



2024

Retiree Benefits Guide

FRANCIS HOWELL
benefits
We put the well in Howell



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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any express or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact the Benefits Office. ©Marsh & McLennan Agency. All rights reserved.

Welcome to Your 2024 Benefits!

Francis Howell School District is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

Important Dates

-Open Enrollment 2024

July 29th to August 15th

-Enrollment Labs – Admin

801 Corporate Centre Dr.

O'Fallon, MO 63368

August 6, 2024, 1:00-2:30pm

August 7, 2024, 4:30-6:00pm

August 13, 2024, 9:00-11:00am

-Effective Date

October 1, 2024

Eligibility

If you currently have dependents on your plan, eligible dependents include:

- Your legal spouse, that is not eligible for medical coverage through their own employer;
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Changing Benefits After Enrollment

If you are enrolled in one of our plans. During the year, you cannot make changes to your medical, dental and vision unless you experience a Qualified Life Event, such as marriage or the birth of a child. **RETIREMENT IS NOT CONSIDERED A QUALIFYING LIFE EVENT.**

If you experience a Qualified Life Event (examples below), you should contact the Benefits Office within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualified Life Event).

Qualified Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate or obituary
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Step-child	Copy of birth certificate plus a copy of the marriage certificate between retiree and spouse
Death	Copy of death certificate or obituary
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

How to Enroll

Before You Enroll

- Carefully review the benefits listed in this guide and determine the coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Select, review and submit your desired coverage.

Check with the Benefits Office if you have questions.

Step One

Log on to fhdschools.smartben.net

Username: FHXXXXXX (XXXXXX = Employee ID)

- **Password:** Password is user created. If you do not recall password, it will need to be reset by the benefits office. Please contact benefits at (636) 851-6099.

Note: Your SmartBen Username is formatted with 5 digits for the employee ID#, do NOT include the added "1" in front of your SmartBen Username. For issues with logging in, please contact the Benefits Office at 636.851.6099

Step Two

If your spouse is eligible for medical coverage through their employer then they are NOT ELIGIBLE to be covered by FHSD.

Changes cannot be made to your coverage outside of Open Enrollment unless you experience a Qualifying Life Event (see page 4).

Step Three

Review the information provided on the "Plans" tab.

Step Four

Click on the "Enrollment" tab, select the "Annual Enrollment" button and click "Begin Enrollment".

Step Five

From your summary page, select each category that you wish to change and make your selections. Click "Select and Continue" to be brought back to the summary page.

Step Six

When you have completed your elections, click on the "Continue" button on the right. Then click "Continue" to review. Now review and click "Complete Enrollment" on the next screen.

Step Seven

VERY IMPORTANT - You are not finished until you see a screen that displays the statement, "Congratulations!" Select the "Click Here" option to print a confirmation summary of your elections.

VERY IMPORTANT -

- SmartBen Confirmation Pages will not be distributed by the Benefits Office
- Retirees are required to review and print their own Confirmation Page
- Retirees will not be allowed to make revisions to their elections after Open Enrollment closes on Thursday, August 15, 2024 at 4:00 p.m.

Retiree Premium Calculation sheet
Plan year 10/1/24-9/30/25

Please use the below details to help you determine the cost of your benefits.

Monthly Cost

MEDICAL

☐ No Medical Coverage

Monthly Premium

Base Option

<input type="checkbox"/> Individual Only	\$ 727.00
<input type="checkbox"/> Individual/Spouse	\$ 1,527.00
<input type="checkbox"/> Individual /Child(ren)	\$ 1,308.00
<input type="checkbox"/> Individual/Family	\$ 2,108.00

CDHP Option

<input type="checkbox"/> Individual Only	\$ 662.00
<input type="checkbox"/> Individual/Spouse	\$ 1,390.00
<input type="checkbox"/> Individual /Child(ren)	\$ 1,192.00
<input type="checkbox"/> Individual/Family	\$ 1,918.00

Medical Premium \$
(carry over monthly premium amount)

DENTAL

☐ No Dental Coverage

Monthly Premium

Delta Dental

<input type="checkbox"/> Individual Only	\$ 39.17
<input type="checkbox"/> Individual/Spouse	\$ 75.59
<input type="checkbox"/> Individual /Child(ren)	\$ 87.48
<input type="checkbox"/> Individual/Family	\$ 122.06

Dental Premium \$
(carry over monthly premium amount)

VISION

☐ No Vision Coverage

Monthly Premium

EyeMed Vision

<input type="checkbox"/> Individual Only	\$ 7.92
<input type="checkbox"/> Individual/Spouse	\$ 16.50
<input type="checkbox"/> Individual /Child(ren)	\$ 15.52
<input type="checkbox"/> Individual/Family	\$ 24.11

Vision Premium \$
(carry over monthly premium amount)

Total Retiree Monthly Premium Cost \$
(add above 3 premiums)

What's New?

