

# YOUR 2022-2023 BENEFITS



# WELCOME TO YOUR BENEFITS

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## Understanding your benefit options

We understand the important role that benefits play in the lives of you and your family. **Most benefits renew on October 1 (unless otherwise noted) and continue through September 30.** You have an opportunity to make changes to your benefits package as a new hire and during Open Enrollment in August to ensure you and your family have the right coverage.

This benefits guide is an important tool to familiarize you with your benefit options. It also provides useful tips, tools and resources to help you think through your options and make wise decisions. As you prepare to enroll:

- 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. For dependent verification, a birth certificate and/or marriage license will be required to be uploaded.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.

## STEPS TO ENROLL



Go to [compass.empyrearbenefits.com/CSDTRUST](https://compass.empyrearbenefits.com/CSDTRUST).

You only register once. Once you have registered for your account, log in with your user ID and password.



### Register

Enter your:

- First and last name (as filed with the district)
- Date of birth
- Social Security number

Enter a User ID (personal email address, for example) and create a new password with at least:

- Eight characters
- One letter
- One number
- One symbol (i.e., \* & + # \$).

Follow the rest of the instructions to create your account.



**Elect the benefits you want.** Be prepared to provide eligible dependents' and beneficiaries':

- First and last name
- Date of birth
- Social Security number

Have the documents required to upload for dependent verification ready as well.

**NOTE:** Your Plan may require you to complete an Evidence of Insurability (EOI) during the enrollment process.



**Save or submit your elections.** To know if you completed enrollment, look for a green checkmark and message that says your benefits are confirmed.



**Print a copy of the final confirmation summary and confirmation number for your records.**

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

# BENEFIT BASICS

Your 2022-2023 benefits are effective October 1 through September 30 (unless otherwise noted).

## Covering yourself and your family

You are eligible for benefits if you work at least 25 hours per week. Benefits are effective on the first of the month following your date of hire for non-contracted employees and first of the month of their contract for contracted employees. If your employment ends, your benefits will terminate at the end of the month following your last day of employment. The following dependents are also eligible:

- Your legal spouse
- Your children up to age 26

You may be asked to provide documentation to verify eligibility for each family member you cover.

## Making changes during the plan year

Generally, you may only make or change your existing benefit elections as a new hire or during the annual Open Enrollment period. However, you may change your benefit elections during the year if 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 by the employee or dependent
- Eligibility for Medicare or Medicaid

Depending on the type of event, you may need to provide proof of the event, such as a marriage license. If you do not make the changes within 30 days of the qualified event, you will have to wait until the next Open Enrollment period to make changes (unless you experience another qualified life event).

## ELECT YOUR BENEFITS WITHIN 30 DAYS

You have 30 days from your date of hire or a qualified life event to make changes to your coverage.

Note: Effective October 1, 2020, there is no longer a free 30 day period for newborns under the mother's plan.



## When your benefit plans reset

Your annual deductible and out-of-pocket maximums for your medical plan reset at the beginning of the plan year on October 1, 2022. The deductibles and annual maximums for the dental plans reset at the beginning of the calendar year on January 1, 2023.

## ENROLL ONLINE

Enroll in your benefits at [compass.emyreanbenefits.com/CSDTRUST](https://compass.emyreanbenefits.com/CSDTRUST). If you have any questions, contact the Benefits Service Center at 833-269-2142.

# MEDICAL PLAN OVERVIEW

We offer the choice of five medical plans through Anthem. All of the medical plan options include coverage for prescription drugs. To select the plan that best suits your family, you should consider the key differences between the plans, the cost of coverage (including payroll deductions) and how the plan covers services throughout the year.

