

# Rolla Public Schools



Employee Benefit Plans  
Open Enrollment  
2022 - 2023



# Medical 2022 - 2023

	2022-2023	2022-2023	2022-2023
CARRIER	UMR	UMR	UMR
PLAN NAME	Buy Up	Base Plan	HSA
NETWORK	Choice Plus	Choice Plus	Choice Plus
DEDUCTIBLE			
In-network individual (family)	\$1,500 (\$4,500)	\$2,500 (\$7,500)	\$3,000 (\$6,000)
Out-of-network individual (family)	\$4,500 (\$13,500)	\$7,500 (\$15,000)	\$6,000 (\$12,000)
CO-INSURANCE			
In-network	80%	70%	80%
Out-of-network	50%	50%	50%
IN-NETWORK OUT-OF-POCKET MAXIMUM			
Individual (family)	\$3,000 (\$6,000)	\$5,000 (\$10,000)	\$6,750 (\$13,500)
DOCTOR CO-PAY			
Primary care	\$30	\$30	subject to Deductible & coinsurance
Specialist	\$50	\$50	subject to Deductible & coinsurance
LAB			
Physician's Office	subject to Deductible & coinsurance	subject to Deductible & coinsurance	subject to Deductible & coinsurance
Facility/Hospital	subject to Deductible & coinsurance	subject to Deductible & coinsurance	subject to Deductible & coinsurance
X-RAY *EXCEPT COMPLEX HIGH DOLLAR RADIOLOGY			
Physician's Office	subject to Deductible & coinsurance	subject to Deductible & coinsurance	subject to Deductible & coinsurance
Facility/Hospital	subject to Deductible & coinsurance	subject to Deductible & coinsurance	subject to Deductible & coinsurance
PREVENTIVE CARE			
In-network	100% for Federally Mandated Services	100% for Federally Mandated Services	100% for Federally Mandated Services
URGENT CARE			
ER	subject to Deductible & coinsurance	subject to Deductible & coinsurance	subject to Deductible & coinsurance
PRESCRIPTION DRUG			
Retail (up to 30 day supply)	\$15/\$45/\$75	\$15/\$45/\$75	\$8/\$25/\$45
REMARKS			
			RX subject to Med Ded



# Dental 2022-2023

	2022-2023
<b>CARRIER</b>	Reliance Standard
<b>PLAN NAME</b>	Dental
<b>NETWORK</b>	Ameritas Classic PPO
<b>DEDUCTIBLE</b>	
Individual	\$50
Family	\$150
<b>IN/OUT NETWORK CO-INSURANCE</b>	
Preventive care	100%
Basic	80%
Major	50%
Endodontics	80%
Periodontics	50%
Oral Surgery	80%
Orthodontia	N/A
<b>BENEFIT MAXIMUMS</b>	
Annual Dental	\$1,000
Lifetime Orthodontic (under age 19)	N/A
<b>NON-NETWORK PERCENTILE</b>	90%

To Find a Provider

<http://www.reliancestandard.com/dental-vision/>



# Vision 2022 – 2023

	2022-2023	
CARRIER	Reliance Standard	
PLAN NAME	Vision	
	NETWORK	NON-NETWORK
NETWORK	VSP	N/A
EXAMS		
Copay	\$10	Up to \$45
Frequency	12 MONTHS	
LENSES		
Copay	\$25	N/A
Single Vision	INCLUDED	Up to \$30
Bifocal Vision	INCLUDED	Up to \$50
Trifocal Vision	INCLUDED	Up to \$65
Lenticular Lenses	INCLUDED	Up to \$100
Frequency	12 MONTHS	
FRAMES		
Copay	INCLUDED	N/A
Frame Allowance	\$130	Up to \$70
Frequency	24 MONTHS	
CONTACT LENSES		
Allowance	\$130	Up to \$105
Contact Lens Fitting	Up To \$60	No Benefits
Medically Necessary	Copay	\$210
Frequency	12 MONTHS	

To Find a Provider

<http://www.reliancestandard.com/dental-vision/>



# Basic and Voluntary Life 2022-2023

Rolla Public Schools will continue to provide each full-time eligible employee with a Basic Life Policy in the amount of \$50,000 through Reliance.

