

October 27, 2020

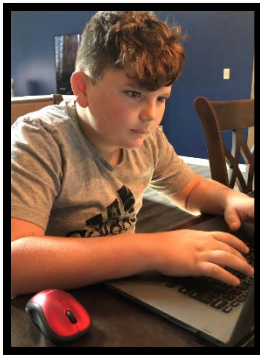
Dear Former Kirkwood Employee or Spouse,

I hope this letter finds you in good health and high spirits! With the onset of cooler weather, it is time to think about insurance enrollment for the new year. You may have heard that Marianne Ross has retired after 31 years of service to our district. I wanted to introduce myself, not as her replacement, because she will never be replaced, but as your new contact for the insurance program.



*Marianne with Family at her Retirement Parade*

My name is Cindi Nelson, I have been with the district for 14 years in a variety of roles in the Human Resources Department. My goal is to serve as a resource to you regarding your benefits. I am saddened that I will not have the opportunity to meet



*Lucas working on an assignment in "mom school"*

you in-person during this open enrollment season. Due to COVID-19, the district is restricting visitors from visiting campuses. I am still here to help, just maybe not in-person as your health and safety is my #1 priority. Please feel free to reach out either by phone or email.

During this time, we are welcoming students back to in-person learning. I have a middle schooler who is at home learning virtually 2 days a week, so I am working in the office Monday – Wednesday and running “mom school” while working from home on Thursdays and Fridays.

Please find the open enrollment information included. You have 2 ways to re-enroll. You may re-enroll electronically through SmartBen, which is the preferred method, or you may complete the enrollment form and return it to me via mail, fax or email.

Looking forward to a happy and healthy 2021!

All My Best,

Cindi Nelson  
director of human resources  
Cindi.Nelson@kirkwoodschoosls.org







## IMPORTANT BENEFIT INFORMATION

**\*YOU MUST RE-ENROLL by November 25, 2020\***

Our insurance program will renew on January 1, 2021. The enclosed 2021 Enrollment form lists the premiums that will be charged for the various insurance plans. We have a new vision provider for 2021, VSP. The premiums listed are single elections. If you elect coverage for your spouse/child/family, you have to add the “Retiree” premium to the spouse/child/family premium for the total monthly cost.

### **SmartBen enrollment system. Please enroll electronically.**

SmartBen is an interactive, web-based program that will walk you through the benefit selection process. It will provide information about each plan, including costs.

Go to: [www.smartben.com](http://www.smartben.com)

Username: The letters **KSD** and the last **7** digits of your social security number

Example: KSD3456789

Password: Your **8-digit date of birth** (mmddyyyy)

Example: 01012001

### Plan Information Available Online

- Plan documents are located at: <https://www.kirkwoodschoools.org/Page/826>.
- Annual notices available online also.

If you do not wish to enroll electronically, please complete the enclosed enrollment form. I will manually enter you into the system.

- **Kirkwood Self-Funded Medical/United HealthCare (UHC) -** We are renewing with United HealthCare (UHC) to administer the Kirkwood Self-Funded medical plan.
  - \$500 Deductible for in-network services. \$700 deductible for out-of-network services.
  - Preventive services are only covered when using in-network providers. It is your responsibility to make sure your doctor uses in-network providers for labs, radiology, etc.
  - Rx 'n Go, voluntary pharmacy benefits will continue with \$0 co-pay for generic prescriptions. Information enclosed. [www.rxngo.com](http://www.rxngo.com)
  - Utilize [www.myuhc.com](http://www.myuhc.com) for benefit and claim information, request ID cards, learn about disease management and much more.
- **If you are eligible for Medicare, you need to apply for it when you are eligible.** Kirkwood Self-Funded can become your supplement. Please contact me if you have questions about Kirkwood Self-Funded as a supplement. A Medicare Advantage plan is also available through United Health Care.

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If you would like information about this program, you can contact UHC @ 1-877-714-0178. I cannot enroll you in this plan, nor have any input in the plan. It is totally administered through UHC.

- **Medicare supplemental help** – Educational help is available with CLAIM 800-390-3330 and Hovis & Associates 314-380-2030
  
- **High Deductible Health Plan/Health Savings Account (HDHP/HSA)**
  - An HSA is a tax-exempt savings account combined with a High Deductible Health Plan (HDHP)
  - The 2021 HDHP deductible is \$2,800 for an individual and \$5,600 for a family
  - If you do not have Medicare coverage (under 65), you are eligible for this plan
  
- **Aetna Dental Plan**
  - Visit [www.aetnadental.com](http://www.aetnadental.com) for insurance card and/or directory
  
- **VSP Vision Plan**
  - Visit [www.vsp.com](http://www.vsp.com) for insurance card and/or directory
  
- **Life Insurance - CIGNA**
  - Term Life and Accidental Death & Dismemberment is offered for those who are under the age of 70. You need to maintain the same level of coverage that you currently have in place. If you do not already have coverage, late entrants are not eligible.
  
- **Long Term Care - UNUM**
  - This insurance is protection for nursing home confinement, assisted living expenses and home care. Contact me for a packet.
  
- **Direct Debit** – This will continue with your current bank information. If you have a bank change, contact me.

**\*\*You must re-enroll to continue your insurance coverage\*\***

**If you do not enroll electronically in SmartBen, please complete the enclosed enrollment form and return it to me at 11289 Manchester Road Kirkwood, MO 63122 by November 25, 2020.**

If you have questions, please feel free to contact me.

