



YOUR 2024-2025 BENEFITS

**Riverview Gardens
School District**

WELCOME TO YOUR BENEFITS

TABLE OF CONTENTS

- 4 Benefit Basics
- 5 Medical Plan Overview
- 6 Medical Plan
- 8 Health Reimbursement Arrangement (HRA)
- 9 Health Savings Account (HSA)
- 10 Savings and Reimbursement Accounts
- 11 Medical Plan Resources
- 12 Dental Plan
- 13 Vision Plan
- 14 Life Insurance and Accidental Death & Dismemberment (AD&D)
- 15 Additional Resources
- 17 The Trust Wellness Program
- 18 Contact Information

Understanding your benefit options

We understand the important role that benefits play for you and your family. And, that's why RGSD offers you a comprehensive and flexible benefits program designed to help you stay healthy, feel secure, and maintain a work/life balance. **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 Annual Enrollment in August to ensure you and your family have the right coverage.

This benefits guide is an important tool to help you get familiarized with your benefit options. It provides useful tips, tools and resources to help you think through your options and make decisions. It is also a good time to add or remove eligible dependents from coverage as appropriate and add or update your life insurance beneficiary designations. As you prepare to enroll:

- Consider your benefit coverage needs for the upcoming year.
- Consider other voluntary benefits.
- Gather information you'll need. If you are covering dependents, you will need their dates of birth and Social Security numbers.

We encourage you to read this entire guide and take a close look at your benefit options so you can make the best choices for you and your family.



STEPS TO ENROLL



Go to compass.empyreanbenefits.com/CSDTRUST or download the EmpyreanGO app by following these 3 steps:

1. Download the app on your app store or by using the following QR codes below.

For Android



For iOS



2. Open the EmpyreanGO app and search for 'CSDTRUST'.
3. Log in using the same credentials you use for your desktop benefits portal. If you do not have credentials, register first, then log in.

You only need to 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 all the following:

- 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 your 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.

IMPORTANT REMINDER!

REMEMBER to click "confirm" at end of enrollment for changes to take effect!

BENEFIT BASICS

Your 2024-2025 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 30 hours per week. Benefits are effective on the first day of employment. 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* (including biological children, legally adopted children, foster children, stepchildren, and children for whom you have court-appointed legal guardianship)
- Your children over age 26 who are incapable of self-care because of a mental or physical disability that existed before age 26

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

*Age limits may vary by coverage. Please refer to your district plan document or carrier to confirm dependent age limits.

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 Enrollment period. However, you may change your benefit elections during the year if you experience a qualifying life event such as:

- Marriage, divorce, legal separation, or annulment
- Birth or adoption of a child
- Loss or gain of other coverage by the employee or dependent
- Eligibility for Medicare, Medicaid, CHIP, or a state premium assistance subsidy

You must provide proof of the event such as a marriage license or birth certificate. If you do not make the changes within 30 days (60 days for Medicare, Medicaid, CHIP, or a state premium assistance subsidy) of the qualifying event, you have to wait until the next Annual Enrollment period to make changes (unless you experience another qualifying life event). The requested election change must be consistent with the event.

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, 2024. The deductibles and annual maximums for the dental and vision plans reset at the beginning of the calendar year on January 1, 2025.

ELECT YOUR BENEFITS WITHIN 30 DAYS

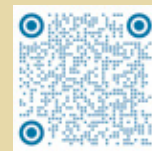
You have 30 days from your date of hire or a qualified life event to make changes to your coverage.



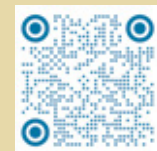
ENROLL ONLINE

Enroll in your benefits at compass.empyreanbenefits.com/CSDTRUST or scan the QR code to download the EmpyreanGO mobile app. If you have any questions, contact the Benefits Service Center at 833-269-2142.

