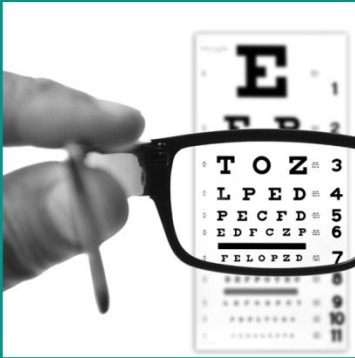


# NEOSHO COUNTY

## Benefit Enrollment Guide Plan Year | 2017



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*This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.*

# WELCOME to Neosho County's 2017 Open Enrollment!

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WELCOME

Your benefit plans have been designed to provide you with a package that is both comprehensive and responsive to the needs of all our employees. This booklet is designed to help you navigate your benefits choices. The descriptions included in this summary are based on the documents that legally govern how the plans work. In the event of any discrepancy between the descriptions in this summary and the controlling contracts or plan documents, the language in the controlling contracts or plan documents will govern. If you would like a copy of any of these documents, please contact your Human Resources department.

## Our open enrollment period:

- **Begins on November 22, 2016 and ends on November 28, 2016**
- **Your elections will be effective on January 01, 2017**

## Who is Eligible for Benefits?

If you are classified as a regular or part-time employee regularly scheduled to work at least 30 hours a week, you and your eligible family members may participate in the benefit plans. If you are eligible and elect coverage, it will start on January 01, 2017.

For purposes of these benefits, eligible family members include:

- Spouse
- Dependent Children under age 26

# MEDICAL BENEFIT SUMMARY



BENEFITS (IN-NETWORK)	OPTION 1	OPTION 2	OPTION 3
<b>Annual Deductible</b> (Individual   Family)	\$1,500   \$3,000	\$2,500   \$5,000	\$3,500   \$7,000
<b>Coinsurance</b>	Plan pays 80% You pay 20%		
<b>Maximum Out-of-Pocket</b> (includes Deductible, Coinsurance and Copays)	Individual: \$6,350 Family: \$12,700		
<b>Network Benefits</b>			
<b>Office Visits</b> (Primary   Specialist)	You pay \$25		
<b>Healthcare Reform Preventive Care</b>	You pay 0%, No Deductible		
<b>Emergency Room</b>	You pay \$100, then 20% after Deductible		
<b>Outpatient Facility</b>	You pay 20% after Deductible		
<b>Inpatient Hospital</b>	You pay 20% after Deductible		
<b>Spinal Manipulations</b>	You pay \$25		
<b>Annual Vision Exam</b>	You pay \$25		
<b>PRESCRIPTION DRUGS</b>			
<b>Retail Pharmacy</b> <b>34-day supply</b>	<b>Retail" 34-day supply</b>	<b>Mail Order 90-day supply</b>	
Generic	\$15.00	\$37.50	
Formulary Brand	\$50.00	\$125.00	
Non-Formulary Brand	\$75.00	\$187.50	

## FIND A DOCTOR

1. Visit [www.bcbsks.com](http://www.bcbsks.com) (BlueChoice Network)
2. Call 1-800-432-3990

## MEDICAL PLAN RATES

Neosho County pulls deductions on a 24 pay period basis. If there is ever a third payroll in a month no deductions will pull. The rates below will be deducted from your check twice a month:

	EMPLOYEE ONLY	EMPLOYEE+SPOUSE	EMPLOYEE+CHILD(REN)	EMPLOYEE+FAMILY
<b>OPTION 1:</b> <b>\$1,500 DEDUCTIBLE</b>	<b>\$0.00</b>	<b>\$138.77</b>	<b>\$116.24</b>	<b>\$192.97</b>
<b>OPTION 2:</b> <b>\$2,500 DEDUCTIBLE</b>	<b>\$0.00</b>	<b>\$122.68</b>	<b>\$102.04</b>	<b>\$172.31</b>
<b>OPTION 3:</b> <b>\$3,500 DEDUCTIBLE</b>	<b>\$0.00</b>	<b>\$79.34</b>	<b>\$63.92</b>	<b>\$116.48</b>

