

2024-2025 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 [PeopleSoft](#) link.

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

Customer Service Phone Numbers

AllState	816-531-7500	Deer Oaks EAP	888-993-7650
BCBSKC	816-395-2969	Humana Dental	800-233-4013
WEX Inc.	866-451-1337	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

414 E 12th St – 12th Floor


Kansas City, MO 64106



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

Or email at openrollment@kcmo.org

Employees Enrolling in Benefits Through Employee Self Service

Listed below is the 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.})

NOTE: Internet users please begin your navigation by clicking the navigation icon  in the upper right-hand corner of your screen. Select Menu> Self Service > [Benefits](#) > [Benefits Enrollment](#) (Click link)

1. Click on the **SELECT** button.
2. Select the **EDIT** button next to the plan you would like to add or change.
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.
6. Click on the **CONTINUE** button.
7. The next screen 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.
12. You review and make changes as many times as necessary, until the final date of your election period

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, proper documentation is required within 31 days of the qualifying event date in order to make any plan changes.

2024-25 Health Insurance Plan Options		
	Employee Bi-Weekly Cost	City Bi-Weekly Cost
Blue Select Plus EPO Premium		
Employee Only	\$22.68	\$431.04
Employee + One	\$114.57	\$791.13
Family	\$225.66	\$1,080.52
Blue Select Plus EPO Custom		
Employee Only	\$0.00	\$422.08
Employee + One	\$86.51	\$757.87
Family	\$176.83	\$1,038.22
Blue Select Plus Spira Care EPO		
Employee Only	\$0.00	\$422.08
Employee + One	\$86.51	\$757.87
Family	\$176.83	\$1,038.22
Preferred-Care Blue PPO Traditional		
Employee Only	\$56.04	\$504.40
Employee + One	\$168.45	\$954.58
Family	\$314.28	\$1,257.16
Blue Saver Premium PPO PCB (HSA Eligible)		
Employee Only	\$25.27	\$431.58
Employee + One	\$112.19	\$819.31
Family	\$219.88	\$1,082.56
Blue Saver Base PPO BSP (HSA Eligible)		
Employee Only	\$14.44	\$409.49
Employee + One	\$87.56	\$763.20
Family	\$182.19	\$997.28
SEE KEY DIFFERENCE INSERT FOR MORE DETAILS		

* Eligible dependents are your Spouse, Child(ren) and/or Registered Domestic Partner and Domestic Partner Child(ren). Dependent children are eligible for coverage until the end of the calendar year in which they reach age 26 regardless of student status.

* Dependent **will not** be enrolled if documentation is not received by the deadline for new dependent enrollment. An example of documentation is Marriage Certificate, Birth Certificate or Required Documents for Domestic Partner Designation. It is important that you provide accurate name, date of birth, social security number and address for enrollment in City insurance. Employees can elect insurance coverage for eligible dependent during Open Enrollment that is held once a year. **The Plan year is May 1st through April 30th.**

2024-25 Dental Insurance Plan Options			
Dental Benefits	Humana Dental Advantage Plus	Humana Traditional Preferred	Blue KC Preferred Dental
Employee Bi-Weekly Cost	Employee Only 6.63 Employee + One 13.28 Family 19.80	Employee Only 11.64 Emp.+ 1 or Emp.+ Children 24.77 Family 37.07	Employee Only 21.94 Employee + One 46.69 Family 69.87
Dental Offices	150 Dentists	Unlimited	See Benefit Schedule for Details
Deductible -Calendar Year	None	\$75 per Individual	\$75/Individual/\$225 Family
Preventive Care	\$5 Office Visit Co-Pay	No Co-Pay (deductible waived)	Plan pays 100%
Basic Services: Fillings, Periodontal Extractions, Pulpotomy, Oral Surgery	See Benefit Schedule for Details	20% Co-Insurance* After Deductible	Member pays 10%, Plan pays 90%
Major Services: Crowns, Dentures, Restorations, Bridges	See Benefit Schedule for Details	50% Co-Insurance* After Deductible	Member pays 40%, Plan pays 60%
Orthodontia	Covered-See Benefit Schedule for Details and Co-Pays	Not Covered	Member pays 50%, Plan pays 50%, \$2,000 lifetime max
Plan Maximum Benefit	None	\$1,000 per Person per Calendar Year	\$2,000

