*
(Your beneficiary can be updated at any time via the PeopleSoft Portal)

Basic Coverage \$.075 per \$1,000 per month	One Times Base Annual Salary Rounded to Next Highest \$1000 up to a maximum of \$150,000	Paid by the City
Employee Supplemental Life* <30 \$0.068 30-34 \$0.088 35-39 \$0.107 40-44 \$0.205 45-49 \$0.332 50-54 \$0.575 55-59 \$0.897 60-64 \$1.15 65-69 \$1.65 70+ \$2.24	\$10,000 Increments from Minimum of \$20,000 to Maximum of \$200,000 may require Proof of Insurability. Coverage up to a maximum of \$500,000 not to exceed 5 times annual salary requires Proof of Insurability	Paid by the Employee Premiums Based on Age and Amount of Coverage Elected
Dependent Life	\$10,000 on spouse; \$5,000 on each child from 15 days to end of calendar year in which dependent turns 26 regardless of student status	\$1.76 per month paid by the employee. Regardless of number of dependents

***Your coverage will become effective only if you are actively at work on your coverage effective date.**

2017-18 Short Term Disability Insurance Plan Options – Hartford*

14 day waiting period		90 day waiting period
Hours of accumulated sick leave	Monthly Rates (Cost per \$100 of monthly salary)	All classes combined rate (Cost per \$100 of monthly salary)
Class I <160	\$ 0.97	\$0.36
Class II 160-399	\$ 0.66	
Class III 400+	\$ 0.36	
Weekly Benefit for both plans is 66 2/3% of regular gross wages. Maximum weekly benefit = \$1,000		

***Your coverage will become effective only if you are actively at work on your coverage effective date.**

2017-18 Long Term Disability Insurance Plan Options – Hartford *

Basic Coverage	50% of Pre-Disability Monthly Salary, up to \$3,750, After 180-Day Waiting Period	Paid by the City
Option #1 Enhanced Coverage** or	60% of Pre-Disability Monthly Salary, up to \$5,000, After 180-Day Waiting Period	\$0.61 /\$100 of Month Salary, to Max of \$8,333 per Month
Optional #2 Enhanced Coverage**	66 2/3% of Pre-Disability Monthly Salary, up to \$5,000, After 180-Day Waiting Period	\$0.85 per \$100 of Monthly Salary, to Max Salary of \$7,500 per Month

***Applies to Non-Firefighter Employees **Coverage will become effective only if you are actively at work on your coverage effective date.**

2017-18 Long Term Care - UNUM Provident (Application Required; Evidence of Insurability form may also be required)

Benefit Duration	3 Years			6 Years			Unlimited Duration		
Monthly Benefit Amount	\$2,000	\$4,000	\$6,000	\$2,000	\$4,000	\$6,000	\$2,000	\$4,000	\$6,000
Residential Care Facility II	60%			60%			60%		
Lifetime Maximum	\$72,000	\$144,000	\$216,000	\$144,000	\$288,000	\$432,000	Unlimited		
Professional Home Care	50%			50%			50%		
Total Home Care – Option	50%			50%			50%		
Inflation Protection - Option	Compound Uncapped			Compound Uncapped			Compound Uncapped		
RATES INCREASING 25% BEGINNING MAY 1, 2016 AND VARY ACCORDING TO PLAN, DURATION, AMOUNT OF MONTHLY BENEFITS AND AGE OF PARTICIPANT ON INITIAL EFFECTIVE DATE OF COVERAGE									

2017-18 Flexible Spending Accounts – TakeCarebyWageWorks (TCWW) – Must Enroll On-Line!!!!

Medical Flex Account * \$240 to \$2,550 /Plan Yr.	Dependent Care Account up to Max \$5,000 /Plan Yr.	Tax-Free Transit (Bus Pass) \$255 to \$3,060 Max /Plan Yr.	Tax-Free Parking \$255 to \$3,060 Maximum /Plan Yr.
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Save on paying taxes on medical expenses, prescription drugs and over the counter medicine** that will not be covered by insurance. Use the Dependent Care Account for day care expenses as an alternative to the tax credit when filing your taxes. It may save you more! Pay for parking or bus passes with pre-tax dollars. Enjoy the new flexibility of the medical \$500 rollover. Calculate anticipated annual need and have an equal portion deducted pre-tax from 24 paychecks during the Plan Year beginning May 1, 2017. The TCWW flex benefit card enables you to pay for your expenses without having to wait for reimbursement. Receipts must be submitted to WageWorks for qualified purchases not matching health co-pays or for purchases needing detailed documentation under IRS guidelines. Up to \$500 in unused medical flex contributions will be rolled to the next plan year. Dependent Care contributions must be claimed during the plan year or will be lost. If you enroll in transportation flex (Transit or Parking) for the next plan year, any remaining balance at the end of the plan year will automatically be rolled to the next plan year by WageWorks.

NEW ELECTIONS REQUIRED EVERY YEAR

Your flex medical benefit will become effective only if you are actively at work on your coverage effective date. **Restrictions on over the counter purchases apply. Contact TakeCarebyWageWorks for details.