FOX C-6 School District

2021 Benefits Overview

GET STARTED

This communication highlights some of your Fox C-6 School District benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. Fox C-6 School District reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

What's Inside

Step-by-Step Enrollment Guide 3

Welcome to your 2021 Benefits Program 12

Benefits Overview 14

Life Event Verification 16

Anthem Medical Plan Overview—U.S. Domestic 17

Medical Benefits 18

Healthcare Savings Account (HSA) 19

Flexible Spending Account (FSAs) 20

Employee Assistance Program (EAP) 21

Anthem Programs 22

Delta Dental Plan Overview 24

Delta Vision Plan Overview 25

Life and Disability Plan Overview 26

Voluntary Benefits 30

Rates and Employee Contributions Effective October 1, 2021 31

Legal Notices 34

Summary of Benefits and Coverage and Summary Plan Description can be found on the Empyrean Employee Portal at **https://compass.empyreanbenefits.com/foxc6**.

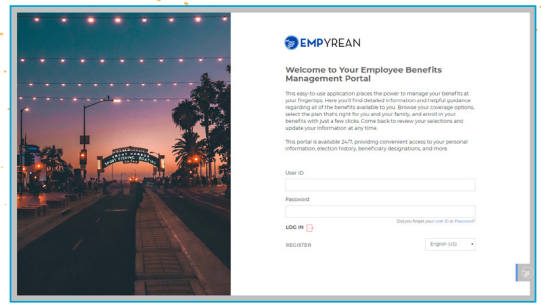
The information in this book is only a general outline of the benefits offered under Fox C-6 School District' benefit plans. Specific details and plan limitations are provided in the Summary Plan Description (SPD) which is based on official documents that may include policies, contracts and plans. If there are discrepancies between the information contained in this book or the Summary Plan Description and the official documents, the Summary Plan Description will govern. Nothing in this material implies that participation in the plans is a guarantee of continued employment with the Company. Nor is it a guarantee that participation under the plans for employees or other covered persons will exist or remain unchanged in future years. The company reserves the right to interpret, suspend, amend, or terminate these plans at any time.

CONNECT
SELECT
PROTECT

Step by Step
Enrollment Guide

This guide explains our online benefits enrollment tool. Use it to reference key steps that maximize and lock in your benefits.

Start by Registering Your User Account - *Direct Access*



1. Visit your enrollment site to create your user ID and password.
2. Click on *REGISTER.*
3. Enter your
   - First, Last Name (as filed with employer),
   - Date of Birth
   - Social Security Number/Employee ID

—— CLICK NEXT WHEN FINISHED ——

4. Add a new User ID (work email address, for example).
5. Create a new password with at least:
   - eight characters
   - one letter
   - one number
   - one symbol (i.e., * & + # $).
6. Set a security question and answer (at least six characters), in case you forget your password.

—— CLICK NEXT WHEN FINISHED ——

7. Read the terms of service agreement. To continue enrolling, click I AGREE at the bottom of the page.

NOTE

You only register once. Return and log in with your user ID and password. Our system recognizes you.

HAVE THE FOLLOWING INFORMATION HANDY

Provide eligible dependents' and beneficiaries':
- Full names
- Dates of birth
- Social security numbers

...and the Documents required to upload for Dependent Verification.

NOTE

Your Plan may require you to complete an Evidence of Insurability (EOI) during the enrollment process

Your registration is complete.

Please go to 'Get Ready to Enroll for Your Benefits' on page 4.

Start by Registering Your User Account - *Single Sign On*

1. Visit your enrollment site.
2. Add a new User ID
   (work email address, for example).
3. Create a new password with at least:
   - eight characters
   - one letter
   - one number
   - one symbol (i.e., * & + # $)
4. Set a security question and answer (at least six characters), in case you forget your password.

—— CLICK NEXT WHEN FINISHED ——

5. Read the terms of service agreement. To continue enrolling, click I AGREE at the bottom of the page.

NOTE
If you access the system via the mobile application first, you will need to complete the full registration flow, which includes verifying yourself first before setting up a user ID and password.

NOTE
You only register once.
Return and our system will recognize you.

