



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 with a benefit counselor within 30 days of date of hire. If not completed within 30 days, employees will not be able to make changes to benefits unless they experience a qualifying life event during the year or until the next Open Enrollment.

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

Next Steps

We are excited to announce that our new partners, Brian Patten and Associates, have certified benefit counselors available to educate you on your benefit offering. The counselors will help you to enroll and apply for the benefits that best fit your needs.

How to Enroll:

1. To schedule an appointment, scan the QR code.
2. You can also schedule an appointment by clicking the link here:
<https://calendly.com/benefit-enrollments/lakota-local-school-district-new-hire>
3. Or call (833) 202-9966 directly to speak with a benefits counselor



* If you are nearing the end of the 30-day enrollment window and have not completed your benefit enrollment yet, you will receive a complimentary text and phone call to ensure this is completed before your eligibility period expires.

* After enrollment is complete, you will be able to view your benefit summary by registering on employeenavigator.com with your Lakota email. After registration is complete, log into Employee Navigator with your Lakota Local School District email, enter the two-factor verification code sent to that email address, and select "Employee Summary".

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
Deductible	\$600/\$1,200/\$1,800	\$3,200/\$4,000/\$5,500
Coinsurance	Plan pays 80%/You pay 20%	Plan pays 100%/You pay 0%
Medical Out-of-Pocket Annual Maximum	\$2,500/\$5,000/\$7,500	\$3,500/\$6,000/\$8,500
Office Visits: PCP sick visit Specialist visit Preventive at PCP	\$25 Copay \$50 Copay Covered in full	Deductible, then 0% Deductible, then 0% Covered in full
Inpatient/Outpatient Hospital	Deductible, then 20%	Deductible, then 0%
Emergency Room/Urgent Care	\$200 Copay / \$50 Copay	Deductible, then 0%
Retail Drug	\$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
Full Time – Board pays 85% / Employee pays 15%	\$136.26 / \$248.02 / \$350.56	\$102.08 / \$185.79 / \$262.60
LSSA (21 – under 30 hrs/wk) – Board pays 50% /Employee pays 50%	\$454.21 / \$826.75 / \$1,168.54	\$340.24 / \$619.29 / \$875.31
Part Time LEA – Board pays 75% / Employee pays 25%	\$227.10 / \$413.37 / \$584.26	\$170.11 / \$309.65 / \$437.66



Your dental plan is through Sun Life and it offers IN and OUT of Network Benefits.

2024 Dental Monthly Employee Contributions

	Employee / Employee + 1 / Family
Full Time – Board pays 85%/ Employee pays 15%	\$7.66 / \$12.92 / \$18.04
LSSA (21 – under 30 hrs/wk) – Board pays 50%/Employee pays 50%	\$25.54 / \$43.09 / \$60.13
Part Time LEA – Board pays 75%/Employee pays 25%	\$12.77 / \$21.54 / \$30.06

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



Vision Insurance Plan

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



Your vision plan is through EyeMed.

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 \$3,200 for the calendar year. Lakota's FSA offers a grace period which allows you to reimburse yourself for claims incurred by March 15th following the plan year to be reimbursed with the prior year's FSA dollars (claims incurred by March 15th, 2025 can be reimbursed using dollars from 2024's FSA funds). You have until March 31st 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

Accident	Critical Illness	Life Insurance	Short Term Disability	Long Term Disability
The VOYA Accident Plan pays you benefits if you are injured in an on or off the job accident. Benefits are payable for injuries like burns, broken bones, and lacerations.	The VOYA Critical Illness Plan will pay benefits if the insured suffers from major illnesses like heart attack, stroke, kidney failure, etc.	The VOYA life insurance provides up to \$200,000 in Guaranteed issue coverage that is portable if you were to leave employment.	The VOYA Short Term Disability Plan provides income protection to keep you afloat if you can't come into work due to an accident or sickness	The VOYA Long Term Disability Plan provides income protection to keep you afloat if you can't come into work due to an accident or sickness for an extended period of time

IMPORTANT CONTACT INFORMATION



Anthem (Medical)

Website: www.anthem.com

Phone: 844-995-1752

Group #: L03537



Sun Life Dental Dental Coverage

www.sunlife.com

800-442-7742



EyeMed

Vision Coverage

www.eyemed.com

866-939-3633



VOYA (FSA, DCFSA & HSA)

Health Savings Account, Flexible Spending Account, and Dependent Care Spending Account

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

855.663.8692



Brian Patten and Associates

To enroll, waive, or inquire about your benefit offering, please call:

(833) 202 - 9966



Employee Navigator

Enrollment Portal

<https://www.employeenavigator.com/>

Client ID: LakotaSchools



Lakota Local Schools

Lakota Treasurer's Office
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.



HORAN Engagement Team
engagement@horanassoc.com

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