The following information is a summary of the insurance renewal and includes specific information regarding open enrollment. **The renewal of the district's insurance plan and the monthly premiums are subject to approval by the Board of Education.** Please take a moment to read it and contact the Benefits and Risk Management Office at 613-5004 or 613-5006 if you have questions or need assistance with the open enrollment process. This, and more information is available on the district intranet under Insurance and Wellness; sign in>click on the intranet home page icon>scroll down to Insurance and Wellness>select Insurance Information>select topic of choice.

**Proposed Insurance Renewal 2017 - 2018**

The insurance renewal for health, life and dental insurance is a 3.5% overall annual rate increase. The estimated total annual district cost for health, life and dental insurance is $13,041,000 for the 2017-2018 budget year.

Key factors of the insurance renewal:

1. Offer the PPO 4, PPO 5 and the Kaiser DHMO 1500 plans and maintain the Hospital Reimbursement Plan as a secondary plan;
2. District to pay the single PPO 5 and Kaiser life and dental premiums for full-time employees and a pro-rata share of the PPO 5 single rate or Kaiser DHMO1500 for part-time employees, based on the percentage of part-time assignment for all employees who select either PPO plan or the Kaiser plan; will apply the district contribution to the employee’s out of pocket premium, either to buy up to the PPO 4 or for dependent coverage;
3. District to pay the single HRP, life and dental premiums for full-time employees who elect this limited hospitalization plan as secondary coverage to a spouse’s employer group primary coverage plan.

**Proposed Single and Dependent Monthly Premiums:** (note: EE refers to district employees. The amount the employee pays under EE cost and for all three of the dependent coverage selections are based on full-time employee status. The district pays a pro-rata share of the single premium for part-time employees; to calculate the cost of dependent coverage for part-time employees, add the employee’s portion of the single premium to the selected dependent coverage for the monthly premium.)

<table>
<thead>
<tr>
<th>Insurance Plan</th>
<th>Single Premium/EE Cost</th>
<th>EE + Spouse</th>
<th>EE + Child(ren)</th>
<th>EE + Family</th>
</tr>
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<tbody>
<tr>
<td>PPO 4</td>
<td>$727.80 / $55</td>
<td>$773.95</td>
<td>$690.95</td>
<td>$1,000.95</td>
</tr>
<tr>
<td>PPO 5</td>
<td>$672.00 / $0</td>
<td>$665.95</td>
<td>$590.95</td>
<td>$876.95</td>
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<tr>
<td>DHMO (Kaiser)</td>
<td>$664.80 / $0</td>
<td>$657.95</td>
<td>$584.95</td>
<td>$866.95</td>
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<tr>
<td>HRP</td>
<td>$321.80 /0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Highlights of the District Insurance Plans**

The Affordable Care Act requires that beginning in 2015 maximum out of pocket costs include not only the deductible but also co-payments for office visits and prescription costs, which had been previously excluded from maximum out of pocket costs.

**PPO 4**
- Office and lab visit co-payments $40
- Prescription co-payments $20/$40/$60 for retail prescriptions; $40/$80/$120 for mail order (90-day supply) prescriptions; specialty drugs are subject to the same co-payments as listed above
- Annual deductible $1,500; 80/20 and 60/40 co-insurance, based on care provide in or out of network
- Maximum out of pocket $4,000/$8,000 for in-network expenses for single and family; $8,000/$16,000 for out-of-network expenses for single and family

**PPO 5**
- Office and lab visit co-payments $45

03/24/2017
• Prescription co-payments $20/$40/$60 for retail prescriptions; $40/$80/$120 for mail order (90-day supply) prescriptions; specialty drugs are subject to the same co-payments as listed above
• Annual deductible of $2,500; 80/20 and 60/40 co-insurance, based on care provide in or out of network
• Maximum out of pocket $4,500/$9,000 for in-network expenses for single and family; $9,000/$18,000 for out-of-network expenses for single and family

Kaiser DHMO*
• Office co-payments $40; no additional co-payment for lab charges
• Prescription co-payments $20/$40/$60 for retail prescriptions; $40/$80/$120 for mail order (90-day supply) prescriptions; specialty drugs 20% co insurance up to a maximum of $250 per fill
• Annual deductible $1,500; 80/20 co-insurance
• Maximum out of pocket of $4,000/$8,000 for in-network expenses for single and family; $8,000/$16,000 for out-of-network expenses for single and family
• Participants are required to select and use a contracted primary care physician
• Out of network care will only be covered if the charges are for emergency treatment

Plan Design Changes to PPO Plans

• As of April 2017 CEBT Health & Wellness Centers clinical will be located in Greeley and Loveland. CEBT’s six health centers across Colorado will now have a total of 16 medical professionals who are dedicated to serving CEBT’s members and their families. More on appointments to come in future messages, but they will begin to be available at least a few days before the Centers open on April 5 (Greeley) and April 19 (Loveland). You can also call the Center of your choice beginning April 5.

Open Enrollment April 24 – May 7, 2017

During open enrollment, all eligible employees (all full time employees and part time employees who have been issued a contract or notice of assignment indicating a 50% or greater assignment) may enroll or change health plans, add or drop dependent coverage, add or drop vision insurance coverage.

Please complete the Employee On-Line* Open Enrollment process beginning April 24 and continuing through May 7, 2017 to change or confirm current coverage selection. If you make changes to your coverage, the effective date of the change will be July 1, 2017.

If you do nothing, your coverage will remain as currently selected and any increase to your out-of-pocket premiums will be withheld from your June paycheck.

*To Access Employee On-Line, sign in the district intranet and select Employee On line and follow the prompts.
If you have forgotten your password, click on the link Forgot Login to receive a temporary password.

Click on Open Enrollment, read the information and follow the instructions at the bottom of the page to begin the open enrollment process.

Please contact the Benefit and Risk Management Office at 613-5004 or 613-5006 if you have questions or need assistance with the process.