

Know Your BENEFITS



Effective **July 1, 2021**, Ozark Action, Inc. will have new provider coverages through Bukaty Companies. There will be an online enrollment and employee information provided for a smooth transition to the new providers for all of our plans.

As of 7/1/2021 there will only be two plans to choose from for Health Coverage—there will be a BASE Plan or an optional BUY UP Plans with health coverages provided by United Healthcare.

Employees may choose their plan of choice during open enrollment which will occur June 1, 2021 – June 8, 2021. For the new plan year, the agency will have a locked in rate for eighteen months (7/1/2021 – 12/31/2022). Please make wise choices when reviewing your coverages during open enrollment.

News cards will be issued effective 7/1/2021 for the Health Plan.

BASE PLAN—Option 1

In Network Amounts--\$5,000 individual/\$10,000 family deductible; Out-of-Network--\$10,000 individual/\$20,000 family deductible.

Out-of-pocket \$6,250/\$12,500 for in network providers. Out-of-Network--\$12,500/\$25,000.

*Preventive—no copay in network/50% Out-of-Network (OON)
In Network--\$20 Copay with physician/\$40 copay specialist/OON 50%*

ER Deductible plus coinsurance apply in network.

Urgent Care \$50 copay in network.

Prescription Services Retail 30-day supply \$10/\$35/\$60/\$200 in network.

Eligible Dependent—employee's spouse, employee or spouse's unmarried children (age 26 or younger), unmarried children for whom the employee or spouse is the legal guardian. Other restrictions on age limits may apply.

BASE PLAN MTHLY COST/PAYROLL DEDUCTIONS

Employee Base Coverage—Agency pays 100%

\$578.80 month.

Payroll Deductions for any dependents insured—Employee pays 100%

Spouse Coverage: *\$578.78 month for Spouse*

\$408.56 for a 17 pay period Head Start Center Employees

(Spouse = \$578.78-month x 12 = \$6,945.36 divided by 17 = \$408.56 pp)

\$267.13 for a 26 pay period year-round employees.

(Spouse = \$578.78-month x 12 = \$6,945.36 divided by 26 = \$267.13 pp)

Child(ren) Coverage: *\$434.07 month for Child(ren)*

\$306.41 for a 17 pay period Head Start Center Employees

(Child(ren) = \$306.41-month x 12 = \$5,208.84 divided by 17 = \$306.41 pp)

\$200.34 for a 26 pay period year-round employees.

(Child(ren) = \$306.41-month x 12 = \$5,208.84 divided by 26 = \$200.34 pp)

Family Coverage: *\$1,018.66 month for Family*

\$719.06 for a 17 pay period Head Start Center Employees

(Family = \$1,018.66-month x 12 = \$12,223.92 divided by 17 = \$719.06 pp)

\$470.16 for a 26 pay period year-round employees.

(Family = \$1,018.66-month x 12 = \$12,223.92 divided by 26 = \$470.16 pp)

BUY UP OPTION 2

BASE PLAN—Option 1

In Network Amounts--\$2,500 individual/\$7,500 family deductible; Out-of-Network--\$5,000 individual/\$15,000 family deductible.

Out-of-pocket \$5,000/\$10,000 for in network providers. Out-of-Network--\$10,000/\$20,000.

*Preventive—no copay in network/50% Out-of-Network (OON)
In Network--\$20 Copay with physician/\$40 copay specialist/OON 50%*

ER \$250 Copay

Urgent Care \$50 copay in network.

Prescription Services Retail 30-day supply \$10/\$35/\$60/\$200 in network.

Eligible Dependent—employee's spouse, employee or spouse's children (age 26 or younger), children for whom the employee or spouse is the legal guardian. Other restrictions on age limits may apply.

BUY UP PLAN—OPTION 2

Employee OPTION 2--Buy-Up Coverage

\$710.62 month.

—Agency pays 100% of Base Plan only

\$578.80 month.

—Employee is responsible for Buy Up Portion

\$131.82 month.

(Employee = \$131.82 x 12 = \$1,581.84)

\$93.05 for a 17 pay period Head Start Center Employees.

(Employee portion \$131.82 x 12 = 1,581.84 divided by 17 = \$93.05 per pay period)

\$60.84 for a 26 pay period year-round employees.

(Employee portion \$131.82 x 12 = 1,581.84 divided by 26 = \$60.84 per pay period)

Payroll Deductions for any dependents insured—Employee pays 100%.