## Understanding how your plan works

YOUR DEDUCTIBLE	YOUR COVERAGE OPTIONS
<p>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.</p> <p>For Health Savings Account (HSA) plans, you pay the full deductible. You can use your HSA to pay for these expenses.</p>	<p>Under the <b>Premium HRA plans</b>, 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.</p> <p>Under the <b>HSA plan</b>, 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.</p> <p>Under the <b>KIDZ plan</b>, 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 exceptions of providers and facilities that are out-of-network. Copays will apply to the out-of-pocket maximum.</p>

## Making the most of your plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will always pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.
- **Pharmacy coverage:** Medications are placed in categories based on drug cost, safety and effectiveness. These tiers also affect your coverage.
  - **Generic** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
  - **Brand preferred** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
  - **Brand non-preferred** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and preferred brand drugs.
  - **Specialty** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.
- **Mail order pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the mail order pharmacy to save on a 90-day supply of your medication.

# MEDICAL PLAN

PLAN PROVISIONS	Premium HRA Plan \$0 Corridor		Premium HRA Plan \$1,000 Corridor		Premium HRA Plan \$2,000 Corridor	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>HRA District Contribution</b>	\$3,000 Individual/ \$6,000 Family		\$2,000 Individual/ \$4,000 Family		\$1,000 Individual/ \$2,000 Family	
<b>Deductible - Individual***</b>	\$3,000	\$3,500	\$3,000	\$3,500	\$3,000	\$3,500
<b>Deductible - Family***</b>	\$6,000	\$7,000	\$6,000	\$7,000	\$6,000	\$7,000
<b>Out-of-Pocket Maximum – Individual*</b>	Copays	\$6,500	\$1,000 + copays	\$6,500	\$2,000 + copays	\$6,500
<b>Out-of-Pocket Maximum – Family*</b>	Copays	\$13,000	\$2,000 + copays	\$13,000	\$4,000 + copays	\$13,000
<b>Maximum HRA Carryover</b>	N/A		\$1,000 Single / \$2,000 Family		\$1,000 Single / \$2,000 Family	
<b>Amount you pay (you must meet your deductible before the coinsurance applies)</b>						
<b>Primary Care Physician Office Visit</b>	\$25 Copay	20% Coinsurance	\$25 Copay	20% Coinsurance	\$25 Copay	20% Coinsurance
<b>Specialist Care Physician Office Visit</b>	\$40 Copay	20% Coinsurance	\$40 Copay	20% Coinsurance	\$40 Copay	20% Coinsurance
<b>Preventive Care</b>	No charge	20% Coinsurance	No charge	20% Coinsurance	No charge	20% Coinsurance
<b>Urgent Care</b>	\$50 Copay	0% Coinsurance	\$50 Copay	0% Coinsurance	\$50 Copay	0% Coinsurance
<b>Emergency Room**</b>	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
<b>Diagnostic Test and Imaging</b>	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
<b>Chiropractic</b> (limit of 26 services per plan year)	\$40 Copay	20% Coinsurance	\$40 Copay	20% Coinsurance	\$40 Copay	20% Coinsurance
<b>Rehabilitation Services</b>	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
<b>Acupuncture</b>	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Durable Medical Equipment</b>	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
<b>Hospice Services</b>	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
<b>Inpatient Stay</b>	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
<b>Outpatient Surgery</b>	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
<b>Mental Health and Substance Abuse</b>	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
<b>Pharmacy</b>						
<b>Retail</b>						
<b>Tier 1 - Generic Drugs</b>	\$5 Copay	50% Coinsurance	\$5 Copay	50% Coinsurance	\$5 Copay	50% Coinsurance
<b>Tier 2 - Brand Preferred Drugs</b>	\$30 Copay	50% Coinsurance	\$30 Copay	50% Coinsurance	\$30 Copay	50% Coinsurance
<b>Tier 3 - Brand Non-Preferred Drugs</b>	\$60 Copay	50% Coinsurance	\$60 Copay	50% Coinsurance	\$60 Copay	50% Coinsurance
<b>Mail Order</b>						
<b>Tier 1 - Generic Drugs</b>	\$10 Copay	Not covered	\$10 Copay	Not covered	\$10 Copay	Not covered
<b>Tier 2 - Brand Preferred Drugs</b>	\$60 Copay	Not covered	\$60 Copay	Not covered	\$60 Copay	Not covered
<b>Tier 3 - Brand Non-Preferred Drugs</b>	\$120 Copay	Not covered	\$120 Copay	Not covered	\$120 Copay	Not covered

\*The deductible counts toward the out-of-pocket maximum.

