



# OPEN ENROLLMENT 2019

Wentzville School  
District



# OUR BENEFIT PLANS

- Effective October 1 (unless otherwise noted) and continue through September 30
- As you prepare to enroll from August 12 to August 30
  - Consider your benefit coverage needs for the upcoming year
  - Consider other available coverage
  - Gather information you'll need
    - If you are covering dependents, you will need their dates of birth and Social Security numbers

# BENEFIT ELIGIBILITY

- Benefits eligible if you work at least 25 hours per week
- Eligible dependents include your legal spouse and children up to age 26
- You may only make or change your benefits as a new hire or during the open enrollment period unless you experience a qualified life event such as:
  - Marriage, divorce or legal separation
  - Birth or adoption of a child
  - Loss or gain of other coverage
  - Eligibility for Medicare or Medicaid

# BENEFIT COSTS

BENEFIT	WHO PAYS	TAX TREATMENT
Medical and Pharmacy	The District and You	Pre-tax
Dental	The District and You	Pre-tax
Vision	The District and You	Pre-tax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	The District	NA
Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance	You	After-tax
Short-term Disability	You	Post-tax
Long-term Disability	You	Post-tax
Health Savings Account (HSA)	You	Pre-tax
Flexible Spending Accounts	You	Pre-tax

# MEDICAL PLAN OVERVIEW

## 1: YOUR DEDUCTIBLE

After the Health Reimbursement Arrangement (HRA) amount has been met, you pay the corridor amount until you reach the deductible, unless there is a copay for the service.

For Health Savings Account (HSA) plans, you pay the full deductible. You can use your HSA to pay for these expenses.

## 2: YOUR COVERAGE

Under the Premium HRA plans, once your deductible is met, you are covered in full for the remainder of the plan year (excluding copays), unless you go to an out-of-network provider or facility.

Under the HSA plan, once the deductible is met it is 100% except copays for Rx up to an additional \$1,000 until you reach the out-of-pocket maximum. Once you reach your out-of-pocket maximum, you will be covered in full for the remainder of the plan year

Under the KIDZ plan, once your deductible is met, you will cost-share with the plan (coinsurance and copays) until you reach the out-of-pocket maximum.

Once you reach your out-of-pocket maximum, you will be covered in full for the remainder of the plan year with the exception of providers and facilities that are out-of-network.

# YOUR MEDICAL BENEFITS

PLAN PROVISIONS	Premium Plan \$0 Corridor	Premium Plan \$1,000 Corridor	Premium Plan \$2,000 Corridor	HSA Plan \$3,000 Deductible	KIDZ Plan
	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible – Individual	\$3,000	\$3,000	\$3,000	\$3,000	\$750
Deductible – Family	\$6,000	\$6,000	\$6,000	\$6,000	\$2,250
Out-of-Pocket Maximum – Individual	Copays	\$1,000 + copays	\$2,000 + copays	\$4,000 after Deductible + Rx Copays	\$3,500
Out-of-Pocket Maximum – Family	Copays	\$2,000 + copays	\$4,000 + copays	\$8,000 after Deductible + Rx Copays	\$10,500
HRA District Contribution	\$3,000 Individual/ \$6,000 Family	\$2,000 Individual/ \$4,000 Family	\$1,000 Individual/ \$2,000 Family	\$2,328	N/A
Employee Corridor	N/A	\$1,000 Individual/ \$2,000 Family	\$2,000 Individual/ \$4,000 Family	N/A	N/A

# YOUR MEDICAL BENEFITS

PLAN PROVISIONS	Premium Plan \$0 Corridor	Premium Plan \$1,000 Corridor	Premium Plan \$2,000 Corridor	HSA Plan \$3,000 Deductible	KIDZ Plan
	In-Network	In-Network	In-Network	In-Network	In-Network
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge
Primary Care Physician Office Visit	\$25 Copay	\$25 Copay	\$25 Copay	0% After Deductible	20% Coinsurance
Specialist Care Physician Office Visit	\$40 Copay	\$40 Copay	\$40 Copay	0% After Deductible	20% Coinsurance
Urgent Care	\$50 Copay	\$50 Copay	\$50 Copay	0% After Deductible	\$75 Copay
Emergency Room*	\$250 Copay*	\$250 Copay*	\$250 Copay*	0% After Deductible	\$150 Copay
Diagnostic Test & Imaging	0% Coinsurance	0% Coinsurance	0% Coinsurance	0% After Deductible	20% Coinsurance