For Android



For iOS



MEDICAL PLAN OVERVIEW

We believe health care isn't one size fits all, and that is why we offer a choice of four medical plans through Anthem. All medical plan options include coverage for prescription drugs. To select the plan that best suits your family, 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>You are responsible for most medical and pharmacy expenses until you reach your annual deductible. Note that all plans cover in-network preventive care at 100% (no cost to you), even if you haven't met your deductible.</p> <p>Once you reach your out-of-pocket maximum, eligible expenses are covered in full for the remainder of the plan year.</p>	<p>Under the Premium & Standard HRA Plans, your claims will automatically be paid with the Health Reimbursement Arrangement (HRA) first. If you use up all your HRA funds, you are responsible for the remainder of the non-preventive expenses until you reach your out-of-pocket maximum. If there is a copay for the service, you pay that amount and it does not count toward your deductible or out-of-pocket maximums.</p> <p>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.</p> <p>Under the Standard HRA Plans, once you have reached the out-of-pocket maximum, you are covered in full for the remainder of the plan year.</p> <p>Under the HSA plan, you are responsible for all non-preventive expenses until you reach your deductible. Once you reach your deductible, the plan will cover a portion of the costs until you reach your out-of-pocket maximum. You can use your tax-free Health Savings Account (HSA) to pay for your expenses.</p> <p>Under the KIDZ plan, you are responsible for all non-preventive expenses until you reach your deductible. Once you reach your deductible, the plan will cover a portion of the costs until you reach your out-of-pocket maximum. If there is a copay for the service, you pay that amount and it will count toward your 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 always pay less if you see a provider within the medical and pharmacy network.
- **Out-of-Network Balance Billing:** Out-of-network balance billing is when an out-of-network provider bills a patient for the difference between what the health plan agreed to pay and the full amount charged to the plan for a service. A member could be responsible for their out-of-network out-of-pocket max in addition to the balance billed amount.
- **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 \$1,000 Corridor		Standard HRA Plan \$1,500 Corridor (Retirees Only)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HRA District Contribution	\$2,000 Individual / \$4,000 Family		\$1,500 Individual / \$3,000 Family	
Deductible - Individual***	\$3,000	\$3,500	\$3,000	\$3,500
Deductible - Family***	\$6,000	\$7,000	\$6,000	\$7,000
Out-of-Pocket Maximum - Individual*	\$1,000 + copays	\$6,500	\$3,000	\$9,000
Out-of-Pocket Maximum - Family*	\$2,000 + copays	\$13,000	\$6,000	\$18,000
Maximum HRA Carryover	\$1,000 Individual / \$2,000 Family		\$500 Individual / \$1,000 Family	
Amount you pay (you must meet your deductible before the coinsurance applies)				
Primary Care Physician Office Visit	\$25 Copay	20% Coinsurance	20% Coinsurance	40% Coinsurance
Specialist Care Physician Office Visit	\$40 Copay	20% Coinsurance	20% Coinsurance	40% Coinsurance
Preventive Care	No charge	20% Coinsurance	No charge	40% Coinsurance
Urgent Care	\$50 Copay	0% Coinsurance	20% Coinsurance	40% Coinsurance
Emergency Room	\$250 Copay**	\$250 Copay**	20% Coinsurance	20% Coinsurance
Diagnostic Test and Imaging	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Chiropractic (limit of 26 services per plan year)	\$40 Copay	20% Coinsurance	20% Coinsurance	40% Coinsurance
Rehabilitation Services	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Acupuncture	Not covered	Not covered	Not covered	Not covered
Durable Medical Equipment	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Hospice Services	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Inpatient Stay	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Outpatient Surgery	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Mental Health and Substance Abuse	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Pharmacy	Amount you pay (you must meet your deductible before the coinsurance applies)			
Retail				
Tier 1 - Generic Drugs	\$5 Copay	50% Coinsurance	\$10 Copay	50% Coinsurance
Tier 2 - Brand Preferred Drugs	\$30 Copay	50% Coinsurance	\$25 Copay	50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	\$60 Copay	50% Coinsurance	\$75 Copay	50% Coinsurance
Mail Order				
Tier 1 - Generic Drugs	\$10 Copay	Not covered	\$25 Copay	Not covered
Tier 2 - Brand Preferred Drugs	\$60 Copay	Not covered	\$62 Copay	Not covered
Tier 3 - Brand Non-Preferred Drugs	\$120 Copay	Not covered	\$187 Copay	Not covered