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

\*\*\*The HRA pays first, then the employee pays the corridor amount to meet the full in-network deductible.

# MEDICAL PLAN (cont'd)

PLAN PROVISIONS	HSA Plan \$3,000 Deductible		KIDZ Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>HSA District Contribution</b>	Up to \$2,592		N/A	N/A
<b>Deductible - Individual</b>	\$3,000	\$5,500	\$1,000	\$2,000
<b>Deductible - Family</b>	\$6,000	\$11,000	\$3,000	\$6,000
<b>Out-of-Pocket Maximum – Individual*</b>	\$4,000 after Deductible + Rx Copays	\$7,000	\$4,000	\$8,000
<b>Out-of-Pocket Maximum – Family*</b>	\$8,000 after Deductible + Rx Copays	\$14,000	\$12,000	\$24,000
<b>Amount you pay (you must meet your deductible before the coinsurance applies)</b>				
<b>Primary Care Physician Office Visit</b>	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Specialist Care Physician Office Visit</b>	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Preventive Care</b>	No charge	20% Coinsurance	No charge	40% Coinsurance
<b>Urgent Care</b>	0% After Deductible	20% Coinsurance	\$75 Copay	40% Coinsurance
<b>Emergency Room**</b>	0% After Deductible	0% Coinsurance	\$150 Copay	\$150 Copay
<b>Diagnostic Test and Imaging</b>	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Chiropractic (limit of 26 services per plan year)</b>	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Rehabilitation Services</b>	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Acupuncture</b>	Not covered	Not covered	Not covered	Not covered
<b>Durable Medical Equipment</b>	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Hospice Services</b>	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Inpatient Stay</b>	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Outpatient Surgery</b>	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Mental Health and Substance Abuse</b>	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Pharmacy</b>				
<b>Retail</b>				
<b>Tier 1 - Generic Drugs</b>	\$10 After Deductible	50% Coinsurance	\$10 Copay	50% Coinsurance
<b>Tier 2 - Brand Preferred Drugs</b>	\$30 After Deductible	50% Coinsurance	\$25 Copay	50% Coinsurance
<b>Tier 3 - Brand Non-Preferred Drugs</b>	\$50 After Deductible	50% Coinsurance	\$45 Copay	50% Coinsurance
<b>Mail Order</b>				
<b>Tier 1 - Generic Drugs</b>	\$25 After Deductible	Not covered	\$25 Copay	Not covered
<b>Tier 2 - Brand Preferred Drugs</b>	\$75 After Deductible	Not covered	\$62 Copay	Not covered
<b>Tier 3 - Brand Non-Preferred Drugs</b>	\$125 After Deductible	Not covered	\$112 Copay	Not covered

\*The deductible counts toward the out-of-pocket maximum.

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



# SAVINGS AND REIMBURSEMENT ACCOUNTS

There are several account options that enable you to pay for eligible expenses **tax-free**.

- **Health Savings Account (HSA)** – Available to those enrolled in the HSA Plan (\$3,000 Deductible) as long as you are not enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else’s tax return.
- **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.

We also offer the Premium Plans with a Health Reimbursement Arrangement (HRA). This is a reimbursement arrangement only. You cannot contribute to this account; it is funded and owned exclusively by the district.

IRS Publication 502 provides a list of eligible expenses for each account at [irs.gov](https://www.irs.gov).

