



2023-2024 ST. JOSEPH SCHOOL DISTRICT EMPLOYEE BENEFITS

2023-2024 Plan Year



Open enrollment meetings

- Plan Year: July 1, 2023, through June 30, 2024
- In-person
 - Tuesday, March 28th, 4:30 – 5:30pm
- Virtual
 - Wednesday, March 29th, 4:45-5:45pm
- In-person
 - Thursday, March 30th, 5:00-6:00pm



New Benefit Administration Portal

- This year is an ACTIVE enrollment.
- How do I enroll in benefits?
 - BenXpress site (new enrollment vendor)
 - A tutorial guide will be available once OE begins
- What forms need to be completed?
 - If you need an EOI for life insurance, please contact HR.
- Who do I go to for questions?
 - BenXpress tutorial Guide (will be provided at OE)
 - Contact Nicole Reboulet in HR
- Final notes:
 - OE starts April 4 and closes April 18.
 - This is an **ACTIVE ENROLLMENT** – you must log in to BenXpress



What is an **Active Enrollment**?

- You will have to access the BenXpress Enrollment Site to enroll in your benefits.
- Your Current Elections **WILL NOT** rollover.
- You must Choose/Enroll in your 2023-2024 Benefit Elections
- If you Do Not Enroll in benefits:
 - Current benefits elections will end 06/30/2023
 - You will **NOT** have coverage effective 07/01/2023



Agenda

Medical/Rx

Blue KC

Dental

Delta Dental

Vision

VSP

Life, Disability,
& Voluntary
Benefits

The Hartford



Kansas City
Medical/Rx



Blue KC overview

- Introduction to Your Blue KC coverage
- Networks
- Plan options
- Added-value services
- General information
- Questions

Let's Cover the Basics!



Your coverage is effective: **JULY 1, 2023**



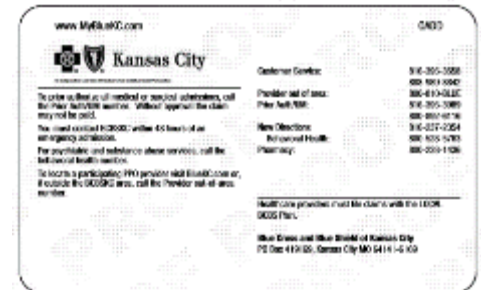
Deductible and Out of Pocket Maximum accumulators reset each Jan 1



Only those members who make changes will receive a new member ID card mailed to your home



Your enrolled family members will receive their own ID card!



It is your responsibility to notify your providers of a change in insurance

NETWORK & PLAN OPTIONS



Preferred-Care Blue Network

Traditional EPO Plan

- **In-Network Coverage only**
- National and International Coverage

Traditional PPO Plan

- PPO: In and Out of Network Coverage
- National and International Coverage

Qualified High Deductible Health Plan

- Health Savings Account Eligible
- PPO: In and Out of Network Coverage
- National and International Coverage



Your Network

PREFERRED-CARE BLUE NETWORK

When Choice, Access and Peace of Mind are Top of Mind

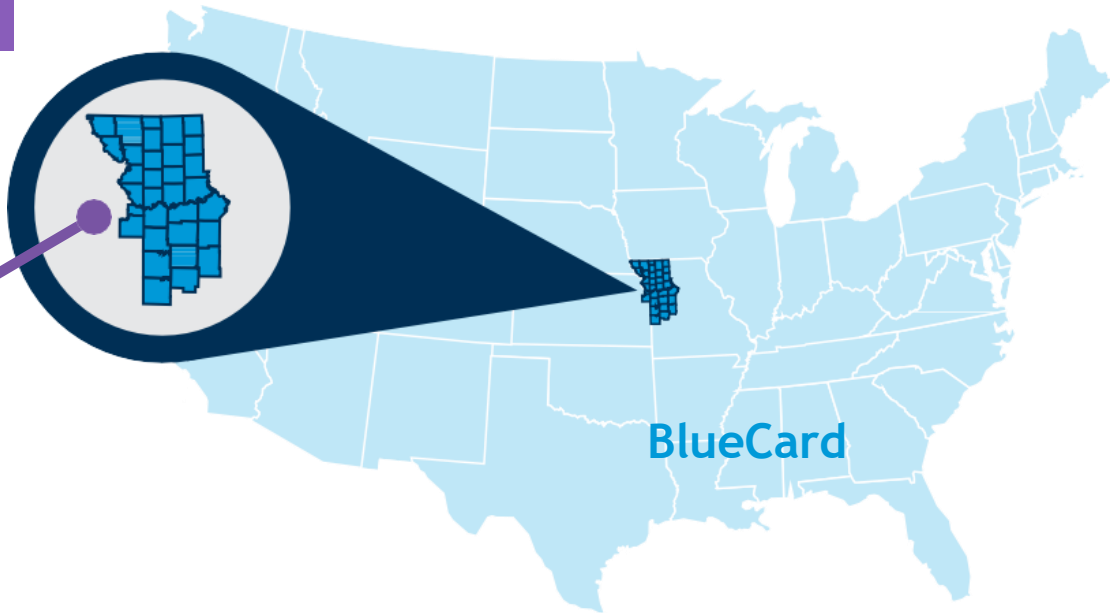


Over 6,800 Providers
50+ In Network Hospitals

PREFERRED-CARE BLUE NETWORK (PPO)