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

**Plus a \$250 Penalty for non-emergent use (applies to age 15 and over).

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

MEDICAL PLAN (cont'd)

PLAN PROVISIONS	High Deductible Health Plan (HSA) (9-Month Full-time Employees Only)		KIDZ Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible - Individual	\$5,000	\$10,000	\$1,000	\$2,000
Deductible - Family	\$10,000	\$20,000	\$3,000	\$6,000
Out-of-Pocket Maximum - Individual*	\$6,400	\$12,900	\$4,000	\$8,000
Out-of-Pocket Maximum - Family*	\$8,000	\$25,800	\$12,000	\$24,000
Amount you pay (you must meet your deductible before the coinsurance applies)				
Primary Care Physician Office Visit	10% Coinsurance	50% Coinsurance	20% Coinsurance	40% Coinsurance
Specialist Care Physician Office Visit	10% Coinsurance	50% Coinsurance	20% Coinsurance	40% Coinsurance
Preventive Care	No charge	50% Coinsurance	No charge	40% Coinsurance
Urgent Care	10% Coinsurance	50% Coinsurance	\$75 Copay	40% Coinsurance
Emergency Room	10% Coinsurance	10% Coinsurance	\$150 Copay	\$150 Copay
Diagnostic Test and Imaging	10% Coinsurance	50% Coinsurance	20% Coinsurance	40% Coinsurance
Chiropractic (limit of 26 services per plan year)	10% Coinsurance	50% Coinsurance	20% Coinsurance	40% Coinsurance
Rehabilitation Services	10% Coinsurance	50% Coinsurance	20% Coinsurance	40% Coinsurance
Acupuncture	Not covered	Not covered	Not covered	Not covered
Durable Medical Equipment	10% Coinsurance	50% Coinsurance	20% Coinsurance	40% Coinsurance
Hospice Services	10% Coinsurance	50% Coinsurance	20% Coinsurance	40% Coinsurance
Inpatient Stay	10% Coinsurance	50% Coinsurance	20% Coinsurance	40% Coinsurance
Outpatient Surgery	10% Coinsurance	50% Coinsurance	20% Coinsurance	40% Coinsurance
Mental Health and Substance Abuse	10% Coinsurance	50% Coinsurance	20% Coinsurance	40% Coinsurance
Pharmacy	Amount you pay (you must meet your deductible before the coinsurance applies)			
Retail				
Tier 1 - Generic Drugs	10% Coinsurance	50% Coinsurance	\$10 Copay	50% Coinsurance
Tier 2 - Brand Preferred Drugs	10% Coinsurance	50% Coinsurance	\$25 Copay	50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	10% Coinsurance	50% Coinsurance	\$45 Copay	50% Coinsurance
Mail Order				
Tier 1 - Generic Drugs	10% Coinsurance	N/A	\$25 Copay	Not covered
Tier 2 - Brand Preferred Drugs	10% Coinsurance	N/A	\$62 Copay	Not covered
Tier 3 - Brand Non-Preferred Drugs	10% Coinsurance	N/A	\$112 Copay	Not covered

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

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 an HRA plan, 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 (\$1,000 individual/\$2,000 family) 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 forfeit any remaining balance.

IMPORTANT NOTE

For Premium and Standard plans, please remember not to provide payment to providers up front, unless it is a copay or pharmacy expense. Providers should submit claims through Anthem for the HRA funds to be applied first.

