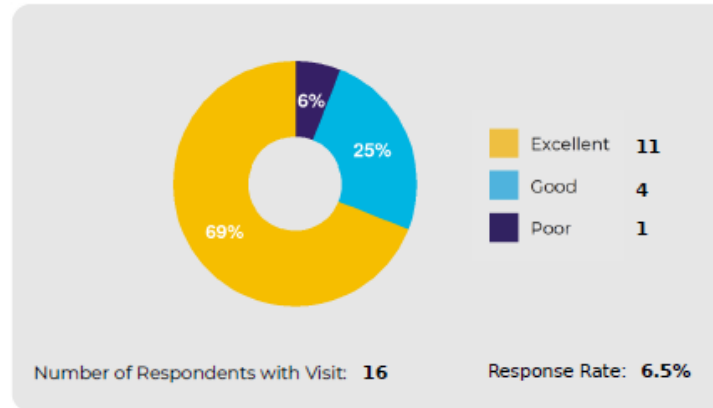


Teladoc YTD Report January - May 2024

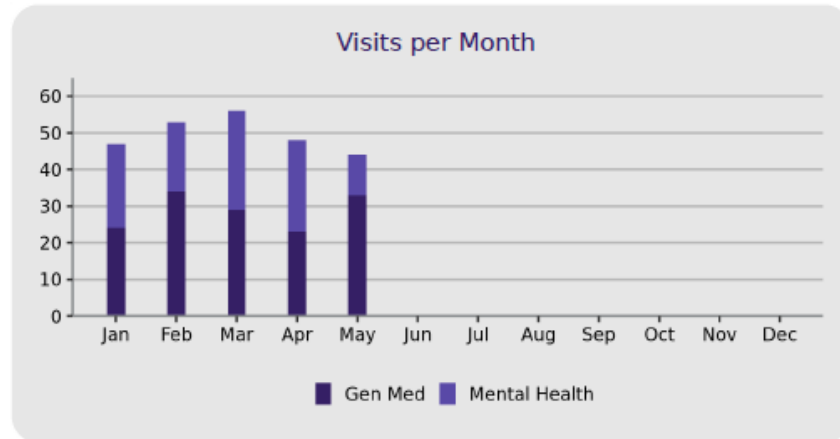
Summary

	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	Product not currently included in your plan design			
General Medical	33	143	38.3%	\$66,408
Mental Health	11	105	28.1%	\$9,799
Dermatology	Product not currently included in your plan design			
Grand Total				\$76,206

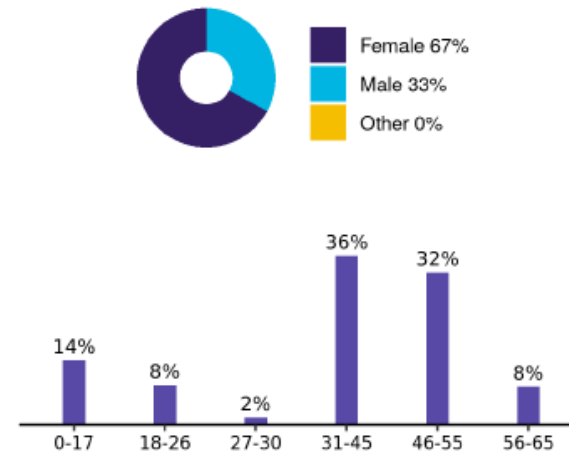
Overall member satisfaction YTD



* A definition of visit utilization and claims savings can be found within each product section
 ** As literature has shown, primary care savings are derived from longitudinal, effective preventive care. Over time, we will evaluate financial impact and continue to refine our savings projections.