- Medical
 - 6.7% increase in premiums for both employees and the District
- Pharmacy
 - Carrier is moving to Express Scripts (ESI)
- Dental
 - 2% increase in premiums
- The Cancer Support Community of Greater St. Louis (CSCSTL)
 - See more information on page 20

Medical

Francis Howell School District's medical coverage, through Cigna, provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **In-network** — Health care professionals and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You pay a lower amount for those services.
- **Out-of-network** — A health care professional or facility that does not participate in Cigna's network and does not provide services at a discounted rate. Using an out-of-network provider or facility will cost you more.

Before You Enroll

Consider this:

1. Think about the monthly premium cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically has a lower deductible, pays more and/or copays when you need care.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting www.mycigna.com. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.

The table below summarizes the key features of the medical coverage. Please refer to the plan Summaries of Benefits and Coverage for additional information on coverage and exclusions on SmartBen and HowellNet. You may also request a copy from the FHSD Benefits Office.

	CDHP Plan	Base Plan
	Open Access Plus	Open Access Plus
	In-Network	In-Network
Calendar Year Deductible		
Individual	\$2,800	\$1,000
Individual + Family	\$3,200/\$5,600	\$2,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$2,800	\$2,750
Individual + Family	\$3,200/\$5,600	\$5,400
	You pay	You pay
Coinsurance	0%	20%
Preventive Care	No Charge	No Charge
Telehealth	Deductible	Up to \$40
Primary Care Physician	Deductible	\$30
Specialist	Deductible	\$40
Urgent Care	Deductible	\$100
Emergency Room	Deductible	\$250
Lab & X-ray	Deductible	Deductible then 20%
Hospitalization	Deductible	Deductible then 20%
Diagnostic Imaging (MRI/CT)	Deductible	Deductible then 20%
Medical Monthly Rates		
Retiree Only	\$662.00	\$727.00
Retiree + Spouse	\$1,390.00	\$1,527.00
Retiree + Child(ren)	\$1,192.00	\$1,308.00
Retiree + Family	\$1,918.00	\$2,108.00

Spousal Medical Coverage:

Coverage is open to legally married spouses. If your spouse is eligible for medical coverage through their employer then they are **NOT ELIGIBLE** to be covered by FHSD.

You must complete a **Spousal Exclusion Form** for each year in which you cover your spouse on FHSD medical insurance.

Completed forms may be submitted using one of the following methods no later than the end of Open Enrollment at 4:00 on Thursday, August 10, 2024.

- **Email:** benefits@fhdschools.org
- **Fax:** 636.329.9521
- **Mail:** FHSD Benefits Office, 801 Corporate Centre Drive, O'Fallon, MO 63368
- **Interoffice Mail:** ATTN: Benefits OE at Admin

Cigna Also Offers...

Telehealth

Use AmWell or MDLive from your phone to laptop. The cost is your office visit copay or deductible, then 100% for CDHP plan members. Pre-register to see a doctor for the conditions listed below. Log on to www.myCigna.com or use the myCigna phone app for more information.

- Sore throat, colds and flu, fever, stomachache
- Allergies, rashes, acne, shingles
- Bronchitis, urinary tract infections

Omada

If you are at risk for diabetes or heart disease, you may be eligible for Omada, a behavioral medicine and scientifically tested program that is designed to build healthy habits that last. With the interactive program you will receive a wireless smart scale, weekly online lessons, access to a professional Omada health coach, and can join an online small community to share ideas and success stories. Visit www.myCigna.com or call 1-800-Cigna24 for more information.

