

YOUR 2022-2023 BENEFITS



WELCOME TO YOUR BENEFITS

TABLE OF CONTENTS

- 3 Benefit Basics
- 4 Medical Plan Overview
- 5 Medical Plan
- 7 Savings and Reimbursement Accounts
- 8 Health Reimbursement Arrangement (HRA)
- 9 Medical Plan Resources
- 10 Dental Plan
- 11 Vision Plan
- 12 Life Insurance and Disability
- 13 Additional Resources
- 14 Voluntary Benefits
- 15 The Trust Wellness Program
- 16 Contact Information

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.

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.empyreanbenefits.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 on average 30 hours per week. Benefits are effective on the first of the month following your date of hire. 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.

*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 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 31 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 31 DAYS

You have 31 days from your date of hire or a qualified life event to make changes to your coverage.



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 and vision plans reset at the beginning of the calendar year on January 1, 2023.

ENROLL ONLINE

Enroll in your benefits at compass.empyreanbenefits.com/CSDTRUST. If you have any questions, contact the Benefits Service Center at 833-269-2142.

MEDICAL PLAN OVERVIEW

We offer the choice of four 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>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%, 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 year.</p>	<p>Under the Premium and Standard HRA plans, your claims will automatically be paid with the Health Reimbursement Arrangement (HRA). If you use up all of the funds in the HRA, 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 maximum.</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 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 \$1,500 Corridor		Premium HRA Plan \$2,500 Corridor	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HRA District Contribution	\$1,500 individual / \$3,000 family		\$500 individual / \$1,000 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*	\$3,000	\$6,500	\$3,000	\$6,500
Out-of-Pocket Maximum – Family*	\$6,000	\$13,000	\$6,000	\$13,000
Maximum HRA Carryover	\$1,500 individual / \$3,000 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	\$25 Copay	20% Coinsurance
Specialist Care Physician Office Visit	\$40 Copay	20% Coinsurance	\$40 Copay	20% Coinsurance
Preventive Care	No charge	20% Coinsurance	No charge	20% Coinsurance
Urgent Care	\$50 Copay	0% Coinsurance	\$50 Copay	0% Coinsurance
Emergency Room	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Diagnostic Test and Imaging	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Chiropractic (limit of 26 services per plan year)	\$40 Copay	20% Coinsurance	\$40 Copay	20% Coinsurance
Rehabilitation Services	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Acupuncture	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Hospice Services	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Inpatient Stay	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Outpatient Surgery	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Mental Health and Substance Abuse	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Pharmacy				
Retail				
Tier 1 - Generic Drugs	\$5 Copay	50% Coinsurance	\$5 Copay	50% Coinsurance
Tier 2 - Brand Preferred Drugs	\$30 Copay	50% Coinsurance	\$30 Copay	50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	\$60 Copay	50% Coinsurance	\$60 Copay	50% Coinsurance
Mail Order				
Tier 1 - Generic Drugs	\$10 Copay	Not Covered	\$10 Copay	Not Covered
Tier 2 - Brand Preferred Drugs	\$60 Copay	Not Covered	\$60 Copay	Not Covered
Tier 3 - Brand Non-Preferred Drugs	\$120 Copay	Not Covered	\$120 Copay	Not Covered

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

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

MEDICAL PLAN (cont'd)

PLAN PROVISIONS	Standard HRA Plan \$2,500 Corridor		KIDZ Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HRA District Contribution	\$500 individual / \$1,000 family		N/A	N/A
Deductible - Individual	\$3,000	\$3,500	\$1,000	\$2,000
Deductible - Family	\$6,000	\$7,000	\$3,000	\$6,000
Out-of-Pocket Maximum – Individual*	\$4,500	\$9,000	\$4,000	\$8,000
Out-of-Pocket Maximum – Family*	\$9,000	\$18,000	\$12,000	\$24,000
Maximum HRA Carryover	\$500 individual / \$1,000 family		N/A	N/A
Amount you pay (you must meet your deductible before the coinsurance applies)				
Primary Care Physician Office Visit	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Specialist Care Physician Office Visit	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Preventive Care	No charge	40% Coinsurance	No charge	40% Coinsurance
Urgent Care	20% Coinsurance	40% Coinsurance	\$75 Copay	40% Coinsurance
Emergency Room	20% Coinsurance	20% Coinsurance	\$150 Copay	\$150 Copay
Diagnostic Test and Imaging	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Chiropractic (limit of 26 services per plan year)	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Rehabilitation Services	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Acupuncture	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Hospice Services	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Inpatient Stay	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Outpatient Surgery	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Mental Health and Substance Abuse	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Pharmacy				
Retail				
Tier 1 - Generic Drugs	\$10 Copay	50% Coinsurance	\$10 Copay	50% Coinsurance
Tier 2 - Brand Preferred Drugs	\$25 Copay	50% Coinsurance	\$25 Copay	50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	\$75 Copay	50% Coinsurance	\$45 Copay	50% Coinsurance
Mail Order				
Tier 1 - Generic Drugs	\$25 Copay	Not Covered	\$25 Copay	Not Covered
Tier 2 - Brand Preferred Drugs	\$62 Copay	Not Covered	\$62 Copay	Not Covered
Tier 3 - Brand Non-Preferred Drugs	\$187 Copay	Not Covered	\$112 Copay	Not Covered

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

SAVINGS AND REIMBURSEMENT ACCOUNTS

Flexible Spending Accounts enable you to pay for eligible expenses **tax-free**.