Age and Gender



***Calendar Year 2023 Net Savings of \$182,699**

Translucent (formerly BridgeHealth) - Report 1/1/2024 through 6/30/2024

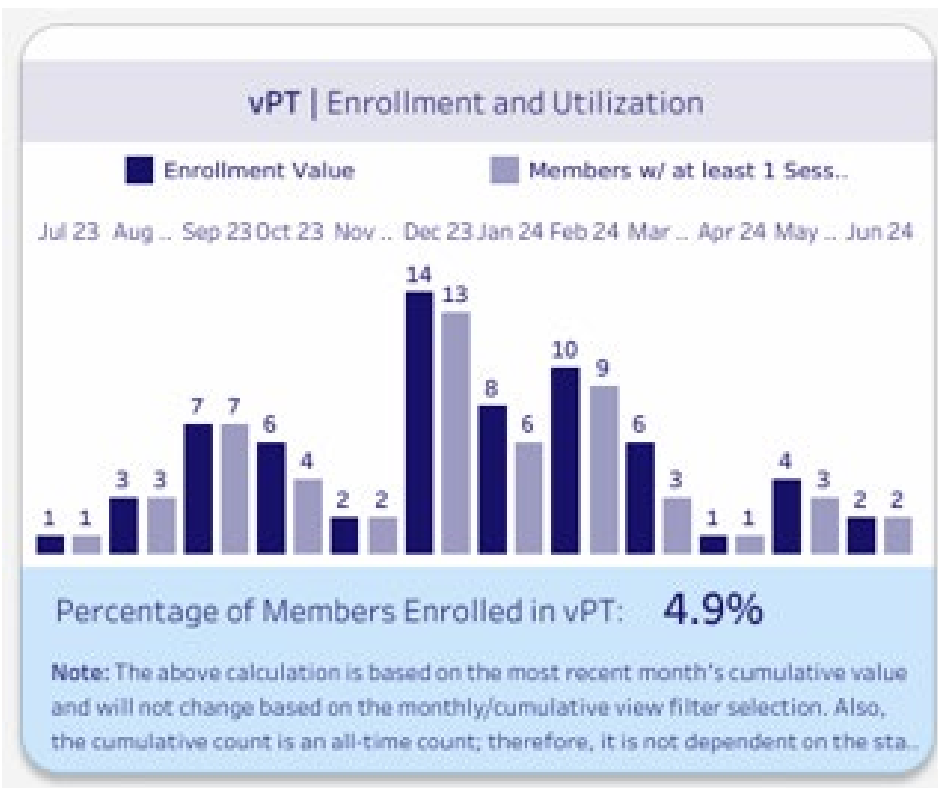


**Calendar Year 2023 Total Surgery Count: 9; Avoided Surgeries: 1; ROI 32.2*

SWORD Physical Therapy Program - Report 7/1/2023 through 6/30/2024



Clinical Reason	Sessions
Low Back	28
Shoulder	42
Knee	126
Hip	283
Neck	182
Wrist	
Elbow	
Pelvic	
Other	



HEALTH CARE PROGRAM COMMITTEE UPDATE



The KPBSD Health Care Program Committee (HCPC) is charged with controlling the Health Plan benefits and coverage provided, cost containment measures, Preferred Provider programs, Employee Contributions, and wellness benefits.



Meet the HCPC Members who represent your bargaining unit:

Kenai Peninsula Education Association (KPEA)

- Dylan Hooper
- Eric Simonsen
- Stephanie Cox
- Joel Burns

Kenai Peninsula Educational Support Association (KPESA)

- Susanna Litwiniak
- Donnalee Engelke
- Valerie McHone

Kenai Peninsula Administrators Association (KPAA)

- Vaughn Dosko

Employees Appointed to Committee by Superintendent

- Zen Kelly
- Jordan Chilson
- Kari Dendurent

Health Plan Administrator

- Elizabeth Hayes

Consultants to Health Plan Committee

- Stacey Vinson – Employee Benefits Manager

Do you have comments for the HCPC?

You may attend an upcoming HCPC meeting and have the opportunity to provide a comment. Each plan participant will be given 3 minutes to make their comment; the time limit may be extended at the discretion of the HCPC chair.

If you are interested in making a comment at an upcoming HCPC meeting, you may attend in person or via Zoom. Please contact Jordan Chilson for details.

The HCPC agenda may be viewed prior to the meeting at the link highlighted at the bottom of the page.