COMPARISON OF ACCOUNTS	HSA	HRA	FSA
<b>Does the district contribute?</b> <i>Amount for full-year</i>	✓ \$2,592 per year	✓	X
<b>Can I contribute my own savings?</b>	✓	X	✓
<b>Is there an IRS maximum annual contribution?</b>	✓ Employee: \$3,850 for 2023 Family: \$7,750 for 2023 Those 55 and older can contribute an additional \$1,000 annually.	X	✓ Health Care: \$2,850 Dependent Care: \$5,000
<b>Will my savings roll over each year?</b>	✓	! Maximums apply	X
<b>Will I earn interest on my savings?*</b>	✓	X	X
<b>Are the savings tax-free?</b> <i>In most states</i>	✓	✓	✓
<b>Do I keep the money if I leave the district?</b>	✓	✓ Option to continue through COBRA	✓ Option to continue Health Care only through COBRA
<b>Can I also have a FSA?</b>	✓ Dependent Care FSA only	✓	N/A
<b>Plan year for contributions</b>	Effective October 1 to September 30	Effective October 1 to September 30	Effective January 1 to December 31

\*Savings must be over a certain limit to begin accruing interest.

# HEALTH REIMBURSEMENT ARRANGEMENT

A Health Reimbursement Arrangement (HRA) is an account the district funds that you can use to pay for qualified health care expenses.

## It helps you pay for medical expenses

If you are enrolled in a plan with an HRA, your claims will automatically be paid with the HRA. If you use up all of the funds in the HRA, you are responsible for any remaining expenses until you reach your out-of-pocket maximum. This includes out-of-pocket expenses to meet your deductible but does not include medical or prescription drug copays.

## Unused funds roll over

If you have HRA funds left over at the end of the year, and remain enrolled in an HRA medical plan, your funds roll over up to district limits and can be used for eligible expenses the following year.

You must be enrolled in the plan by July 1 of each year in order to roll the HRA over to the following plan year. If you leave the district or change plans, however, you will forfeit any remaining balance.

## HOW THE PREMIUM PLAN HRA WORKS

- For services with a copay listed, you pay the copay amount, and then the rest of the services are covered and are not subject to the deductible.
- The HRA automatically covers your claims until you reach your deductible and/or out-of-pocket maximum.
- If there are no funds left in the HRA, you are responsible for the expenses until you reach the deductible and/or out-of-pocket maximum.





# HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the HSA Plan (\$3,000 Deductible). It allows you to make tax-free contributions to a savings account to pay for current and future medical expenses for you and your dependents.



## START IT

- Contributions to the HSA are tax-free for you — whether they come from you or the district. The district contributes \$2,592 per year (contributions are pro-rated per pay period).
- Plans with an HSA typically cost less than other plans so the money you save on premiums can be put into your HSA. You save money on taxes and have more flexibility and control over your health care dollars.



## BUILD IT

- All of the money in your HSA is yours (including any contributions deposited by the district) even if you leave your job, change plans or retire.
- For 2023, the total of your contributions and the district can be up to \$3,850 for individual coverage and \$7,750 for family coverage.



## USE IT

When you visit an in-network medical provider:

- Typically you pay nothing at the time of service.
- You will receive an explanation of benefits showing the total cost and “allowed” cost. Your provider will then bill you for the “allowed” cost of the service(s).
- If you have funds in your HSA, you can pay your provider using your HSA checkbook or debit card.

When you visit a pharmacy:

- Show your ID card at the pharmacy (or provide it to the Mail Order Pharmacy).
- You will pay the full discounted cost for the prescription at the pharmacy if your deductible has not been met.
- Use your HSA checkbook or debit card to pay for your prescription.



## GROW IT

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free.

## ELIGIBILITY DETAILS

- If you are age 55 or older, you can contribute an additional \$1,000 per year.
- You are not allowed to be enrolled in any other health coverage, and cannot have an HSA if you are enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else’s tax return.
- You or your spouse cannot participate in the Health Care Flexible Spending Account (FSA) if you have an HSA.

# MEDICAL PLAN RESOURCES

Anthem is available to help you manage your health care with a team of professionals that partner with you to be your advocate and help you make the best use of your medical plan.

## 24/7 NurseLine

Get instant access to registered nurses who can answer questions, provide guidance and help you access the health resources available to you. Need health care right away? A nurse can help you decide where to go if your doctor isn't available. Going to the right place can save you time and money.