Covers both Metro and Non-KC Metro

Includes BlueCard for nationwide access to care



- ❖ Largest Selection of Providers
- ❖ Access across our 32-county service area
- ❖ In and Out of network coverage
- ❖ Includes St. Luke's and HCA health systems

IN-NETWORK HOSPITALS | [BlueKC.com](https://www.BlueKC.com)



Hospital Name	Preferred-Care Blue
AdventHealth Shawnee Mission	YES
Belton Regional Medical Center	YES
Cameron Regional Medical Center	YES
Cass Regional Medical Center	YES
Center Point Medical Center	YES
Children's Mercy Hospitals	YES
Lee's Summit Hospital	YES
Liberty Hospital	YES
Menorah Medical Center	YES
North Kansas City Hospital	YES
Olathe Health System	YES
Overland Park Regional Medical Center	YES
Providence Medical Center	YES
Research Medical Center	YES
St. Joseph Medical Center	
St. Luke's Health System	YES
St. Mary's Medical Center	
University Health (<i>Formerly Truman Medical Centers</i>)	YES
University of Kansas Health System	YES
Western Missouri Medical Center	YES

NATIONAL AND INTERNATIONAL NETWORK

Across the country and around the globe



National Domestic Coverage



96%

Hospitals

95%

Physicians

International Coverage



190

Countries
Worldwide

Locate a BlueCard Provider

- Log into **MyBlueKC.com**
- Click **Find Care / Find a Doctor**
- Change your **location** eg New York and **search type** eg Urgent Care
- Using filters along left side, scroll to **Network**—select **BlueCard PPO/EPO**
- For International Coverage, call 1-800-810-BLUE or bcbsglobalcore.com

Available for all Blue KC plans

Traditional Plans

- EPO
- PPO

TRADITIONAL EPO | Preferred-Care Blue



	Preferred-Care Blue In-Network	Out-of-Network
Deductible (Individual / Family)	N/A	N/A
Coinsurance (Your Share)	N/A	N/A
Preventive Care	No Cost	Not Available
Office Visit	PCP: \$40 copay Specialist: \$80 copay	Not Available
Urgent Care	\$50 copay	Not Available
Blue KC Virtual Care Office Visit	\$50 copay	Not Available
Emergency Room	\$200 copay copay waived if admitted	
Inpatient or Outpatient Services	\$400 copay per day inpatient/outpatient occurrence up to \$1,200 per calendar year	Not Available
MRI, MRA, CT and PET Scans Physician's Office, Imaging Center, Outpatient Setting, Hospital	No copay	Not Available
Out-of-Pocket Maximum (Individual / Family)	\$7,900 / \$15,800	N/A

Out-of-Pocket Maximum includes all medical and Rx copays.

TRADITIONAL PPO | Preferred-Care Blue



	Preferred-Care Blue In-Network	Out-of-Network
Deductible (Individual / Family)	\$1,500 / \$3,000	
Coinsurance (Your Share)	20%	50%
Preventive Care	No Cost	Deductible then 50%
Office Visit	PCP: \$40 copay Specialist: \$80 copay	Deductible then 50%
Urgent Care	\$25 copay	Deductible then 50%
Blue KC Virtual Care Office Visit	No Cost	N/A
Emergency Room	\$150 copay, then deductible then 20% <i>copay waived if admitted</i>	
Inpatient or Outpatient Services	Deductible then 20%	Deductible then 50%
MRI, MRA, CT and PET Scans Physician's Office, Imaging Center, Outpatient Setting, Hospital	Deductible then 20%	Deductible then 50%
Out-of-Pocket Maximum (Individual / Family)	\$3,500 / \$7,000	\$10,500 / \$21,000

Out-of-Pocket Maximum includes all medical and Rx copays.

PRESCRIPTION DRUG COVERAGE

Traditional Plans

Certain drugs may require prior authorization, have quantity limits or require step therapy.



34-day supply In-network pharmacy

Tier 1: \$8
Tier 2: \$35
Tier 3: \$55
Tier 4: \$150



102-day supply OptumRx mail-order

Tier 1: \$16
Tier 2: \$70
Tier 3: \$110

**If a member chooses to fill maintenance medications at retail, they will pay the tier copay and an additional \$10 per fill*



Rx copays help satisfy the out-of-pocket maximum.

BlueSaver Health Plan

Qualified High Deductible Health Plan

+ Health Savings Account

- PPO

BLUESAVER QHDHP PPO | Preferred-Care Blue



	Preferred-Care Blue In-Network	Out-of-Network
Deductible (Individual / Family)	\$3,000 / \$6,000	\$6,000 / \$12,000
Coinsurance (Your Share)	10%	20%
Preventive Care	No Cost	Deductible then 20%
Office Visit	Deductible then 10%	Deductible then 20%
Urgent Care	Deductible then 10%	Deductible then 20%
Blue KC Virtual Care Office Visit	Deductible then 10%	N/A
Emergency Room	In-Network Deductible then 10%	
Inpatient or Outpatient Services	Deductible then 10%	Deductible then 20%
MRI, MRA, CT and PET Scans Physician's Office, Imaging Center, Outpatient Setting, Hospital	Deductible then 10%	Deductible then 20%
Prescription Drugs	Deductible then \$8/\$35/\$55/\$150 \$16/\$70/\$110	Deductible then Copays, then 50%
Out-of-Pocket Maximum (Individual / Family)	\$4,000 / \$8,000	\$8,000 / \$16,000

