

2018–2019 Open Enrollment Benefit Highlights

1. Open Enrollment Schedule

The benefit open enrollment period for full-time benefit eligible employees will run from Monday, April 16, 2018, through Friday, April 27, 2018. Enrollment is for the Benefit Plan Year beginning June 1, 2018 through May 31, 2019. All changes in benefits will begin to be reflected with your June 15, 2018 pay check. If you are a full-time benefit eligible employee, you *MUST ENROLL* even if you do not make any changes to your coverage.

2. Enrolling for JCCC Benefits

For this year's Open Enrollment period there will be a "new look" to the benefit enrollment screens. We think you will find it easier to use and more visually appealing. The benefits staff will be available to assist you with the enrollment process at the dates and times indicated at the end of this communication.

• To Enroll:

- o Log into "MY JCCC"
- Make sure you are in the "Employee" tab
- Click on "Go to My Benefits" (blue box)

• Benefit Group 1 and Group 2:

Generally, full-time benefit eligible employees with a benefit eligibility date prior to June 1, 2014 are in benefit Group 1. Full-time benefit eligible employees with a benefit eligibility date on or after June 1, 2014 are in benefit Group 2. A comparison of each Group is as follows:

Group 1

- * Receive flex-credits frozen at \$554.47 per pay period
- * Must purchase medical coverage and \$50,000 of basic life insurance
- * JCCC contributes 7% to the 403(b) Plan

Group 2

- * No flex-credits
- * Medical is voluntary and \$50,000 of basic life insurance is provided at no cost
- * JCCC contributes 8% to the 403(b) Plan

Once a year, during Open Enrollment, benefit Group 1 employees may choose to switch to benefit Group 2. If you are in benefit Group 1 your first election during Open Enrollment will be to elect to either remain in benefit Group 1 or change to benefit Group 2.

If you choose to move to benefit Group 2 your election cannot be changed and you may NEVER RETURN to benefit Group 1!

IF YOU DECIDE TO SWITCH FROM GROUP 1 TO GROUP 2, you <u>MUST</u> contact your applicable Benefit Specialist **PRIOR** to enrolling for benefits.

- All enrollment forms must be submitted electronically. The submission of your benefit elections authorizes JCCC to enroll you in your online selections. Please print a copy for your records.
- YOU MUST COMPLETE YOUR ENROLLMENT NO LATER THAN Friday, April 27th at 5:00 p.m.

3. What's Changing for 2018-2019



Medical Plan

JCCC Medical Plan coverage options are provided by Blue Cross and Blue Shield of Kansas City (BCBSKC). Full-time benefit eligible employees in benefit Group 1 <u>MUST</u> participate in either a JCCC medical plan option or the "A Healthier You" wellness program option provided by BCBSKC (enrollment in "A Healthier You" requires you to certify that you have other group medical coverage from another employer). Employees in benefit Group 2 do not have to participate in a medical plan option.

After May 31, 2018, the Blue-Care HMO medical plan option will no longer be offered. Beginning on June 1, 2018, in place of the HMO, there will be a new medical plan option, the BCBSKC Preferred-Care Blue Exclusive Provider Organization (EPO). Members who select the EPO option *must* receive all care from innetwork providers except for emergency care. Services received out-of-network, other than for an emergency, will not be covered. Under the EPO, participants will no longer have to select a primary care physician and the St. Luke's hospitals and providers will be available to participants. The St. Mary's and St. Joseph's health systems will no longer be available after May 31, 2018. You will want to ensure that your current medical providers are in the Preferred-Care Blue network. The EPO coverage provisions are virtually identical to the former HMO provisions and can be reviewed at the link listed below. If you were formerly enrolled in the HMO, your 2018/2019 medical plan election will reflect you as enrolled in the EPO, but you have the opportunity to elect any of the medical options that are available to you.

