



## CLAYSBURG-KIMMEL SCHOOL DISTRICT

531 Bedford Street  
Claysburg, PA 16625  
Phone (814) 239-5141 • Fax (814) 239-5896  
<http://www.ckhsbulldogs.com>

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Date: May 10, 2019

To: CKSD Employees

From: Michelle Smithmyer

Re: Health Insurance/Health Savings Accounts

This packet includes information regarding the Health Insurance plan(s) offered through the District, as well as the Health Savings Account. You may choose to make changes to your plan(s) at this time. Any changes will become effective July 1, 2019.

Please review the enclosed information carefully. **If you are happy with your current insurance, mark the "no changes" box and return page 1 to the Business Office (you are finished and can ignore the rest of this packet).** If you wish to make changes, please complete the **blue** pages and return them to the Business Office. ***The deadline to make any changes is Friday, May 31<sup>st</sup>.***

Enclosed are:

- Explanation of Health Care options, including Health Savings Account enrollment form
- Health Care Eligibility Guidelines
- Affidavit for Young Adult Health Care Coverage
- Affidavit for Spousal Health Care Coverage
- Health Insurance Opt-Out information
- Dental/Vision Insurance Information

This information, including the pages to be completed and returned, are also available on our District website.

The Summary of Benefits and Coverage for all of our Health Insurance plans are available on our District website at

[https://cksdbulldogs.com/district/business\\_office\\_health\\_insurance](https://cksdbulldogs.com/district/business_office_health_insurance).

If you have any questions, please call me (1354) or Debbie (1350).

May 10, 2019

Health Care Plan

**HEALTH INSURANCE OPTIONS**

**NO CHANGES**

**If you do not wish to make any changes to your health care coverage (or to your Health Savings Account), please complete this form and return it to the Business Office. You can ignore the rest of this packet!**

**No changes to my health insurance plan – keep everything the same!**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**HEALTH INSURANCE OPTIONS**

The Claysburg-Kimmel School District offers a High Deductible Highly Qualified (HDHP) Insurance plan as our Base Plan, as well as an additional “Buy-Up” plan. Please select from one of the following plans by completing page 3 ([Blue](#)) and returning it to the Business Office.

1. The Base Plan is a High Deductible Highly Qualified (HDHP) plan, as outlined below. This deductible is calculated based on the District’s *fiscal year (July 1 to June 30)*. This option includes no copays for services. The Base Plan includes a Health Savings Account (HSA). An HSA is an account funded to help you save for future medical expenses. Funds in an HSA rollover into the next year and can accumulate. Your HSA belongs to you and can continue to pay for medical expenses into retirement. Both the employee and the employer can contribute to an HSA. Under the Base Plan option, the District will contribute 50% of the cost of your deductible to your HSA account on July 1<sup>st</sup>. The District also offers the option to pre-fund an additional amount, up to the total deductible, to each employee’s HSA, with the employee re-paying that additional amount through payroll deduction. Please see the attached information regarding Health Savings Accounts for more information.

**Fiscal Year Deductible**  
Single/Multi-Dependent

<b>HDHP Medical Plan (Plan 1)</b>	
In-Network	Out-of-Network
\$1,500/\$3,000	\$1,500/\$3,000

2. The Buy Up is the original Medical Plan. The *calendar year (January 1 to December 31)* deductibles are \$50 (individual)/\$100 (combined family).

**Calendar Year Deductible**  
Individual/Multi-Dependent  
(Combined)

<b>Original Medical Plan (Plan 2)</b>	
In-Network	Out-of-Network
\$50/\$100	\$500/\$1,000

The monthly premiums for these options, beginning July 1, 2019, will be:

	<b>Single</b>	<b>Parent/Child(ren)</b>	<b>Husband &amp; Wife</b>	<b>Family</b>
Base Plan	\$0	\$0	\$0	\$0
Buy Up Plan	\$119.22	\$275.58	\$306.70	\$342.95

The Summary of Benefits and Coverage for each Plan is available on our District website at [https://cksdbulldogs.com/district/business\\_office\\_h\\_r/health\\_insurance](https://cksdbulldogs.com/district/business_office_h_r/health_insurance).