CLAIM FLOW EXAMPLES



Doctors Office Visit

- Full cost of a doctor visit is **\$150**
- Blue KC has negotiated a fee of **\$90** using an in-network provider
- **You pay nothing at the visit***
- Your doctor sends a bill for **\$150** to your home, but you don't pay it
- You receive the Explanation of Benefits (EOB) from BCBSKC indicating that you owe **\$90**
- You pay your doctor **\$90 (this amount goes towards your deductible)**

Pharmacy Visit

- Doctor writes **prescription**
- **Show ID card** at time of transaction
- Receive Blue KC **discounts** by using network pharmacies
 - Prescriptions are **priced immediately**
 - You pay the **discounted amount** of the prescription drug at the time of purchase
 - Discounted amount of prescription drugs is **automatically applied to the deductible**

UNDERSTANDING HEALTH SAVINGS ACCOUNTS



Consumer Driven
Health Plan

- HSA Qualified High Deductible Health Plan (BlueSaver)

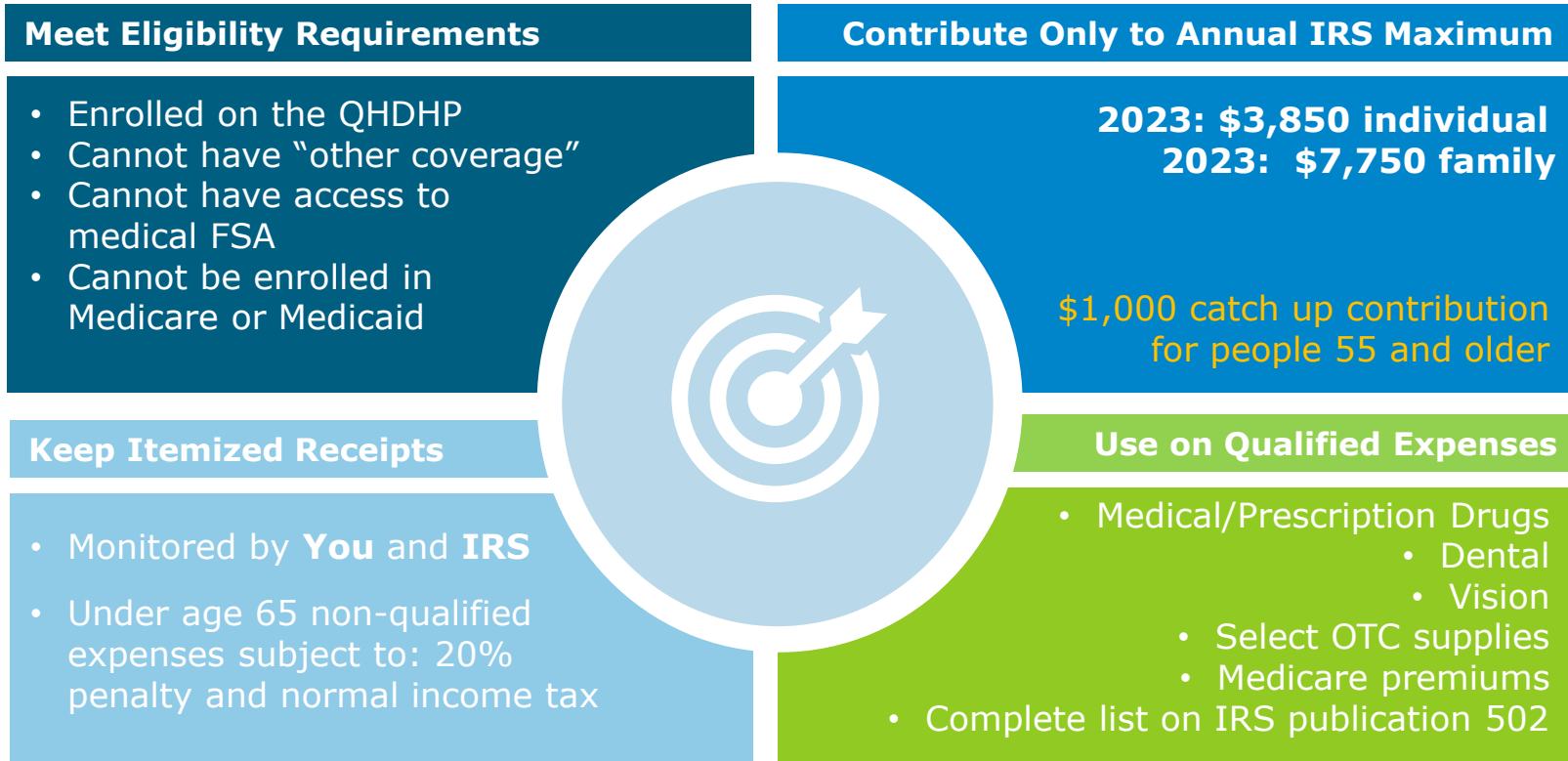


Bank Account

- Individually owned
- Tax Advantaged
- Used to pay for eligible medical, dental and vision out of pocket expenses
- HSA banks: **UMB & NODAWAY**
- **If HSA eligible and you enroll in the HSA (bank account);** SJSD will contribute \$199.85 a month to your HSA once your HSA has been established and you are active in the QHDHP

HEALTH SAVINGS ACCOUNTS (HSAs)

Your responsibilities as the HSA account holder





Added-Value Tools & Resources

YOUR MEMBER PORTAL | MyBlueKC.com

Register online even if you don't have your ID number!

