

## EMPLOYEE BENEFITS COST SUMMARY 2024-2025

(Rates are effective 10/01/2024-09/30/2025)

TO MAKE YOUR BENEFIT ELECTIONS PLEASE LOG ON TO: <https://compass.empyreanbenefits.com/CSDTRUST> or download the Empyrean GO app

**Medical/Prescription Drugs – Anthem Blue Cross and Blue Shield of Missouri**

Member Services: 1-855-272-4938 (Use # on the back of ID card if different)

Website: [www.anthem.com](http://www.anthem.com)

**Mail Order - Anthem Blue Cross and Blue Shield**

Member Services: 1-833-396-0309

**High Deductible Health Plan (HSA) (9-month full-time employees only)**

Employee: \$611.00 (Employee cost \$90/per month)

Premium HRA Plan (\$1,000 Corridor)	Monthly Rate	Per Pay Rate
<b>Employee – 100% District-paid</b>	\$1,005.00	\$502.50
<b>Spouse</b>	\$1,034.00	\$517.00
<b>Child(ren)</b>	\$908.00	\$454.00
<b>Family</b>	\$1,729.00	\$864.50
<b>Kidz - 1 Child</b>	\$305.00	\$152.50
<b>Kidz - 2 or more Children</b>	\$610.00	\$305.00
<b>10M Hourly Employee – 100% District-paid</b>	\$1,340.00	\$670.00
<b>Spouse 10M Hourly</b>	\$1,378.66	\$689.33
<b>Child(ren) 10M Hourly</b>	\$1,210.66	\$605.33
<b>Family 10M Hourly</b>	\$2,305.33	\$1,152.67
<b>Kidz - 1 Child 10M Hourly</b>	\$406.66	\$203.33
<b>Kidz -2 or more Child 10M Hourly</b>	\$813.34	\$406.67

**Dental – Delta Dental of Missouri**

Member Services: 1-800-335-8266

Website: [www.deltadentalmo.com](http://www.deltadentalmo.com)

Dental Coverage	Monthly Rate	Per Pay Rate
<b>Employee – 100% District-paid</b>	\$25.84	\$12.92

<b>Family – Essex</b>	\$56.82	\$28.41
<b>10M Hourly Employee – 100% District-paid</b>	\$34.46	\$17.23
<b>Family 10M Hourly</b>	\$75.76	\$37.88

**Vision – Blue View Vision under Anthem**

Member Services: 1-866-723-0515

Website: [www.anthem.com](http://www.anthem.com)

<b>Vision Coverage</b>	<b>Monthly Rate</b>	<b>Per Pay Rate</b>
<b>Employee Only</b>	\$5.96	+\$2.98
<b>Employee+1</b>	\$8.92	\$4.46
<b>Family</b>	\$15.72	\$7.86
<b>Employee Only - 10M Hourly</b>	\$7.94	\$3.97
<b>Employee+1 - 10M Hourly</b>	\$11.90	\$5.95
<b>Family - 10M Hourly</b>	\$20.96	\$10.48

**Life – Lincoln Financial**

- ❖ **Basic Life/Accidental Death and Dismemberment (AD&D) – 100% District Paid**
  - 1 times the employee’s annual salary up to a maximum of \$50,000
- ❖ **Optional Employee Life – Employee pays 100% of the discounted group rate**
  - Option to purchase up to the lesser of 5 times the employee’s annual salary or \$500,000 (*Guaranteed Issue up to \$300,000, Evidence of Insurability (EOI) required over \$300,000*)
- ❖ **Optional Spouse Life – Employee pays 100% of the discounted group rate**
  - Option to purchase in units of \$10,000 up to a maximum of \$50,000 (*Guaranteed issue up to \$50,000*)
- ❖ **Optional Child(ren) Life – Employee pays 100% of the discounted group rate**
  - Option 1: \$10,000 per child
  - Option 2: \$5,000 per child

**VOLUNTARY BENEFITS PROGRAMS AVAILABLE THROUGH AMERICAN FIDELITY**

Member Services: 1-800- 638-4268

Website: [www.americanfidelity.com](http://www.americanfidelity.com)

**\*\*These benefits are entirely optional and are not District-sponsored. You may pay for them through payroll deductions on an after-tax basis\*\***

### **Disability Plans – American Fidelity**

Short Term Disability (STD)/Long Term Disability (LTD) – 60% of pre-disability weekly earnings.