**PLEASE NOTE IF YOU UTILIZE THE SLIDING SCALE ON VOLUNTARY LIFE WHEN YOU MOVE FORWARD WHERE YOU LEAVE THAT BAR IS WHAT YOUR BENEFIT AMOUNT WILL BE SET AT. PLEASE MAKE SURE THIS IS AT THE RIGHT VOLUME BEFORE MOVING FORWARD.**

Additional Voluntary Life is available through Reliance and can be purchased during Open Enrollment. You may increase by \$10,000 at Open Enrollment if you currently have less than the guaranteed issue. If you have previously declined additional Voluntary Life you can add \$10,000 for yourself and/or \$5,000 for your spouse at Open enrollment without an Evidence of Insurability. If you would like to elect and/or increase over this amount for yourself and or dependents an *Evidence of Insurability* form will be required.

	2022-2023
<b>CARRIER</b>	Reliance Standard
<b>EMPLOYEE BENEFIT</b>	Supplemental Life Insurance
Increments of	\$10,000
Max Multiple of Annual Earnings Or Max Benefit Amount of	\$300,000
Guaranteed Issue Amount	Ages 15-64 \$150,000 Ages 65-69 \$10,000
<b>SPOUSE BENEFIT</b>	
Increments of	\$5,000
% Of Employee Amount Or Max Benefit Amount	50% \$150,000
Guaranteed Issue Amount	Ages 15-64 \$10,000 Ages 65-69 \$5,000
<b>CHILDREN BENEFIT</b>	
14 days - 25	\$10,000



# How to Enroll

2022 – 2023 enrollment will be completed electronically through

Employee Navigator

[www.employeenavigator.com](http://www.employeenavigator.com)

An Open Enrollment email will be sent from Employee Navigator for you to get started, it will provide you your username and an option to reset your password.

\*\*\*\*\*PLEASE NOTE YOUR USERNAME WILL BE YOUR OLD EMAIL ADDRESS IN MOST CASES (**rolla.k12.mo.us**)

\*\*\*\*\*Please note if you are a New Hire for school year 2022 – 2023 you DO have to re-enroll but you do not need to re-register on Employee Navigator you may access the system with your current username.

Company Identifier: Rolla-31SchDis

Open Enrollment will run from: August 8<sup>th</sup> – August 18<sup>th</sup> , 2022



Once you receive the *Open Enrollment* log into Employee Navigator

Company Identifier: **Rolla-31SchDis**



Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

[Privacy Policy](#) | [Terms of Use](#) | [Legal Notice](#)

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You have 2 items to complete.

- 1** [Enroll in your benefits](#)
- 2** [Complete HR Tasks](#)

## Good Morning, Open!

Grab a cup of coffee and let's get some work done.

You have 6 days left to complete your newly eligible benefits.



[Start Enrollment](#)

### Shortcuts



[View Profile](#)



[Document Library](#)



[Enrollment Summary](#)



[Adjust Coverage](#)



[Total Compensation Statement](#)





### Personal Information

First Name	<input type="text" value="Open"/>
Middle Name	<input type="text"/>
Last Name	<input type="text" value="Enrollment"/>
Suffix	<input type="text" value="--Select--"/>
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Date of Birth	<input type="text" value="November"/> <input type="text" value="6"/> <input type="text" value="1973"/>
SSN	***-**-1572
Phone Number	<input type="text"/>
Email Address	<input type="text" value="bward@bpj.com"/>

Progress: 4 of 6



[View steps >](#)

[Save & Continue](#)



### Address

1234 S Rolla St  
Rolla, MO 65401-8466

[Edit](#)

[Save & Continue](#)



You will start by updating you and your dependents personal demographic information.

