



# Root Benefits Summary

## 2013/2014



# Family Member Enrollment

- 60 days+ employment and must be full time.
- Directors, RNC's, CRDs and Branch Support 30 days+ employment and full time.
- Elections for health care that you make will remain in affect until June 30, 2014 unless there is a qualifying event
  - Marriage/Divorce
  - Birth/Adoption
  - Change in job status
  - Loss of Coverage
- You have 30 days from event to update your benefits



## A Word About Health Care...

- Health care reform and medical care costs continue to increase premiums 10-15% annually
- Employees have until April 30, 2014 to complete the on-line Health Risk Assessment and have a physical to receive \$30/month off 2014/2015 premiums.
- Balancing cost along with provider choice / accessibility continues to be a challenge for employers.
- For enrollment go to:  
<https://.familydevelopment.hrntouch.com>.



# Preferred Care Blue Base-PPO

## PREFERRED-CARE BLUE Base (PPO) COVERAGE

Benefit Description	In-Network	Out-of-Network
Individual Annual Deductible	\$2,500	\$2,500
Family Annual Deductible	\$5,000	\$5,000
Coinsurance	80%	60%
Individual Out-of-Pocket Maximum	\$4,500	\$9,000
Family Out-of-Pocket Maximum	\$9,000	\$18,000
Primary Care Office Copay	\$25	Deductible + Coinsurance
Specialist Physician Office Visit	\$50	Deductible + Coinsurance
Emergency Room Copay	\$100 Co-pay then Deductible + Coinsurance	
Urgent Care Copay	\$50	Deductible + Coinsurance
Inpatient Hospital	Deductible + Coinsurance	Deductible + Coinsurance
Prescription Drugs - Retail <ul style="list-style-type: none"> <li>• Generic</li> <li>• Formulary</li> <li>• Non-Formulary</li> </ul>	\$10 Co-pay 40% Coinsurance - Up to \$75 Cap 60% Coinsurance - Up to \$75 Cap	50% after Co-Pay 40% Coinsurance - No Cap 60% Coinsurance - No Cap
Prescription Drugs - Mail Order <ul style="list-style-type: none"> <li>• Generic</li> <li>• Formulary</li> <li>• Non-Formulary</li> </ul>	\$30 Co-pay 40% Coinsurance - Up to \$255 Cap 60% Coinsurance - Up to \$255 Cap	



# Preferred Care Blue Buy-Up -PPO

## PREFERRED-CARE BLUE Buy-Up (PPO) COVERAGE

Benefit Description	In-Network	Out-of-Network
Individual Annual Deductible	\$1,000	\$2,000
Family Annual Deductible	\$2,000	\$4,000
Coinsurance	80%	60%
Individual Out-of-Pocket Maximum	\$3,000	\$9,000
Family Out-of-Pocket Maximum	\$6,000	\$18,000
Primary Care Office Copay	\$25	Deductible + Coinsurance
Specialist Physician Office Visit	\$50	Deductible + Coinsurance
Emergency Room Copay	\$100 Co-pay then Deductible + Coinsurance	
Urgent Care Copay	\$50	Deductible + Coinsurance
Inpatient Hospital	Deductible + Coinsurance	Deductible + Coinsurance
Prescription Drugs - Retail <ul style="list-style-type: none"> <li>• Generic</li> <li>• Formulary</li> <li>• Non-Formulary</li> </ul>	\$10 Co-pay 40% Coinsurance - Up to \$75 Cap 60% Coinsurance - Up to \$75 Cap	50% after Co-Pay 40% Coinsurance - No Cap 60% Coinsurance - No Cap
Prescription Drugs - Mail Order <ul style="list-style-type: none"> <li>• Generic</li> <li>• Formulary</li> <li>• Non-Formulary</li> </ul>	\$30 Co-pay 40% Coinsurance - Up to \$255 Cap 60% Coinsurance - Up to \$255 Cap	



# Provider Search

- To search for a participating doctor or hospital provider in the Blue Cross/Blue Shield network *outside* of the Kansas City area contact customer service at.....
  - 1-800-810-blue
- [www.bcbskc.com](http://www.bcbskc.com)



## Vision Plan

- Family Members & their dependents enrolled in the medical plan are allowed one annual vision exam through VSP. A \$25 copay is due at the time of exam.
- Family Members may purchase additional vision insurance that would allow you and your immediate family new lenses every 12 months & new frames every 24 months.
- Provider list may be accessed at [www.vsp.com](http://www.vsp.com)



# Delta Dental of Kansas

## DENTAL PLAN DESIGN

Family Member Only	\$50 individual deductible per calendar year
Entire Family	\$150 deductible per calendar year
Annual Maximum Benefit per each eligible person	\$1,500 per person
Orthodontics Lifetime Maximum for each eligible person	\$1,500 per person
Diagnostic & Preventative Services	100%
Basic & Restorative Services	80%
Major Dental Services	50%
Orthodontics	50%





# Flexible Spending Account

- The Flex Plan is a way to pay for qualified Medical Expenses and Dependant Care expenses with pre-tax dollars!
  - Boost your take home pay
  - Cut your income taxes
- Since the money is set aside pre-tax you save on Federal, State, Social Security & Medicare taxes.



# Medical Flex Spending Account

- Plan year is 1/1/2014 to 12/31/2014
- May redirect up to \$2500 annually - will be deducted in equal installments of 24 pay periods from paycheck.
- New IRS rulings allow for balances to be used until March 15, 2015
- Eligible Expenses
  - Co-payments
  - Eyeglasses/contacts & solution
  - Dental expenses including orthodontics
  - Mental health & drug addiction programs
  - Immunizations
  - Hearing aids & batteries
  - Chiropractor
  - Over-the-counter medicines (with prescription)



## Dependent Care Spending Account

- Plan year is 1/1/2014 to 12/31/2014
- May redirect up to \$5,000 annually - will be deducted in equal installments from paycheck.
- New IRS rulings allow for balances to be used until March 15, 2015
- Eligible Expenses
  - Children under age 13 who are claimed as a dependent for tax purposes
  - Care of a disabled spouse or dependent of any age.



## Basic Life/AD&D Insurance

- The basic life insurance program helps you provide your family with a level of financial security in the event of your death.
- The basic AD&D insurance program protects you and your family from the financial hardship that may result from injury or death caused by an accident.
  - Your life/AD&D insurance coverage is one times your basic annual earnings to a maximum of \$50,000
  - Both of these benefits are provided at no cost to you
- Long Term Disability (LTD) is offered to Directors, RNC's, CRDs and Branch Support Family Members.



## Voluntary Benefits

- Critical Illness
- Short Term Disability
- Personal Accident
- Additional Life Insurance
- A Benefits Counselor will contact you when you are eligible to enroll to go over all Bickford available benefits.



## 401K Retirement Plan

- All FT and PT Family Members who have been employed for 3 months and are 21 years of age are eligible.
- Enrollment is offered on a monthly basis.
- The plan is offered through John Hancock.
- On-line enrollment at: [www.jhpensions.com](http://www.jhpensions.com)



# Additional Benefits

- Paid Time Off - PTO
- Extended Leave Bank - ELB
- Scholarship Programs
  - Eby & Bickford
- Cobra



# Benefit Contacts

- If you have questions regarding enrolling in benefits, contact a Benefit's Counselor at 877-221-6117
- If you have questions regarding existing benefits, contact: Vicki McCommon at 913.782.3200 or [Rootbenefits@Enrichinghappiness.com](mailto:Rootbenefits@Enrichinghappiness.com)