

***2018-2019***  
***NEW EMPLOYEE BENEFITS***  
***ENROLLMENT GUIDE***



**Schenectady City School District**

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## Employee Assistance Program

The Schenectady City School District is pleased to offer all employees and dependents access to an Employee Assistance Program (EAP) through Capital EAP. The Capital Employee Assistance Program is a benefit provided not only to you but also to your spouse/domestic partner and children (up to age 26). With a single call and at no cost to you, Capital EAP can offer you support, counseling, advice and assistance managing the events that affect your health and happiness at both work and in the home.

The coverage offers you up to 3 in person visits, per covered family member, for counseling as well as 1 in person visit for other services including legal and financial referrals, life coaching and nutrition/dietary counseling. Unlimited telephonic counseling is also offered.

Just some of the reasons individuals call Capital EAP:

Counseling	Work –Life Balance	Family Support
Stress Management	Interpersonal Skills	Financial Advice
Depression	Professional Development	Legal Advice
Substance Abuse	Work-place Stress	Marriage Counseling
Emotional Support	Workshops and Training	Aging Parents
Health and Wellness	Work Relationship Issues	Births, Deaths, and Accidents
Fear and Anxiety	Manager Issues	Grief and Loss

The easiest way to get started and view all of the Capital EAP benefits available to you is by going online to [www.capitaleap.org](http://www.capitaleap.org), calling (518) 465-3813 Option 2 or by emailing your questions to [Questions@capitaleap.org](mailto:Questions@capitaleap.org). To schedule an in person or telephonic visit you can either call the number above or go on the website but you will need to register. To register you will follow the prompts for “New Member Register”. You will need the Web Access Code for Schenectady City School District, **105302**.

This benefit is completely confidential. No information regarding sessions or even who is using the benefit is provided to the School District. We encourage you to take advantage of this no cost confidential benefit!

## Health Care and Dependent Care Flexible Spending Accounts

You have the opportunity to set aside pre-tax funds through a Flexible Spending Account (FSA). Your FSA lets you save a portion of your income each year without paying tax on it (that's the same as earning an extra 30% on that money!) to pay for qualified healthcare and/or dependent care expenses. Flexible Spending Accounts are solely funded by your contributions. There are two distinct types of accounts and the funds cannot be moved from one account to the other. Below is a description of the two accounts.

The plan year for the FSA program runs from July 1 to June 30. Any elections made midyear will be for the remainder of the current plan year. You must re-enroll each year to receive this benefit. Keep in mind the timing of this renewal when making your elections as the FSA is a "use it or lose it" benefit meaning that if you have elected more than you have eligible expenses to use the funds for, you will lose any remainder at the end of the plan year.

### Healthcare Reimbursement Account

Eligible expenses are those that are not fully paid by your medical, dental or prescription drug plan including copays, prescriptions, glasses, etc. You may set aside up to \$2,550 pre-tax dollars per year for both you and your eligible dependents for these out of pocket expenses. You and your dependents do not need to be enrolled in the health insurance to participate in the FSA.

Flexible Spending Account (FSA) Savings Example		
Pre-Tax Income	\$38,000	\$38,000
FSA Contribution	\$0	-\$500
Taxable Income	\$38,000	\$37,500
Federal, State & FICA Taxes (26.65%)	-\$10,127	-\$9,994
Out of Pocket Medical Expenses	-\$500	\$0
Take-Home Income	\$27,373	\$27,506

\*Illustration is just an example. Incomes, contributions and taxes will vary by individual and state.

Another plus of the SCSD FSA is the availability of a debit card through our vendor, Preferred Group. This card may be used to access your account funds, making it convenient to fill prescriptions and pay copays at physician offices. In addition, the debit card is "front loaded", which means that you choose the amount you will save each year and that total amount is available to you at the start of the year, but your payroll deductions will be spread out equally over the course of the entire plan year.

### Dependent Care Reimbursement Account

Eligible expenses include dependent care expenses for any dependent children (as defined by the IRS) less than 13 years of age, or an adult dependent who is disabled, or unable to care for themselves and spends at least 8 hours per day in your home. You may set aside up to \$5,000 pre-tax dollars per year for any eligible child or adult care expenses. Dependent Care Accounts are not front loaded and the funds are available to you only once they accumulate in your account.

## Welcome to your 2018-2019 Benefits!

As a newly benefit eligible employee of the Schenectady City School District we are providing this guide to you in order to provide information regarding the benefits available to you as well as instructions for completing your enrollment online. You are eligible for benefits within 30 days of hire, so please look carefully at the benefits outlined within this guide and ask any necessary questions in order to make your selections and enroll within that timeframe. Keep in mind that unless you have a qualifying life status event (i.e. marriage, birth of a child, loss of coverage elsewhere, etc.) you will not be able to make changes to these benefits until the next Open Enrollment period. Annual Open Enrollment takes place in September and all new elections take effect on October 1<sup>st</sup> each year.

The information provided in this guide for the various benefits available are a high level overview meant to give you some insight into your available options. For more detailed information, you can visit the Schenectady School District website [www.schenectady.k12.ny.us](http://www.schenectady.k12.ny.us) or go online to the OneLink benefit enrollment system (instructions below) to view the Summary of Benefit Coverages with more detailed information on the coverage.

### Enrollment

You will elect or waive your benefits in our online benefits portal, OneLink. The first time you visit the site, you will be required to create your username and password. Access the website using the following link: <https://onegroup.employeenavigator.com/benefits/Account/Login>. This link can also be found on the Schenectady Schools website under Human Resources > Employee Benefits > Health Insurance Information.