HAVE THE FOLLOWING INFORMATION HANDY

Provide eligible dependents' and beneficiaries':
- Full names
- Dates of birth
- Social security numbers

...and the Documents required to upload for Dependent Verification.

NOTE
Your Plan may require you to complete an Evidence of Insurability (EOI) during the enrollment process

Your registration is complete.

Please go to 'Get Ready to Enroll for Your Benefits' on page 4.

Get Ready to Enroll for Your Benefits.

LAUNCH YOUR ENROLLMENT

When you log in you'll see a pending event screen. (figure 1)

Click on Continue,

Begin on *My Information* step of the enrollment flow.

Follow the prompts in each step.

An indicator shows your progress per step.

MY INFORMATION STEP — Personal information (figure 2)

1.1 Review your information (automatically populated).

1.2 Click the *EDIT* button to make changes.

—— Click *I'M DONE REVIEWING MY INFORMATION* when finished ——

USER TIPS

Your progress is saved when you click to continue to the next screen in the flow. You can log in later to finish your enrollment.

Click *PREVIOUS* to review elections or make changes.

Make sure to finish your enrollment.

Elections are **NOT** recorded in the system **UNTIL** you save and accept them and get confirmation. (figure 10)

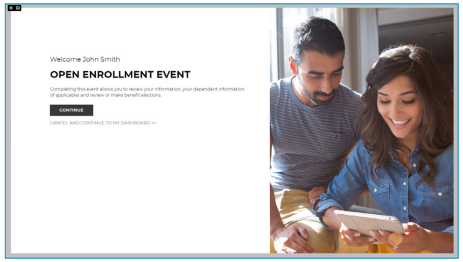


figure 1

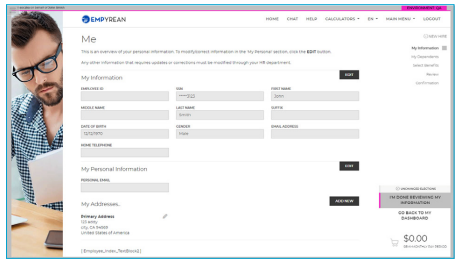


figure 2

Continue Your Enrollment

MY DEPENDENTS STEP — My family (figure 3)

2.1 To add Spouse and/or Child(ren), Click **ADD NEW**.

2.2 Click the *pencil icon* to make changes.

—— CLICK *I'M DONE WITH DEPENDENTS* WHEN FINISHED ——

NOTE

If proof of a dependent's relationship to you is required, *PENDING* appears in the *Verification Status* column.

SELECT BENEFITS STEP — Select your benefits plans (figure 4)

3.1 Choose to get help with selecting your medical plans

NOTE

If you do not want help with selecting your medical plans, you can click to skip to the Benefit Selection page and click Change on the Medical benefit tile to see options.

3.2 Choose your personalized medical plan by answering a 5 minute survey about your finances, health and personality. Your answers will allow us to provide you with the best medical plan for you. (figure 4b)
(Employee Only, Employee+Spouse, etc.)

3.3 Click the checkbox next to the plan you want.

—— CLICK *I'M DONE WITH MY SELECTION* WHEN FINISHED ——

NOTE

Plans provided by your employer at no cost to you, will not have a CHANGE button, ...enrollment is automatic.

SELECT BENEFITS STEP — COVERED DEPENDENTS

3.4 Click the *checkbox* to select eligible dependents to cover. (figure 5)

—— CLICK *I'M READY TO PROCEED* WHEN FINISHED ——

NOTE

A previously eligible dependent that appears in *Step 2* may not appear here, (for example, if they aged out). Otherwise, to add a dependent click on Previous and revisit *Step 2* in this guide.