Chronic Conditions

If you have a chronic condition such as asthma, low back pain, depression, coronary artery disease, or diabetes, a Cigna dedicated health coach is there for you. Your coach will help you make more educated decisions about treatment options, obtain information or resources about your condition, save money on medical-related expenses, create a plan to improve your health, understand medications or doctor's orders, or identify triggers that affect your condition. To have a confidential, one-on-one conversation, call 1-855-246-1873.

Tips

Take charge of your health using Cigna's online tools for help with lifestyle issues such as weight management, stress, and smoking. Visit www.myCigna.com for information and self-help resources.

How to find an in-network provider:

- Visit Cigna's website at www.myCigna.com
- Call 1-800-CIGNA24 (1-800-244-5224)
- Check the Cigna mobile app

When possible, choose urgent care, telehealth or the CareATC wellness center over the emergency room to save time and money.

Pharmacy

Just like your medical plan covers visits to your doctor, your **ESI** Prescription Drug Program covers the medication your doctor prescribes.

A 3-tier copay structure applies for all plans, but when enrolled in the high deductible health plan you pay the full cost of the medication until you meet the deductible.

For information on finding a Pharmacy provider, visit [express-scripts.com](https://www.express-scripts.com) and use their locator tool.

For more information during open enrollment, visit www.express-scripts.com/NPNPFV11

Choose generic drugs when possible. They cost less than the brand name drugs and in most cases are the chemical equivalent. Remember to request a generic from your doctor.



	CDHP Plan	Base Plan
	In-Network	In-Network
Prescription Drug Tier Pricing		
Rx Deductible	Medical Deductible Applies	N/A
Retail Rx (up to 30-day supply)		
Tier 1 (Generic)	100% (After Deductible)	\$4
Tier 2 (Preferred)	100% (After Deductible)	20% with a Min/Max of \$20/\$150
Tier 3 (Non-Preferred)	100% (After Deductible)	20% with a Min/Max of \$40/\$150
Mail Order Rx (90-day supply)		
Tier 1	100% (After Deductible)	\$8
Tier 2	100% (After Deductible)	15% with a Min/Max of \$40/\$300
Tier 3	100% (After Deductible)	15% with a Min/Max of \$80/\$300

How to find an in-network provider

- Visit [express-scripts.com](https://www.express-scripts.com) and use their locator tool
- Contact ESI customer service at 866.905.6726

The pharmacy benefit is bundled into the Medical plan and is not a stand alone benefit

CareATC Health and Wellness Center

Available for all members of the FHSD Medical plans

Your Francis Howell/CareATC Clinics Offers:

- No co-pay for all members of the Base Plan
- No preventive office visit fee for Base, and CDH Plan members. Only a \$35 office visit fee for CDH Plan members who use the clinic for non-preventive services.
- Schedule an appointment 24/7 with the CareATC Mobile App.
- Minimal waiting room time.
- More time with your doctor.
- On-site lab draws and medication dispensing.
- Personal Health Assessment (PHA).
- Online New Patient Paperwork. Visit patients.careatc.com and choose complete new patient paperwork before your first visit.

Meet Your St. Louis Area Providers



David Dunn, MD
Claymont Health Center



Rachael Mergenmeier, DO
McKelvey Park Health Center



Nicholas Powers, DO
Keaton Health Center



Rosemary Wensley, MD
Dougherty Ferry Health Center

Treatments and services include:

- Allergies / Asthma
- Cold / Flu / Congestion
- Diabetes Management
- Headaches
- High Blood Pressure
- High Cholesterol
- Lab Work/Tests
- Mental Health
- Occupational Health (referral required)
- Personal Health Assessments (PHA)
- Physicals
- Sports Physicals
- Thyroid Disorders
- Tobacco Cessation
- Weight Management
- Well Woman Exams

Area Health Center Locations

Pay nothing, get a lot.

- No co-pay
(Office visit fee may apply for HSA participants.)
- Quick and easy appointments
- Preventive care, as well as illness, injury, and chronic disease management
- Free lab work and generic medications provided during your visit
- Less wait time, more face time with your medical provider
- No insurance billing



Claymont Health Center

15421 Clayton Rd, Ballwin
M/W/F 7am - 4pm
Tu/Th 8am - 5pm

Dougherty Ferry Health Center

2315 Dougherty Ferry Rd
Ste 110, St. Louis
M - F 8am - 12pm / 1 - 5pm

Keaton Health Center

6698 Keaton Corp Pkwy
Ste 101, O'Fallon
M/W/F 7am - 4pm
Tu/Th 9am - 6pm

McKelvey Park Health Center

3165 McKelvey Rd
Ste 205, Bridgeton
M - F 7:30am - 4:30pm

Three easy ways to schedule an appointment:

☎ 314.314.7434



www.careatc.com/patients



CareATC app



Show Me The App!



