

2018-2019 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	New Directions EAP	800-624-5544
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.

2018-19 Health Insurance Plan Options

Blue-Care HMO (Base)

	Employee Bi-Weekly Cost	City Bi-Weekly Cost
Employee Only	33.12	298.12
Employee + One	99.40	563.28
Family	190.71	762.87

Blue-Care HMO (Mid-Level)

	Employee Bi-Weekly Cost	City Bi-Weekly Cost
Employee Only	34.62	311.56
Employee + One	104.06	589.67
Family	194.15	776.60

Blue-Care HMO (Premium)

	Employee Bi-Weekly Cost	City Bi-Weekly Cost
Employee Only	35.17	316.52
Employee + One	105.53	598.04
Family	202.48	809.94

Preferred-Care Blue PPO

	Employee Bi-Weekly Cost	City Bi-Weekly Cost
Employee Only	39.41	354.72
Employee + One	118.46	671.30
Family	221.02	884.10

Blue Saver Base (HSA Eligible)

	Employee Bi-Weekly Cost	City Bi-Weekly Cost
Employee Only	10.61	298.79
Employee + One	63.75	555.20
Family	130.33	721.49

Blue Saver Premium (HSA Eligible)

	Employee Bi-Weekly Cost	City Bi-Weekly Cost
Employee Only	18.29	314.28
Employee + One	81.09	594.71
Family	156.72	781.72

Blue Select EPO Custom Plan

	Employee Bi-Weekly Cost	City Bi-Weekly Cost
Employee Only	0.00	331.07
Employee + One	63.75	558.56
Family	130.33	765.16

****SEE KEY DIFFERENCE INSERT FOR MORE DETAILS****

*** Dependents are eligible for coverage until the end of the calendar year in which they reach age 26 regardless of student status**

2018-19 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 Fillings, Periodontal Extractions, Pulpotomy Oral Surgery	See Benefit Schedule for Details	20% Co-Insurance* After Deductible
Major Services Crowns, Dentures Restorations, Bridges	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.

Documentation Checklist

Please see the following list of documents that must be submitted to Benefits prior to your qualified dependent(s) enrollment in City Insurance. Dependents will not be enrolled if documentation is not received by the deadline. It is important that you specify accurate names, dates of birth, social security numbers and address for enrollment in City insurance. Employees can elect insurance coverage during Open Enrollment that is held once a year. The City Insurance Plan year is May 1st through April 30th.

- ❖ **Document Acceptable for Married and Spouse Designations**
 - Marriage Certificate showing proof of marriage date and individuals who were married
- ❖ **Document Acceptable for Change from Married Designation**
 - Divorce Decree (first and last page only)
- ❖ **Document(s) Acceptable for Dependent Children Designation under age 26 or turning 26 in calendar year**
 - Birth Certificate
 - Adoption or judge’s court order
 - Court order from state requiring insurance coverage
- ❖ **Documents Acceptable for Dependent Disabled Child Designation over age 26 in calendar year**
 - Birth Certificate and medical certification from health care provider indicating duration and description of disability
- ❖ **Documents Required for Domestic Partner Designation and Domestic Partner’s Dependent Children**
 - Domestic Partner Affidavit
 - Domestic Partner Enrollment/Waiver Form
 - Addendum to Employee Domestic Partnership Affidavit Insurance
 - Addendum to Employee Domestic Partnership Affidavit Sick and Funeral Leave
 - Birth certificate, adoption and/or court order and/or court order from state requiring insurance coverage for domestic partner’s dependents

2018-19 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	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) Contact Lens Fitting & Evaluation Progressives, Blended Multifocals & Anti-Reflective Coating		\$60 (Maximum Co-Pay) \$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 \$50
Contacts* Fitting Exam & Evaluation	15% - Discount	100%	Up to \$105
Single Vision Lenses/ Progressives	20% - Discount	100%/\$25	Up to \$50/ \$75
Lined Bifocal Lenses	20% - Discount	100%	Up to \$75
Lined Trifocal Lenses	20% - Discount	100%	Up to \$100
Polycarbonate for Dependent Children	20% - Discount	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.

2018-19 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.**

2018-19 Short Term Disability Insurance Plan Options – Hartford*		
14 day waiting period		90 day waiting period
Hours of accumulated sick leave Class I <160 Class II 160-399 Class III 400+	Monthly Rates (Cost per \$100 of monthly salary) \$ 0.97 \$ 0.66 \$ 0.36	All classes combined rate (Cost per \$100 of monthly salary) \$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.**

2018-19 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.**

2018–19 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	

2018-19 Flexible Spending Accounts – TakeCarebyWageWorks (TCWW) – Must Enroll On-Line!!!!			
Medical Flex Account * \$240 to \$2,650 /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.

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, 2018. 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.