May 10, 2019

Health Care Plan

**Claysburg-Kimmel School District  
Health Care Plan Options  
Effective July 1, 2019**

Please choose your Health Insurance Plan, to be effective July 1, 2019, by marking the appropriate box.

	Single		Parent/Child(ren)		Husband & Wife		Family	
Base Plan	\$0	<input type="checkbox"/>	\$0	<input type="checkbox"/>	\$0	<input type="checkbox"/>	\$0	<input type="checkbox"/>
Buy Up Plan	\$119.22	<input type="checkbox"/>	\$275.58	<input type="checkbox"/>	\$306.70	<input type="checkbox"/>	\$342.95	<input type="checkbox"/>

**If you choose the Base Plan, please complete the Health Savings Account information on the reverse side of this form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***RETURN THIS FORM TO THE BUSINESS OFFICE NO LATER THAN Friday, May 31<sup>st</sup>.***

**IF WE DO NOT RECEIVE THIS FORM BY May 31<sup>st</sup>, WE WILL AUTOMATICALLY ENROLL YOU IN the Base Plan.**

**THE NEW PREMIUMS WILL BE EFFECTIVE JULY 1<sup>ST</sup>.**

**If you have any questions, please call Michelle (239-0354) or Debbie (239-0350).**

May 10, 2019

Health Care Plan

**CKSD BUSINESS OFFICE  
ATTN: MICHELLE SMITHMYER  
531 BEDFORD ST.  
CLAYSBURG, PA 16625**

**HEALTH SAVINGS ACCOUNT (HSA)**

If you choose the Base Plan, the District will deposit 50% of the deductible to your Health Savings Account (HSA) on July 1<sup>st</sup>, as follows:

Single Coverage	Deductible	\$1,500	District HSA Contribution	\$ 750
Multi-Dependent Coverage	Deductible	\$3,000	District HSA Contribution	\$1,500

You have the option of having the District pre-fund the remainder of the deductible to this account. If you choose this option, you will repay the District for this amount through payroll deduction (pre-tax) for the remainder of the year. *This option ensures that you will have the maximum deductible in your HSA account available on July 1<sup>st</sup>.*

Single Coverage	Prefunded Amount	\$ 750	Deduction/pay	\$28.85
Multi-Dependent Coverage	Prefunded Amount	\$1,500	Deduction/pay	\$57.69

You also have the option of contributing additional funds to your HSA. The maximum contribution to your HSA (District and employee contributions combined) for 2019 is:

Single Health Insurance Coverage	\$3,500
Multi-Dependent Health Insurance Coverage	\$7,000

Individuals ages 55 and older can also make additional "catch-up" contributions of up to \$1,000 annually.

*Highmark charges a monthly fee of \$2.50 to maintain your HSA account; this fee will be deducted from your HSA each month.*

**Please complete the form on the reverse to select your Health Savings Account options.**

May 10, 2019

Health Care Plan

**2019 Health Savings Account Pre-Tax Salary Reduction Election**

Name: \_\_\_\_\_

I understand that I may elect to make pre-tax contributions to my Highmark Blue Shield PNC Bank Health Savings Account through payroll deduction. These pre-tax contributions are available under my employer's Section 125 Plan. When making this election, I will consider that any contributions being made by my employer will also be counted toward my HSA contribution limits (\$3,500 individual, \$7,000 Family/Other).

\_\_\_\_\_ I choose to have the District pre-fund \$1,500 (\$750 for single enrollees) to my HSA, effective 7/1/19. I understand that \$57.69 (\$28.85 for single enrollees) will be deducted per pay to reimburse the District for this pre-funding.

\_\_\_\_\_ I choose to have an additional \$1.25 deducted per pay to fund the monthly Highmark fee. I understand this will be deposited to my HSA account.

\_\_\_\_\_ I elect to make a different pre-tax contribution to my HSA. I understand that the contribution I select will be made with pre-tax salary reductions.