My Information

Quickly print, text or email your ID card

Plan Benefits

View coverage & pharmacy info

Claims & Usage

View claims, EOB's, deductible and Out of Pocket Max

Health & Wellness

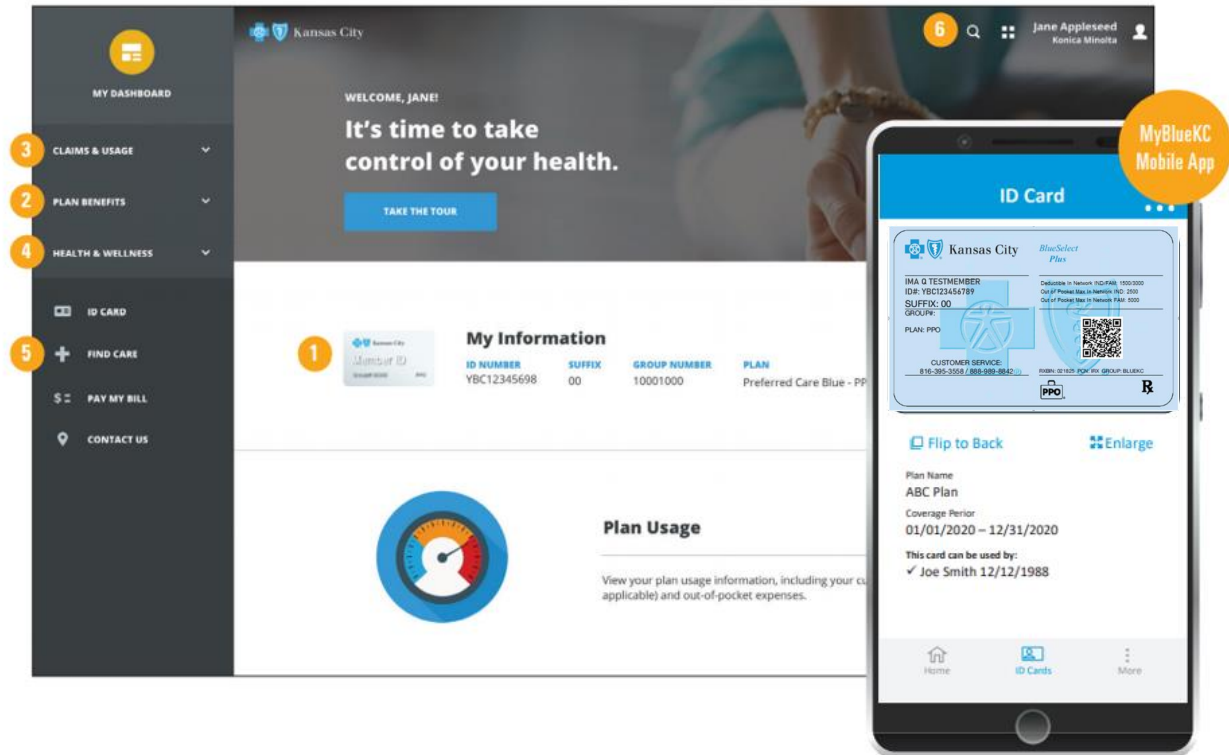
A Healthier You

Find Care

Find doctors, hospitals, pharmacies, dental providers

Ask Us

Get answers to your questions



ACCESS YOUR ACCOUNT

Go to MyBlueKC.com or download the **MyBlueKC** mobile app to access your information—even if you don't have your member ID number!

Download on the
App Store

GET IT ON
Google Play

MYBLUEKC APP

Puts so much in the palm of your hand

Find doctors and
specialists in your network



Virtual
care



Download your
digital ID card



Access
benefits



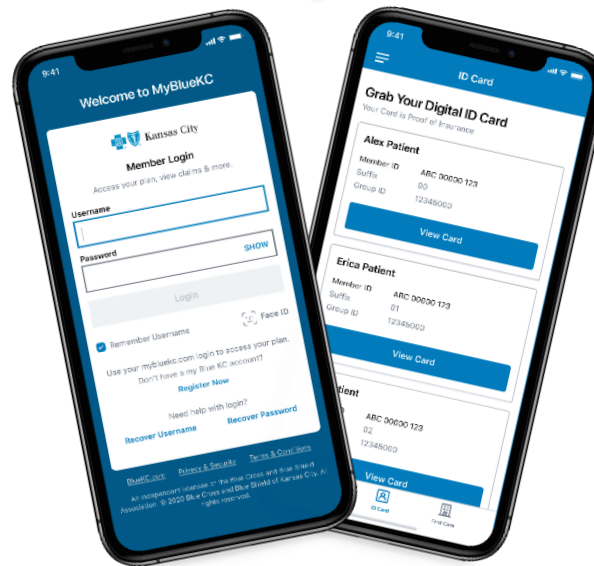
Review spending for
your current year



View details
about your claims



Cost
estimator



Use the app to learn about other benefits and programs. Registration is simple, if you're already registered at MyBlueKC.com, use the same log-in for the app.