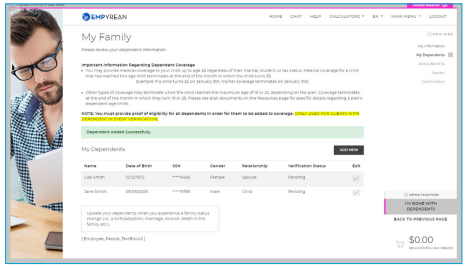


figure 3

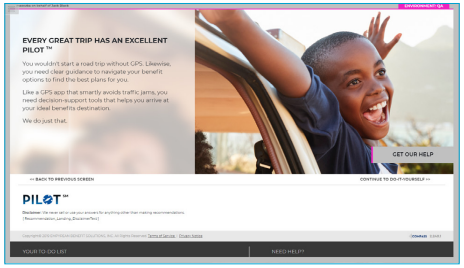


figure 4

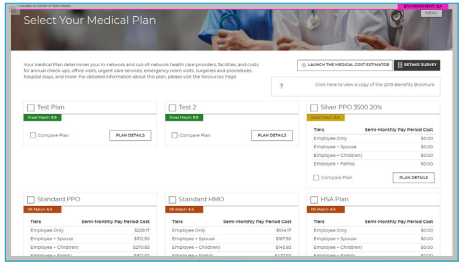


figure 4b

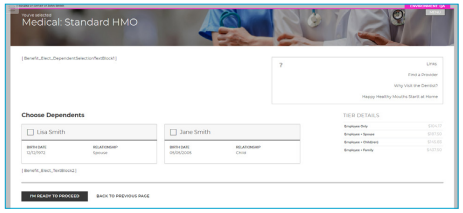


figure 5

SELECT BENEFITS STEP — Review your selected plan (figure 6)

3.5 The plan you selected appears showing the cost per pay period for your coverage level (per dependents covered).

3.6 Review your selection. If it impacts other benefits, an alert (in the shaded box) will explain. (figure 6)

3.7 Click the arrow on the corner to see cost details.

—— CLICK *SAVE MY ELECTION* WHEN FINISHED ——

SELECT BENEFITS STEP — Continue selecting benefits (fig 6a)

3.8 Click *CHANGE* on another benefit tile to select or update a plan.

3.9 Repeat until all available benefits are selected or waived.

—— CLICK *I'M DONE WITH MY SELECTION* WHEN FINISHED ——

NOTE

Elections screens vary per benefit (*i.e., health vs. life vs. HSA or FSA*).

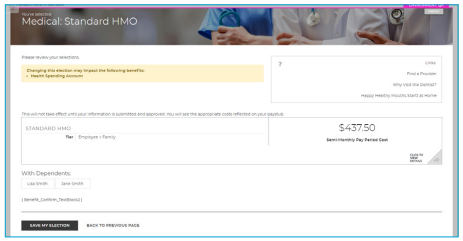


figure 6

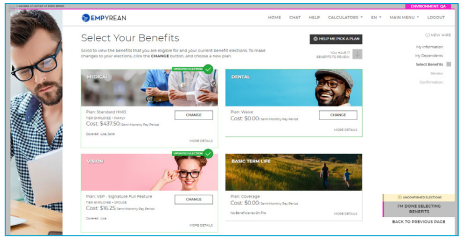


figure 6a

EVENT REVIEW STEP — Review Beneficiary Allocation (figure 7)

4.1 Review, update or change designated beneficiaries.

4.2 Click ADD NEW BENEFICIARY to add one.

a. Click on the *pencil icon* to edit data.

b. To delete a beneficiary, click on the *X icon*.

c. Click on *CHANGE ALLOCATION* to change allocations.

—— CLICK *I'M DONE WITH BENEFICIARIES* WHEN FINISHED ——

NOTE

- A red warning sign / flag and message appears if:
- A (required) beneficiary is not designated;
- You didn't allocate a portion to each beneficiary;
- Less than 100% is allocated to primary beneficiary/ies.
- Follow message prompts.