## LiveHealth Online

Using LiveHealth Online, you can have a private and secure video visit with a board-certified doctor 24/7 on your smartphone, tablet or computer. It's a quick and easy way to get the care you need with no appointments or long wait times – all for less than most other treatment options. When your doctor isn't available, use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or other common health conditions. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if needed. To sign up, visit [livehealthonline.com](https://livehealthonline.com) or download the free LiveHealth Online app.

## ConditionCare

Take control of your chronic condition and better manage expenses associated with asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease and heart failure.

## Future Moms

Moms-to-be receive special support and education, including 24/7 registered nurse access, that promotes healthy pregnancies, deliveries and babies.

## ComplexCare

Get the help you need to handle complex medical conditions or surgeries, including understanding treatment plans, medications and how to access special health care providers and community resources.

## Learn to Live

Your emotional health is an important part of your overall health. Learn to Live offers proven online programs and personalized one-on-one coaching for stress, depression, social anxiety, sleep issues and substance use. To get started, log in to [anthem.com](https://anthem.com), go to My Health Dashboard, choose Programs, and select Emotional Well-being Resources.

## YOU MAY RECEIVE A CALL

To ensure you can access these valuable services when you need them, Anthem may need to call you from time to time. These calls are always confidential. You can always learn more by calling Anthem directly as well:

- 24/7 NurseLine: 800-337-4770
- ConditionCare or ComplexCare: 866-962-1069
- Future Moms: 800-828-5891

## MORE INFORMATION ONLINE

Find everything you need to know about your Anthem benefits – personalized and all in one place.

- Find care and check costs
- See claims
- Check all benefits
- View and use digital ID cards
- Interactive chat feature to get answers quickly

Get started by downloading Anthem's Sydney app or visiting [anthem.com](https://anthem.com).



# DENTAL PLAN

Regular dental care is an important part of caring for your overall health. You have access to a 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
<b>Amount you pay (you must meet your deductible before the coinsurance applies)</b>			
Diagnostic and Preventive	No charge	No charge	No charge
Basic Services	20%	20%	20%
Major Services	40%	40%	40%
Orthodontia (dependents up to age 19 only)	50%	50%	50%

## Using in-network dental providers

While you have the option of choosing any provider, you will save money when you use in-network dentists. When using an out-of-network dental provider, you will pay more because the provider has not agreed to charge you a negotiated rate. To find an in-network provider, visit [deltadentalmo.com](http://deltadentalmo.com) and click on "Find a Provider."

## Late enrollment penalty

If you are not enrolled in the dental plan when you are first eligible, your benefits are limited to the services listed under Diagnostic and Preventive during the first 12 months of your coverage. Dependents enrolled prior to their third birthday are not subject to the late entrant penalty.

### VIRTUAL VISITS TELEDENTISTRY

Virtual Visits delivered by [teledentistry.com](http://teledentistry.com), provide 24/7 access to a dentist. Use Virtual Visits when having a dental emergency or needing access to a dentist after hours or without leaving your home. Virtual Visits are covered as an oral exam.

[teledentistry.com](http://teledentistry.com) dentists provide initial consultation services and can write prescriptions when appropriate. Get started by logging in to the Delta Dental - Virtual Visits patient portal at [virtualvisits.deltadentalmo.com](http://virtualvisits.deltadentalmo.com).

# VISION PLAN

Getting your eyes checked every year can help maintain your vision and identify the early signs of certain health conditions. You have access to a vision plan through VBA.

PLAN PROVISIONS	IN-NETWORK
<b>Exam</b>	\$0 copay in-network
<b>Frequency</b> <ul style="list-style-type: none"><li>▪ Exam</li><li>▪ Lenses</li><li>▪ Frame</li></ul>	Exam - Every 12 months Lenses - Every 12 months Frames - Every 24 months
<b>Frames</b>	Up to \$150 allowance (every other year)
<b>Lenses</b>	\$0 copay in-network
<b>Contacts</b> (in lieu of all eyeglasses benefits listed above)	Up to \$141
<b>Medically necessary contact lenses</b> (Non-elective lenses are provided for reasons that are not cosmetic in nature)	100% in-network



# LIFE INSURANCE AND DISABILITY

## Life and AD&D Insurance

Life insurance is an important part of your financial wellbeing, especially if others depend on you for support. We provide basic life and Accidental Death and Dismemberment (AD&D) insurance through Lincoln Financial for employees and offer voluntary insurance options for employees and their dependents.