Additionally, the BCBSKC telehealth online doctor visit application, available to all JCCC medical plan participants, from the Amwell Mobile App or at Amwell.com is changing. Amwell allows you to schedule and see a doctor from your phone, tablet or computer, from home, the office or while traveling. With telehealth services, you can take care of most common medical issues like colds, flu, fever, rash, abdominal pain, sinusitis, pinkeye, ear infection, migraines and more. It's free to enroll however the co-pay amount is increasing to \$49 per visit. You can learn more by logging in to your member account at MyBlueKC.com and by accessing the "TELEHEALTH" link under the "Benefits" heading.

Remember that the **BlueSelect Plus – HDHP** and **BlueSelect Plus – PPO** are "**limited network**" options. The BlueSelect Plus PPO and HDHP includes nearly 3,000 providers and only nine (9) hospitals. In network deductibles and co-pays are the same as those of our traditional PPO and HDHP medical options. The limited network results in lower premiums for participants. There is a substantial financial reward for receiving "In Network" care from the BlueSelect Plus network. You will want to carefully evaluate whether the narrower network of hospitals and providers will work for you and your family before electing one of these options.

Please note that the calendar year deductibles for the HDHP options are changing on June 1, 2018, which means that the total HDHP deductible that you will be responsible for in **2018** is as follows:

Employee Only	\$2,700
Family (Employee +1 or more)	\$5,400

If you currently participate in a HDHP option (January-May 2018) and have satisfied all or a portion of the current deductible (\$2,600/\$5,200) you will have an additional \$100 or \$200 deductible to satisfy starting on June 1, 2018, before the plan will pay at a higher level for the balance of the 2018 calendar year.

The HDHP options pay higher level benefits only after you reach your applicable calendar year deductible.

You can find more information on all the medical plan options available to full-time employees at the following web link:

http://www.jccc.edu/about/leadership-governance/administration/human-resources/employee-benefits-leaves/files/pdfs/health-benefit-plan-summary.pdf

Per pay period medical plan premiums, for the applicable Benefit Group, are as follows:

Medical Option & Coverage Level	Group 1	Group 2
Preferred-Care Blue EPO		
- Employee	\$279.19	\$50.19
- Employee +1	\$476.07	\$92.02
- Family	\$639.73	\$126.18
Preferred-Care Blue PPO		
- Employee	\$268.18	\$42.28
- Employee +1	\$468.18	\$77.51
- Family	\$612.03	\$106.30
Preferred Care Blue-BlueSaver HDHP		
– Employee	\$235.39	\$0.00
- Employee +1	\$395.73	\$0.00
- Family	\$529.62	\$0.00
BlueSelect Plus PPO - Employee	\$249.06	\$37.20
- Employee +1	\$433.10	\$68.22
- Family	\$563.95	\$93.55
BlueSelect Plus-BlueSaver HDHP		
- Employee	\$218.00	NA
- Employee +1	\$363.85	NA
- Family	\$485.90	NA
A Healthier You™	\$42.90	NA
	•	

NOTE: If you do not switch your medical plan option or coverage level during Open Enrollment, be sure to hold on to your current benefit ID card from BCBSKC because you will not receive a new medical identification card (EPO participants will receive new ID cards)

Do not forget that the JCCC medical options' deductibles and coinsurance amounts are determined on a calendar year basis. This means that the **deductibles and copays** for all JCCC medical plan options **WILL RESTART ON JANUARY 1, 2019.** Any amounts you may pay for deductibles, copays etc. from June through December 2018 under any of the JCCC medical plan options will NOT COUNT toward your 2019 calendar year amounts.

Please remember that filling **maintenance medications** through the Express Scripts Mail Order Pharmacy is the most cost-effective channel to receive those drugs. You achieve savings when using mail order delivery because the copays are reduced for up to a 90-day supply and you can receive your maintenance medication automatically every 90-days. In addition, you will pay a higher copayment [additional \$10] at the retail pharmacy after the second fill, unless mail order delivery is chosen for that maintenance medication.