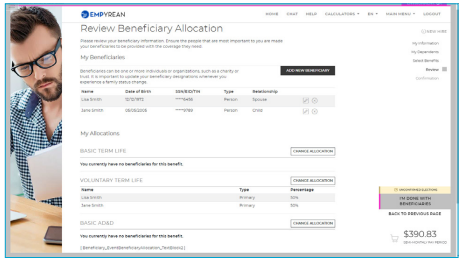


figure 7

EVENT REVIEW STEP — Evidence of Insurability (EOI) and Dependent Verification (figure 8)

5.1 If applicable, complete/provide EOI, and / or verify eligibility for any dependent added for coverage by uploading required document

5.2 A check mark means additional verification is not required at this time.

—— CLICK *I'M READY TO FINALIZE MY ELECTIONS* WHEN FINISHED ——

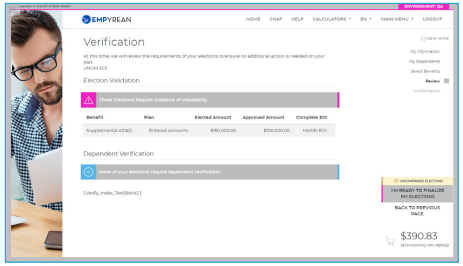


figure 8

NOTE

A warning sign and message box will indicate pending actions. Follow message prompts to fulfill them.

If you continue enrolling without completing the pending actions, certain coverage may not fully apply until they are met.

EVENT REVIEW STEP — Final Review (figure 9)

6.1 Carefully review cost summary, benefit elections, and dependent data for accuracy.

- A part of additional life insurance is pending EOI, and/or
- Proof (as required) of a dependent's relationship to you has not been provided.

6.2 Click the *pencil icon* to make changes.

—— CLICK ***SUBMIT MY ELECTIONS*** WHEN FINISHED ——

One last pop-up message appears…

6.3 To continue reviewing or updating click on *DENY*
or
To confirm your enrollment click *ACCEPT.*

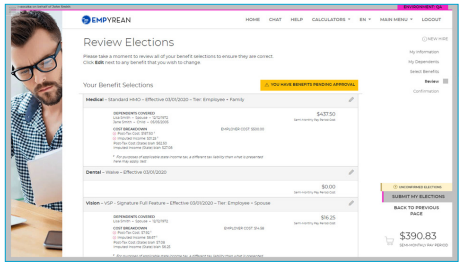


figure 9

NOTE

When you click *ACCEPT*, updates are recorded into the system and ready to go into effect when annual enrollment closes.

If you do not click *ACCEPT*, pending updates will not take effect

CONFIRMATION STEP — Confirmation (figure 10)

7.1 Review the final confirmation summary and use the confirmation number for future reference.

NOTE

Total costs will not match approved costs in the first four columns if:

- A part of additional life insurance is pending EOI, and/or
- Proof (as required) of a dependent's relationship to you has not been provided.

7.2 To print for your records, click *PRINT*,
or
To print later, login and click *Benefits History*.

—— LOG OUT WHEN FINISHED ——

Return to manage your benefits whenever you need.
This includes creating a qualified life event to add/drop dependents or making benefit changes. You can do this by clicking.

—— CLICK ***CHANGE YOUR CURRENT BENEFITS***
WHEN FINISHED ——

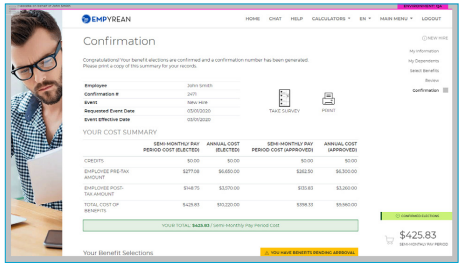


figure 10

Congrats! You're enrolled.

Call your Fox Benefit Advocate Center

Dear Valued Employee,

Remember that you have a Fox Benefit Advocate available to you. Not only is this an incredibly valuable service, it is provided at no cost to you.

Have you ever felt like you wanted a personal assistant to help coordinate information about your benefits? Our fully licensed advocates will be available to answer your questions, provide support, and offer a one-stop-spot for maximizing your benefits plan and your health.

From finding an in-network provider, to teaching you the difference between a FSA and an HSA, or providing assistance with a claim, every advocate is supported by a team of medical, employee assistance, and benefit experts. Any conversations with your advocate will be conducted in a confidential manner, fully protecting your privacy.

One number, complete support

You can begin using the Fox Benefit Advocate Center. Simply call the dedicated toll free number at 844.486.8210, which is available Monday – Friday 8:00 a.m. – 6:00 p.m. You can also email bac.foxc6schooladvocates@ajg.com.