ROUTINE PREVENTIVE SERVICES

100% coverage on all plans



Childhood Immunizations

Annual Physicals

Well women exams & mammograms

Generic contraceptive

PSA tests

Colorectal cancer exams

Breastfeeding support, supplies (pumps) and counseling



Services must be coded as preventive and performed in a different calendar year



Services from non network providers subject to non network deductible and coinsurance



Routine preventive list



Kansas City



	Traditional EPO Preferred-Care Blue	Traditional PPO Preferred-Care Blue	BlueSaver QHDHP PPO Preferred-Care Blue
HSA Eligible?	NO	NO	YES
Deductible (<i>Individual / Family</i>)	N/A	\$1,500 / \$3,000	\$3,000 / \$6,000
Coinsurance (<i>Your Share</i>)	N/A	20%	10%
Out-of-Pocket Maximum (<i>Individual / Family</i>)	\$7,900 / \$15,800	\$3,500 / \$7,000	\$4,000/ \$8,000
Preventive Care	No Cost	No Cost	No Cost
Office Visit	PCP: \$40 copay Specialist: \$80 copay	PCP: \$40 copay Specialist: \$80 copay	Deductible then 10%
BlueKC Virtual Care	\$50 copay	No Cost	Deductible then 10%
Routine Vision Care (<i>one exam / year</i>)	\$10 copay	\$25 copay	Deductible then 10%
Urgent Care	\$50 copay	\$25 copay	Deductible then 10%
Emergency Room	\$200 copay	\$150 copay then deductible then 20%	Deductible then 10%
Inpatient or Outpatient Services	\$400 copay/day in/out-patient occurrence up to \$1,200/calendar year	Deductible then 20%	Deductible then 10%
MRI, MRA, CT and PET Scans, etc.	No copay	Deductible then 20%	Deductible then 10%
Prescription Drugs	\$8/\$35/\$55/\$150 \$16/\$70/\$110	\$8/\$35/\$55/\$150 \$16/\$70/\$110	Deductible then \$8/\$35/\$55/\$150 \$16/\$70/\$110

***Out-of-Pocket Maximum:** The amount members pay each year toward covered services before Blue KC pays 100% of benefits. This includes total of deductible, coinsurance, office visit copays and Rx drugs.

CHANGING PLANS AT OPEN ENROLLMENT



PPO to PPO

- Credit for any deductible or coinsurance expenses incurred.
- Calendar year deductible and out-of-pocket maximum re-set every January 1

EPO to PPO, or PPO to EPO

- No credit for expenses already incurred
- Responsible for the full calendar year deductible and/or out-of-pocket maximum for **July 1-December 31**
- Calendar year deductible and out-of-pocket maximum re-set every Jan. 1.

A photograph of a hiker standing on a rocky mountain peak, looking out over a vast landscape with a lake and forested hills under a clear blue sky. The hiker is wearing a backpack and shorts. The image is partially obscured by a large teal diamond shape.

Dental

Selecting A Dentist



Delta Dental PPO & Delta Dental Premier Dentists

- Providers Contracted with Delta Dental
- Discounted Fees In-Network**
- No Balance Billing
- No Claim Forms
- Delta Pays Dentist Directly

Non-Participating Dentists

- Not Under Contract With Delta Dental
- No Discounted Fees
- Balance Billing is Possible
- Dentists May Not File Claims
- Delta Dental Pays Patient

You have the freedom to choose any dentist in either the Delta Dental PPO Network, Delta Dental Premier Network, or a non-participating dentist.

Plan Coverage is higher when you use a Delta Dental PPO Provider.





We make finding a dentist easy

Finding a dentist is easy using any of the methods below.



Online

Visit DeltaDentalMO.com and click on “Find a Dentist”



Mobile app

To download, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.



Customer service

Our customer care team can assist via phone at 800-335-8266 or via email at service@deltadentalmo.com.





The network savings add up

The savings example below shows the potential savings when receiving a crown if covered at 50%.

Network options	Dentist's charge	Discount	Your share
Delta Dental PPO™ network	\$1000	34%	\$330
Delta Dental Premier® network	\$1000	19%	\$405
Non-network	\$1000	None	\$500
Without dental insurance	\$1000	None	\$1000

Please note – this example is for illustrative purposes only and only applies to Delta Dental PPO plans. Dentist charges, discounts and your share will be impacted by your benefits and the dentist you choose. Please check your summary plan description for detailed information on benefit coverage and limitations.