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.

HOW THE STANDARD PLAN HRA WORKS

- The HRA applies to all services with the exception of prescription drugs.
- The HRA pays claims up to the corridor (employee portion).
- Once the HRA amount has been paid, you are responsible for the corridor amount until you reach the deductible, then you will cost-share with the plan (coinsurance) until you reach the out-of-pocket maximum.

Please note that HRA rollover funds for the current plan year will be available the following February each year.

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the HSA Plan (\$5,000 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.
- 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.
- Once you've enrolled in the HSA plan, open your HSA as soon as possible through Anthem. To open your HSA account, go to the Sydney Mobile app or [anthem.com](https://www.anthem.com) to register.



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 the total of your contributions and the district can be up to \$4,150 for individual coverage and \$8,300 for family coverage.
- If you are age 55 or older, you can contribute an additional \$1,000 per year.



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

- 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 cannot participate in the Health Care Flexible Spending Account (FSA) if you have an HSA. Your spouse also cannot have a Health Care FSA.

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 (\$5,000 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 and Standard 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
Does the district contribute? <i>Amount for full-year</i>	X	✓ Depends on the Plan you Elect	X
Can I contribute my own savings?	✓	X	✓
Is there an IRS maximum annual contribution?	✓ Employee: \$4,150 / Family: \$8,300 Those 55 and older can contribute an additional \$1,000 annually.	X	✓ Health Care: \$3,200 Dependent Care: \$5,000
Will my savings roll over each year?	✓	Varies by plan up to the maximum in the medical plan chart	Up to \$610 for Health Care FSA No rollover for Dependent Care FSA
Will I earn interest on my savings?*	✓	X	X
Are the savings tax-free? <i>In most states</i>	✓	✓	✓
Do I keep the money if I leave the district?	✓	! Option to continue through COBRA	! Option to continue Health Care only through COBRA
Can I also have a FSA?	Dependent Care FSA only	✓	N/A
Plan year for contributions	Effective October 1 to September 30	Effective October 1 to September 30	Effective October 1 to September 30

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

MEDICAL PLAN RESOURCES

Anthem is available to help manage your health care with a team of professionals dedicated to being your advocate and helping 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. Call 800-337-4770 to connect with 24/7 NurseLine today.

LiveHealth Online

Using LiveHealth Online, you have access to private and secure virtual visits 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. You can also download the free LiveHealth Online app on the App Store or Google Play.

Cost & Care Finder

Find doctors and compare costs, quality metrics, and more for a true picture of what an employee will pay.

ConditionCare

Use ConditionCare to get the care support you need for chronic conditions and manage expenses associated with asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease and heart failure. Call 866-962-1069 to connect with 24/7 ConditionCare today.

Building Healthy Families

Through Building Healthy Families, parents-to-be can receive special support and education, including 24/7 registered nurse access, that promotes healthy pregnancies, deliveries and babies. You can connect with Building Healthy Families by visiting anthem.com. Then find "Featured Programs" at the bottom of the homepage. Select "View All" and then choose the "Building Healthy Families" tile.

ComplexCare

Get the help you need for complex medical conditions or surgeries, including understanding treatment plans, medications and how to access special health care providers and community resources. Call 866-962-1069 to connect 24/7 with ComplexCare today.

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, go to "My Health Dashboard", choose "Programs", and select "Emotional Wellbeing Resources".

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

Scan the QR code to download Anthem's Sydney App. You can also visit anthem.com.