Our decision to offer the Fox Benefit Advocate Center reflects our commitment to help you get the most out of your benefits. We encourage you to take full advantage of this helpful resource.

FOX C-6 School District

Ask your Advocate

Helping you make the most of your healthcare benefits.

Contact Information

Fox C-6 School District

Toll Free: **844.486.8210**

Email:
bac.foxc6schooladvocates@ajg.com

Hours of Operation

Monday - Friday
8:00 a.m. - 6:00 p.m.

A Fox Benefit Advocate is ready to help you get the most from your benefit programs by providing an advocate at no cost to assist you with:

- **Explanation of benefits.** Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
- **Prescription/pharmacy problems.** Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting an authorization on a medication?
- **Benefits questions.** Are you unsure if the insurance will pay for a certain procedure?
- **Claim issues.** Did you receive a bill from a doctor but don't know why?
- **Difficult situations**. Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

You have a Team of Advocates ready to handle any situation in a discreet and confidential manner.

The services provided by an Advocator does not ensure or guarantee benefits Applicable plan documents containing information regarding all terms, conditions and exclusions of coverages shall govern.

Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services(Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." "Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice.

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Welcome to your 2021 Benefits Program

Make informed decisions

Once you've reviewed your benefit options, reviewed the costs, and gathered your dependents' information (Social Security numbers, dates of birth and addresses), make your benefit elections for 2021. See "Enrollment" section of this benefits guide for further instruction.

Take action

We recommend that you review all of your benefits to make sure you have the right coverage. Remember you cannot change your benefits mid year, unless you have a qualified family status event. A qualified status change can include (but not be limited to) any of the following:

- Birth or adoption of a dependent
- Change in employee status
- Death of a dependent
- Marriage/divorce/legal separation
- Change in employment status of spouse or domestic partner
- Loss of other coverage
- Enrolled child turning age 26
- Change in you employment status (FT➔PT & PT➔FT)

Benefit Highlights of U.S. Domestic

Medical Plan Choice

You have the choice of multiple medical plans:

- Medical Buy-Up Plan
- Medical Base Plus Plan
- Medical Base Plan
- Medical HSA Plan

Flexible Spending Account (FSA)

Flexible Spending Accounts (FSAs) help you pay for qualified healthcare expenses with tax free dollars.

Preventative Care Covered at 100%

Getting regular checkups and exams can help you stay well, catch problems early and may even save your life. Your medical plans offer preventative services at no cost to you.

Dental Plans

As a benefit-eligible employee, you may choose between the following dental plans; Delta Dental PPO Buy-Up and Delta Dental PPO Base Plan.

Vision Plan

DeltaVision is offered as a Voluntary Vision Plan and participants will have access to the Superior Network.

Life and Disability Plans

Fox C-6 School District offers an array of Life and Disability plans that are employer paid and employee paid. When used in the right combination, it can protect your income should the unexpected happen.

Welcome to your 2021 Benefits Program

Where you live, learn, work and play, you are at your best when you take care of yourself. That means different things to different people, such as staying fit, eating right, relaxing or doing the things you love to do. When it comes to your benefits, however, taking care of yourself and your family starts with one thing...taking the time to enroll in the options that are right for you.

Look What is New and Coming to Fox School District for 2021-2022

Hospital Indemnity Plan – Get a benefit payment after an eligible stay in a covered medical facility, and use it for any expense you'd like. Childcare, groceries, help around the house – it's up to you.

HSA Plan Change

Changing HSA Plan from HealthyEquity to Actwise. Please see the link below for investment opportunities.
https://hsainvestments.com/fundperformance/?p=524

Consider your needs for 2021

Taking time to "do the math" may result in hundreds if not thousands of dollars of savings and benefits. Start by asking yourself these questions.

Do I have access to other group medical insurance? If yes, review and compare your Fox C-6 School District medical insurance options and employee contributions to that of any other group medical insurance you may have access to. Keep in mind that plan limitations can and do limit the amount of coordination between plans.

Do I have enough health, life insurance and disability insurance to protect my family in the event of the unexpected? Not sure? Then use the tools and resources available to you to compare your options and determine which coverage is right for you.