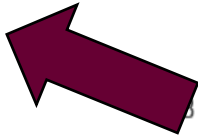
Please have your dependent social security numbers and dates of birth available





## Dependent Information

add dependent +



	Name	SSN	Relationship
<a href="#">Edit</a>	Ron Enrollment	03/03/1977	Spouse
<a href="#">Edit</a>	Carol Enrollment	02/02/2009	Child



## Edit Dependent



First Name

Middle Name

Last Name

Suffix

--Select--



Relationship

--Select--



Gender

Male  Female

Date of Birth

--Month--



--Day--



--Year--



Age

SSN

Fulltime College Student

Yes  No

Disabled

Tobacco User

Yes  No

Address

Home



Save

Cancel

The next screens will walk you through the Benefits offered to you by Rolla Public Schools. You can click through and determine what levels of coverage you would like to enroll for as well as see your per pay period premium deduction for each benefit offered.

You can add and/or delete coverages for dependents as well.

The system will show prior year election.

Simply click through each benefit option and select a plan.



**Medical**


Please remember if you are a Support Staff employee working less than 12 months, additional deductions will be applied to account for summer insurance premiums.

It is mandatory that all certificated staff members enroll in health insurance coverage. During the enrollment process, the system will give you the option to decline this coverage. If you opt to decline, Susie or Christy will contact you and request that you enroll as soon as possible. Unfortunately, this option is a system pre-set that cannot currently be changed.

**Who am I enrolling?**

- Myself
- Select All
- Bill Test (Spouse)
- Suzy Test (Child)

**Which plan do I want?**

 **\$2500 PPO Ded 2021-2022**

**\$378.73**  
Cost per pay period

Effective on 10/01/21  
Employee + Child(ren)

[Compare](#) [Details](#) [Select](#)

**Progress: 8 of 10**

**My Selections**

**Open Enrollment:**  
\$3000 HSA Ded 2021-2022  
\$352.07 per pay

**Current:**  
No election on file

**Helpful Resources**

- [\\$1500 Buy Up Plan Summary](#)
- [\\$2500 Base Plan Summary](#)
- [\\$3000 HSA Plan Summary](#)
- [\\$3000 HSA Plan Summary 2020-2021](#)

**Save & Continue**

**Don't want this benefit?**



If you wish to decline a benefit select: Don't want this benefit? then choose a reason for declination

\$1500 PPO Ded 2019-2020

\$74.90 Effective on 10/01/19  
Employee

Cost per p

Choose a reason for declining this benefit ×

- Cost
- Covered under another plan
- Ineligible for this plan
- Other
- Covered under Tricare
- Not Interested
- Unresponsive Enrollment - Mgmt determined

Cancel Apply

Compare Details

3000 HSA

\$33

Cost per p

Compare Details

Save & Continue

Don't want this benefit?





If you elect the HSA (Health Savings Account) Medical plan you must enroll in the American Fidelity HSA. The Application is located under Helpful Resources.

Rolla Public Schools will contribute \$62.00 per pay period into your HSA Account.

### Health Savings Account

Rolla #31 School District is concerned about your financial security and we offer Benefit Plans designed to protect our employee. Below is the summary for our HSA 2021-2022.

Rolla Public Schools will contribute \$60 monthly into your HSA Account.

Please complete the American Fidelity Application under Helpful Resources to enroll in the HSA and return to Human Resources.

### Healthcare Savings Account

#### Review The Plan Information

IRS Contribution Limit	\$7,200
Employer Annual Contribution	\$744
Effective Date	10/01/2021

#### Choose Your Contribution

Eligible Yearly Contribution	\$6,456
Employee Per Pay Election	<input type="text" value="\$"/>

#### Review Your Selection

Your projected deferral through 09/30/2022 is \$744.00

Progress: 8 of 10



[View steps](#) >

### My Selections

#### Open Enrollment:

HSA 2021-2022  
per pay

#### Current:

No election on file

### Helpful Resources

[American Fidelity HSA 10/01/2020](#)



Save & Continue





### Life

Rolla #31 School District is concerned about your financial security and we offer Benefit Plans designed to protect our employee. Below is the summary for our Basic Life AD&D 2021-2022.

Please remember if you are a Support Staff employee working less than 12 months, additional deductions will be applied to account for summer insurance premiums.