YOU MAY RECEIVE A CALL

To ensure access to these valuable resources when you need them, Anthem may need to call you to check in with you. These calls are always confidential. You can always learn more by calling the helplines for each of Anthem's services:

- 24/7 NurseLine: 800-337-4770
- ConditionCare or ComplexCare: 866-962-1069

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	\$50	\$50	\$50
Dental Deductible - Family	\$150	\$150	\$150
Annual Benefit Maximum	\$1,500	\$1,500	\$1,500
Orthodontic Lifetime Maximum	\$2,000	\$2,000	\$2,000
Amount you pay (you must meet your deductible before the coinsurance applies)			
Diagnostic and Preventive	No Charge	No Charge	No Charge
Basic Services	20%	20%	20%
Major Services	50%	50%	50%
Orthodontia Services (dependents up to age 19 only)	50%	50%	50%

Using in-network dental providers

While you have the option of choosing any dentist, you will pay less out-of-pocket when you use in-network dentists. You will pay more if you use out-of-network dentists, and you might receive a bill for the difference between the provider's charge and the amount your plan pays (balance billing) because the provider has not agreed to charge you a negotiated rate. To find an in-network provider, visit deltadentalmo.com and click "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, 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 dentists provide initial consultation services and can write prescriptions when appropriate. Get started by logging in to the [Delta Dental - Virtual Visits patient portal](#).

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 Anthem.

PLAN PROVISIONS	BLUE VIEW VISION NETWORK
Exam (Every 12 months)	\$10 copay
Frames (Every 24 months)	Plan covers up to \$150
Lenses (Every 12 months)	\$10 copay; Plan covers up to \$150
Contacts (Every 12 months)	Plan covers up to \$150
Medically necessary contact lenses (Non-elective lenses are provided for reasons that are not cosmetic in nature)	Covered in full

Your Anthem Medical ID card includes your vision plan, no separate ID card needed for your vision coverage.



LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

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 eligible dependents.

Basic Life and AD&D Insurance

The district provides basic life and AD&D insurance equal to one times your annual salary, up to a maximum of \$50,000, to all eligible employees at no cost. Coverage is automatic; you do not need to enroll.

Voluntary Life and AD&D Insurance

You may choose to purchase additional life and AD&D coverage for yourself and your eligible 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 ELIGIBLE DEPENDENTS	
Employee	Spouse	Child(ren)*
<ul style="list-style-type: none"> ▪ Increments of 1 to 5 times your base annual salary ▪ Up to a \$500,000 maximum ▪ Guarantee issue of \$300,000 	<ul style="list-style-type: none"> ▪ Increments of \$10,000 ▪ Minimum of \$10,000 with a Maximum of \$50,000 ▪ Guarantee issue: \$50,000 	<ul style="list-style-type: none"> ▪ \$5,000 or \$10,000 per child ▪ Must be added within 31 days of birth ▪ Child life insurance does not include AD&D

*Dependent children's life insurance does not include AD&D coverage.

Family Medical Leave Act (FMLA)

If you have been with the district for 12 months, you may be eligible for up to 12 work weeks of unpaid leave per year under the Family and Medical Leave Act (FMLA). FMLA can be used for an illness of your own, care needed for a family member, care for a newborn and certain other medical needs.

Disability

Disability coverage is a form of income replacement should you not be able to work due to a non-work-related illness or injury. Disability coverage is **not** provided by the district; however, you have the option to purchase disability coverage. Please contact American Fidelity for additional information at 1-800-638-4268.

ADDITIONAL RESOURCES

EmployeeConnect: Employee Assistance Program

With the Employee Assistance Program (EAP) through Guidance Resources, you have access to confidential assistance with nearly any personal matter you may be experiencing at no cost. You and your family have access to five free consultations with a licensed clinician per incident, individual and 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 (**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 (**Web ID:** LifeKeys) or call 855-891-3684.

TravelConnect

TravelConnect® services offer help to 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 (**Group ID:** LFGTravel123) for more information.

Lincoln WellnessPATH

Meeting your everyday financial goals is hard, especially when managing credit card debt, paying off student loans, saving for retirement or building a vacation fund. 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 steps for improving your score. Whether you want to create a budget, determine if you have enough life insurance or plan your savings 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 [Lincoln WellnessPath online](#) to get started.

