



LAKOTA LOCAL SCHOOLS  
NEW HIRE ENROLLMENT 2024



## Lakota Initial Enrollment Period

Lakota Local Schools recognizes the importance of providing our employees and their families with quality benefits as part of their overall compensation package. We have developed a comprehensive benefits package that delivers quality and value while satisfying the diverse needs of our workforce. This packet highlights the benefit options offered by Lakota Local Schools.

New hire enrollment is the opportunity for new employees to enroll or decline benefits for themselves and add or waive coverage for dependents. Elections will be active through the end of the 2024 plan year. The next time you will be able to make changes to your benefits will be during open enrollment, unless you experience a qualifying life event during the year. A qualifying life event includes divorce, adoption, birth of a baby, etc.

## Required Action

**All benefit eligible employees must actively enroll in or waive benefits for the 2024 plan year by completing the Benefit Elections online within 30 days of date of hire. If not completed within 30 days, employees will not be able to make changes to benefits unless you experience a qualifying life event during the year or until the next Open Enrollment.**

## Next Steps

- \* Visit <https://lakota.onelogin.com>
- \* Select the Benefitsolver box
- \* Begin the enrollment process by clicking the "Start Here" button
- \* Finish enrollment within 30 days



***Enrollment action is REQUIRED within 30 days from date of hire to have benefits through 12/31/2024.***

# Health Insurance Plans



Your medical plan is through Anthem.

Benefits	PPO Plan Employee/Employee + 1/Family In-Network	HDHP with HSA Plan Employee/Employee + 1/Family In-Network
<b>Deductible</b>	\$600/\$1,200/\$1,800	\$3,200/\$4,000/\$5,500
<b>Coinsurance</b>	Plan pays 80%/You pay 20%	Plan pays 100%/You pay 0%
<b>Medical Out-of-Pocket Annual Maximum</b>	\$2,500/\$5,000/\$7,500	\$3,500/\$6,000/\$8,500
<b>Office Visits:</b> PCP sick visit Specialist visit Preventive at PCP	\$25 Copay \$50 Copay Covered in full	Deductible, then 0% Deductible, then 0% Covered in full
<b>Inpatient/Outpatient Hospital</b>	Deductible, then 20%	Deductible, then 0%
<b>Emergency Room/Urgent Care</b>	\$200 Copay / \$50 Copay	Deductible, then 0%
<b>Retail Drug</b>	\$15/\$35/\$55	Deductible then \$15/\$35/\$55

## 2024 Health Insurance Monthly Employee Contributions

	PPO Plan Employee/Employee + 1/Family	HDHP Employee/Employee + 1/Family
<b>Full Time – Board pays 85% / Employee pays 15%</b>	\$136.26 / \$248.02 / \$350.56	\$102.08 / \$185.79 / \$262.60
<b>LSSA (21 – under 30 hrs/wk) – Board pays 50% /Employee pays 50%</b>	\$454.21 / \$826.75 / \$1,168.53	\$340.23 / \$619.29 / \$875.31
<b>Part Time LEA – Board pays 75% / Employee pays 25%</b>	\$227.10 / \$413.37 / \$584.26	\$170.11 / \$309.65 / \$437.66



Your dental plan is through Dental Care Plus and it offers IN and OUT of Network Benefits.

## 2024 Dental Monthly Employee Contributions

	Employee / Employee + 1 / Family
<b>Full Time – Board pays 85%/ Employee pays 15%</b>	\$7.66 / \$12.92 / \$18.04
<b>LSSA (21 – under 30 hrs/wk) – Board pays 50%/Employee pays 50%</b>	\$25.54 / \$43.09 / \$60.13
<b>Part Time LEA – Board pays 75%/Employee pays 25%</b>	\$12.77 / \$21.54 / \$30.07

The information provided for medical, vision and dental benefits is for in-network benefits; with out-of-network benefits the providers can balance bill the difference between the retail cost and what the plan reimburses. Please discuss balance billing with your non-network provider.

## Dental Insurance Plan

Benefits	In Network
<b>Deductible</b>	\$25/\$50
<b>Annual Maximum</b>	\$2,500 per person
<b>Preventive Services</b>	Covered in full
<b>Basic Services</b>	Deductible, then 20%
<b>Major Services</b>	Deductible, then 40%
<b>Orthodontia (Adult and Child)</b>	60% to lifetime max of \$1,800



# Vision Insurance Plan



Your vision plan is through EyeMed.