\* \$250 Emergency Room Penalty for non-emergent use. Does not apply to children age 14 and under

# YOUR PRESCRIPTION DRUG BENEFITS

	Premium Plan \$0 Corridor	Premium Plan \$1,000 Corridor	Premium Plan \$2,000 Corridor	HSA Plan \$3,000 Deductible	KIDZ Plan
PLAN PROVISIONS	In-Network	In-Network	In-Network	In-Network	In-Network
Retail					
Tier 1 - Generic Drugs	\$5	\$5	\$5	\$10*	\$10
Tier 2 - Brand Preferred Drugs	\$30	\$30	\$30	\$30*	\$25
Tier 3 - Brand Non-Preferred Drugs	\$60	\$60	\$60	\$50*	\$45
Mail Order					
Tier 1 - Generic Drugs	\$10	\$10	\$10	N/A	\$25
Tier 2 - Brand Preferred Drugs	\$60	\$60	\$60	N/A	\$62
Tier 3 - Brand Non-Preferred Drugs	\$120	\$120	\$120	N/A	\$112












\* Copays apply after the Deductible up to a \$1,000 Maximum



# SAVINGS AND REIMBURSEMENT ACCOUNTS

- **Health Reimbursement Arrangement (HRA)** – This is a reimbursement arrangement only; you cannot contribute to this account
- **Health Savings Account (HSA)** – Available to those enrolled in the HSA Plan (\$3,000)
- **Health Care Flexible Spending Account (FSA)** – If you are not enrolled in an HSA plan, you can use this account for medical, pharmacy dental and vision expenses
- **Dependent Care FSA** – Use for eligible childcare expenses for dependents under age 13 or elder care

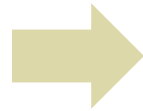
# SAVINGS AND REIMBURSEMENT ACCOUNTS

COMPARISON OF ACCOUNTS	HSA	HRA	FSA
<b>Does the district contribute?</b> <i>Amount for full-year</i>	 \$2,328 per year		
<b>Can I contribute my own savings?</b>			
<b>Is there an IRS maximum annual contribution?</b>	 Employee: \$3,550 Family: \$7,100 Those 55 and older can contribute an additional \$1,000 annually.		 Health Care: \$2,700 Dependent Care: \$5,000
<b>Can I also have a FSA?</b>	 Dependent Care FSA only		<b>N/A</b>
<b>Plan year for contributions</b>	Effective October 1 to	Effective October 1 to	Effective January 1 to December 31

# UNDERSTANDING THE HRA

**The district funds it for you**

- When you enroll in a medical plan



**It helps you pay for medical expenses**

- Once you reach



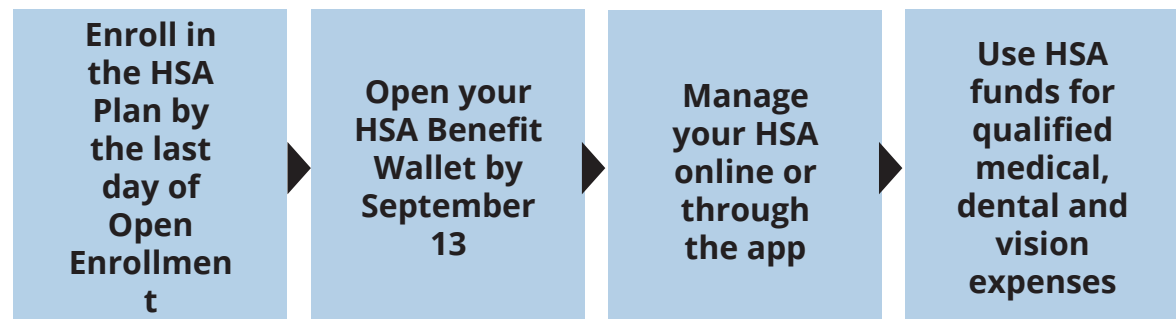
**Unused funds roll over**

- If you have HRA credits left over at the end of the

# UNDERSTANDING THE HSA

- Contributions to the HSA are tax-free for you — whether they come from you or the district
- The district contributes \$2,328 per year (contributions are pro-rated per pay period)
- All of the money in your HSA is yours even if you leave your job, change plans or retire
- Unused money in your HSA will roll over, earn interest and grow tax-free over time

