



High Plains Educational Cooperative

"High Plains Educational Cooperative will assist and support the member districts in providing educational services which will maximize opportunities for all children to live, learn, and work in society." *HPEC Mission Statement*

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For Paraeducators / long-term sub / Part-time Benefits as of October 1, 2021 to September 30, 2022

The High Plains Educational Cooperative Board of Directors is pleased to provide the benefits summarized herein. These benefits consist of Medical coverage and Teladoc. Eligible employees and waiting periods are as defined in the medical Plan Document. Dependents may also be included as determined by the plan document. Generally, dependent coverage is available to your dependent spouse and children until age 26.

The Board currently pays a portion of the cost of employee coverage. Dependent Medical is contributory. If you enroll for employee only coverage, the cost is \$248.00 per month. If you enroll dependents for medical, the cost is \$1,240.00 per month.

The premium for June, July, August, AND, September will be due to the central office on the 1st of each month as there will be no payroll for the deductions to be automatically processed.

Note: The medical plan does **not** include a pre-existing condition provisions for new enrollees in the plan.

Teladoc provides 24/7/365 on-demand access to a national network of U.S. board-certified doctors who can resolve many of your medical issues via phone or online video consultations. It's quality healthcare, when and where you need it. If you are eligible for KPERS, you are automatically eligible for Teladoc at no cost to you and your dependents. Coverage begins the 1st of the month following 60 days from your start date.

Annual Open Enrollment will be held in August with benefit elections to be effective on 10/1/21. Should you have a questions regarding eligibility contact the HPEC Treasurer. If you have a question regarding benefits you should refer to the respective plan document, available on our website. Should you have input or comments regarding the benefit plans, you should contact a member of the Benefits Committee which recommends changes to the Board of Directors.

Group Medical Coverage

Description Follows

Plan	PPO – Preferred Provider Plan (using listed Aetna Signature Administrator “ASA” Network providers)	Non-PPO
Deductible Per Year:		
Single:	You pay 1 st \$800	You pay 1 st \$1,200
Family:	You pay 1 st \$1,200	You pay 1 st \$2,000
Deductible Exception: Up to \$300 payable for 2 nd and 3 rd surgical opinion		
Your Maximum Out of Pocket expenses (includes deductible and copays):		
Single	You pay 30% up to \$1,600	You pay 60% up to \$2,800
Family	You pay 30% up to \$2,800	You pay 60% up to \$4,400
Once your out of pocket maximum has been satisfied, the Plan will pay 100% for all future medical and prescription expenses.		
Retail Pharmacy Benefits:		
Tier 1 - Generics	You pay \$10 copay	
Tier 2 – Preferred Brand	You pay 40% coinsurance (not subject to deductible)	
Tier 3 – Non-Preferred Brand	You pay 50% coinsurance (not subject to deductible)	
Prescription benefits are administered by Navitus (Pharmacy Benefit Manager).		
The amounts you pay for PPO and Non-PPO services accumulate together with each amount counting toward the other maximum payment. This accumulation feature applies to both the Deductible and Coinsurance levels.		
Maximum Benefits: Scheduled maximum benefit is unlimited per covered person for all covered items and eligible expenses while covered under this plan. However, limits for some benefits to a maximum number of days may be applicable as contained within the plan document and any amendments.		

Important note regarding PPO plan payments: The payments that Aetna Signature Administrators “ASA” Network has negotiated with preferred providers are substantially less than would otherwise be payable. If you are using a PPO provider all claims should be filed by that provider and you should not pay or be charged any amount exceeding the reasonable levels.

The above medical benefits are self-funded and are available to only eligible employees and their participating dependents. The claims are administered by EBMS of Billings, Montana.

This is only a summary of benefits – please refer to the formal plan documents or policies for full details regarding eligibility, benefits, limitations, exclusions and other conditions that may apply. If there is any discrepancy between this summary and those documents the documents prevail.