Base Plan



Delta Dental PPO	PPO Network	Premier Network	Non-Participating
Diagnostic/Preventive Services Exams, cleanings, x-rays, fluoride, sealants, space maintainers, emergency palliative treatment	100%	100%	100%
Basic Services Composite fillings, extractions, endodontics, periodontics, oral surgery, general anesthesia	80%	60%	60%
Major Services Crowns, inlays, onlays, dentures, bridges, implants with bone grafts	50%	40%	40%
Orthodontic Services To age 19	50%	50%	50%
Calendar Year Deductible	\$50 per person		
Calendar Year Maximum	\$1,000 per person		
Lifetime Orthodontic Maximum	\$1,000 per person		
Dependent Age Limit	26, end of calendar year		

Buy-Up Plan




Delta Dental PPO	PPO Network	Premier Network	Non-Participating
Diagnostic/Preventive Services Exams, cleanings, x-rays, fluoride, sealants, space maintainers, emergency palliative treatment	100%	100%	100%
Basic Services Composite fillings, extractions, endodontics, non-surgical periodontics, general anesthesia	90%	80%	80%
Major Services Surgical periodontics, crowns, inlays, onlays, dentures, bridges	60%	50%	50%
Orthodontic Services To age 19 who begin treatment while covered on the GVSD dental plan	50%	50%	50%
Calendar Year Deductible	\$50 per person		
Calendar Year Maximum	\$1,500 per person		
Lifetime Orthodontic Maximum	\$1,500 per person		
Dependent Age Limit	26, end of calendar year		

Dental Plan Premiums



	Low Plan	High Plan
Employee Only	\$26.45	\$31.62
Employee + Spouse	\$50.40	\$60.24
Employee + Child(ren)	\$66.19	\$79.09
Family	\$100.10	\$119.61

[illegible]



Delta Dental Plans Association

[Select your state](#)

Home

Patients

Dentists

Employers

Products

Shop for Insurance

Oral Health

Dental Care Cost Estimator

Our Dental Care Cost Estimator provides estimated cost ranges for common dental care needs. [Login](#) and you can get a more accurate range that includes in network charges.

* ZIP Code:

Enter your ZIP code, or the ZIP code where you will seek dental care.

* Treatment Category:

Select the dental treatment or procedure needed.

Disclaimer:

The Dental Care Cost Estimator provides an estimate and does not guarantee the exact fees for dental procedures, what dental benefits plan will cover or your out-of-pocket costs. Estimates should not be construed as financial or medical advice. For more detailed information on your actual dental care costs, please consult your dentist and your dental benefits provider.

[How are the Dental Care Cost Estimates calculated?](#)

[Does the Dental Care Cost Estimator account for my benefits plan in the estimate?](#)

About Delta Dental

- [Our Mission And History](#)
- [Dentist Search](#)

Oral Health and Wellness

- [Children's Oral Health](#)

Other Delta Dental Sites

- [Delta Dental Twitter](#)

Delta Dental Plans Association
[Select your state](#)

Home
Patients
Dentists
Employers
Producers
Shop for Insurance
Oral Health

Find a Dentist in Your Area

Delta Dental's national network of more than 162,000 dental offices extends across the U.S. and Puerto Rico. You don't have to go far for high-quality oral health care. We're committed to connecting patients with the best dentists in their cities, towns, and neighborhoods. Find in-network local dentists by entering your zip code or city and state in our dentist locator below. Narrow down your search by the distance you're willing to travel, dental specialty, and other criteria.

Required fields are indicated with an asterisk (*) [Search Tips and Disclaimer](#)

Network Selection: [Determine Your Coverage Type](#)

Your Dental Plan allows access to:

☐ Delta Dental PPO
☐ Delta Dental Premier
☐ DeltaCare USA
☐ Delta Dental Preferred Direct

Your Location

Address: City: State:

- Or -

Zip code: ☒ Proximity ☐ Random

Sorting, Distance and Number of Results

Sort Results By: ☒ Distance ☐ Rating

Maximum distance willing to travel to: 0 10 20 30 40 50 100

In some circumstances, if no results are found in the distance you selected, the search will automatically increase the distance until you find a maximum of 100 miles.

Number of Results: 50 Changing this value will limit the number of Dentists returned.



DELTA DENTAL®

Virtual Visits with Teledentistry.com



Teledentistry is included in your existing coverage and is considered an oral examination under the plan.

It's a safe and effective way to receive care and avoid the emergency room. You can use Delta Dental Virtual Visits when having a dental emergency and do not have an established dentist, need access to a dentist after hours, or need to consult with a dentist without leaving your home.

It's easy.

You can conveniently access this service from your home with the use of a smartphone, tablet or computer with audio/visual capabilities.

Simply follow these four easy steps:

- Step 1: Login to the Delta Dental Virtual Visits patient portal (*You will need to be enrolled to sign up*)
- Step 2: Fill out your e-documents
- Step 3: Take photos of the problem area
- Step 4: Connect with a TeleDentistry.com dentist and begin your consultation

TeleDentistry.com dentists provide initial consultation services and can write prescriptions when appropriate. You will be referred to a Delta Dental network dentist for definitive diagnosis and treatment.