- **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	HRA	FSA
Does the district contribute? <i>Amount for full-year</i>	✓ Varies by plan	X
Can I contribute my own savings?	X	✓
Is there an IRS maximum annual contribution?	X	✓ Health Care: \$2,850 Dependent Care: \$5,000
Will my savings roll over each year?	Yes, up to plan maximum amounts	X
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?	X Option to continue through COBRA	X Option to continue Health Care only through COBRA
Plan year for contributions	Effective October 1 to September 30	Effective October 1 to September 30

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

FSA ADMINISTRATOR CHANGE

The Flexible Savings Account (FSA) administrator will be changing from WEX to HSA Bank as of October 1, 2022. Note that HSA Bank is just the name of the bank and does not mean you have a HSA account through this bank. You can access your new account at HSA Bank through COMPASS or visit <https://myaccounts.hsabank.com/Login.aspx>. During open enrollment log in to COMPASS to make your FSA election.

You will receive login instructions and your FSA Debit Card in the HSA Bank Welcome Packet which will be mailed to you in September. Additional debit cards can be requested free of charge by calling HSA Bank or in your HSA Bank online account.

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.

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 pay a percentage of the cost with coinsurance until you reach the out-of-pocket maximum.

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 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, 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.



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	\$1,500	\$1,500	\$1,500
Orthodontic Lifetime Maximum	\$600	\$600	\$600
Amount you pay (you must meet your deductible before the coinsurance applies)			
Diagnostic and Preventive	No charge	No charge	10%
Basic Services	10%	10%	20%
Major Services	40%	40%	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 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 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, 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 at 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 Anthem.

PLAN PROVISIONS	BLUE VIEW VISION NETWORK
Exam	\$10 copay
Frequency <ul style="list-style-type: none"> ▪ Exam ▪ Lenses ▪ Contacts ▪ Frame 	Exam - Every 12 months Lenses - Every 12 months Contacts - Every 12 months Frames - Every 24 months
Frames	Plan covers up to \$150
Lenses	\$10 copay; Plan covers up to \$150
Medically necessary contact lenses (Non-elective lenses are provided for reasons that are not cosmetic in nature)	Paid in full

Your Anthem Medical ID Card includes your vision plan. You do not need a separate ID Card for vision coverage.



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 to all eligible employees at no cost equal to one times your base annual earnings, up to a maximum of \$84,000. 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 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"> 5 times annual earnings Up to a \$500,00 maximum Guarantee issue of \$300,000 	<ul style="list-style-type: none"> Increments of \$10,000, subject to a minimum of \$10,000 Up to a \$50,000 maximum Guarantee issue up to \$50,000 	<ul style="list-style-type: none"> \$5,000 or \$10,000 per child Must be added within 31 days of birth

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 below.

COVERAGE	BENEFITS
Short-Term Disability	<ul style="list-style-type: none"> 60% of your weekly pay up to a maximum of \$2,000 for the first 13 weeks of disability.
Long-Term Disability	<ul style="list-style-type: none"> 60% of your base salary, to a maximum of \$10,000 per month if you are disabled and are unable to work for more than 90 days. Benefits are offset with other sources of income, such as Social Security and Workers' Compensation.

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 (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 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 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

Learn more at <https://bit.ly/CSDWellnessPATH>

VOLUNTARY BENEFITS

Accident Insurance

Accident Insurance provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have. If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like.

Examples of covered injuries:

- Broken bones
- Burns
- Torn ligaments
- Cuts repaired by stitches
- Eye injuries
- Ruptured discs
- Concussion

Hospital Indemnity Insurance

Hospital Indemnity Insurance provides a fixed lump-sum payment that can help you cover expenses not covered by insurance while you, your spouse and/or dependents are in the hospital. The plan provides a daily payment for each day you are hospitalized.

Critical Illness Insurance

Critical Illness Insurance provides cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up — like rent, mortgage, car payments, etc. — while you are ill. With Critical Illness Insurance, if you are diagnosed with a covered illness, you get a lump-sum cash benefit, even if you receive other insurance benefits.

Examples of covered illnesses:

- Cancer
- Heart attack
- Major organ failure
- End-stage renal (kidney) failure
- Coronary artery bypass graft surgery
- Stroke

To learn more about Critical Illness, Accident and Hospital Indemnity Insurance, visit thehartford.com/employee-benefits/employees.

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
- And much more!

FOR MORE INFORMATION ON UPCOMING EVENTS:

- 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 and Pharmacy	Anthem	855-272-4938	anthem.com
Health Reimbursement Arrangement (HRA)	Anthem	855-272-4938	anthem.com
Dental	Delta Dental of Missouri	800-335-8266	deltadentalmo.com
Vision	Blue View Vision	866-723-0515	anthem.com
Flexible Spending Account (FSA)	HSA Bank	833-227-7070	https://myaccounts.hsabank.com/Login.aspx
Life insurance	Lincoln Financial	866-783-2255	lincolnfinancial.com
Disability	Lincoln Financial	866-783-2255	lincolnfinancial.com
Voluntary Benefits	Hartford	800-523-2233	thehartford.com
Employee Assistance Program	Guidance Resources	888-628-4824	guidanceresources.com Username: LFGSupport Password: LFGSupport1
Wellness	CSD	-	csdinsurancetrust.com
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.