# DENTAL BENEFITS SUMMARY



IN-NETWORK BENEFITS	
<b>Annual Deductible</b> Waived for Preventive Services	\$50 – Single \$150 - Family
<b>Preventive Services</b>	You pay 0% with Deductible Waived (Cleanings, Exams, X-Rays)
<b>Basic Services</b>	You pay 20% after Deductible (Fillings, Periodontics, Root Canals)
<b>Major Services</b>	You pay 50% after Deductible (Bridges, Dentures, Crowns)
<b>Annual Maximum</b>	\$1,500 per person per year
<b>Orthodontics</b>	Not Covered

## FIND A DENTIST

1. Visit [www.deltadentalks.com](http://www.deltadentalks.com) (PPO Network)
2. Call 1-800-234-3375

## DENTAL PLAN RATES

Neosho County pulls deductions on a 24 pay period basis. If there is ever a third payroll in a month no deductions will pull. The rates below will be deducted from your check twice a month:

EMPLOYEE ONLY	EMPLOYEE+SPOUSE	EMPLOYEE+CHILD(REN)	EMPLOYEE+FAMILY
\$ 0.00	\$ 2.55	\$ 2.58	\$ 6.15

# VISION BENEFITS SUMMARY



SUPERIOR VISION  
See yourself healthy.

In-Network Benefits	BASIC VISION PLAN	ENHANCED VISION PLAN
Exam	\$50	\$50
Materials (Lenses & Frames)	\$25	\$25
Frames	\$100 Retail Allowance	\$100 Retail Allowance
Contact Lens Fitting (Standard)	\$25 Copay	\$25 Copay
Contact Lens Fitting (Specialty)	\$50 Retail Allowance	\$50 Retail Allowance
Hi-Index or Polycarbonate	Not Covered	\$116 Retail Allowance
UV/Scratch Coat	Not Covered	Covered in Full
<b>Lenses (Standard) Per Pair</b>		
Single Vision, Bifocal & Trifocal	Covered in Full After Copay	Covered in Full After Copay
Progressive	Covered at lined trifocal level	Covered at lined trifocal level
Contact Lenses	\$150 Retail Allowance	\$150 Retail Allowance
Medically Necessary Contact Lenses	Covered in Full	Covered in Full
<b>Frequencies</b>		
Exams	1 per Calendar Year	1 per Calendar Year
Lenses	1 per Calendar Year	1 per Calendar Year
Frames	1 per Calendar Year	1 per Calendar Year
Contact Lenses	1 per Calendar Year	1 per Calendar Year

## FIND A VISION PROVIDER

1. Visit [www.superiorvision.com](http://www.superiorvision.com) (Superior National Network)
2. Call 1-800-507-3800

## VISION PLAN RATES

Neosho County pulls deductions on a 24 pay period basis. If there is ever a third payroll in a month no deductions will pull. The rates below will be deducted from your check twice a month:

	EMPLOYEE ONLY	EMPLOYEE+SPOUSE	EMPLOYEE+CHILD(REN)	EMPLOYEE+FAMILY
Basic Plan	\$2.84	\$5.65	\$5.09	\$7.91
Enhanced Plan	\$4.73	\$9.47	\$8.50	\$13.23

Refer to this list when you need to contact one of your benefit vendors.  
For general information contact Human Resources.

**MEDICAL**

<b>Provider Name:</b>	Blue Cross Blue Shield of Kansas
<b>Group #:</b>	9514
<b>Provider Phone Number:</b>	800-432-3990
<b>Provider Web Address:</b>	<a href="http://www.bcbsks.com">www.bcbsks.com</a>



**DENTAL**

<b>Provider Name:</b>	Delta Dental of Kansas
<b>Group #:</b>	50592
<b>Provider Phone Number:</b>	800-234-3375
<b>Provider Web Address:</b>	<a href="http://www.deltadentalks.com">www.deltadentalks.com</a>



**VISION**

<b>Provider Name:</b>	Superior Vision Services
<b>Group #:</b>	28508
<b>Provider Phone Number:</b>	800-507-3800
<b>Provider Web Address:</b>	<a href="http://www.superiorvision.com">www.superiorvision.com</a>



# CONTACTS



**2017 Benefits Enrollment Guide**