CATC00391

Meet Your Mental Health Professional

**ERIN
KELLER,
LCSW**



Erin is a licensed clinical social worker who provides therapy to people who have been struggling with managing symptoms of anxiety, depression, trauma, stress, grief, emotional regulation, self-esteem, social skills and relationships. You can expect each session to help you develop a healthy sense of self, a growth mindset, and practice of a healthy coping skillset for a happier, healthier you.

Erin holds a Bachelor of Arts degree in Psychology from Rockhurst University and a Masters in Social Work with a concentration in Mental Health from St. Louis University. She is a St. Louis native whose hobbies include, running, hiking, traveling, reading and spending time with family and friends.

Dougherty Ferry Health Center

2315 Dougherty Ferry Rd, Suite 110
St. Louis, MO 63122

Telehealth visits are also available by calling 314/314-7434.

Hours:

Monday - Friday 8am - 5pm

Three easy ways to schedule an appointment:

 314.314.7434



www.careatc.com/patients



CareATC app

Meet virtually, by telephone
or in-person

Benefits of working with a Mental Health Professional

- 1. Low or No Cost*** - All health center eligible members have access to mental health services.
- 2. Personalized Care Plan** - strategically focused on your personal goals and built on your strengths to help you improve your overall health and well-being.
- 3. Confidential** - CareATC complies with all HIPAA regulations.

**A \$35 office visit fee will apply to HSA participants.*

Why work with a Mental Health Professional?

- Desire to improve your emotional health
- Want to focus on life improvement/goal-setting
- Family, marital or other relationship issues
- Feeling stressed with work or family
- Struggling with work/life balance
- Parenting support
- Recent loss or grief
- Avoiding friends and social activities
- Excessive worrying, fear, or sadness
- Inability to handle daily activities/problems/stress
- Extreme mood changes; "highs", "lows"
- Increased feelings of irritability or anger
- Overuse of substances like alcohol or drugs
- Suicidal thoughts



Livongo Diabetes and Hypertension Programs

New Health Benefit: Livongo Diabetes and Hypertension Programs

FHSD is excited to announce Livongo, a new health benefit being offered at no cost to you. The Livongo for Diabetes and Livongo for Hypertension programs make living with diabetes and high blood pressure easier by providing you with an exclusive connected blood glucose meter and blood pressure cuff, unlimited strips and lancets, a mobile app to view and track all of your readings and receive a personalized report, and personalized health coaching.

Eligible Members: The program is offered at **no cost** to employees and their dependents with diabetes or high blood pressure through the company health plan.



Here's what you get when you join Livongo:

- **Unlimited Strips:** Get as many strips as you need, in addition to a free blood glucose monitor and blood pressure monitor, at no extra charge.
- **Tips to Help You Stay on Track:** Receive useful information that will help you manage your blood sugar and blood pressure and feel your best.
- **Coaching When You Need It Most:** Our Livongo coaches are Certified Diabetes Educators who support you in your journey to better health.
- **Safety and Security:** Your information is safe with us. View and access your records anytime. Share it with your doctors if and when you want to.

Join Today! get.livongo.com/FRANCISHOWELL/now

We are continually looking for ways to add programs that will enhance our benefits offering and help maintain and improve your health and the health of your family members. If you have any questions about this program, please visit the Livongo website or call Livongo Member Support at (800) 945-4355.

El programa Livongo para diabetes está disponible en Español. Para registrarse en Español, llame al (800)945-4355 o visite bienvenido.livongo.com/FRANCISHOWELL.