\_\_\_\_\_ per pay period x 26 pays = \_\_\_\_\_ annually

\_\_\_\_\_ I choose to make no additional contributions to my HSA.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO THE BUSINESS OFFICE NO LATER THAN Friday, MAY 31<sup>st</sup>.**

# CLAYSBURG-KIMMEL SCHOOL DISTRICT

## ELIGIBILITY GUIDELINES

### ***Who is Eligible for Claysburg-Kimmel School District Coverage?***

You may enroll your:

- Spouse under a legally valid existing marriage.
- **Effective July 1, 2017, the District shall make health care coverage available to spouses of employees under the following conditions:**
  - **Spouses who do not have healthcare coverage available to them through an employer shall be eligible for the District's Plan with \$0 premium sharing.**
  - **Spouses who have coverage available through their own employer may remain on the District's Plan with an annual premium share of \$500.**
- Children under 26 years of age, unless otherwise extended coverage pursuant to applicable state or federal law, including:
  - Newborn children
  - Stepchildren
  - Children legally placed for adoption
  - Legally adopted children and children for whom the employee or the employee's spouse is the child's legal guardian
  - Children awarded coverage pursuant to an order of court

The Patient Protection and Affordable Care Act (PPACA) provides for the extension of health insurance coverage to young adult children up to the age of 26, providing they do not have an offer of employer-based coverage (such as through his or her job).

An eligible dependent child's coverage automatically terminates and all benefits hereunder cease at the end of the month the dependent reaches the limiting age (26) or ceases to be an eligible dependent as indicated above, whether or not notice to terminate is received by Highmark.

- Unmarried children over age 26 who are not able to support themselves due to mental retardation, physical disability, mental illness or developmental disability that started before age 26. Coverage automatically terminates and all benefits hereunder cease, except otherwise indicated, on the day following the date on which the disability ceases, whether or not notice to terminate is received by Highmark.

NOTE: To the extent mandated by the requirements of Pennsylvania Act 83 of 2005, eligibility will be continued past the limiting age for children who are enrolled as dependents under their parent's coverage at the time they are called or ordered into active military duty. They must be a member of the Pennsylvania National Guard or any reserve component of the armed forces of the United States, who is called or ordered to active duty, other than



active duty for training, for a period of 30 or more consecutive days, or be a member of the Pennsylvania National Guard ordered to active state duty for a period of 30 or more consecutive days. If they become a full-time student for the first term or semester starting 60 or more days after their release from active duty, they shall be eligible for coverage as a dependent past the limiting age for a period equal to the duration of their service on active duty or active state duty.

For the purposes of this note, full-time student shall mean a dependent who is enrolled in, and regularly attending, an accredited school, college or university, or a licensed technical or specialized school for 15 or more credit hours per semester, or, if less than 15 credit hours per semester, the number of credit hours deemed by the school to constitute full-time student status.

A dependent child who takes a medically necessary leave of absence from school, or who changes his or her enrollment status (such as changing from full-time to part-time) due to a serious illness or injury may continue coverage for one year from the first day of the medically necessary leave of absence or other change in enrollment, or until the date coverage would otherwise terminate under the terms of this program, whichever is earlier. Highmark Blue Cross Blue Shield may require certification from the dependent child's treating physician in order to continue such coverage.

Your newborn child may be covered under your program for a maximum of 31 days from the moment of birth. To be covered as a dependent beyond the 31-day period, the newborn child must be enrolled as a dependent under this program within such a period.

To be eligible for dependent coverage, proof that dependents meet the above criteria may be required by Highmark and/or Claysburg-Kimmel School District.