### Basic Life and AD&D Insurance

The district provides basic life and AD&D insurance of \$50,000 to all eligible employees at no cost (benefit is reduced beginning at age 65).

### Voluntary Life and AD&D Insurance

You may choose to purchase additional life and AD&D coverage for yourself and your dependents at affordable group rates. Rates are based on age and the coverage level chosen.

For amounts over the Guarantee Issue amount, you will typically need to complete the Evidence of Insurability form. A link to the form is provided on the enrollment site.

VOLUNTARY LIFE AND AD&D INSURANCE FOR YOU	VOLUNTARY LIFE AND AD&D INSURANCE FOR YOUR DEPENDENTS	
Employee	Spouse	Child(ren)
<ul style="list-style-type: none"> <li>▪ Increments of 1 to 5 times your base annual salary</li> <li>▪ Up to a \$500,000 maximum</li> <li>▪ Guarantee issue of \$300,000</li> </ul>	<ul style="list-style-type: none"> <li>▪ Minimum of \$10,000 up to a maximum of \$50,000</li> <li>▪ Guarantee issue amount is \$50,000</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$5,000 or \$10,000 per child</li> </ul>

## Disability Insurance

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury.

You have the option to purchase disability coverage through Lincoln Financial as shown here.

COVERAGE	BENEFIT
Short-Term Disability	Three options: <ul style="list-style-type: none"> <li>▪ 50% of your weekly pay, up to \$1,000 per week (following a seven day waiting period)</li> <li>▪ 60% of your weekly pay, up to \$1,000 per week (following a seven day waiting period)</li> <li>▪ 66.67% of your weekly pay, up to \$1,000 per week (following a seven day waiting period)</li> </ul>
Long-Term Disability	<ul style="list-style-type: none"> <li>▪ 60% of your pay, up to a maximum of \$6,000 per month</li> </ul>

# ADDITIONAL RESOURCES

## **EmployeeConnect: Employee Assistance Program**

Because personal issues can affect every aspect of your life, we automatically provide you and your family with an Employee Assistance Program (EAP) through Guidance Resources at no cost to you. Call the EAP 24/7 for confidential assistance with nearly any personal matter you may be experiencing. You and your family have access to five free consultations with a licensed clinician per incident, per individual, per calendar year. Services include:

- **Legal Services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more
- **Financial Services:** Budgeting, credit and financial guidance, retirement planning and assistance with tax issues
- **Childcare and Eldercare Assistance:** Needs assessment along with referrals to childcare and eldercare providers
- **Identity Theft Recovery Services:** Information on identity theft prevention, an identity theft emergency response kit and help if you are victimized
- **Daily Living Services:** Referrals to help with event planning, transportation services, pet services and more

Confidential assistance is available any time by calling 888-628-4824 or logging on to [guidanceresources.com](https://guidanceresources.com) (Username: LFGSupport, Password: LFGSupport1).

## **LifeKeys**

LifeKeys services from Lincoln Financial can be a useful resource to deal with the stresses of losing a loved one. LifeKeys services include:

- Protection against Identity Theft
- Online Will Preparation
- Guidance and support for your beneficiaries – Services available for up to one year after a loss and includes 10 in-person sessions for grief counseling, legal or financial information and unlimited phone counseling

Visit [guidanceresources.com](https://guidanceresources.com) (Web ID: LifeKeys) or call 855-891-3684.

## **TravelConnect**

TravelConnect® services offer help make travel less stressful. TravelConnect provides services you can count on:

- 24/7 support if you face an emergency when 100 or more miles from home
- Medical, dental and pharmacy referrals
- Arranging travel if injured and need emergency evacuation
- Arranging transportation of a deceased traveler
- Securing emergency pet boarding
- Legal consultation, recovering lost or stolen document or luggage, and ID recovery assistance

Visit [mysearchlightportal.com](https://mysearchlightportal.com) (Group ID: LFGTravel123) for more information.