Dental

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Francis Howell School District offers the following dental coverage through;

Delta Dental - PPO

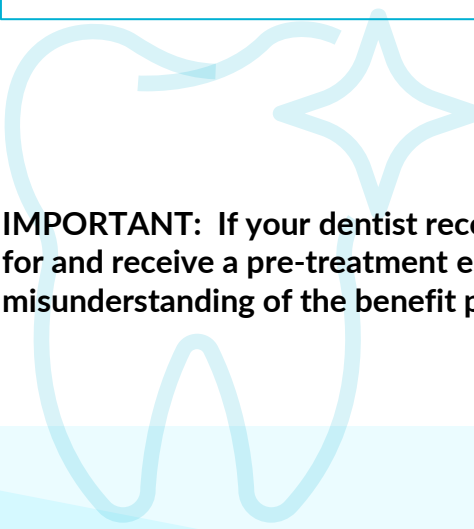
For information on finding a dental provider, visit www.deltadentalmo.com and click on Find a Provider.

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.

Details for Delta Dental PPO are available on SmartBen and in the FHSD Benefits Office.



IMPORTANT: If your dentist recommends services other than a preventive cleaning, ensure you ask for and receive a pre-treatment estimate before the work is performed. This will avoid any misunderstanding of the benefit payment amounts.

The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Delta Dental of MO	
	PPO	Premier
Network	Coverage No Matter Which Dentist You Choose	Coverage No Matter Which Dentist You Choose
In-Network		
Calendar Year Out-of-Pocket Maximum		
Per Individual	\$1,750	\$1,750
	You pay	
Preventive Care		
Exams, Cleanings, X-Rays, Fluoride Treatments	0%	10%
Basic Services		
Crown	0%	20%
Root Canal Therapy		
Fillings (composite)		
Uncomplicated Extractions		
Major Services		
Crown (porcelain/metal/gold)	20%	40%
Implants		
Dentures (Complete upper/lower)		
Orthodontia		
	50% up to \$1,000 lifetime maximum	50% up to \$1,000 lifetime maximum
Out-of-Network		
Preventive Care	10%	
Basic Services	20%	
Major Services	40%	
Dental Monthly Payroll Deduction		
Employee Only	\$39.17	
Employee + Spouse	\$75.59	
Employee + Child(ren)	\$87.48	
Employee + Family	\$122.06	

*Amounts Listed are Estimates

Vision

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.


Francis Howell School District offers vision coverage through EyeMed. For information on finding a vision provider, visit www.eyemed.com and click on Find a Provider.

	Vision Plan	
	In-Network	Out-of-Network
	You pay	You pay
Cost		
Exam	\$0 Copay	Up to \$35
Materials	\$0 Copay	See Below
Covered Services - Lenses		
Single Lenses	\$0 Copay	Up to \$30
Bifocals	\$0 Copay	Up to \$40
Trifocals	\$0 Copay	Up to \$60
Frames	\$120 Allowance then 20% Off	Up to \$50
Covered Services - Contacts in lieu of Frames/Lenses		
Contacts - Medically Necessary	\$0	Up to \$250
Contacts – Elective Conventional	\$125 Allowance then 15% Off	Up to \$125
Contacts – Elective Conventional	\$125 Allowance	Up to \$125
Benefit Frequency		
Exams	Once Every 12 Months	
Lenses	Once Every 12 Months	
Frames	Once Every 12 Months	
Contacts	Once Every 12 Months	
Vision Monthly Rates		
Retiree Only	\$7.92	
Retiree + Spouse	\$16.50	
Retiree + Child(ren)	\$15.52	
Retiree + Family	\$24.11	

Francis Howell School District

(Select Network)

