

Retiree Benefits Overview 2025

SCHOOL YEAR 2024-2025





District Retiree Insurance Plan

Retirees are eligible to elect coverage under the District's Retiree Insurance Plan if all the following qualifications are met:

- 1. You are retiring with the District and with KPERS at the same time.
- 2. You were enrolled in medical, dental and/or vision insurance at the time of retirement.
- 3. You worked for the District for five years or more.
- 4. You are under age 65.



Next Steps

- Return completed Retiree Benefits
 Continuation of Coverage Form and
 Debit Authorization Form
- Create an account to access Oracle
 using personal email address
- Enroll in Retiree Benefits in Oracle
- Set up Surency HRA account (if applicable)



Final Pay & Benefits End Date

Certified Staff

Retirement Date	Final Paycheck	Benefits End
June 1	6/15	7/31
July 1	7/15	7/31
August 1	7/30	7/31

Classified Staff

Retirement Date	Final Paycheck	Benefits End
June 1	6/15	5/31
July 1	7/15	6/30
August 1	7/15	7/31





Retiree Benefits Continuation of Coverage

- Complete and return the Retiree Benefits Continuation of Coverage and Debit Authorization Forms if you plan to enroll in Retiree Benefits.
 - The debit authorization is used to initiate debit entries for health, dental and/or vision insurance premiums from your checking/savings account.
 - Payment of premiums does not come directly from your Health Reimbursement Account (HRA).
- Verify that your personal email and home address are up to date in Oracle before last day worked.
- Important Note: Your insurance benefits do not roll over. You will need to make elections in the Olathe Public Schools Retiree Benefits in Oracle upon retirement.





Retiree Premiums

- Retirees pay the full premium cost for insurance **one month in arrears**.
 - For example, if your active employee benefits end on July 31, your retiree benefits start on August 1. Your first premium deduction will be on September 1 for August coverage.
- Olathe pulls the premium from your designated bank account on the first of each month.
- If you are signed up for direct deposit from your HRA with Surency, you will receive reimbursement for premiums within 5-7 business days.



Reminder: If you are enrolling in Retiree Benefits, DO NOT enroll in COBRA!

COBRA

- All retirees will receive a COBRA packet as required by law.
 Surency will mail the COBRA packet to your home address.
- Retirees enrolling in the District Retiree Insurance program should <u>DISREGARD</u> the COBRA packet.
- Employees over the age of 65 who are currently on district benefits upon retirement are eligible to continue medical, dental and/or vision insurance coverage for 18 months with COBRA coverage.





After Retirement

On your retirement date, you will receive two emails from *Olathe Public Schools* to your personal email address on file:

- 1. Information email from the Benefits Team including instructions on how to access Oracle and how to enroll in benefits as a retiree.
- 2. A welcome invitation from Microsoft to create an Oracle account.



You will not be able to create your Oracle profile or enroll in retiree benefits until *after* your benefits end as an active employee.





- Information and rates for Retiree medical, dental and vision plans are located on the Olathe Schools Human Resources website -> Benefits -> Retiree Benefits: <u>www.Olatheschools.Org/page/10646</u>.
- Retiree benefits start on the first of the month and your coverage will be backdated. You have 30 days to enroll.
- Any dependents who were on your plan at the time of retirement may remain on the plan if you choose to cover them.

No additional dependents may be added to Olathe's retiree insurance.





- Log into Oracle -> click on the **Home** page.
- Under the Me tab -> click on the Benefits tile.

Me	My Team	My Client Groups	Benefits Administra	ation Receivables	s Tools O	thers	
QUICK	ACTIONS	APPS					
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(<u>3</u>	My Activity Center		Current Jobs	Wellness	Roles and Delegations	Expenses	Time Keeper
3	My Public Info						
a^0	Share Data Access		+				

• Click on the Start Enrollment/Make Changes button under your name.







• Click **Continue** button in the top right-hand corner.

Before You Enroll		Continue	<u>C</u> ancel
	Information To cover family and others in benefits, add them now before you enroll.		