### Review Your Benefit

**Plan:**

Reliance Standard Basic Life AD&D 2021-2022

**Your insurance amount:**

\$50,000.00

**Effective on:**

10/01/2021

Your cost per pay period:

Progress: 9 of 10



[View steps >](#)

### My Selections

**Open Enrollment:**

\$50,000.00 at \$0 per pay

**Current:**

Basic Life AD&D 2020-2021

\$50,000.00 at 0.00 per pay

### Helpful Resources

#### Primary Beneficiary

Beneficiary Type	Person
Relationship	Daughter
Gender	F
Allocation %	100.00 %
First / Middle Name	Carol
Last Name / Suffix	Enrollment --Select--
Date of Birth	June 10 1998
SSN	
Address 1	
Address 2	
City	
State / Country	--Select-- --Select--
ZIP/Postal Code	
Phone	

Save

Rolla School District provides each full-time employee with a \$50,000 Board Paid Life Insurance Plan. You will want need to update your Beneficiary.



Additional Voluntary Life is available through Reliance and can be purchased during Open Enrollment. You may increase your current amount by \$10,000 and your Spouse's amount by \$5,000 during Open up to the guaranteed issue. If you have previously declined additional Voluntary Life you can add \$10,000 for yourself and/or \$5,000 for your spouse at Open enrollment without an *Evidence of Insurability*. If you would like to elect and/or increase over this amount for yourself and or dependents an *Evidence of Insurability* form will be required.

**\*\*If you and your spouse are both employed by the District you cannot have double coverage, meaning you may not cover the other with additional Voluntary Life.**

EN TEST Home Profile Benefits Required Tasks Resources

### Voluntary Life

Please remember if you are a Support Staff employee working less than 12 months, additional deductions will be applied to account for summer insurance premiums.

\*\*\*Return Evidence of Insurability Form to Central Office

### HR Sign Date - 07/29/21

HR Must sign on employee's behalf

07/29/21 Sign

### Select your benefit

Buy Guaranteed Issue Buy Maximum Amount

Myself  
\$10,000

Slide to select →

Progress: 9 of 10  
View steps ▶

### My Selections

Open Enrollment:  
Employee \$10,000.00 at \$2.00 per pay

Current:  
No election on file

### Helpful Resources

[Evidence of Insurability](#)  
[Voluntary Life Summary](#)

**PRINT OFF FORM AND COMPLETE**

### Evidence of Insurability Form

Your life insurance carrier requires you to answer questions regarding your health history, also known as *Evidence of Insurability*. This form may be downloaded from this page, is available on your home page or may be obtained from your Human Resources Administrator. Please fill out this form and mail it to the address on the form or return it to your Human Resources Administrator if instructed to do so.



### Attention: Health History Needed

You have elected over the Guaranteed Issue amount for this plan.

Employee requested **\$170,000** but is only pre-approved for **\$140,000**

Your designated beneficiary cannot receive the pending amount until this form has been submitted to, and approved by, the carrier.

**PLEASE MAKE SURE THIS IS SET AT THE AMOUNT YOU WANT BEFORE MOVING FORWARD**

Once you have completed all sections on Employee Navigator you will Click to Sign and receive your Enrollment Summary Page.



### Enrollment Summary Print

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.



#### Signature required

You've elected all your benefits, but we still require a signature before advancing.

#### Please review the acknowledgment below.

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.



Sign to complete enrollment

Click to Sign

Progress: 9 of 10



[View steps >](#)

### Enrolled Plans

Medical

[Collapse](#) ▼



\$2500 PPO Ded 2021-2022





You may make changes to any elections you select by clicking on Benefits throughout Open Enrollment.  
Once Open Enrollment Closes you may not make changes.

**Open Enrollment dates: August 8<sup>th</sup> – August 18<sup>th</sup> , 2022**

Please remember if you work less than 12 months, additional deductions will be applied to account for summer insurance premiums.

**If you have any questions, please contact:  
Human Resources:**

**573-458-0101**

**Linda Schweiss: x11104**

**Brandi Martin: x11119**

**Dana Baker (certified staff): x11114**

**Tassy McCauley (support staff): x11120**

**Or Krystle Hanks with BPJ: 417-887-3550**

