



# ***EDMOND PUBLIC SCHOOLS***

*Empowering all students to succeed in a changing society*

Dear EPS Employees,

In compliance with federal legislation, Edmond Public Schools is notifying you of important benefits notices. Included in this letter you will find the following information:

- Availability of Summary Health Information
- Notice of the Health Insurance Marketplace
- 403(B) Retirement Savings Plan Eligibility Notice

It is important that you are made aware of benefits available to you as an employee of the school district. Should you have any questions, please contact Laura Potter, EPS Benefits Coordinator, at 405-340-2824.

Respectfully,

Randy Decker  
Chief Human Resources Officer



# ***EDMOND PUBLIC SCHOOLS***

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## **Edmond Public Schools Notification of Summary Health Information and 403(b) Eligibility**

**September 1, 2017**

To: All Employees

Subject: Healthcare Summary Information

### **Availability of Summary Health Information**

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protections for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at:

[https://www.ok.gov/sib/Member/Summary\\_of\\_Benefits\\_and\\_Coverage/](https://www.ok.gov/sib/Member/Summary_of_Benefits_and_Coverage/)

A paper copy is also available, free of charge, by calling 405-340-2824.

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Subject: 403(b) Retirement Savings Plan Eligibility Notice

Edmond Public Schools maintains a 403(b) retirement savings plan for the benefit of its employees. All employees are eligible and participation in the plan is voluntary.

A 403(b) Plan allows eligible employees to save for retirement. Amounts contributed to the Plan are, in general, contributed on a tax-deferred basis. This means that the contribution is not subject to Oklahoma and federal income tax until distributed by the plan. This tax deferral also applies to any earnings on the contributions. Because the Plan is intended as a means of savings for retirement, distributions are limited to certain events.

Provisions of the plan and a list of financial investment companies that are approved to participate in the District's 403(b) plan may be found on the EPS employee portal, as well as on the District website at <http://edmondschools.net/staff/salary-benefits/>

If you have any questions regarding the District's 403(b) plan please contact Laura Potter at 405-340-2824 or Lori Smith at 405-340-2808.

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# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

Yes (Go to question 15)  No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?** \_\_\_\_\_

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

## Employee 403(b) Plan Eligibility Notice

### **EDMOND PUBLIC SCHOOL DISTRICT I-12**

*(Name of Employer)*

We are pleased to offer employees the opportunity to participate in the **EDMOND PUBLIC SCHOOL DISTRICT I-12** 403(b) Plan (“the Plan”). The opportunity for eligible employees to participate is offered on a voluntary basis.

#### **What is a 403(b) Plan?**

A 403(b) Plan allows eligible employees the opportunity to save for retirement. Amounts contributed to the Plan are, in general, contributed on a tax-deferred basis. This means that the contribution is not subject to federal income tax or, in most cases, state income tax until distributed by the plan. This tax deferral also applies to any earnings on the contributions. Because the Plan is intended as a means of saving for retirement, distributions are limited to certain events.

#### **Who is eligible to participate?**

All employees are eligible to participate in the Plan unless specifically excluded by the written plan.

Any exclusion(s) in our Plan will be indicated below. If no exclusions are checked, all employees are eligible for Plan participation.

- Employees who participate in a 401(k) plan, 457(b) plan or another 403(b) plan of the employer.
- Students performing services at the Employer institution.
- Employees who normally work fewer than **20** hours per week.
- Employees who are non-resident aliens.

#### **How much may be contributed to the Plan?**

The amount that may be contributed to the Plan is set by federal tax law. The limit set is an annual contribution limit.

For the 2017 tax year, the contribution limits are:

- Basic limit for all employees 18,000.00
- Additional Contribution for age 50+ catch-up 6,000.00

An additional catch-up contribution will be permitted for employees with 15 years of service with the employer. This additional catch-up limit, if permitted, requires the completion of a worksheet to determine eligibility for the additional catch-up contribution.  
*(If not checked, NO additional catch-up contribution will be permitted.)*

After tax Roth 403(b) contributions are permitted under the Plan. If Roth 403(b) contributions are permitted, see your provider for more information.  
*(If not checked, After tax Roth 403(b) contributions are NOT permitted.)*

### When is a distribution allowed under the Plan?

The 403(b) Plan is intended as a source of retirement income so there are withdrawal restrictions on the funds, including earnings. A withdrawal or distribution may be taken only for the following reasons:

- Attainment of age 59 ½
- Severance from employment
- Total and permanent disability
- Death
- A "qualified reservist" distribution
- Financial hardship (if checked below)

Hardship distributions are available under the Plan from accounts with Investment Providers listed in Appendix I and in Appendix II-A (if applicable). Hardship Distributions are not allowed from accounts with Investment Providers listed in Appendix II-B (if applicable). If a hardship is taken, contributions to the Plan must cease for six (6) months following the distribution.  
*(If not checked, Hardship distributions are NOT permitted.)*

Reasons for hardship distributions are limited to the following:

- Unpaid medical bills for participant or participant's spouse or dependents
- Expenses including tuition, room and board and any other related fees for the next 12 months of post secondary education for the participant or participant's spouse or dependents
- Purchase of a primary residence (excluding mortgage payments)
- Prevent eviction from or foreclosure of primary residence
- Funeral expenses for immediate family members
- Expenses to repair damage to a primary residence if those expenses qualify for deduction on the participant's income tax return