 Read and accept the authorization to take you to a new page to begin the enrollment process.

By click underst	ing Accept, I acknowledge that I have been given the opportunity to enroll in the retiree insurance coverage offered by Olathe Public Schools. I and that I may not change my coverage elections until the next Open Enrollment period. I have reviewed the <u>Benefits Guide</u> and the <u>Benefits</u>
website	including each Plan's Summary Plan Description or Certificate of Coverage to be familiar with my available benefit options. For assistance or
questio	ns, please contact the Benefits Team at 913-780-8024 or <u>benefits@olatheschools.org</u> .
Failure 1	to Enroll
I unders insuran	stand and agree that if I decline coverage now, I may not reenroll in the District's retiree insurance at a later date. I understand and agree that ce will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and at any the insurance nolicy issued to Olathe Public Schools can fully describe the provisions terms, conditions limitations and exclusions of my
insuran	ce coverage. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.
I author	ize the District to bill me monthly for the full cost of insurance premiums. I understand that no insurance will be valid or in force if I am not eligible
in accor	dance with the terms of the group policy as issued to my employer. I acknowledge and agree that if group participation requirements are required
by the i	nsurance carrier or by law and are not met, the policy will not be implemented and the coverage I have elected will not be in force.
Lattest	that all the information I provide during my enrollment is accurate and correct to the best of my knowledge.





• All benefits plans automatically default to Waive. Click on the **Enrollment** button to get started.



• Click the **Edit** button for each plan that you want to elect.

Medical	🖉 Edit
Retiree Medical	
Waive Retiree Medical	
Dental	🖉 Edit
Retiree Dental	
Waive Retiree Dental	
Vision	🖉 Edit
Retiree Vision	
Waive Retiree Vision	





• Check the box next to the coverage option you want to elect.

	Retiree Only 9,228.00 Annually	769.00 Employee
etire	ee \$3,300 HDHP Preferred-Care Blue	
	Retiree Only 9,708.00 Annually	809.00 Employee
etire	ee \$1,500 PPO Preferred-Care Blue	
	Retiree Only 10,116.00 Annually	843.00 Employee
	e Retiree Medical	
/aive		

- Select applicable dependent(s) you want to cover. Click the **OK** button.
- Complete the same process until you are finished making your elections.





- Click the **Continue** button to return to the benefits page.
- Click the Submit button in the top right-hand corner of the page. A confirmation page will display stating your benefits elections were saved with a deadline for making changes.

firmation e Public Schools Retiree / LTD / LOA Benefits	
Confirmation Your benefit elections were saved. You can make changes until 11:59 PM CST, 11/08/2024.	
Currency in USD	
Your Total Cost Each Pay Period	896.03
Medical	
Retiree \$1,500 PPO Preferred-Care Blue Retiree Only	843.00
Coverage Start Date 01/01/2025	
Annual Amount 10,116.00	
Who's covered?	



Health Reimbursement Account (HRA)

- If you qualify at the time of retirement, a maximum of 425 unused sick days are converted into a monetary amount.
- The balance will be placed into a Health Reimbursement Account (HRA) with Surency. The account can be used for eligible medical, dental and/or vision expenses for you and your eligible dependents.
- You will receive an email from Nancy Jirik with the following information:
 - HRA balance and effective date
 - Surency username
 - Surency account set up instructions
 - Direct deposit authorization





Surency Account Set Up

- Visit <u>https://www.surency.com/</u> and select to view as a Member Reimbursement Account, then click on Login.
- Select Create your new username and password under New User.