### ***Examples of Ineligible Dependents...***

- A former spouse is not eligible after the final date of divorce
- A grandchild, unless awarded coverage pursuant to an order of court or a newborn child of a dependent daughter for a maximum of 31 days from the moment of birth
- A young adult dependent who reaches the age of 26, without an extenuating circumstance



**CLAYSBURG-KIMMEL SCHOOL DISTRICT**

**Affidavit for Dependent Continuation of Health Care Coverage**  
**Under a Grandfathered Health Plan**

The Patient Protection and Affordable Care Act (PPACA) was enacted on March 23, 2010 and amended by the Health Care and Education Reconciliation Act of 2010 on March 30, 2010. PPACA provides for the extension of health insurance coverage to young adult children up to the age of 26. This coverage is available regardless of the qualifying young adult's marital status. In addition, it does not matter whether the qualifying young adults are tax dependents for federal income tax purposes. However, under a grandfathered plan, coverage is not extended if the adult child has another offer of employer-based coverage (such as through his or her job).

***If you have an adult child between the ages of 19 and 26, and they are an eligible dependent for health care coverage, please complete this form and return it to the Business Office.***

To add health care coverage for your dependent under PPACA, you must complete this affidavit and attach it to the enrollment form that is provided to your employer.

I, \_\_\_\_\_ (Employee Name), hereby request health plan coverage for my dependent \_\_\_\_\_ (Name of Dependent) and certify that all of the following are true:

- This dependent is an eligible dependent as defined in the Highmark Blue Cross Blue Shield PPOBlue benefits booklet.
- This dependent is under the age of 26.
- This dependent does not have employer-based coverage available through his or her job.

***Please be advised any employee who misrepresents an eligible adult dependent as set forth under PPACA will be responsible for any premium and/or claims repayments for the period of time the misrepresentation occurred. It is further understood that it is the employee's responsibility to inform the employer immediately if the eligibility status of the adult dependent changes.***

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**CLAYSBURG-KIMMEL SCHOOL DISTRICT**

**Affidavit for Spousal Health Care Coverage**

Effective July 1, 2017, the District shall make health care coverage available to spouses of CKSD employees with the following conditions:

- a. Spouses who do not have health care coverage available to them through an employer shall be eligible for the District's Plan with \$0 premium sharing (base plan).
- b. Spouses who have coverage available through their own employer may remain on the District's Plan with a premium share of \$500 annually (base plan).
- c. It shall be the responsibility of the employee to provide written notification to the Business Office within thirty (30) calendar days of any change in marital or dependency status. Any employee who fails to provide notification shall be liable for all premiums paid beyond the proper level of employee entitlement.

Please complete the appropriate section on the reverse of this page and return it to the Business Office.

**PLEASE COMPLETE THE APPROPRIATE SECTION:**

I, \_\_\_\_\_, (Employee Name), hereby request health plan coverage for my spouse \_\_\_\_\_ (Name of Spouse) and certify that the following is true:

- My spouse is not eligible for group health care coverage under an employer group medical plan.

**OR**

I, \_\_\_\_\_, (Employee Name), hereby request health plan coverage for my spouse \_\_\_\_\_ (Name of Spouse) and certify that the following is true:

- My spouse has health care coverage available under his/her employer's healthcare plan. I choose to have my spouse remain under the healthcare plan provided by the Claysburg-Kimmel School District. I understand that I must pay a premium share of \$500 annually. I further understand that this premium will be paid to the District through payroll deduction (pre-tax under the District's Section 125 Plan).

***Please be advised that any employee who misrepresents the availability of healthcare coverage for a spouse through that spouse's employer group coverage will be responsible for any premium and/or claims repayments for the period of time the misrepresentation occurred. It is furthermore understood that it is the employee's responsibility to inform the employer immediately if the eligibility status of their spouse for group employer healthcare coverage changes.***

**RETURN THIS FORM TO THE BUSINESS OFFICE.**

***If you have any questions, please call Michelle (239-0354) or Debbie (239-0350).***

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

## HEALTH INSURANCE OPT-OUT

CKSD offers health insurance to all full time employees. Some employees may have health insurance through another source (for example, through a spouse's place of employment). For those employees who do have other health insurance, we offer an opportunity to opt out of the health insurance plan offered through CKSD. In exchange for opting out of our health insurance plan, the District will pay the employee 25% of the cost of the health insurance plan that employee would be eligible for.