What are Maintenance Medications? Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, high cholesterol, heart disease, asthma and diabetes. Birth control and contraceptive drugs are also considered to be maintenance medications.

Health Savings Account (HSA)

The Health Savings Account is a special account in which you may participate, if you enroll in either the Blue Saver HDHP or BlueSelect Plus HDHP medical plan option. The purpose of the account is to accumulate funds to pay your out-of-pocket health care costs, such as your deductible and co-insurance charges.

The HSA is completely funded by you with pre-tax contributions—just like a Flexible Spending Account (FSA)—so you reduce your taxes by the amount of your contributions. If you are in benefit Group 1 and have left over flex-credits you may use them to fund your HSA. Payments/reimbursements from the HSA (including any related investment income/gains) aren't taxable as long as they are used for health care related expenses. Unlike an FSA, your HSA is not "Use it or lose it". Any money remaining in your HSA at the end of the year rolls over, and you can add more money or spend the money on eligible expenses in future years. The funds in your HSA are always yours even if you change medical plan options, leave the college, or retire. The HSA for JCCC HDHP medical options, is administered by UMB Bank. If you enroll in the UMB HSA, you can contribute and invest tax-free dollars through convenient payroll deductions.

You can enroll in a JCCC HDHP option and not the HSA, but you will lose out on the opportunity to accumulate tax-free funds for health care expenses. You can decide to not utilize the HSA offered by UMB and go to any other bank or financial institution that offers an HSA. However, JCCC has automated pre-tax payroll deduction capability with UMB which is not available if you open an HSA elsewhere.

Beginning on June 1, 2018, the maximum amount you can contribute to the HSA for the remainder of the 2018 Calendar Year (14 pay periods) is:

Employee Only \$2,012.50 (\$143.75 per pay period) Family (Employee +1 or more) \$3,995.83 (\$285.41 per pay period) If you have reached your 55th birthday, are not enrolled in Medicare and otherwise eligible, you can elect to make an additional catch-up contribution of \$583.24 (\$41.66 per pay period) to your HSA for 2018. You will be given an additional opportunity in November 2018 to make an HSA election for the 2019 Calendar Year.

When you sign up for either of the JCCC HDHP options you will be given the opportunity to open an HSA with UMB. Just follow the instructions. (If you have previously enrolled in a JCCC HDHP option and have set-up a HSA with UMB you do NOT have to open an HSA again)

NOTE: You will **not** be able to elect to participate in the JCCC Health Care Flexible Spending Account if you enroll in either HDHP option. Generally, you are not eligible to make an HSA contribution if you or your spouse participate in a health care flexible spending account or are covered under another group medical plan other than a HDHP. Once you are enrolled in Medicare, you are no longer eligible to make contributions to an HSA.



Dental Plan

Membership in JCCC dental plan coverage is voluntary. If you wish to enroll, there are two dental options available to you; either CIGNA Dental Care (CDC) or Delta Dental Premier/PPO.

The CDC option is a managed dental care program providing comprehensive dental care with no claim forms to fill out, no deductibles, no dollar maximums and no pre-existing conditions. Copays for covered dental services are spelled out in CIGNA's Participant Charge Schedule applicable to the coverage. You will want to review the covered dental services carefully before deciding to elect this option. If you change from Delta Dental to the CDC option during Open Enrollment, you will be given the opportunity to assign a CDC Dentist, based upon your residence zip code, for each of your enrolled dependents. You can visit the CDC website CIGNA CDC Network of Providers, to find a CDC dentist. If you do not assign a CDC Dentist, CIGNA will assign a CDC Dentist for each of your enrolled dependents. If CIGNA auto-assigns a CDC Dentist to your covered dependents you will have to wait a minimum of thirty (30) days to be able to make a change.