To create your account, select "Register as a new user" and enter the following information: first name, last name, the Company Identifier: **Schenectady Schools**, the last 4 digits of your SSN and your date of birth. You will then be asked to enter a username and password of your choosing. We recommend using your email address as a username, however that is not required. After agreeing to the Electronic Signature and Consent, you will see your home page. Select "Start Benefits" and follow the easy steps to electing your medical and dental benefits.

### Important Notes

- **Medical** – There are 3 different medical options to select from. Two of the available plans are through BlueShield of Northeastern NY, and the third is through CDPHP. In addition to determining which plan design and cost structure you prefer, you will also want to consider the networks and if your current providers are in the network for both BSNENY and CDPHP. Only benefit design is outlined in this guide, for information regarding the associated employee weekly premiums with each plan option, you will need to go online to the OneLink enrollment tool.
- **Dental & Vision** – The dental & vision coverages are not standalone benefits and are instead directly tied to your selected medical plan. Details of each dental & vision plan are outlined in this guide. As part of your decision making process, you will want to consider the associated dental and vision plans that correspond to each medical plan. The cost for the dental and vision are included in your medical premiums.
- **Flexible Spending Accounts** – The annual limit is \$2,550 for the healthcare FSA and \$5,000 for the dependent care FSA for the 2018-2019 plan year. Although you are enrolling mid-year, you may elect the full amount for the remainder of the plan year.

**Medical:**

Below is a summary of the three plans available to you. More detailed information regarding plan designs and your weekly premiums is available on the OneLink Benefit System or via the SCSD website.

Coverage	Patriot Blue	Patriot Red	CDPHP EPO
Deductible	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A
Out of Pocket Maximum	N/A	N/A	\$7,150 Single/\$14,300 Family
Preventive Care	Covered In Full	Covered In Full	Covered In Full
Telemedicine Consultation	\$15	\$15	\$15
Office Visit	\$15	\$15	\$15
Outpatient Surgery	\$0	\$15	\$15
Inpatient Hospitalization	\$0	\$0	\$75
Emergency Room	\$50	\$50	\$50
Emergency Transportation	\$0	\$50	\$50
Urgent Care	\$25	\$25	\$25
Prescription Drug Copays	20% Retail 16% Mail	\$5/\$20/\$35 Retail \$12.50/\$50/\$87.50 Mail	\$5/\$20/\$35 Retail \$12.50/\$50/\$87.50 Mail

Benefits outlined for the Patriot Blue plan show In Network Services, for information related to Out of Network benefits, please see the Benefit Summaries on the website or in OneLink. The Patriot Blue and Patriot Red plans are offered through BlueShield of Northeastern NY (BSNENY). Prescription drug coverage provided through Express Scripts.

**Plan Features:**

**Network:**

In addition to determining if the providers and facilities that you and your dependents utilize most commonly participate in the networks. It is important to also consider the coverage that is available should you need to go out of the network for any services:

- The Patriot Blue plan through BSNENY has both in and out of network benefits (only in network benefits are referenced in the chart above). While you will pay less if you stay in network for all services, you will have coverage should you select a provider who does not participate in the BSNENY network.
- The Patriot Red plan through BSNENY and the CDPHP plan are both Exclusive Provider Organization (EPO) plans which means that you will **only** have coverage when you have services through an in network provider or facility.

**Telemedicine:**

Telemedicine is a benefit available on all plans. Telemedicine offers members 24/7/365 access to telehealth consults via phone or online video, whenever you need it and from wherever you are, at the cost of your office visit copay. Board-certified physicians can diagnose, recommend treatment, and write short-term prescriptions, when appropriate. By using telemedicine instead of more expensive Urgent Care and ER visits, you can save time and money. Common conditions include sinus problems, respiratory infection, allergies, cold and flu symptoms and many other non-emergency illnesses.

**Dental:**

The dental coverage below is directly tied to the medical plan is associated with (as listed at the top of the grid). You cannot select a dental plan independent of the medical plan you have chosen to elect. The dental coverage and carrier should be considered as a factor when determining the correct medical plan for you and your dependents.

Associated Medical Plan	Dental Coverage		
	Patriot Blue	Patriot Red	CDPHP EPO
Carrier	Delta Dental	Guardian	Guardian
Deductible	None In Network \$200S/\$400F Out of Network	None	None
Preventive Care	80%	100%	100%
Basic Care	80%	80%/50%	80%/50%
Major Care	80%	80%/50%	80%/50%
Annual Maximum	Unlimited	\$2000	\$2000

\*Orthodontia is not covered on any plan

**Vision:**

As with the dental coverage, the vision coverage below is directly associated to the corresponding medical plan on the previous page. You cannot elect vision coverage as a standalone benefit independent of the medical election. These benefits are also tied in with the medical plan from a premium standpoint. The premiums listed for the 3 medical plans are inclusive of the corresponding dental and vision program.

Associated Medical Plan	Vision Coverage		
	Patriot Blue	Patriot Red	CDPHP EPO
Carrier	BSNENY (Davis Vision)	BSNENY (Davis Vision)	CDPHP
In Network Eye Exam	\$15 every 12 months	\$15 every 24 months	\$15 every 24 months
In Network Frames, Lenses, Contact Lenses	Frames \$20 copay, Contact Lenses \$45 copay	Frames & Lenses \$100 off with 20% off overage, Contact Lenses \$125 plus 15% off overage every 24 months	Frames & Lenses \$160, Contact Lenses \$125 every 24 months
Out of Network Eye Exam	\$35 copay after deductible	No out of network coverage	No out of network coverage
Out of Network Frames, Lenses, Contact Lenses	Frames \$35 allowance after deductible, Contacts \$90 allowance after deductible		