ADDITIONAL RESOURCES (cont'd)

Sword Health

Sword is a digital physical therapy program designed to help you overcome your joint, back, or muscle pain all from home. Every member is matched with a Doctor of Physical Therapy to provide expert guidance. To enroll in Sword Health, visit, www.swordhealth.com. For any enrollment questions, you can call 888-492-1860 or email help@swordhealth.com.

Noom Weight

Noom Weight uses evidence-based techniques to empower behavior change. Personalized, mind-first approach that combines technology and human support to create healthier daily habits that lead to long-lasting results. Please note that Noom will be replacing Wondr Health as of October 1, 2024. To enroll in Noom, please visit go.noom.com/csdtrust. For any enrollment questions, you can also email partnersupport@noom.com.

Virta Health

Virta is a leading telehealth provider clinically proven to reverse type 2 diabetes. Reversal is possible through nutritional therapy and fully virtual, provider-led medical group.

To enroll, virtahealth.com/join/csd. Once initial enrollment is complete, Virta will send you a no-cost welcome kit including an app-connected glucose meter and test strips, a digital scale, and more. Download the free Virta app, which will serve as your diabetes dashboard and provide access to a team of dedicated Virta Health coaches.

Anthem Cancer Care Navigators

Anthem's Cancer Care Navigators help manage a member's care, so the member can focus on well-being. The Navigators are health educators specially trained to understand your diagnosis and unique needs. They can:

- Coordinate care and act as a single point of contact.
- Support both your emotional and physical health.
- Connect members and loved ones to community resources.
- Answer questions about treatment, medication, side effects, as well as Anthem benefits.
- Help prevent unnecessary procedures, tests, and emergency room or hospital visits.

Log in to anthem.com to get started with get connected with Cancer Care Navigators.

MORE INFORMATION ONLINE

My Health Check-in is a short assessment to provide customized recommendations about ways to improve your health. Complete the assessment through the Sydney Health app or anthem.com.



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
- Noom Weight
- Virta Diabetes Reversal Program
- Stress Management Challenge
- Spring on-site chair massage
- Healthier Lifestyle program (nutrition coaching program)
- TrustWellness Monthly eNewsletter
- TrustWellness website: csdinsurancetrust.com
- And much more!

FOR MORE INFORMATION ON UPCOMING EVENTS:

- Visit csdinsurancetrust.com
- Look out for the TrustWellness emails
- Watch for event flyers and posters
- Read building Wellness Corner Boards
- Read the bathroom Wellness Splash



CONTACT INFORMATION

PLAN	PROVIDER	PHONE NUMBER	WEBSITE
Medical	Anthem	855-272-4938	anthem.com
Pharmacy	Anthem (CarelonRX)	833-219-4305	–
Health Reimbursement Arrangement (HRA)	Anthem	855-272-4938	anthem.com
Health Savings Account (HSA)	Anthem HSA (WealthSaver)	833-578-4436	anthem.com
Dental	Delta Dental of Missouri	800-335-8266	deltadentalmo.com
Vision	Anthem (Blue View Vision)	866-723-0515	anthem.com
Flexible Spending Account (FSA)	American Fidelity	800-638-4268	americanfidelity.com
Life Insurance	Lincoln Financial	800-790-7790	mylincolnportal.com
Disability	American Fidelity	800-790-7790	mylincolnportal.com
Employee Assistance Program (EAP)	Guidance Resources	888-628-4824	guidanceresources.com Username: LFGSupport Password: LFGSupoort1
Wellness	CSD	–	csdinsurancetrust.com
Weight Management	Noom	–	go.noom.com/csdtrust
Musculoskeletal	Sword Health	888-492-1860	swordhealth.com help@swordhealth.com
Diabetes Management	Virta	–	virtahealth.com/join/csd
Enrollment	Empyrean	833-269-2142	compass.empyreanbenefits.com/CSDTRUST



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.