For 2018/2019, CIGNA's Participant Charge Schedule remains unchanged. You can find a copy of the Participant Charge Schedule at the following web link:

http://www.jccc.edu/about/leadership-governance/administration/human-resources/employee-benefits-leaves/files/pdfs/cigna-benefits-schedule.pdf

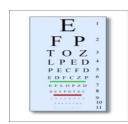
Per pay period premiums for CIGNA dental coverage are not changing as follows:

Coverage Level	Group 1	Group 2
CIGNA Dental- Employee Only	\$12.98	\$1.38
CIGNA Dental - Employee + 1	\$26.34	\$2.81
CIGNA Dental - Family	\$40.58	\$4.33

The Delta Dental Premier/PPO option allows you to go to any dentist. If you use a participating PPO dentist you can enjoy significant savings. You can find a PPO participating dentist at the following web link: http://www.deltadentalks.com/Subscribers/LocateaDentistSubscribers/default.aspx

Delta Dental coverage has been improved. For the 2018/2019 Benefit Plan Year, the annual maximum and lifetime orthodontia maximum have been increased to \$1,500, however, the <u>per pay period</u> premiums are not changing as follows:

Coverage Level	Group 1	Group 2
Delta Dental- Employee Only	16.41	\$1.82
Delta Dental- Employee + 1	\$32.11	\$3.58
Delta Dental - Family	\$57.05	\$6.37



Vision Plan

For the 2018/2019 Benefit Plan Year, we will have a **new sole vision plan provider**, Eye Med. Eye Med is a national provider of vision care. The Vision Plan's quoted benefits include a \$10 copay for a vision examination and \$10 copay for lenses, and also provides coverage for contact lenses. Eye Med has agreements with member vision providers, laboratories, and retail networks that result in substantial savings. All Eye Med benefits will be available to you for the 2018/2019 Benefit Plan Year, even if you were enrolled with VSP during 2017/2018. If you were formerly enrolled with VSP, your 2018/2019 vision plan election will reflect you as enrolled with Eye Med, but you have the option to elect or waive coverage. The Eye Med website http://portal.eyemedvisioncare.com and the following JCCC benefits website link can provide you with more Vision Plan information:

http://www.jccc.edu/about/leadership-governance/administration/human-resources/employee-benefits-leaves/vision-plan.html

Per pay period premiums will be decreasing by approximately 35%, as follows:

Coverage Level

Eye Med - Employee Only	\$5.24
Eye Med - Employee +1	\$9.95
Eye Med - Family	\$14.62



Health Care Flexible Spending Account (HCFSA)

If you wish to contribute to the HCFSA for the 2018/2019 Benefit Plan Year, you <u>MUST</u> make an election. The HCFSA allows you to set aside tax-free dollars to be reimbursed for eligible medical, dental and vision expenses for yourself and your family that are not reimbursed by other health plans.

The maximum annual contribution amount to the HCFSA is \$2,650 or \$110.41 per pay period. The Benefit Plan Year for the HCFSA Plan runs from June 1, 2018 through May 31, 2019, with an additional grace period to incur expenses through August 15, 2019. You may incur eligible expenses up to August 15, 2019, but must submit them for reimbursement *NO LATER THAN SEPTEMBER 30, 2019*, or you will forfeit any unused HCFSA contributions.

NOTE: You *cannot* participate in the HCFSA if you enroll in a JCCC High Deductible Health Plan (HDHP) medical plan option, and you should not participate in the HCFSA if you are covered by a HDHP group health plan with another employer.



Dependent Care Flexible Spending Account (DCFSA) - Day Care and Elder Care

If you wish to contribute to the DCFSA for the 2018/2019 Benefit Plan Year you <u>MUST</u> make an election. The DCFSA allows you to set aside tax-free dollars for qualified dependent care expenses necessary for yourself (or if married, additionally for your spouse) to work or attend school full-time.

The Internal Revenue Service limits the maximum annual contribution amount to the DCFSA to \$5,000, per family, or \$208.33 per pay period. The Benefit Plan Year for the DCFSA Plan runs from June 1, 2018 through May 31, 2019, with an additional grace period to incur expenses through August 15, 2019. You may incur eligible expenses up to August 15, 2019, but must submit them for reimbursement **NO LATER THAN SEPTEMBER 30, 2019**, or you will forfeit any unused DCFSA contributions.