FY24 HCPC Meeting Dates

All meetings are scheduled from 3:00 PM to 5:00 PM

- March 27, 2024
- May 1, 2024



View the HCPC meeting minutes, agenda, recordings and handouts online at:



<https://employees.kpbsd.org/health-care-plan/meeting-minutes/>

Stacey Vinson, Employee Benefits Manager

www.kpbsd.k12.ak.us

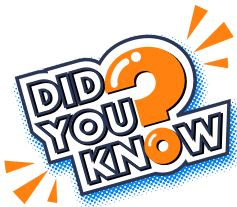
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transcarent

Planned Surgery Benefit Update



The Transcarent planned surgery benefit is available to employees and their covered family members enrolled in the KPBSD Health Plan. The KPBSD Health Plan must be the member's Primary Health Plan to qualify. If you are in the HRA Plan, you will pay \$0 for your surgery (the deductible and coinsurance are waived)! If you are in the HSA Plan, you pay nothing for surgery after your Major Medical deductible has been satisfied.

The Kenai Peninsula Borough School District Health Plan has contracted with Transcarent (formerly BridgeHealth) to provide participants with access to high quality providers across the United States who perform certain surgeries. This includes access to centers of excellence as well as surgeons who are highly rated within their specialty.

A Transcarent Care Coordinator will help coordinate all aspects of your surgery and make travel arrangements. The Health Plan will cover related lodging, airfare and per diem.

You should contact Transcarent if you have any planned non-emergent major surgeries, such as:

- Cardiac • General Surgery • Orthopedic • Spine • Women's Health • Bariatric •

To obtain more information about this program, contact Transcarent at (844) 249-8108 and identify yourself as a participant in the Kenai Peninsula Borough School District Health Plan or go online by clicking this [LINK](#). ↗

UPDATED: Transcarent Care Allowance Incentive

Effective 5/9/2024, the Care Allowance Incentive was increased by the Health Plan Program Committee and is based on the Case Rate* of the service provided. *The incentive is taxable and will be paid through the payroll process:*

- Case Rate < \$9,999 = \$1,000 Incentive
- Case Rate \$10,000 - \$19,999 = \$2,000 Incentive
- Case Rate \$20,000 - \$29,999 = \$3,000 Incentive
- Case Rate \$30,000 - \$39,999 = \$4,000 Incentive
- Case Rate > \$40,000 = \$5,000 Incentive

*The "Case Rate" is the bundled surgical rate paid to the provider, inclusive of facility, anesthesia, and surgeon charges.

Stacey Vinson, Employee Benefits Manager

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OPEN ENROLLMENT

Mark your calendar!



It's almost Open Enrollment time again! Open Enrollment will occur from November 15th through December 15th, 2023. Your Open Enrollment election changes will be effective January 1, 2024. Remember, this is your opportunity to make changes to your Health Plan elections for the 2024 Plan Year. The deadline for submitting your enrollment forms will be 4:30PM on December 15, 2023. After that date, you cannot change your elections until the next Open Enrollment period in Nov/Dec 2024, unless you experience a Special Enrollment (Qualifying) event as described in the Summary Plan Description.



REMINDER

- If you are enrolling a NEW dependent, you must provide legal documentation as follows:
 - **Spouse:**
Marriage Certificate (photocopy)
 - ***Children:**
A photocopy of the child's birth certificate, naming you or your spouse as the child's parent; or appropriate court order/adoption decree naming you or your spouse as the child's legal guardian.
**If you have had a newborn child, please inform Stacey Vinson of the birth within 31 days from the date of birth to avoid missing the Qualifying Event deadline.*
- If you are dropping your spouse, you must provide a Request to Remove Spouse Form signed by both you and your spouse.
- If you are newly declining coverage, you will be required to submit proof of your other coverage.
- **If you have no changes:** no action is required from you; your Health Plan elections will remain the same.



Be on the lookout for an email to All Staff from Stacey Vinson in mid-November that will include the Open Enrollment forms and instructions

PREFERRED PROVIDER ORGANIZATION (PPO)



The KPBSD Health Plan contracts with the following Preferred Providers who offer discounted rates for KPBSD plan participants. Use PPO Providers to save money for yourself and the Health Plan!

Soldotna & Homer:

*Central Peninsula Hospital (CPH) and South Peninsula Hospital are the PPO facilities in Soldotna and Homer.



DID YOU KNOW?