SUMMARY OF BENEFITS

VISION CARE SERVICES	 IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES			
Exam	\$0 copay	\$0 copay	Up to \$35
Retinal Imaging	Up to \$39	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP			
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
FRAME			
Frame	\$0 copay; 20% off balance over \$170 allowance	\$0 copay; 20% off balance over \$120 allowance	Up to \$50
STANDARD PLASTIC LENSES			
Single Vision	\$0 copay	\$0 copay	Up to \$30
Bifocal	\$0 copay	\$0 copay	Up to \$40
Trifocal	\$0 copay	\$0 copay	Up to \$60
Lenticular	\$0 copay	\$0 copay	Up to \$80
Progressive - Standard	\$0 copay	\$0 copay	Up to \$40
Progressive - Premium Tier 1 - 3	\$20 - 45 copay	\$20 - 45 copay	Up to \$40
Progressive - Premium Tier 4	\$0 copay; 20% off retail price less \$120 allowance	\$0 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS			
Anti Reflective Coating - Standard	\$45	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	20% off retail price	Not covered
Photochromic - Non-Glass	20% off retail price	20% off retail price	Not covered
Polycarbonate - Standard	\$40	\$40	Not covered
Scratch Coating - Standard Plastic	\$0 copay	\$0 copay	Up to \$5
Tint - Solid and Gradient	\$15	\$15	Not covered
UV Treatment	\$15	\$15	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
CONTACT LENSES			
Contacts - Conventional	\$0 copay; 15% off balance over \$125 allowance	\$0 copay; 15% off balance over \$125 allowance	Up to \$125
Contacts - Disposable	\$0 copay; 100% of balance over \$125 allowance	\$0 copay; 100% of balance over \$125 allowance	Up to \$125
Contacts - Medically Necessary	\$0 copay; paid in full	\$0 copay; paid in full	Up to \$250
OTHER			
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY			
	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS	
Exam	Once every plan year	Once every plan year	
Frame	Once every plan year	Once every plan year	
Lenses	Once every plan year	Once every plan year	
Contact Lenses	Once every plan year	Once every plan year	

(Plan allows member to receive either contacts and frame, or frames and lens services)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Savings plus convenience plus choice