NOTE: DCFSA contributions **CANNOT** be used for dependent health care expenses!



Short-Term Disability (STD)

We are pleased to announce that the STD benefit (equivalent to 65% of an employee's weekly base pay), available at no cost to participants, will be changing effective June 1, 2018. The maximum weekly benefit that participants may receive, based upon their base pay, will increase from \$1,000 to \$2,000.

ANNUAL REMINDERS

• Beneficiary Information

Now would be a good time to review your beneficiary information if you haven't done so in the past and make sure your designations are up-to-date. Designating a beneficiary ensures that your assets are distributed to whomever you intend in the event of your death.

Follow these instructions:

- o Log into "MY JCCC"
- o Make sure you are in the "Employee" tab
- o Click on "Go to My Benefits" (blue box)
- Under the "QuickLinks" heading click on the "Manage Beneficiaries" tab
- You will be greeted by a pop-up box telling you that you must select a primary beneficiary for your basic life and AD&D coverage, click "OK"
- You will be taken to the "Beneficiaries" enrollment screen where you will need to follow the instructions
 at the top of the page in order to record your beneficiary
- o It is critically important to click on the "Save" icon to make sure your election isn't lost
- Your beneficiary for any employee supplemental term life in which you enroll, will be the same as your beneficiary for basic life

Note: This link will not work during the two weeks of Open Enrollment unless you have completed your enrollment elections.

If you want to review your current beneficiary or need to change your Kansas Public Employees Retirement System (KPERS) beneficiary you can do it online. Simply login to your KPERS account at www.KPERS.org and click on the "Beneficiaries" tab to get started. Can't remember your KPERS login information? Call KPERS toll-free 1-888-275-5737.

To change your 403(b) Plan and/or 457(b) Plan beneficiary, contact TIAA, toll-free, at 1-877-518-9161 or go online to www.TIAA.org/jccc.

• Dependent Eligibility

If you add a dependent to your medical plan coverage during Open Enrollment, or at any other time during the year, JCCC will require documentation of the dependent's eligibility for coverage. An outline of eligible dependents and the necessary documentation requirements is available at the following link:

http://www.jccc.edu/about/leadership-governance/administration/human-resources/employee-benefits-leaves/files/pdfs/employee-eligibility-dependent-coverage-matrix.pdf

• Voluntary Additional Employee Life Insurance

During Open Enrollment, you may elect to make changes to your JCCC voluntary additional employee life insurance coverage. You may decrease your coverage or increase your coverage to a maximum of \$500,000 (you cannot make changes to your Basic Life Insurance coverage amount of \$50,000). Remember, if you elect to increase your voluntary additional life insurance coverage you must complete and submit an online Evidence of Insurability form to The Standard Life Insurance Company. The premium for any increased amount of voluntary additional life insurance you have elected will only be charged to you if The Standard approves your application.

Dependent Life Insurance

During Open Enrollment you may elect to add or drop dependent life insurance coverage on your spouse and eligible dependent children (covered through the end of the year in which they reach age 26). The cost of this coverage will remain unchanged at a flat \$3.41 per pay period (on an after-tax basis). Remember, if you elect to add dependent life insurance coverage on your spouse you *must* complete and submit an online Evidence of Insurability form to The Standard Life Insurance Company. While the coverage on your eligible dependent children will be automatically approved and will begin on June 1, 2018, the coverage on your spouse will not be effective unless The Standard approves your application.

Domestic Partners

Your Domestic Partner (and Domestic Partner children) is eligible for coverage under the medical, dental and/or vision plans, only. If you *newly* enroll a Domestic Partner, you must submit the required documentation to Human Resources to support your enrollment. Please submit the "Affidavit of Domestic Partnership" form and corresponding documentation to Human Resources, GEB 274, Box 46, no later than April 27, 2018.