*For the 2019-2020 school year, the District will pay the following amount to employees who opt out of our health insurance plan:*

If you are eligible for family health insurance: **\$4,236**

If you are eligible for employee/spouse or single coverage: **\$1,801**

This payment will be made in quarterly payments at the end of each quarter. You must provide proof of other insurance.

If the source of the other insurance is a plan provided by the Blair County School District Health Care Consortium (i.e., Claysburg-Kimmel, Bellwood, Hollidaysburg, Spring Cove, Tyrone, or Williamsburg School Districts), you are not eligible for this benefit. In addition, the Opt Out amount has been adjusted to reflect the Spousal Exclusion section of our plan.

If you think you are eligible for this opt out program and/or would like more information, please complete the form on the back of this page and ***return it to the Business Office.***

If you have any questions, or would like more information about this benefit, please call Michelle (1354) or Debbie (1350).

## HEALTH INSURANCE OPT OUT

I have health insurance through another source and would like to opt out of CKSD's health insurance plan. I understand I must furnish proof of the other insurance (copy of my insurance card) to the business office.

I understand the District will pay 25% of the cost of the health insurance plan I would otherwise be eligible for in exchange for this opt out.

*I understand that if my insurance is a plan provided by the Blair County School District Health Care Consortium (i.e., Claysburg-Kimmel, Bellwood, Hollidaysburg, Spring Cove, Tyrone, or Williamsburg School Districts), I am not eligible for this benefit. In addition, the Opt Out amount has been adjusted to reflect the Spousal Exclusion section of our plan.*

For the 2019-2020 school year, the amount the district will pay to employees who opt out of our health insurance plan:

Eligible for Family Coverage	\$4,236
Eligible for Spouse/Employee or single Coverage	\$1,801

*I understand that I cannot change or cancel this agreement during the Plan Year, unless that change is the result of a change in status that permits a change in my health insurance enrollment. The following are status changes that would permit such a change*

- *Marriage or divorce*
- *Birth or adoption of a child*
- *Death of a spouse or child*
- *Change in my or my spouse's employment status*
- *Change in my spouse's medical insurance coverage*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

***Please return this form to the business office. Please attach proof of your other insurance.***



<https://www.unitedconcordia.com>

## Save More with a Network Dentist

**United Concordia's large, nationwide dentist network, combined with our knowledge of local markets, means you can find affordable, quality care with great service no matter where you live.**

### What Is a Network Dentist?

Network dentists agree to accept United Concordia's discounted fees as payment in full for covered services. Non-network dentists can charge you more. This means you'll lower your out-of-pocket expense using a network dentist.

You can still receive care from any licensed dentist. But your benefits may differ and your out-of-pocket costs could be higher with a non-network dentist. Using a network dentist maximizes your dental benefits because they:

**SAVE MONEY**—A network dentist saves you the difference between our negotiated fees and the dentist's regular charges. And, you stretch your benefit dollars by getting more services before reaching your annual maximum.



*Using a network dentist maximizes your benefits*

### Savings Example<sup>1</sup>

Member's Annual Dental Care	Example Dentist Charge	Network Dentist Visit—Member Responsibility <sup>2</sup>	Non-network Dentist Visit—Member Responsibility	Member's Savings for Visiting a Network Dentist
2 Cleanings	\$151	\$0	\$63	<b>\$63</b>
2 Exams	\$85	\$0	\$45	<b>\$45</b>
1 Set X-rays	\$117	\$0	\$59	<b>\$59</b>
2 Composite Fillings	\$227	\$22	\$149	<b>\$127</b>
1 Crown	\$931	\$324	\$611	<b>\$287</b>
<b>TOTAL</b>	<b>\$1,512</b>	<b>\$346</b>	<b>\$928</b>	<b>\$582</b>

1. Savings estimates based on internal data for zip code 17110, as of 5/17; savings will vary by dentist, service and geographic region.  
2. All services performed by an Alliance network dentist.