Invest some time, get the right benefits

Spend some time reviewing this expanded e-guide. Think of it as the smart store specialist who summarizes the key product features, asks probing questions, and offers you advice as you make your decisions.

As you review this expanded e-guide, note the DOLLARS and CENTS sidebars highlighted by $ for tips to help you get the most out of your benefits throughout the year.

Benefits Overview

This brochure provides an overview of your benefit options. If you have any questions after you enroll, please call the carriers directly or log onto their websites. **See the table below for each carrier's contact information:**

Benefit	Administrator	Phone	Website
Benefit Advocate Center (BAC)	Gallagher Benefit Services	844.486.8210	Email: bac.foxc6schooladvocates@ajg.com
Medical	Anthem BCBS of Missouri	844.861.7833	www.anthem.com
Telemedicine	Anthem BCBS of Missouri	888.548.3432	www.livehealthonline.com
Dental	Delta Dental of Missouri	314.656.3001 800.335.8266	www.deltadentalmo.com
Health Spending Account (HSA)	Actwise	Call the number on the debit card or member ID card	www.Anthem.com Email: spendingaccountsupport@anthem.com
Flexible Spending Accounting (FSA)	ASI Flex	800.659.3035	www.asiflex.com
Basic Life and AD&D (employer paid)	Securian Financial Administered by Ochs, Inc.	800.392.7295	www.ochsinc.com
Employee Assistance Program	Ochs, Inc./ National Insurance Services	866.451.5465	www.niseap.com
Voluntary Vision	Delta Vision / Superior Vision	877.488.5130	www.deltadental.com/vision
Voluntary Term Life / AD&D	Insured by Securian Financial Administered by Ochs, Inc.	800.392.7295	www.ochsinc.com
Voluntary Accident, Critical Illness, Cancer and Hospital Indemnity	Voya	877.236.7564	www.voya.com
Voluntary Long-Term Disability	Ochs / Madison National Life	800.392.7295	www.ochsinc.com
Identity Theft Protection	InfoArmor	800.789.2720	www.myprivacyarmor.com

How and When to Enroll

You can enroll for coverage within 31 days of your eligibility date or during the annual open enrollment period.

If you do not enroll for coverage within 31 days of your eligibility date, you will not receive health coverage during the plan year unless you experience a qualified change in family status, such as marriage, divorce, birth of a child, or loss of other health coverage.

If you experience a qualifying event, you must enroll within 31 days after the event.

Benefits Overview

Eligibility For U.S. Domestic

You are eligible for Fox C-6 School District benefits on the first day of the month following employment if you are a benefit eligible employee.

Your Dependents

You may also enroll your eligible dependents in the Fox C-6 School District Benefit Program. You will need to provide document substantiation for each dependent you enroll. Refer to the “Enrollment” section of this guide for a list of documents we will accept. Your eligible dependents include:

- Legal spouse
- Dependent children up to age 26 (including stepchildren and adopted children)
- Disabled children who have reached the maximum age and who are (or become) physically or mentally incapable of self-support (medical certification required)

Life Event Verification

If you experience any of these life events, you must provide the required supporting documentation and make changes within 31 days of the event. Any changes made after 31 days will not be processed and you will need to wait until the next open enrollment window to make any changes (unless you have another Life Event). Below is a list of documents we will accept.

Marriage – Government issued Marriage Certificate showing date of marriage.

Spouse Loses Benefits – Proof of loss/gain coverage

Spouse Gains Benefits – Proof of loss/gain coverage

Divorce – Divorce Decree

Birth – Hospital Documentation accepted until Government issued Birth Certificate is received

***Supporting documentation above will need to be sent to Benefits Department for clearance and authorization for benefits to be approved.**

Anthem Medical Plan Overview—U.S. Domestic

With a choice of four options we encourage you to take time to evaluate the options and consider your costs.

Plan Choice

We offer Fox C-6 School District employees a choice of four plans: Anthem Buy-Up, Anthem Base Plus, Anthem Base, and Anthem HSA.