Vision



Your VSP Vision Plan at a glance

	St. Joseph School District VSP Plan
Exam	<ul style="list-style-type: none"> WellVision Exam® covered every plan year \$25 Copay
Frame Allowance	\$175 Frame allowance every other plan year months
Lenses (every calendar year)	<ul style="list-style-type: none"> Single vision, lined bifocal, or lined trifocal lenses for adults Copay included in glasses Single vision, lined bifocal, or lined trifocal polycarbonate lenses for children. Copay included in glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard Progressive lenses covered in full Polycarbonate lenses for kids covered in full UV Protection lenses covered in full 20–25% savings on lens enhancements—Scratch-resistant, UV, Anti-reflective coating
Contact Lens Allowance (in lieu of glasses)	\$175 allowance for contacts lenses and copay up to \$60 for contacts lens exam (fitting and evaluation)
Essential Eye Care	<ul style="list-style-type: none"> Retinal screening for eligible members with diabetes Additional exams and services related to diabetic eye disease, glaucoma, and age-related macular degeneration (AMD) Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
Your Monthly Contribution	\$6.20 Member Only, \$12.38 Member +Spouse, \$13.24 Member +Children, \$21.16 Member + Family

Convenient Access You Want

With thousands of in-network doctors, it's easy to find an eye doctor near you.

With Even More Options

Maximize your benefits at a Premier Program location (at no extra cost) including thousands of private practice doctors and more than 700 Visionworks® retail locations nationwide.

- Exclusive bonus offers and savings
- A wide selection of featured frame brands
- Advanced eye exam technology, like retinal imaging



Participating Retail Chains

There are many retail chain locations in the VSP network in addition to Visionworks, including:

- Costco Optical
- Walmart Vision Center
- Pearle Vision
- MyEyeDr
- Clarkson Eyecare
- RxOptical
- And more

Walmart 
Vision Center

sam's club 

COSTCO
OPTICAL

COHEN'S
Fashion Optical

Rxoptical
The people who care for your eyes.

HeartlandVision
YOU WON'T BELIEVE YOUR EYES.™

myeyedr.

Clarkson
Eyecare 
DOCTORS · GLASSES · CONTACTS · LASIK

EST. 1961
PEARLE VISION

Using Your Benefit is Easy

Once you're enrolled...

- Create an account at **vsp.com** and review your personalized benefit information.
- You can find a VSP in-network doctor by visiting **vsp.com** or calling **800.877.7195**.
- At your appointment, simply tell them you have VSP. No ID card needed—and we'll take care of the rest! There are no claim forms to fill out when you see a VSP network doctor.



Vision Plan Premiums



	VSP Monthly Premiums
Employee Only	\$6.20
Employee + Spouse	\$12.38
Employee + Child(ren)	\$13.24
Family	\$21.16

A photograph of a hiker with a backpack standing on a rocky mountain peak, looking out over a vast landscape with a lake and forested hills under a clear blue sky. The image is partially covered by a large, dark green diamond shape that contains the title text.

Life, Disability and Voluntary Benefits



HELPING YOU PREPARE FOR THE UNEXPECTED: YOUR BENEFIT OPTIONS

Helping protect your family's financial future

- Life Insurance

Helps fill financial gaps left by medical plans

- Critical Illness Insurance
- Hospital Indemnity Insurance
- Accident Insurance

Income protection & recovery support

- Short-term Disability Insurance

Who is eligible?

All Active Full Time employees of St. Joseph School District who work at least 30 hours per week on a regularly scheduled basis.

When can you enroll?

April 4 – April 18, 2023

When does coverage begin?

July 1, 2023

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LIFE INSURANCE: PROTECTING WHAT MATTERS

LIFE INSURANCE

Life Insurance Benefits:

- **Supplemental Life:** Increments of \$10,000 up to a maximum of \$500,000
- **Spouse Supplemental Life:** \$10,000
- **Child Supplemental Life:** \$5,000

The illustrative example is a fictitious example for illustrative purposes only.

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The average cost of a 3-day hospital stay is around
\$30,000¹

THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

HOSPITAL INDEMNITY INSURANCE

- Hospital Indemnity pays you a lump sum cash benefit of \$500 to \$2,000 for a hospital stay for a covered illness or injury.
- The cash can be used for whatever you choose – medical bills that health insurance doesn't cover or everyday household costs.
- No age-based rate reductions – it doesn't cost you more as a result of your age
- Guaranteed coverage and portable – you can take it with you if you leave your employer*

¹U.S. Centers for Medicare and Medicaid Services, <https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/> (viewed on 9/11/20)

² 2020 Health Care Survey, Bankrate.com, March 12, 2020: "<https://www.bankrate.com/surveys/health-care-costs/>," viewed as of 9/11/2020.



ACCIDENT INSURANCE

- Pays a cash benefit for more than 80 accidental injuries, related services and treatments
- As an employee, you and your family are eligible for coverage
- Guaranteed coverage and portable – you can take it with you if you leave your employer

The ACCIDENT POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.



Each year, Americans make

40 million

injury-related visits to
the emergency room.¹

¹ FastStats Emergency Room Visits, CDC 2017,
<https://www.cdc.gov/nchs/fastats/emergency-department.htm>,
viewed on 9/11/20



CRITICAL ILLNESS INSURANCE

WHAT'S COVERED

WE OFFER BENEFITS FOR UP TO 34 ILLNESSES, RELATED EXPENSES, AND TREATMENTS.

STANDARD COVERED ILLNESSES

Cancer Benefits & Expanded Cancer Benefits

- Invasive Cancer
- Non-invasive Cancer
- Benign Brain Tumor

Vascular Benefits

- Heart Attack
- Coronary Artery Bypass
- Stroke and more

Other Benefits

- Major Organ Transplants
- Paralysis
- Coma and more

Recurrence Benefits

Up to 100% of benefit amount for specified illnesses.