**SAVE TIME**—Network dentists file your claims for you, saving you time and the hassle of paperwork.

**SAVE WORRY**—Every network dentist goes through a rigorous review, so you know you're getting high-quality care.

# You Can Find Quality Care No Matter Where You Live

## Finding YOUR Dentist

It's not just about finding a dentist; it's about finding YOUR dentist. While our vast network includes 97,000 dentists,\* we also understand your local market. We research the facilities and costs in your area, and carefully screen and qualify each dentist to help you get the best dental care.

## How to Find a Dentist

It's simple to search, compare and get directions to a network dentist with the **Find a Dentist** tool on [UnitedConcordia.com](https://UnitedConcordia.com).

You can search by specialty, county, ZIP code, street address, dentist or practice name. If your dentist is not in our network, and you'd like him or her to participate, go to the **Members** section of [UnitedConcordia.com](https://UnitedConcordia.com), select **Forms**, and click **Nominate Your Dentist**.

## Can I use my Health Savings Account to pay for out-of-pocket dental services?

Yes. You may use the funds in your HSA to pay for out-of-pocket expenses related to dental treatments. Cosmetic dental services such as teeth whitening are ineligible.



*Wherever you live or work, you'll probably find two or more of our network dentists within 10 miles.\**

**UNITED CONCORDIA® DENTAL**  
Protecting More Than Just Your Smile®

\*Based on United Concordia Dental internal research and reports, 05/17.

This advertisement is not an offer of coverage or proposal of insurance. The Group Policy or Contract and Certificate of Insurance ("Plan Documents") include a complete listing of covered services, limitations, exclusions, cancellation and renewal provisions. In the event of conflict, the Plan Documents will govern. PPO products underwritten by: United Concordia Insurance Company, United Concordia Dental Corporation of Alabama, and United Concordia Life and Health Insurance Company. United Concordia Insurance Company is not licensed in AL, DE, DC, IL, KY, MD, MO, NJ, NY, NC and PA. Not all products are available in all jurisdictions. United Concordia policies cover dental benefits only. For a complete listing of the products and services available in your area, the specific UCCI company licensed to provide those products, and exclusions, limitations, renewal, cancellation and cost information, contact a United Concordia account representative or visit [UnitedConcordia.com](https://UnitedConcordia.com). United Concordia Insurance Company, California certificate of authority number 3739-0, is domiciled in Arizona at its statutory address, 2198 East Camelback Road, Suite 260, Phoenix, AZ 85016. Available Concordia products are underwritten by United Concordia Insurance Company in OK and written on OK policy forms OK9802 (11/07) and OK9802L (11/07). The administrative office of UCCI and/or its licensed corporate affiliates is located at 4401 Deer Path Road, Harrisburg, PA 17110.

MEM-0274-0617 • Generic





Gain instant to access to our provider agreement, E-Claims forms, list of Approved Labs, and more.

LOGIN



CHOOSE VBA VISION

ANSWERS TO FAQs

JOIN THE NETWORK

FORMS

CONTACT US

## We connect our members to leading vision care providers.

And you are committed to providing the best care. Together, we can help millions of people maintain healthy eyes and clear vision.

VBA Vision has more than 50 years experience in providing diverse and cost-effective benefits. As a matter of fact, we were one of the first preferred provider organizations (PPO) in the nation offering group vision coverage. Today, we are a rapidly growing company, with more than 16,000 providers and a continually expanding member base. If you are not part of our provider network, what are you waiting for? It's simple and easy.

### JOIN US TODAY!



#### What makes VBA Vision different?

As one of the most experienced organizations in group vision benefits, VBA Vision offers the best possible program for our providers and their patients.

[WHY CHOOSE VBA VISION BENEFITS?](#)



#### Got questions? We've got answers.

How many members are in your area? What is the exam rate? How often are payments made? Get answers to these and other questions you may have.

[COVERAGE FAQs](#)



#### We are 16,000 strong – and growing!

Currently, VBA Vision has a network of more than 16,000 providers, including doctors of optometry, ophthalmology, and retail locations. Plus, we have more than 250 approved labs for you to choose from.

[JOIN OUR VISION NETWORK](#)

## Stay in Touch

Sign up to receive the latest news and information from VBA.

Email Address

I am interested in receiving information about:

SUBSCRIBE