PLUS Providers add another
layer of coverage

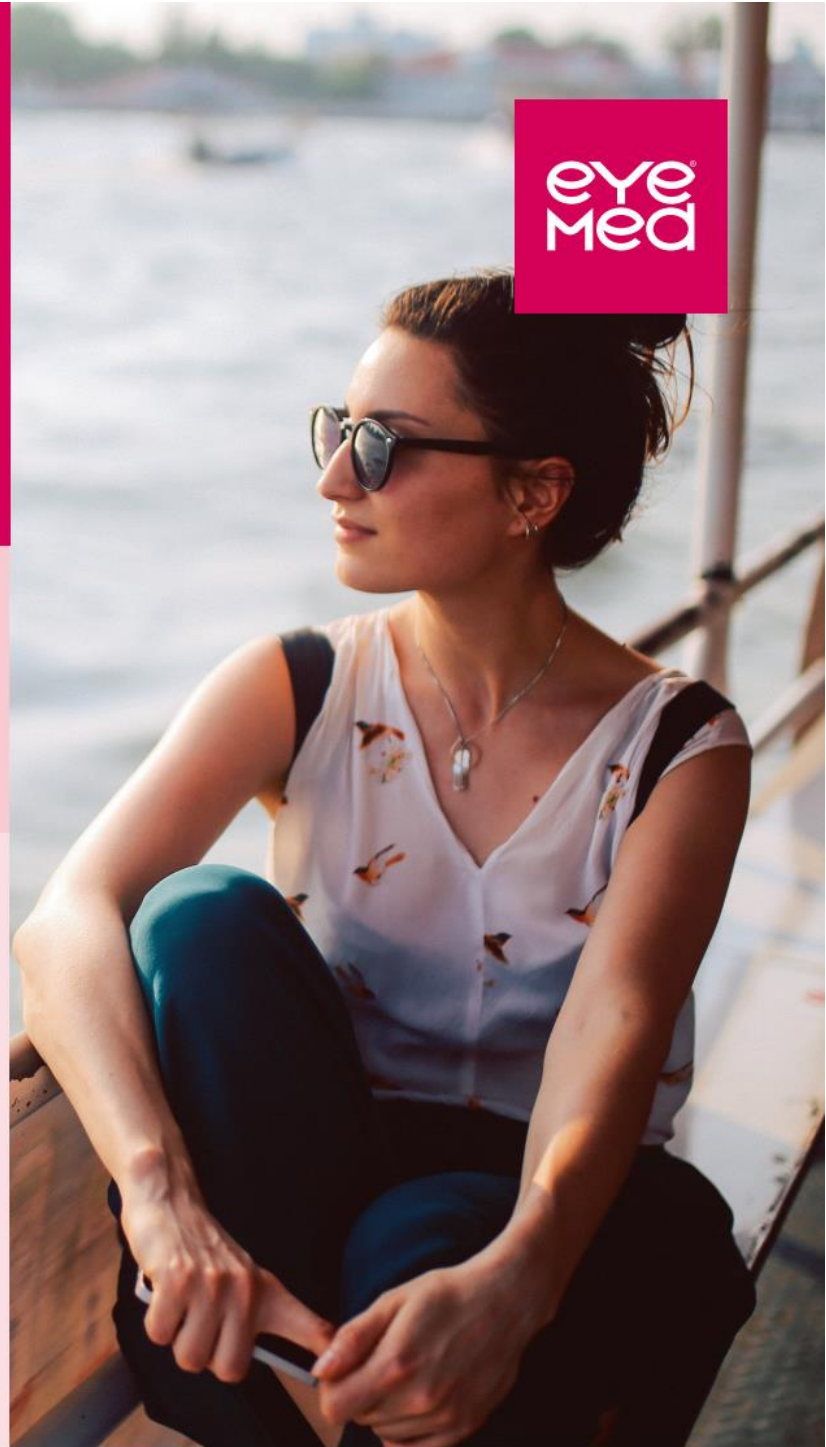
\$170

Frame allowance

Staying in-network helps you save money on eye exams, frames and lenses. Visiting a PLUS Provider is designed to help you save even more.

And since PLUS Providers are already in our network, the additional perks are built right into your vision benefits. No promo codes, no coupons, no paperwork. The same vision benefits, plus a little more savings.

eye
Med



The choice is yours

Find plenty of in-network eye doctors – including PLUS Providers – on our Provider Locator. Just look for the PLUS.

Need extra assistance? Contact us at 866.299.1358 or visit eyemed.com.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS®

PEARLE
VISION

OPTICAL®

Additional Benefits

The Cancer Support Community of Greater St. Louis (CSCSTL)

Whether you are living with a cancer diagnosis, are a caregiver or family member, are in survivorship, or have recently lost someone to cancer, CSCSTL stands with you. Together, we believe that community is stronger than cancer.

Explore our Support Programs:

- No-cost support groups
- Educational classes
- Social opportunities
- And much more

Visit CSCSTL's dedicated page @ <http://www.cancersupportstl.org/get-support/cancer-support-in-the-workplace> to learn more about their great, **no-cost** support groups, classes, social opportunities and more. Join us in building a stronger, supportive community.

Important Contacts

Coverage	Administrator	Phone	Website/Email
Benefits	The Benefits Office	636-851-6099	fhsdschools.org
Medical	Cigna	800-CIGNA24 (800-244-6224)	www.mycigna.com
Pharmacy	ESI	866-905-6726	www.express-scripts.com
Health and Wellness Clinic	CareATC	800-993-8244	www.careatc.com
Delta Dental	Delta Dental of MO	800-392-1167	www.deltadentalmo.com
Vision	EyeMed ***does not send ID cards, contact vendor for details***	866-299-1358 866-939-3633	www.eyemed.com



Benefits Hotline

636.851.6099

benefits@fhdschools.org

Erin Poggi

Benefits Manager

erin.poggi@fhdschools.org

Oversees administration of employee benefits, retiree insurance, retirement enrollment and reporting, flex spending and dependent daycare, employee leaves, life and disability claims and ACA reporting workers compensation.

Patricia Fitzgerald

Benefits Specialist

patricia.fitzgerald@fhdschools.org

Administers active employee benefits, leads new employee meetings, processes qualifying life events, ACA, flex spending and dependent daycare reporting, life insurance claims and beneficiary updates.

Jessica Van Horn

Benefits Specialist

jessica.vanhorn@fhdschools.org

Administers retiree insurance, tracks retiree payments and RDIP. Processes monthly PEERS/PSRS state retirement reporting and sick leave purchases.

Lauren Heitert

Benefits Specialist

lauren.heitert@fhdschools.org

Administers 403b/457 enrollments, Workman's Comp, Wellness Communications.

Lisa Kendall

Benefits Specialist

lisa.kendall@fhdschools.org

Administers FMLA/Short and Long Term Disability claims, Sick Leave Bank & Employee Leaves.

Glossary

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing)

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

Copayment (copay): A fixed amount (\$20, for example) you pay for a covered health care service after you’ve paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Your deductible starts over each plan year.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount, you will have to complete an Evidence of Insurability form, and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Notes

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