**Did you know that CPH offers a 25% Prompt Payment Discount if your visit balance is paid in full within 60 days from the date of your first statement for that visit? Contact the CPH Patient Financial Services at (907) 714-4424 for details!*

Nationwide:

Aetna is the nationwide network of Preferred Providers (PPO), including facilities and other network providers. Find a KPBSD Aetna PPO provider by visiting www.aetna.com/docfind and select Plan **Aetna Choice POS II (Open Access)**.

Within the Municipality of Anchorage

Only: **IMPORTANT**

Alaska Regional Hospital, the Surgery Center of Anchorage, Alaska Surgery Center, and Alpine Surgery Center are the only PPO Facilities for inpatient and outpatient services obtained in the Municipality of Anchorage, (other PPO facilities in Anchorage are considered non-PPO facilities, even if they are in the Aetna network). **If you use a facility, freestanding imaging center, or freestanding surgery center other than Alaska Regional Hospital, the Surgery Center of Anchorage, Alaska Surgery Center, and Alpine Surgery Center for inpatient or outpatient services:**

- The non-PPO penalties will apply.
- For inpatient services, the Allowable Charge shall be calculated as the per diem or case rate at Alaska Regional Hospital.
- For outpatient services, the Allowable Charge shall be calculated as the case rate at Alaska Regional Hospital, or 50% of the billed charges if no case rate is available.

Examples of common outpatient procedures include: outpatient surgery and procedures, ultrasound, lab and diagnostic x-ray tests, MRIs and CT scans.

Non-PPO penalties will apply:

- If you use a non-PPO facility

The non-PPO penalties are:

- Services are reimbursed at 60% of the allowable charges
- Not subject to the out-of-pocket maximum

Non-PPO penalties are not assessed for (this includes the Municipality of Anchorage):

- Services unavailable at a PPO facility, or
- Emergency services at a non-PPO emergency facility when transported via air or ground ambulance. Once the patient is medically stable, he/she should be moved to a PPO facility. Services obtained at a non-PPO facility after the patient is stable for transfer are subject to non-PPO penalties.

Stacey Vinson, Employee Benefits Manager

www.kpbsd.k12.ak.us

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HEALTH PLAN 101



DID YOU KNOW?

The [KPBSD website](#) has Health Plan information available to you online by accessing the tabs below:

[Employees](#) > [Health Care Coverage](#)

Important Health Plan document Links:

- [KPBSD Health Care Plan \(SPD\)](#)
- [Employee Benefits Guide](#)

Important Rehn & Associates Links:

- [HRA/HSA Account Portal](#)
- [Claims Website \(View your EOBs\)](#)

HEALTH PLAN TERMS/DEFINITIONS

DEDUCTIBLE: Your deductible is the amount you pay for Major Medical expenses before the Health Plan begins to pay. The deductible resets at the start of every calendar year (JAN 1st). **APPLIES TO HRA PLAN ONLY:** Covered Expenses that are incurred during the last three months of a Calendar Year which are applied to an individual's Calendar Year Deductible for that Calendar Year will also be allowed as credit toward the individual's Calendar Year Deductible amount in the next Calendar Year.

COINSURANCE: The portion of a health care provider's fee that you must pay after you meet the deductible (typically your coinsurance is 20% for in-network providers). You pay coinsurance plus any deductible until you meet your plan's out-of-pocket maximum.

OUT-OF-POCKET MAXIMUM: The total maximum dollar amount the Covered Person will be required to pay for Covered Major Medical Expenses under the Plan. **Deductible + Coinsurance = Out-of-Pocket Maximum**

CONTRIBUTION: The amount that payroll deducts from your paycheck to pay for your Health Plan coverage.

HEALTH PLAN TIER: The level of coverage you elect under the Health Plan. There are 4 tiers: Employee Only; Employee+Spouse; Employee+Children; Family. This is not related to your PERS/TRS retirement tier.

HRA: Health Reimbursement Arrangement. The contributions to this account are made by the employer only per IRS regulations.

HSA: Health Savings Account. The contributions to this account are made by the employer and employee (pre-tax).

FSA: Flexible Spending Account available through American Fidelity. **REMINDER:** If you are enrolled in the HSA Plan you are NOT eligible to participate in the Medical Expense Reimbursement Plan per IRS regulations.