## Open your HSA with Benefit Wallet



# YOUR DENTAL BENEFITS

You have one dental plan through Delta Dental of Missouri

PLAN PROVISIONS	PPO NETWORK	PREMIER NETWORK	OUT-OF-NETWORK
Dental Deductible - Individual	\$25	\$25	\$25
Dental Deductible - Family	\$75	\$75	\$75
Annual Benefit Maximum	\$2,000	\$2,000	\$2,000
Orthodontic Lifetime Maximum	\$2,000	\$2,000	\$2,000
SERVICES	Coverage Amount		
Diagnostic and Preventive	100%	100%	100%
Basic Services	80%	80%	80%
Major Services	60%	60%	60%
Orthodontia Services	50%	50%	50%
Orthodontia	Dependents up to Age 19 only		

# YOUR VISION BENEFITS

You have access to a vision plan through VBA

PLAN PROVISIONS	IN-NETWORK
Exam	\$0 copay in Network
Frequency	Exam - Every 12 months Lenses - Every 12 months Frames - Every 24 months
Frames	Up to \$150 allowance (every other year)
Materials	\$0 copay in Network
Contacts (in lieu of all eyeglasses benefits listed above)	Up to \$141.00
Medically necessary contact lenses	100% In-Network

# LIFE INSURANCE & DISABILITY

- The district provides life and AD&D insurance at no cost equal of \$50,000
- You may choose to purchase additional life and AD&D coverage for yourself and your dependents at affordable group rates

For this open enrollment only, for the life insurance policy, Hartford is allowing all employees to elect up to the guarantee issue without completing Evidence of Insurability.

For amounts over the guarantee issue amount for which you have not previously completed Evidence of Insurability, you will

- You have the option to purchase disability coverage

COVERAGE	BENEFIT
<b>Short-Term Disability</b>	<ul style="list-style-type: none"><li>■ Three options: 50%, 60% or 66.67% of your weekly pay, up to a maximum of \$1,000 per week for up to 12 weeks (following a seven day waiting period)</li></ul>
<b>Long-Term Disability</b>	<ul style="list-style-type: none"><li>■ 60% of your pay, up to maximum of \$5,000 per month</li></ul>

# ADDITIONAL RESOURCES

## Medical Plan Resources

- 24/7 NurseLine
- LiveHealth Online – 24/7 online visits with a doctor
- ConditionCare and ComplexCare – Support for medical conditions
- Future Moms – Support for expecting mothers
- myStrength – Support for your emotional wellbeing

## Additional Resources

- Employee Assistance Program (EAP)
- Travel Assistance and Identity Theft Protection Services
- EstateGuidance® Will Services
- Funeral Concierge Services
- TrustWellness Program



# STEPS TO ENROLL

**1** Go to <https://compass.empyreanbenefits.com/CSDTRUST>

**2** Register:

- Enter your first and last name (as filed with the district), date of birth and Social Security Number
- Then add a new User ID (personal email address, for example) and follow the rest of the instructions to complete your account set-up

**3** Elect the benefits you want.

- Be prepared to provide eligible dependents' and beneficiaries' full names, dates of birth and Social Security Numbers
- Have the documents required to upload for dependent verification ready

**4**

▪ **Save or submit your elections.**

- To know if you completed enrollment, look for a green check mark and message that says your benefits are confirmed and ready to take effect

# OPEN ENROLLMENT NEXT STEPS

Enroll in your benefits August 12 to August 30 at <https://compass.empyreanbenefits.com/CSDTRUST>

If you have any questions while enrolling, contact the Benefits Service Center at 833-269-2142

## **Additional Benefits Questions**

Contact Lisa Andreas at 636-327-3800, 20328 or [lisaandreas@wsdr4.org](mailto:lisaandreas@wsdr4.org)

**About this presentation:** This benefit summary provides selected highlights of the CSD Insurance Trust employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. CSD Insurance Trust reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.