E-mail is the quickest way to get a response. If you need to speak with me in person, you must make an appointment due to COVID-19 restrictions. You will not be able to stop by without an appointment.

**Cindi Nelson**  
Director of Human Resources  
[Cindi.Nelson@kirkwoodschoools.org](mailto:Cindi.Nelson@kirkwoodschoools.org)

11289 Manchester Road  
Kirkwood, MO 63122  
(314) 213-6100 ext. 7809



# RETIREE/SELF-PAY HEALTH BENEFITS JANUARY 1, 2021 PLAN YEAR

A. EMPLOYEE INFORMATION (PLEASE PRINT)					
First Name	M.I.	Last Name	Social Security #		
Street Address		City	State	Zip	
Phone # (include area code) (       )	Date of Birth	Gender	Marital Status: ___ Single ___ Married ___ Widowed		

B. MEDICAL PLAN	UNITED HEALTHCARE
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**Kirkwood Self-Funded – Traditional Plan**

**Kirkwood Self-Funded-HDHP/HSA**

<u>Coverage Selection</u>	<u>Contribution / Month</u>	<u>Coverage Selection</u>	<u>Contribution/Month</u>
<input type="checkbox"/> Retiree/Self - Non Medicare	\$ 606.90	<input type="checkbox"/> Retiree - Non Medicare	\$405.00
<input type="checkbox"/> Spouse - Non Medicare	\$ 584.85	<input type="checkbox"/> Spouse – Non-Medicare	\$405.00
<input type="checkbox"/> Child(ren)	\$ 516.60	<input type="checkbox"/> Child(ren)	\$344.00
<input type="checkbox"/> Family	\$1,101.45	<input type="checkbox"/> Family	\$749.00
<input type="checkbox"/> Retiree – Medicare Eligible	\$ 506.90		
<input type="checkbox"/> Spouse – Medicare Eligible	\$ 506.90		
 <input type="checkbox"/> Waive Coverage			

C. DENTAL PLAN	AETNA DENTAL PLAN
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<u>Coverage Selection</u>	<u>Contribution / Month</u>
<input type="checkbox"/> Retiree/Self	\$ 39.10
<input type="checkbox"/> Spouse	\$ 36.69
<input type="checkbox"/> Child(ren)	\$ 54.00
<input type="checkbox"/> Family	\$ 68.18
<input type="checkbox"/> Waive Coverage	

D VISION PLAN	VSP VISION PLAN
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<u>Coverage Selection</u>	<u>Contribution / Month</u>
<input type="checkbox"/> Retiree/Self	\$ 5.04
<input type="checkbox"/> Spouse	\$ 5.83
<input type="checkbox"/> Child(ren)	\$ 6.66
<input type="checkbox"/> Family	\$ 14.13
<input type="checkbox"/> Waive Coverage	

E. LIST ALL COVERED DEPENDENTS FOR MEDICAL, DENTAL, AND VISION COVERAGE (PLEASE PRINT)
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Please list all eligible dependents you wish to cover under the medical, dental, and vision plans selected. Addition of individuals enrolled can only be allowed during Open Enrollment or if there is an eligible qualifying event.

Relationship	Last Name	First Name	MI	Social Security No.	Gender	Birth Date
Spouse						
Child						
Child						
Child						

**F. OTHER HEALTH INSURANCE INFORMATION (THIS SECTION MUST BE COMPLETED IF YOU HAVE OTHER INSURANCE)**

Coverage: __ Medical __ Medicare __ Dental		Insurance Company Name	Insurance Company Phone Number	
Policy Coverage Dates _____ to _____	Name of Insured	Insured's Social Security #	Family Members Covered	
Insured's Employer		Policy #		
Names of family members covered by Medicare	Medicare Claim #	Part A Eff. Date	Part B Eff. Date	

**G. VOLUNTARY LIFE INSURANCE CIGNA**

Retirees are eligible to purchase \$10,000 or \$20,000 life insurance coverage through CIGNA until age 70. Please indicate your coverage selection below. You must maintain the same level of insurance that you currently have in place. Coverage can only be elected at the time of retirement. Late entrants are not eligible.

- \$10,000 Coverage                      \$ .50
- \$20,000 Coverage                      \$ 1.00
- Waive Coverage**

**H. VOLUNTARY LONG TERM CARE UNUM**

Retirees are eligible to purchase Long Term Care through UNUM. This coverage is for nursing home confinement, assisted living and home care. If you wish to enroll, you need to complete a UNUM enrollment form. Please contact Marianne Ross for enrollment form.

**I. RETIREE/SELF-PAY AUTHORIZATION (FORM MUST BE SIGNED)**

I have received and read the enrollment materials for Kirkwood School District's Employee Benefits Program and have made the above selections. **I understand premium payments must be made by the 1st of each month for coverage to continue during the following month. Please complete a direct debit form to deduct premiums from your checking account.**

On behalf of myself and anyone enrolled on this application, I authorize any health care professional or entity to give insurance providers, the District, or any of their designees, any and all records pertaining to medical history or services rendered for any administrative purpose, including evaluation of an application or a claim. I also authorize the use of a Social Security Number for purpose of identification. The information provided on this application is accurate and complete. I understand and agree that any omissions or incorrect statements knowingly made on this application may invalidate our coverage.

<b>X</b>	
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Signature

Date Signed

e-mail address	
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Emergency Contact/relationship

Phone number