SHORT-TERM DISABILITY INSURANCE

- Short-term Disability pays benefits for duration: 26 weeks
- You can get 65% of your income, up to \$750 a week
- Benefits begin after a short period of time 15 days from start of disability
- Pre-existing condition limitations apply
- Access to value added services, including our Employee Assistance Program, Travel Assistance, and our health care support service, HealthChampion^{SM1}

¹Services are offered through vendors which are not affiliated with The Hartford and these services are not insurance. The Hartford is not responsible and assumes no liability for the goods and services described in this material and reserves the right to discontinue any of these services at any time. Services may vary and may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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FLEXIBLE SPENDING ACCOUNTS



Flexible spending accounts

- Two types of accounts available
 - Healthcare FSA – allows you to set aside money on a pre-tax basis to help pay for healthcare expenses
 - Max contribution \$3,050
 - IMPORTANT: Use it or lose it rule
 - Funds will be forfeited if not used
 - Dependent Care FSA — allows you to set aside pretax dollars to cover the cost of care for eligible dependents
 - Max contribution is \$5,000
 - Daycare, elderly day care
 - IMPORTANT: Use it or lose it rule
 - Funds will be forfeited if not used
- TASC is the vendor
 - Submit claims by Mobile app, mail or fax



Identity Theft Protection



Opt-in to Cyber Safety

No one intends to be unsafe online. Help protect your identity and devices with Norton LifeLock Benefit Plans. Let us help empower you and your family to live your digital lives safely.



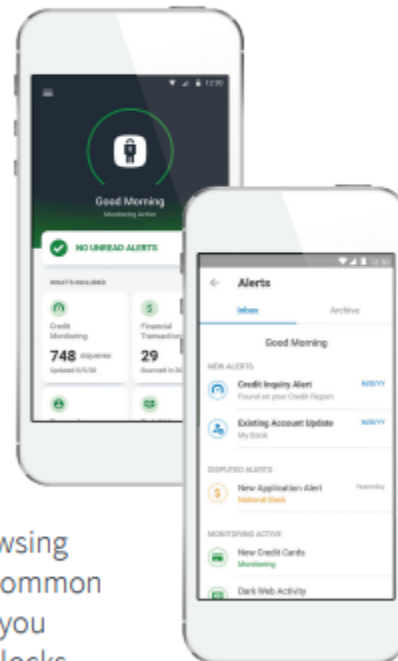
Device Security

Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.



Online Privacy

Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.¹



Screen modified for demonstration purposes.
Features may differ depending on plan.



Identity

We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.¹



Home & Family

Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.



SPECIAL BENEFIT PRICING



\$9.99 /per employee, per month
\$18.98 /per family, per month

LifeLock Identity Alert System	Financial Account Activity Alerts	Lost Wallet Protection
Prior ID Theft Remediation	New Checking & Savings Application Alerts	Norton Family Parental Controls
3B Credit Monitoring	Bank Account Takeover Alerts	Norton Device Protection 5 EE / 10 FAM
3B Credit Reports + Scores	Dark Web Monitoring	50GB Online Backup
1B Credit Score Tracking	ID Verification Monitoring	Safecam
Privacy Monitor	\$1M Protection Package	Password Manager
Home Title Monitoring	*See benefit summary for full plan details.	



Additional
Benefit for
SJSD employees



Employee Assistance Program



EAP has you covered.

Choose from face-to-face, online, telephonic or in-the-moment counseling.

Something on your mind at 2 am? No problem.

Looking for a counselor near you? No problem.

Super busy? No problem.

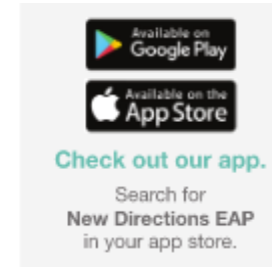
Not sure where to start? No problem.

Stuck at home? No problem.

Intimidated by talking to someone? No problem.

Need help? We're here.

Depending on your situation, your preference for help may change. That's why we offer several different ways for you to get what you need. Whether it's stress, family, finances, work or life in general, don't hesitate to reach out. We'll connect you with what makes the most sense for you.



Eap.ndbh.com
Code: SJSD
800-624-5544

FACE-TO-FACE COUNSELING

Request a therapy session
at eap.ndbh.com or
call 800-624-5544

ONLINE THERAPY

Visit eap.ndbh.com and click
"Request Counseling."

IN-THE-MOMENT SUPPORT

Call 800-624-5544
to talk to a
licensed professional.

EAPC1195-20200902



Where do I go to find **Benefit Information**?

- Benefits Guide (will be provided during OE)
- Review OE presentation
- SJSD website/Staff Page/
Departments/Human Resources/Benefits
- Contact Nicole Reboulet in HR for further questions



Please remember

- You will have to access the BenXpress Enrollment Site to enroll in your benefits.
- Your Current Elections WILL NOT rollover.
- You must Choose/Enroll in your 2023-2024 Benefit Elections
- If you Do Not Enroll in benefits:
 - Current benefits elections will end 06/30/2023
 - You will NOT have coverage effective 07/01/2023
- Open Enrollment: April 4th – April 18th

Thank you!

Open enrollment ends April 18th