FISCAL YEAR: The KPBSD Fiscal Year begins July 1st and ends June 30th. An employee who is covered all 12 months of the Fiscal Year pays a prorated Health Plan contribution for the 12 months of coverage (July-June) out of 9 paychecks (September-May). That is why we list a 12 month and 9 month deduction amount on our communications.

HEALTH PLAN YEAR: The KPBSD Health Plan is a Calendar Year Health Plan (January 1st through December 31st). Annual Deductibles, Out-of-Pocket Maximums, and other Plan limits are calculated/accumulated on a Calendar Year basis.

Stacey Vinson, Employee Benefits Manager

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TRANSCARENT

SWORD VIRTUAL PHYSICAL THERAPY



Do you have joint or muscle pain? Enroll now for relief.

We get it, life is busy. Whether you're struggling with chronic pain or daily aches, you don't have time to waste in waiting rooms filling out paperwork and commuting to and from a physical therapist's office. That's where SWORD Health comes in, a digital physical therapy program with exercises that you can complete anytime and anywhere in the U.S. (as long as you have internet access). You can access SWORD Virtual Physical Therapy through Transcarent and it's available at ***no cost to HRA Plan Enrollees**. *HSA Plan enrollees pay nothing after your deductible has been met. You can get started right away and **no doctor referral is needed!**



- Once your SWORD PT kit arrives at your doorstep, you'll have everything you need to get started – including motion trackers and a tablet.



- Do your SWORD program wherever you're most comfortable, whether that's your office, a hotel room, or your own living room!



- You even get to choose your own dedicated Physical Therapist who will work with you to customize a program based on your personal symptoms and goals.



- Your Physical Therapist will track your progress, correct your form in real time, and be there to support you from day one until you find relief from pain.

Open the camera app on your phone.
Scan the QR code.
Enroll in your benefits!



Physical therapy has never been so easy!
Enroll today to get started!
experience.transcarent.com/kenai/vpt/

Available to you and eligible family members 18+ as part of your Kenai Peninsula Borough School District health plan benefits.

Stacey Vinson, Employee Benefits Manager

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907-714-8879

ALASKA REGIONAL HOSPITAL

Did You Know?



Alaska Regional Hospital is the Health Plan's Preferred Hospital in Anchorage
Requesting this hospital will maximize your benefit and reduce your out of pocket expense

Alaska Regional Hospital (ARH) has a Level II NICU, which means they can care for babies born at 32 weeks gestation or greater. A Level II NICU is capable of managing most newborn care issues, such as:

- Neonatal resuscitation
- Pneumonia and other respiratory distress
- Hypoglycemia (low blood sugar)
- Neonatal sepsis (blood stream infections)
- Drug withdrawal & management
- Jaundice (yellow skin caused by the buildup of bilirubin in the blood)
- Sepsis (life-threatening infection complication)
- IV line care and management
- Non-invasive ventilation strategies, including bubble CPAP



ARH has a team of neonatologists and pediatric hospitalists available 24/7 to manage the baby's and children's needs; they are available for consultations with your OB/GYN or pediatrician. All necessary equipment is state-of-the-art. ARH Registered Nurses care for these babies and children 24/7.

Alaska Regional Hospital's Family Birthing Center

The team of expert labor and delivery nurses, physicians, and highly trained pregnancy specialists at Alaska Regional Hospital have you and your baby's best interests at heart. Providing high-quality, compassionate care and support when you go into labor, ARH offers the latest medical technology, spacious birthing rooms and mother-baby suites to ensure you have the best amenities for a successful birthing experience.

ARH also offers a selection of classes designed to prepare you for labor, delivery and early parenting. Both first-time and "experienced" expectant parents are welcome. Additionally, ARH offers Hydrotherapy and Lactation Services to new and expecting mothers.

ARH Phone/Website: (907) 276-1131 www.alaskaregional.com



Alaska Regional Hospital's Women and Children Services are pleased to offer four postpartum rooms with king sized Tempur-pedic beds.