### May I change investment options under the Plan?

Employees are permitted to move all or a portion of the value of one investment option under the plan for another approved investment option under the plan. This transaction is called an exchange. These exchanges may be subject to withdrawal or contingent deferred sales charges.  
*(If not checked, exchanges are NOT permitted.)*

### What other transactions are permitted under the Plan?

Other transactions may be permitted under the Plan. The following list will indicate what options are available:

- |   |  |
|---|--|
| • Plan from another employer's 403(b) Plan  | Transfers into the<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| • Plan from another eligible qualified plan   | Rollovers into the<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| • 401(k) direct rollovers into the Plan   | Roth 403(b) or<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      |
| • under the Plan subject to availability and any additional conditions that may apply under a Participant's 403(b) Individual Agreement(s)* | Loans are available<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

\* Loans are available under the Plan from accounts with Investment Providers listed in Appendix I and in Appendix II-A (if

applicable). Loans are not allowed from accounts with Investment Providers listed in Appendix II-B (if applicable).

EPEM-2008 (R1209)

Page 2 of 3



### **Who are the approved investment option providers under the Plan?**

The attached list, Appendix I, indicates the providers that are approved investment option providers under the Plan. If you are participating in the 403(b) Plan and your current provider is listed on the Appendix I, no action is required and your contributions will continue until changed by you. If your contributions were temporarily stopped, you must complete a new salary reduction agreement in order for your contributions to resume. If you are participating and your current provider is NOT listed on Appendix I, you must contact a provider on the list and complete the proper forms to continue 403(b) contributions. Deductions for accounts with providers who are not on Appendix I will be discontinued.

If you are not a current 403(b) Plan participant and you wish to participate in the Plan, you will need to contact a provider listed on Appendix I and complete the proper paperwork to establish an account with that entity. You must also complete a salary reduction agreement authorizing your employer to reduce your salary for the contribution amount.

### **If my current 403(b) provider is not on the list, am I required to move my account balance to an approved provider?**

No. There is no requirement that you transfer any existing account balances to a provider on the list. In fact, you should be very careful about entering into any transaction that would transfer balances to another provider. No transaction should be entered into unless you have all of the information needed to determine if such a transaction is suitable for you and your retirement planning needs.

### **Is Plan approval required for transactions?**

The Plan has contracted with AFPlanServ® for selected plan administrative services. Among the services provided by AFPlanServ® is approval of salary reduction agreements for beginning or changing amounts and/or providers. Salary reduction agreement forms can be found on the website listed below.

The regulations require Plan approval of plan distributions and loans. Forms for these transactions are available and can be downloaded from [www.afplanserv.com](http://www.afplanserv.com), or may be requested by calling 1-866-560-6415 (toll-free). The proper form must be completed. Certain transactions may require additional documentation. You should follow the instructions on the form. The form with requested documentation should then be sent to AFPlanServ®. The mailing address is:

AFPlanServ  
P.O. Box 269008  
Oklahoma City, OK 73126-9008

If approval is granted for the transaction, this approval should be forwarded to the provider. The provider may or may not require that the provider's forms also be completed to effect the transaction.

### **Who do I contact if I have questions?**

If you have questions concerning account balances, the status of approved transactions, or investment option details, contact your investment provider.

If you have questions on changing your contribution amount, contact your employer or investment provider.

If you have questions on transaction approval, contact AFPlanServ® at:

**Mailing Address:** AFPlanServ  
P.O. Box 269008  
Oklahoma City, OK 73126-9008

**Phone Number (toll free):** 1-866-560-6415

**Fax Number (toll free):** 1-866-578-0962



**APPENDIX I**  
**Approved 403(b) Investment Option Providers**  
**Effective Date 08/10/2017**  
**EDMOND PUBLIC SCHOOL DISTRICT I-12**

<u>Provider Name</u>	<u>Provider Contact</u>	<u>Provider Telephone</u>
AMERICAN FIDELITY ASSURANCE	ANNUITIES	(800) 662-1113
AMERIPRISE FINANCIAL SERVICES	CUSTOMER SERVICE	(800) 862-7919
ASPIRE FINANCIAL SERVICES	CLIENT SERVICES	(866) 634-5873
AXA EQUITABLE LIFE INSURANCE COMPANY	MICHAEL LOCKE	(201) 743-6816
GWN MARKETING CUSTODIAL ACCOUNTS	CARL NEITZEL	(561) 472-2703
HORACE MANN LIFE INSURANCE COMPANY	TRICIA SEIFERT	(866) 999-1945
INDUSTRIAL ALLIANCE INSURANCE & FINANCIAL SERVICE		(866) 363-3290
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY	TSA OPERATIONS	(800) 767-1000
METROPOLITAN LIFE INSURANCE COMPANY	CUSTOMER SERVICE	(800) 560-5001
NATIONAL LIFE GROUP	PLAN ADMIN UNIT	(800) 579-2878
NEW YORK LIFE INSURANCE & ANNUITY CORP	WALTER GONZALEZ	(212) 576-8322
PFS INVESTMENTS INC	KURT SIMMONS	(770) 564-6237
SECURITY FINANCIAL RESOURCES		(800) 888-2461
THE LEGEND GROUP	CYNTHIA KLEYMANN	(888) 883-6710
THE VARIABLE ANNUITY LIFE INSUR COMPANY	CUSTOMER SERVICE	(800) 448-2542
VOYA RELIASTAR LIFE INSURANCE COMPANY	CUSTOMER SERVICE	(877) 884-5050
WADDELL & REED INC	RETIREMENT PLANS	(888) 923-3355