	Member - Vision				
	Member - Reimbursement Account		Suron	-	Terrare and the second
	Member - COBRA			.y	It sure is easy.
	Employer - Vision Account		N a		
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	Employer - Reimbursement Account	1			
Choose your Su	Employer - Reimbursement Bills		Existing User?		New User?
Reimbursemer	Employer - COBRA Account		Usemame	Forgot Username?	Creare your new username and password
LSA, QSEHRA, A	Employer - COBRA Bills		Password	Forgot Password?	
Premium Only	Broker		Login		
ACCOUNT TYPE	Select one \checkmark	1			
l			Contact Us - Call Surer	cy Life & Health at (316) 462-3316, Tol	I Free at (866) 818-8805 or Email us at moreinfo@surroncy.com
LOGI	N		© 11	EX Health Inc. 2004-2019. All rigi	hts reserved. Powered by WEX Health







Surency Account Set Up

- To start, verify your identity.
- Set your security questions and answers and select a username and password.
- Access your Surency account online or on the Surency Flex app

/erify User		
Complete the informat	ion below to verify your	*Required
First Name*		
Last Name*		
Zip Code*		
Identification Number	(select one)	
●SSN*		
	OR	
○Employee ID*		
Cancel		Next





HRA Reimbursement Non-Debit Card Claims

1. Direct Deposit:

Set up bank account information with Surency to take advantage of direct deposit reimbursements.

- Log into your account to input your bank account information.
- Complete and mail the paper Direct Deposit form.

2. Paper Checks:

If you would rather receive paper checks in the mail, Surency will mail reimbursement checks to the address of record.

> Log into your Surency to update your address, email and/or phone number.

Reimbursement occurs within 5-7 Days after the first of the month.





Ending Retiree Insurance Coverage

- Retirees may end their insurance coverage at any time by notifying the Benefits Team via email.
- Retirees may not come back on the District's retiree insurance at a later date.
- Remember that premium payments are in arrears, so the District will pull a final premium on the 1st of that next month.
 - For example, if you are ending your insurance coverage on May 31, the District will deduct premiums on June 1 for the May coverage.

Important note: **Retirees MAY NOT come back** on the District's retiree insurance at a later date.





Retiree Benefits FAQs

- Where can I find information about Retiree Benefits?
 - All information will be posted to the OPS district website under the HR Benefits tab located here <u>https://www.olatheschools.org/Page/10646</u>.
- Will I be able to keep my HSA when I retire?
 - Yes, you still have access to your HSA.
 - Your HSA is a savings account that you own, so your HSA balance remains available to you even after you retire. This means that you can continue to use your HSA for qualified expenses even after you retire.





Retiree Benefits FAQs

- Will I be able to keep my FSA when I retire?
 - Your FSA will terminate when you retire and your benefits end. The IRS' use-or lose rule governs flexible spending accounts (FSAs). Because of this, any unused money left in your FSA is forfeited after you leave employment.
 - Your FSA will pay for eligible expenses up to the amount you committed to contributing for the entire year, even if you haven't contributed that much yet. To get the most out of your FSA, you should try to spend your FSA funds prior to the date that your benefits end.
 - You must file claims for the reimbursement of eligible expenses incurred during the coverage period prior to termination *within 60 days.*





Retiree Benefits FAQs

- Can I switch medical plans at this time?
 - Yes, you can change medical plans at the time of retirement as this is a qualifying life event.
 - You can drop current dependents, but you are not able to add any new dependents.
- When is the next open enrollment period?
 - Open enrollment will be at the end of October / beginning of November for the 2026 plan year.
 - Watch your email and mail for more information this fall.



Carrier Contacts

Medical Plan

Blue Cross Blue Shield of Kansas City Group #11640000 Customer Service: 816.395.2270 Website: <u>www.bluekc.com</u>

<u>Dental</u>

Delta Dental of KC Group #03500 Customer Service: 800.234.3375 Website: <u>www.deltadental.com</u>

<u>Vision</u>

VSP Group #12240761 Customer Service: 800.877.7195 Website: <u>www.vsp.com</u>

<u>HRA</u>

Surency Customer Service: 866.818.8805 Website: <u>www.surency.com</u>

District Contacts

Benefits Team:

Olathe Public Schools: Benefits Line: 913.780.8024 benefits@olatheschools.org

Geri Birks, Lead Benefits Specialist Sammi Williams, Benefits Specialist, Renee Hernandez, Benefits Specialist

Retirement Representative:

Nancy Jirik njirikec@olatheschools.org