Stacey Vinson, Employee Benefits Manager

www.kpbsd.k12.ak.us

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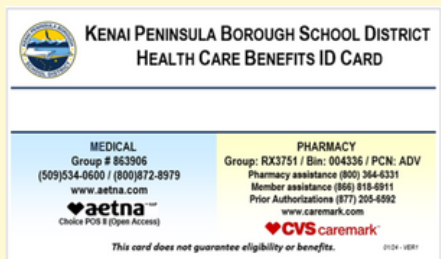
HEALTH PLAN ID CARD VS HRA/HSA DEBIT CARD



As a member of the Kenai Peninsula Borough School District Health Plan, you may have more than one card to utilize when paying for medical expenses.

Learn the difference and when and how to use both below.

STEP 1: HEALTH PLAN ID CARD



This Health Care Plan ID Card proves that you have Health Plan coverage through KPBSD. It contains information that your Provider, Facility, or Pharmacy will use to get paid by the KPBSD Health Plan for your Office Visit, Procedure or Prescription.

WHEN TO USE

- Always use this card **FIRST**
- Provide at check-in to prove your active Health Plan coverage to Providers, Facilities and Pharmacies
- This card tells the Providers, Facilities and Pharmacies information regarding your plan, claim filing directions, preferred networks, precertification, and contact information for vendors
- Submit Rehn claim form & itemized receipt to be processed by the Health Plan when your provider does not bill accordingly

IMPORTANT CONTACT INFORMATION

Phone: 800-872-8979 - ask for Claims Department

Email Address: rehn@rehnonline.com
Subject: KPBSD Medical Claims

Fax Number: 509-535-7883
Attn: KPBSD Medical Claims

To view and print EOBs for your Medical, Dental & Vision claims, please login to: KPBSD.rehnonline.com

STEP 2: HRA/HSA DEBIT CARD



This HRA/HSA Debit Card allows you to access money in your HRA or HSA account. Those funds may be used to pay for certain qualifying medical expenses, including copayments, coinsurance, deductibles, and prescription medications, according to the IRS.

WHEN TO USE

- Use this card **SECOND** *only if* you wish to pay using your HRA/HSA funds
- Prescription copay or deductible due at the pharmacy counter
- To cover "Patient Responsibility" from your visit where the amount you are responsible for is verified by your Explanation of Benefits (EOB)
- To pay for qualified HRA/HSA expenses that are not covered under your Health Plan. One resource to look up IRS eligible expenses is <https://fsastore.com/fsa-eligibility-list>

IMPORTANT CONTACT INFORMATION

Phone: 800-872-8979 - ask for CDH Department

Email Address: rehnCDH@rehnonline.com
Subject: CDH Claims

Fax Number: 509-535-7883
Attn: CDH Claims

To submit claims or view balance, please utilize the Rehn CDH Portal: CDH.rehnonline.com

Stacey Vinson, Employee Benefits Manager

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HEALTH PLAN

REINSTATEMENT POLICY



**ATTENTION
PLEASE!**

Each Fiscal Year returning employees pay for 12 months of Health Plan coverage (July 1st through June 30th) and deductions are taken out of 9 paychecks (September through May). Please be advised that if you have completed your work calendar and your employment with KPBSD is not ongoing after the end of the fiscal year (June 30th), you need to be aware of the Health Plan Termination and Reinstatement procedures.

If you resign or retire at the end of the school year and have completed your entire work calendar, your Health Plan benefits will end on the last day of the Fiscal Year, June 30th. If you wait until August to resign instead of at the end of the previous school year, your benefits will be retroactively terminated effective June 30th and you will be responsible for reimbursing the Health Plan for any ineligible claims that you and your dependents incurred after June 30th if you choose not to elect COBRA continuation coverage. Working one day in August and then resigning does not pay for the Health Plan contributions needed for July and August.

If you are rehired in a benefits eligible position on or before September 1st of the following school year, your benefits will be retroactively reinstated as of July 1st as if there was no gap in your Health Plan coverage. This means any health care costs incurred in July-September could be retroactively billed to the plan. Even if you did not have any health care costs from July-September, your coverage for that period is required to be reinstated. As a result, payroll deductions will resume as normal after you restart your employment, and your 12 months of coverage (July through June) will be prorated out of your September through May paychecks (9 paychecks).

Stacey Vinson, Employee Benefits Manager