Spouse Coverage:

\$842.41 for EMP Portion and SPOUSE per month

\$594.65 for a 17 pay period Head Start Center Employees.

(Employee portion + Spouse = \$842.41 x 12 = \$10,108.92 divided by 17 = \$594.65 per pp)

\$388.81 for a 26 pay period year-round employees.

(Employee portion + Spouse = \$842.12 x 12 = \$10,108.92 divided by 26 = \$388.81 per pp)

Child(ren) Coverage:

\$664.73 for EMP Portion and Child(ren) per month

\$469.23 for a 17 pay period Head Start Center Employees.

(Employee portion + Child(ren) = \$664.73 x 12 = \$7,976.76 divided by 17 = \$469.23 per pp)

\$306.80 for a 26 pay period year-round employee.

(Employee portion + Child(ren) = \$664.73 x 12 = \$7,976.76 divided by 26 = \$306.80 per pp)

Family Coverage:

\$1,382.47 for EMP Portion and FAMILY per month

\$975.87 for a 17 pay period Head Start Center Employees.

(Employee portion + Family = \$1,382.47 x 12 = \$16,589.64 divided by 17 = \$975.87 per pp)

\$638.07 for a 26 pay period year-round employees.

(Employee portion + Family = \$1,382.47 x 12 = \$16,589.64 divided by 26 = \$638.07 per pp)

If 17 pay-period staff have more than 17 pay rolls during August – May, any additional withholdings could be counted toward the July premium.

***Summary of Benefits for each plan will be provided.*

LIFE & AD&D—

Effective July 1, 2021 OAI will have new coverage through the Bukaty Companies. Harford Insurance will provide the agency provided life and ad&d coverages for employees. For additional employee coverage or dependent coverage—staff will have the opportunity to choose coverages and have the premiums payroll deducted. The agency provides \$20,000 Life & AD&D Insurance Coverage until age 65 when coverage levels drop for employees.

Employee Coverage—Agency Pays **\$3.10 month for Life.**
(Life is \$0.155 per \$1,000 = \$20,000 coverage for \$3.10 per month.)

\$0.30 month for AD&D.

(AD&D is \$0.015 per \$1,000 = \$20,000 for \$0.30 per month.)

Total \$3.40 paid by agency.

Agency pays coverage for employee based on the following ages and coverage amounts:

Age 64 and below (\$20,000 Life & AD&D) $\$3.10 + \$0.30 = \$3.40$ per month.

Age 65-69 (Coverage drops to \$13,000) $\$2.02 + \$0.20 = \$2.22$ per month.

Age 70 and above (Coverage drops to 10,000) $\$1.55 + \$0.15 = \$1.70$ per month.

Employee insurance may be elected in additional amounts for both life and ad&d. Amounts can be in \$10,000 increments up to five times/\$500,000 maximum.

Additional amounts of life insurance can be purchased at a cost to the employee per pay period for the employee, spouse, children and family.

Employee & Spouse Rate—Rate per \$1,000

25-29	\$0.060
30-34	\$0.070
35-39	\$0.090
40-44	\$0.140
45-49	\$0.220
50-54	\$0.380
55-59	\$0.640
60-64	\$0.890
65-69	\$1.570
70-74	\$3.240
75-99	\$3.240

AD&D Rate—Rate Per \$1,000

\$0.020

Child(ren) Rate (Based on Family Unit)

\$0.127

VISION—

On July 1, 2011, employees were eligible to purchase vision coverage through payroll deduction. As of July 1, 2021 vision coverage will be provided through Bukaty Companies with Delta Dental Vision.:

<u><i>Employee Coverage</i></u>	<i>\$ 5.40 month for vision.</i>
<i>\$5.40 x 12 = \$64.80</i>	<i>\$ 3.82 for 17 pp emp.</i>
	<i>\$ 2.50 for 26 pp emp.</i>
<u><i>Emp./Spouse Coverage</i></u>	<i>\$10.12 month for vision.</i>
<i>\$5.40 + \$4.72 = \$10.12</i>	<i>\$7.15 for 17 pp emp.</i>
<i>\$10.12 x 12 = \$121.44</i>	<i>\$4.68 for 26 pp emp.</i>
<u><i>Emp./Child Coverage</i></u>	<i>\$11.48 month for vision.</i>
<i>\$5.40 + \$6.08 = \$11.48</i>	<i>\$8.11 for 17 pp emp.</i>
<i>\$11.48 x 12 = \$137.76</i>	<i>\$5.30 for 26 pp emp.</i>
<u><i>Emp./Family Coverage</i></u>	<i>\$16.73 month for vision</i>
<i>\$5.40 + \$11.33 = \$16.73</i>	<i>\$11.81 for 17 pp emp.</i>
<i>\$16.73 x 12 = \$200.76</i>	<i>\$ 7.73 for 26 pp emp.</i>