Benefits	In Network
Exam (1 every 12 months)	\$10 copay
Lenses – Single, Bifocal, Trifocal (1 every 12 months)	\$25 copay
Frames* (1 every 12 months)	\$130 retail allowance
Contact Lenses* (1 every 12 months)	Up to \$130 retail allowance

2024 Vision Monthly Employee Contributions	
Employee	\$7.97
Employee + 1	\$15.94
Family	\$25.66

## Tax-Advantaged Accounts

### Flexible Spending Account (FSA)

The Healthcare FSA is available to those who waive coverage or those not participating in a Health Savings Account, and allows you to pay for qualified medical, dental, and vision care on a pre-tax basis. You may elect up to \$3,050 for the calendar year. Lakota's FSA offers a grace period which allows you to reimburse yourself for claims incurred by March 15<sup>th</sup> following the plan year to be reimbursed with the prior year's FSA dollars (claims incurred by March 15<sup>th</sup>, 2025 can be reimbursed using dollars from 2024's FSA funds). You have until March 31<sup>st</sup> to submit claims; any unused funds are forfeited.

### Health Savings Account (HSA)

The HSA is a bank account in your name that allows you to pay for qualified medical, dental, and vision expenses on a pre-tax basis. You must be enrolled in a HDHP to be eligible for the HSA. The IRS sets limits on the amount that you can contribute to HSAs each year; the 2024 limits are \$4,150 if you are enrolled on your medical plan as employee only and \$8,300 if you are enrolled on your medical plan with any dependents. If you are over the age of 55, you can contribute an additional \$1,000 per year. One great component of HSAs is that any unused funds at the end of the year continue to accumulate indefinitely until you use them – so the money is never forfeited.

### Dependent Care Flexible Spending Account (DCFSA)

The Dependent Care FSA is compatible with your medical plan or available to those who waive coverage. It allows you to be reimbursed for eligible dependent-care expenses on a pre-tax basis. You may elect up to \$5,000 per year (or \$2,500 if married but filing separately). When you choose to participate, you elect a total dollar amount to contribute to your account, funded in the form of incremental pre-tax payroll deductions. You can reimburse yourself as funds become available in your account.

## Ancillary & Voluntary Plans

**Life and AD&D:** Lakota provides a Life and AD&D benefit to all employees. The premium for this policy is 100% paid by the district. Make sure to designate your beneficiary!

**Voluntary Life:** Voluntary term life insurance is a product you buy not only for yourself, but to help take care of those who depend on your income. This affordable coverage can help relieve the financial burden at a time of loss.

**Short-Term and Long-Term Disability:** This voluntary benefit is coverage that replaces a portion of your income should you become unable to work due to an off the job accident or illness. The cost of coverage is based on the coverage amount you elect. For STD you may elect 66.67% of your income (up to \$1,750 weekly) for a benefit that begins 14 days after injury or illness. For LTD, you may elect up 66.67% of your income (up to \$7,500 monthly) for a benefit that begins 360 days after injury or illness.

**Critical Illness and Accident:** The out-of-pocket costs you may have if you are in an accident or face a serious illness can be concerning. VOYA critical illness and accident plans can help. Benefits are paid directly to you, so you can use them however you want – to pay everyday bills, medical copays or deductibles.

\*Access the Reference Center in BenefitSolver to review New Hire Guarantee Issue amounts for Voluntary Life, Short-Term Disability, and Long-Term Disability.

# IMPORTANT CONTACT INFORMATION



**Anthem (Medical)**  
Website: [www.anthem.com](http://www.anthem.com)  
Phone: 844-995-1752  
Group #: L03537



**Dental Care Plus**  
Dental Coverage  
[www.dentalcareplus.com](http://www.dentalcareplus.com)  
800.367.9466



**EyeMed**  
Vision Coverage  
[www.eyemed.com](http://www.eyemed.com)  
866-939-3633



**VOYA (FSA, DCFSA & HSA)**  
Health Savings Account, Flexible Spending Account, and Dependent Care Spending Account  
[www.voya.com](http://www.voya.com)  
Phone: 833-232-4673



**VOYA**  
Short Term Disability, Long Term Disability, Voluntary Life, Accident Indemnity and Critical Illness Coverage  
[www.voya.com](http://www.voya.com)  
855.663.8692



**Benefitsolver**  
Enrollment Portal  
[www.lakota.onelogin.com/](http://www.lakota.onelogin.com/)



**Lakota Local Schools**  
Lakota Treasurer's Office  
[benefits@lakotaonline.com](mailto:benefits@lakotaonline.com)  
513.644.1170



In the event you have a question or concern that has not been handled correctly or to your satisfaction by the insurance carrier, please call or e-mail our benefits consultant, HORAN.



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