2024-25 Vision Benefits Plan Options – VSP

	Access Plan	Choice Plan Bi-Weekly	
Employee Only	Free to benefits-eligible full-time	\$5.09	
Employee +1	employees and qualified dependents	\$8.02	
Family	when not enrolled in the Signature Plan	\$12.60	
Benefit Frequency	Discounts are unlimited when accessing services through a VSP provider.	12 Months	
Exam		12 Months	
Lenses Frames		24 Months	
Co-payments	N/A Discounts Only N/A Discounts Only N/A Discounts Only	\$10	
Exam		\$25 glasses Co-Pay	
Lenses & Frames (Combined)		\$60 (Maximum Co-Pay)	
Contact Lens Fitting & Evaluation		\$0 Copay	
Blended Lenses Progressives Lenses & Anti-Reflective Coating		\$25 additional copay each	
Benefits Paid by VSP		<u>In-Network (after co-pay)</u>	<u>Non-Network (reimbursed)</u>
Exam	20% - Discount	100%	Up to \$45
Contacts* Fitting Exam & Evaluation	15% - Discount	100%	N/A
Single Vision Lenses/ Progressives	20% - Discount	100%/ \$25	Up to \$30
Lined Bifocal Lenses	20% - Discount	100%	Up to \$50
Lined Trifocal Lenses	20% - Discount	100%	Up to \$65
Frame Allowance	20% - Discount	\$175	Up to \$70
Contact Lens Allowance*	N/A	\$175	Up to \$105
Featured Frame Brand Allowance (Altair or Marchon frames only)	N/A	\$225	Up to \$70

* Covered services are subject to usual and customary limits.

* Under Choice Plan contact lenses are provided instead of lenses and frames

2024-25 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*	\$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
0-29 \$0.068 50-54 \$0.575		
30-34 \$0.088 55-59 \$0.897		
35-39 \$0.107 60-64 \$1.150		
40-44 \$0.205 65-69 \$1.650		
45-49 \$0.332 70+ \$2.240		
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.

2024-25 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	\$ 1.067	\$0.396
Class II 160-399	\$ 0.726	
Class III 400+	\$ 0.396	
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.

2024-25 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

2024–25 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		

2024-25 Flexible Spending Accounts – WEX INC – Must Enroll On-Line!!!!

Medical Flex Account * \$240 to \$3,200 /Plan Yr.	Dependent Care Account up to Max \$5,000 /Plan Yr.	Tax-Free Transit (Bus Pass) \$280 to \$3,060 Max /Plan Yr.	Tax-Free Parking \$280 to \$3,060 Maximum /Plan Yr.
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NEW ELECTIONS REQUIRED EVERY YEAR

Save on paying taxes on medical expenses, prescription drugs and over the counter medicine** that are not 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! Calculate anticipated annual need and have an equal portion deducted pre-tax from 24 paychecks during the Plan Year beginning May 1, 2024. The WEX flex benefit card enables you to pay for your expenses without having to wait for reimbursement. Receipts must be submitted to WEX for qualified purchases not matching health co-pays or for purchases needing detailed documentation under IRS guidelines. Up to \$640 in unused medical flex contributions will be rolled to the next plan year. **Dependent Care contributions are not subject to rollover, must be claimed during the plan year or will be lost.**

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 WEX for details.

2024-25 Health Savings Accounts (HSA)

A Health Savings Account (HSA) is a tax-advantaged account created for individuals who are covered under high-deductible health plans (HDHPs) to save for medical expenses that HDHPs do not cover. The City offers 2 high-deductible health plans. The Blue Saver Base and Blue Saver Premium. Contributions are made into the account by the individual and/or the individual's employer and are limited to a maximum amount each year. The contributions are invested over time and can be used to pay for qualified medical expenses, which include most medical care such as dental, vision, and over-the-counter drugs. Employee contribution run on a calendar year (Jan-Dec). Employees will need to make new elections to their HSA at the beginning of the calendar year if they so choose.

2024 HSA Rates	Employee Only	Employee+1 & Family
Contribution Limit	\$4,150	\$8,300
HSA Catch-up Contributions (55yrs and older)	\$1,000	\$1,000