In Network:

<i>Exam Copayment:</i>	<i>\$20.00</i>
<i>Material Copay:</i>	<i>\$20.00</i>
<i>Contact Lens Fitting Exam:</i>	<i>\$30.00 allowance</i>

Frequency Limits (Exam, Lenses and Frame or Contact Lenses): Exam 12 mths/Lenses-12 mths/ Frames-24 Mths./ Contacts-12 months.

<i>Frame Allowance:</i>	<i>\$130.00 allowance</i>
<i>Contact Allowance:</i>	<i>\$130.00 allowance</i>

DENTAL—

As of July 1, 2014, the agency no longer provided employer paid dental benefits. Employees may opt to purchase this as a voluntary plan for either themselves and or them and their family members and have the premiums payroll deducted.

Effective July 1, 2021 coverage will be provided through Bukaty Companies with Delta Dental of Missouri. This will be an 18-month plan.

Employee Coverage—payroll deducted **\$19.66 month.**
 $\$19.66 \times 12 = \235.92 **\$13.88 for 17 pp emp.**
\$ 9.08 for 26 pp emp.

Family Coverage—payroll deducted **\$53.00 month.**
 $\$53.00 \times 12 = \646.20 **\$37.42 for 17 pp emp.**
\$24.47 for 26 pp emp.

Plan Design—Coverage year is Calendar Year (January – December)

	<i>In Network</i>	<i>Out of Network</i>	<i>Deductible Applies</i>
<i>Diagnostic</i>	<i>100%</i>	<i>100%</i>	<i>No</i>
<i>Preventive</i>	<i>100%</i>	<i>100%</i>	<i>No</i>
<i>Basic Serv.</i>	<i>80%</i>	<i>80%</i>	<i>Yes</i>
<i>Endodontics</i>	<i>80%</i>	<i>80%</i>	<i>Yes</i>
<i>Periodontics</i>	<i>80%</i>	<i>80%</i>	<i>Yes</i>
<i>Oral Surgery</i>	<i>80%</i>	<i>80%</i>	<i>Yes</i>
<i>Major Restorative Serv.</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>Prosthetic Repairs/Adj.</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>Prosthetics</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>Orthodontic</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

Annual Deductible:

<i>Individual</i>	<i>\$25</i>	<i>\$25</i>
<i>Family</i>	<i>\$75</i>	<i>\$75</i>

Annual Per Person Maximum: \$750 per year in or out of network.

Dependents are covered through the month in which the child attains age 26.

GENERAL INFORMATION—As of July 1 coverage cannot be changed until open enrollment unless it is a qualifying event for any coverages selected. New plan through Bukaty Companies is an 18-month plan which covers 7/1/2021 – 12/31/2022.

Dependent children can be covered through the end of the month they turn 26, see policy for additional requirements for dependents.

Please notify HR to remove them at that time, most insurances will automatically remove them.

For OAI employee's deductions are based on two different payrolls as follows:

17 pay periods--Head Start Center staff deductions;

26 pay periods—Year-round staff.

Deductions for year-round staff will begin the first payroll check in July based on insurances chosen during open enrollments and are based on a 26 pay period cycle.

Deductions for Head Start Center staff that are not full year staff are based on a 17 pay-period cycle and the new rates will be charged effective the first payroll after all HS staff return in July or August each year. Staff could have premiums due from July and August that will be collected during the year.

Staff that do not return in August or who do not plan to return in August will have coverage adjusted back to a base plan if they have not paid for the buy up insurances during the summer months.

If an overage or shortage should occur the deductions that start in July or August will be adjusted accordingly. These figures would be based on what is owed for the new plan year, plus or minus any overage or shortage of premiums from the previous year(s). If the employee's deductions are more than their checks, they must pay this directly to OAI by the 1st of each month to the personnel office to maintain coverage. Non-payment of the premiums will result in cancellation of coverage.

Additional optional insurances are available during October of each year through AFLAC and Colonial (additions and cancellations must be done in October only) and Air-Med (Air Evac) memberships can be payroll deducted. Air-Med memberships are also available at a discounted rate for employees. If you are a member and receive a renewal notice, please forward to the Human Resources department who will then deduct the renewal through two payroll deductions.