### **Accident Only Plans – American Fidelity**

Designed to help cover some of the expenses that can result from a covered accident, and benefits are paid directly to you.

### **Cancer Insurance – American Fidelity**

Assists with the out-of-pocket costs often associated with a covered cancer diagnosis, and benefits are paid directly to you and can be used however you choose.

### **Life Insurance – American Fidelity**

Portable Term, Whole, and Universal Life Insurance policies can help your family in the event of your death. Easy qualification with minimal health questions, and no required medical exams.

### **Critical Illness Insurance – American Fidelity**

In the event of a heart attack or stroke, this plan pays a lump sum amount to help with expenses that may not be covered by major medical insurance.

### **Hospital Indemnity Insurance – American Fidelity**

Designed to help pay for eligible out-of-pocket expenses, like an inpatient hospital stay. This is not a medical plan and it does not coordinate with your medical plan. Benefits are paid directly to you and can be used however you choose.

### **403(b) Retirement Savings Plan – OMNI**

A 403(b) plan (tax-sheltered annuity plan) is a retirement plan similar to a 401(k) plan. – contact the Benefits Coordinator for a list of District-approved vendors or visit [www.omni403b.com](http://www.omni403b.com) for more information.

### **Section 125 Flexible Spending Accounts (FSAs) – Health Care and Dependent Care**

Expenses. Riverview Gardens School District (RGSD) offers Flexible Spending Account (FSA) options administered by American Fidelity to benefit-eligible employees of the District.

### **What is a Flexible Spending Account (FSA)?**

A Flexible Spending Account (FSA) is an arrangement through RGSD that lets you pay for many out-of-pocket medical expenses with tax-free money. There are two types of FSAs:

**Health Care FSA (HCFSA)** – This type of account reimburses for expenses including, but not limited to, out-of-pocket medical, dental, prescription drug, or vision services, such as deductibles, co-pays, coinsurance, and certain over-the-counter (OTC) items with a written prescription from your doctor, dentist, etc.

**Dependent Care FSA (DCFSA)** – This type of account reimburses you for expenses such as daycare, before and after school programs, nursery school or preschool, summer day camp, and even adult day care.

### **Why elect an FSA?**

An FSA can help reduce your taxes and increase your take-home pay. Your taxes are reduced because you are not paying federal income or social security taxes on the money placed in an FSA. Another advantage is that you can save money for anticipated and unexpected medical expenses, such as crowns, orthodontia, Lasik eye surgery, etc.

### **What you need to know about FSAs**

- Each year during Annual Enrollment, you decide how much to set aside for health care and/or dependent (child/elder) care expenses. You may not change it during the plan year

unless you experience a qualifying life-changing event including, but not limited to, marriage, divorce, birth or adoption of a child, loss or gain of other insurance coverage.

- Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year.
- Funds are available immediately for the Health Care FSA. This account includes a debit card that you can use to pay for eligible expenses at the point of service or sale. You also have the option to pay for expenses out-of-pocket and then submit a claim (to American Fidelity) to be reimbursed from your account.
- Reimbursable expenses must be incurred between October 1 and September 30\* of each year, and are only reimbursable after you receive the actual service. You have a 70-day grace period at the end of the plan year to use any remaining funds in your account.

<b>ANNUAL MAXIMUM CONTRIBUTION</b>	
<b>Health Care FSA*</b>	\$3,200 per year
<b>Dependent Care FSA (child/elder Care)</b>	\$5,000 per year (\$2,500 if married and filing separate tax returns)

*See IRS publications 502 and 503 for a complete list of covered expenses.*

\*The IRS's use-or-lose rule states that FSA funds must be spent by the participant within the FSA's plan year. That means FSA participants typically need to spend most or all of their FSA funds by the end of the plan year. Unused funds at the end of the plan year are forfeited to the plan.

#### **OTHER BENEFIT INFORMATION:**

- Dependent children may be covered until the end of the month in which they attain age 26 unless disabled.
- Mental Health/Substance Abuse are covered as any other benefit.
- **Employee Assistance Program (EAP):** Confidential assistance is available through Guidance Resources at no cost 24 hours a day/7 days a week/365 days a year by calling 1-888-628-4824 or logging on to [www.GuidanceResources.com](http://www.GuidanceResources.com). (Username: LFGSupport; Password: LFGSupport).

**Questions? Call the Benefits Office at 314-869-2505 ext. 20148 or email [benefits@rgsd.k12.mo.us](mailto:benefits@rgsd.k12.mo.us).**

**Revised 08/01/2024**