## **Lincoln WellnessPATH**

Meeting your everyday financial goals is hard, especially when you're struggling with credit card debt, paying off student loans, trying to save more for retirement or building a vacation fund. Now's the time to get your financial life in order with help from Lincoln Financial. Lincoln WellnessPATH is an online tool that offers personalized action steps to help you manage your financial life.

Complete a quick quiz to receive a wellness score and some simple steps you can take to improve your score. Whether you want to create a budget, determine if you have enough life insurance or figure out a way to save for your dream vacation, you can do it using Lincoln WellnessPATH.

- **See all your accounts in one place:** Lincoln WellnessPATH allows you to link all your account information — including checking, savings, investment and student loans — so you have a full financial picture
- **Get your financial house in order:** Featuring a breakdown of expenses and incomes by category, Lincoln WellnessPATH makes it easy to identify spending trends and create budgets
- **Set goals and track your progress:** Lincoln WellnessPATH helps you set and track your progress toward your short- and long-term goals

Visit <https://bit.ly/CSDWellnessPATH> to get started.



# THE TRUST WELLNESS PROGRAM

The Trust Wellness program provides members the support, tools, resources and programs to help you live a healthier life... at no cost to you.



## Our goals include:

- To provide creative and fun ways to integrate healthier lifestyle choices in your everyday routine
- To help you effectively manage your health care
- For you to have a great time in the process

## Annual resources available to you:

- Onsite health screenings and flu shots
- Activity District Challenge (fall, spring and summer)
- Nutrition Intuition Trivia Challenge
- Naturally Slim
- Stress Management Challenge
- Spring on-site chair massage
- Healthier Lifestyle program (nutrition coaching program)
- TrustWellness Monthly eNewsletter
- TrustWellness website: [csdinsurancetrust.com](http://csdinsurancetrust.com)
- And much more!

## FOR MORE INFORMATION ON UPCOMING EVENTS:

- [csdinsurancetrust.com](http://csdinsurancetrust.com)
- Look for TrustWellness emails
- Watch for event flyers and posters
- Read building Wellness Corner Boards
- Read the bathroom Wellness Splash

Healthier choices don't have to be boring! We hope you agree and will join us as we promote positive change in overall health. It's your life and your health. Have fun with it!



# CONTACT INFORMATION

PLAN	PROVIDER	PHONE NUMBER	WEBSITE
Medical	Anthem	855-272-4938	<a href="http://anthem.com">anthem.com</a>
Pharmacy	Ingenio	833-219-4305	-
Health Reimbursement Arrangement (HRA)	Anthem	833-578-4436	<a href="http://anthem.com">anthem.com</a>
Health Savings Account (HSA)	Anthem HSA (WealthSaver)	855-272-4938	<a href="http://anthem.com">anthem.com</a>
Dental	Delta Dental of Missouri	800-335-8266	<a href="http://deltadentalmo.com">deltadentalmo.com</a>
Vision	Vision Benefits of America	800-432-4966	<a href="http://vbaplans.com">vbaplans.com</a>
Flexible Spending Account (FSA)	TASC	800-422-4661	<a href="http://tasconline.com">tasconline.com</a>
Life insurance	Lincoln Financial	866-783-2255	<a href="http://lincolffinancial.com">lincolffinancial.com</a>
Disability	Lincoln Financial	866-783-2255	<a href="http://lincolffinancial.com">lincolffinancial.com</a>
Employee Assistance Program	Guidance Resources	888-628-4824	<a href="http://guidanceresources.com">guidanceresources.com</a> Username: LFGSupport Password: LFGSupport1
Wellness	CSD	-	<a href="http://csdinsurancetrust.com">csdinsurancetrust.com</a>
Enrollment	Empyrean	833-269-2142	<a href="http://compass.emyreanbenefits.com/CSDTRUST">compass.emyreanbenefits.com/CSDTRUST</a>



About this Guide: 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.