The link to the "Affidavit of Domestic Partnership" form is located at: http://www.jccc.edu/about/leadership-governance/administration/human-resources/employee-benefits-leaves/files/pdfs/domestic-partner-affidavit.pdf

The value of Domestic Partnership coverage is treated as taxable wages to you. You will be subject to all applicable withholding taxes such as Federal income tax, Social Security tax, and State/Local income tax on the value of the coverage.

• 403(b) Plan and 457(b) Plan Voluntary Contributions

In addition to the applicable employer contribution JCCC may make to your 403(b) Plan account, all JCCC employees have the ability to make monthly voluntary pre-tax or Roth after-tax contributions to the JCCC 403(b) Plan and/or 457(b) Plan. For the 2018 calendar year, you can make annual contributions (combined pre-tax and Roth after-tax contributions) of \$18,500 to each Plan and if you are age 50 or older, any time during 2018, you can make an additional \$6,000 "catch-up" contribution, for a total of \$24,500, to each Plan.

You can access information on Roth after-tax contributions versus pre-tax contributions here: http://www.jccc.edu/about/leadership-governance/administration/human-resources/employee-benefits-leaves/files/pdfs/roth-contribution-option-information.pdf

You may initiate or change your voluntary contribution amount, at any time, just contact your applicable Benefits Specialist as shown at the end of this communication.

Social Security and your KPERS benefit may not provide you with all the resources you will need in retirement. Consider making a voluntary contribution to the 403(b) Plan and/or 457(b) Plan to enhance your funds for retirement.

Qualified Status Change

Changes to your benefit plan selections during the benefit year are not generally allowed unless you experience an IRS-approved Qualified Status Change event during the plan year. Qualified Status Change events include marriage, divorce, birth or adoption of a child, the loss of a spouse's insurance through another company as well as several additional qualified events. You must contact a Benefits Specialist within 30 days of the Qualified Status Change event. Changes will be effective the 1st of the month following your notice to a Benefits Specialist and the receipt of the appropriate supporting documentation. Changes due to marriage or the birth of a child may be made sooner. If you notify us later than 30 days after the Qualified Status Change event and the change results in a plan level modification (such as a change from family to employee plus one coverage), you will be unable to make changes to your benefit plan enrollment elections until the next open enrollment period.

NOTE: For more information on a Qualified Status Change please visit the following JCCC benefits website:

http://www.jccc.edu/about/leadershipgovernance/administration/human-resources/employee-benefitsleaves/files/pdfs/qualified-status-change-information.pdf

• If You Have Questions

If you have any questions concerning any of the benefit information presented here, please feel free to reach out to one of the following human resources department benefit team members:

Connie Brickner, Benefits Specialist	Ext. 4757	Last Names Starting with A-F
Lisa Gates, Benefits Specialist	Ext. 3619	Last Names Starting with G-N
Lisa Sullivan, Benefits Specialist	Ext. 7624	Last Names Starting with O-Z
Jerry Zimmerman, Benefits Manager	Ext. 2776	

BENEFIT ENROLLMENT HELP SESSIONS SCHEDULE

Informational sessions regarding open enrollment will be as follows:

Wednesday, April 11, 2018	12:00 p.m. – 1:00 p.m.	CC211
Thursday, April 12, 2018	3:30 p.m. – 4:30 p.m.	CC211
Friday, April 13, 2018	8:00 a.m. – 9:00 a.m.	CC211

Benefits staff will be available to assist participants with enrollment at the following sessions:

Friday, April 20, 2018	9:00 a.m 12:00 p.m.	RC 252 & RC 254
Tuesday, April 24, 2018	1:00 p.m. – 6:00 p.m.	RC 252 & RC 253
Thursday, April 26, 2018	9:00 a.m 12:00 p.m.	RC 252 & RC 254
Friday, April 27, 2018	9:00 a.m 5:00 p.m.	RC 252 & RC 254