

## Department of Human Resources

### Qualifying Life Event Instructions

Employees that need to make changes to their benefits after their enrollment window closes can submit a qualifying life event request at [www.benefits-direct.com/kckps](http://www.benefits-direct.com/kckps). It's important to submit your request and documented proof within 31 days (60 days for state insurance) of the event date. If you have issues submitting your request and/or documents; you must contact an Amerilife representative at 1-844-212-0479 for assistance.

#### After-Tax Deductions

Employees paying benefit premiums on an after-tax basis can terminate their benefits at any time without needing proof of a qualifying life event. Terminations are effective the last date of the month request are made. Once benefits are terminated, for CORE benefits only employee must experience a qualifying life event to reenroll in plans; otherwise the next opportunity to enroll is during open enrollment in November.

#### Pre-tax Deductions

Employees wishing to add or terminate benefits/dependents must submit a qualifying life event within 31 days (60 days for state insurance) of the event date. Employees are only allowed to enroll in **CORE** health insurance plans (medical, dental, vision, and FSA/ or H S A). **Request will be considered for approval and processed when documented proof of the event is received.** Changes can only be made within the current plan structure if already enrolled in health insurance coverage. Below are some examples of acceptable documents that can be submitted with a qualifying life event request:

Event Type	Type of Document
	<b>Must be dated within 31 days of event</b>
<b>Birth/ Adoption/Guardianship</b>	Hospital or State birth certificate, bassinet card, court documents
<b>Marriage</b>	Certified marriage certificate
<b>Death</b>	Certified death Certificate
<b>Loss of health coverage</b>	Letter from previous employer on company letterhead; notice or letter of termination from previous health insurance company on letter company letter head; and COBRA paperwork. Letters must include dob or social security numbers of dependents effected; and date coverage was terminated.
<b>New Coverage</b>	Enrollment confirmation, letter from employer on company letter head confirming enrollment. Letters must include dob or social security numbers of dependents effected; and date coverage was effective.
<b>Medical/ Divorce/ Child support order</b>	Court documents
<b>Reached age 26</b>	Letter of termination from carrier/employer on company letter head or COBRA notice. Letter must include date coverage was terminated.
<b>Terminating District Coverage</b>	Documentation that show new coverage is effective.

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It takes 5 to 7 business days for carriers to receive and process enrollments. If you miss the deadline to submit your qualifying life event request, you will have to wait until **Open Enrollment in November** to enroll in coverage beginning January 1 of the following calendar year. Again, if you need assistance submitting your request or uploading documents, contact an Amerilife representative at 1-844-212-0479 for assistance.

**KCKPS 2023 Plan Pricing**

**Medical** Premiums shown are monthly. For per pay period deduction divide the monthly amount by 2.

	BSP Blue- Saver HDHP with HSA	PCB Blue- Saver HDHP with HSA	BSP \$2500 PPO with Zero	PCB \$2500 PPO with Zero	PCB \$1000 PPO with Zero	PCB \$500 PPO with Zero	BSP EPO with Zero	Blue-Care HMO with Zero
EE Only	☐ \$0.00	☐ \$32.00	☐ \$0.00	☐ \$32.00	☐ \$112.00	☐ \$282.00	☐ \$172.00	☐ \$285.00
EE+Spouse	☐ \$375.00	☐ \$445.00	☐ \$375.00	☐ \$445.00	☐ \$622.00	☐ \$995.00	☐ \$756.00	☐ \$1,002.00
EE+Child (ren)	☐ \$219.00	☐ \$282.00	☐ \$219.00	☐ \$282.00	☐ \$440.00	☐ \$771.00	☐ \$557.00	☐ \$777.00
EE+Family	☐ \$868.00	☐ \$962.00	☐ \$868.00	☐ \$962.00	☐ \$1,200.00	☐ \$1,701.00	☐ \$1,379.00	☐ \$1,711.00

	Spira Care \$3000 HDHP	Spira Care \$3500 EPO with Zero
EE Only	☐ \$0.00	☐ \$0.00
EE+Spouse	☐ \$375.00	☐ \$375.00
EE+Child(ren)	☐ \$219.00	☐ \$219.00
EE+Family	☐ \$868.00	☐ \$868.00

\*Premiums shown are based on completion of wellness requirements

\*HMO members must designate a Primary Care Physician (PCP). To find your PCP's ID#, go to [www.bluekc.com](http://www.bluekc.com) search the Provider Directory.

BSP—BlueSelect Plus Network  
PCB—Preferred-Care Blue Network

**Dental**

	Met Life Low	Met Life High
EE Only	☐ \$ 22.72	☐ \$ 30.11
EE+Spouse	☐ \$ 41.36	☐ \$ 54.84
EE+Child(ren)	☐ \$ 49.05	☐ \$ 65.17
EE+Family	☐ \$ 74.11	☐ \$ 98.63

**Vision**

	Superior Vision
EE Only	___ \$ 10.30
EE+ Spouse	___ \$20.40
EE+ Child(ren)	___ \$20.00
EE+ Family	___ \$30.40

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rev 09/21/2022