Buy-Up

In a PPO Buy-Up Plan, you may access care with any Anthem PPO Provider or any licensed physician of your choice. Some services do require prior authorization. Be sure to check Anthem Plan documents or call member services to confirm. You will have a greater coverage and lower out-of-pocket expenses when using an Anthem PPO Network Provider. The Buy-Up Plan has an In-Network annual deductible of **$1,000** per person and **$2,000** for families. It also has an In-Network Out-of-Pocket maximum of **$3,500** per person and **$7,000** for families.

Base Plus

In a PPO Base Plus Plan, you may access care with any Anthem PPO Provider or any licensed physician of your choice. Some services do require prior authorization. Be sure to check Anthem Plan documents or call member services to confirm. You will have greater coverage and lower out-of-pocket expenses when using an Anthem PPO Network provider. The PPO Base Plus Plan has an In-Network annual deductible of **$2,000** for employees and **$4,000** for families. It also has an In-Network Out-of-Pocket maximum of **$4,500** for employees and **$9,000** for families.

Base (Does Not Include the BJC Network or Wash U Physicians)

In a Blue Preferred Select PPO Base Plan, you may access care with any Anthem Blue Preferred Select PPO Provider or any licensed physician of your choice. Some services do require prior authorization. Be sure to check Anthem Plan documents or call member services to confirm. You will have greater coverage and lower out-of-pocket expenses when using an Anthem PPO Network provider. The PPO Base Plan plan has an In-Network annual deductible of **$2,000** for employees and **$4,000** for families. It also has an In-Network Out-of-Pocket maximum of **$4,500** for employees and **$9,000** for families.

HSA

In a PPO HSA Plan, you may access care with any Anthem PPO Provider or any licensed physician of your choice. Some services do require prior authorization. Be sure to check Anthem Plan documents or call member services to confirm. You will have greater coverage and lower out-of-pocket expenses when using an Anthem PPO Network provider. The PPO HSA Plan has an In-Network annual deductible of **$2,000** for employees and **$4,000** for families. It also has an In-Network Out-of-Pocket maximum of **$5,000** for employees and **$10,000** for families.

Prescription Drugs

Anthem Blue Cross has a formulary list of approved and preferred prescription drugs. The formulary is separated into four levels which include Generic, Preferred Brand, Non-Preferred and Specialty (brand and generic). To find out where your medication falls under the formulary list, please visit Anthem's website at **www.anthem.com** or call Member Services. Anthem members can save money by requesting generic medications which will have the lowest copayment under the medical plan. For those members who are taking everyday maintenance drugs, you can save even more when you order your prescription drugs through Anthem's MAIL ORDER PROGRAM. Ordering prescription refills is a safe and convenient way to obtain medications you take daily for a long period of time because you get a 90-day supply of medication for less money. Anthem Blue Cross members can order refill by mail, phone or at **www.anthem.com**.

Anthem BCBS of Missouri

Member Services: 844.861.7833
24/7 Nurseline: 800.700.9184
Website: **www.anthem.com or use the Sydney Health App**

Network Name

Blue Access Choice
Blue Preferred

How Do I Enroll?

You must make your selection online through Empyrean. See enrollment section of this booklet.

Fill prescriptions with drugs on the formulary

A formulary is a list of generic and brand-name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. Be sure to check if your drug is listed on the formulary before you fill it. If it isn't, you'll pay more for your drug. You can access your plan's formulary by checking with Anthem Blue Cross; you can find contact information above.

Go Generic!

Generic drugs meet the same standards as brand-name drugs, but they can cost much less. Ask your doctor if a generic is available.

Medical Benefits

See the table below for a comparison of medical plan features:

	Buy-Up Plan		Base Plus Plan		***Base Plan		HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible	$1,000 individual $2,000 family	$2,000 individual $4,000 family	$2,000 individual $4,000 family	$4,000 individual $8,000 family	$2,000 individual $4,000 family	$4,000 individual $8,000 family	$2,000 individual $4,000 family*	$4,000 individual $8,000 family
Out-of-Pocket Maximum	$3,500 individual $7,000 family	$7,000 individual $14,000 family	$4,500 individual $9,000 family	$9,000 individual $18,000 family	$4,500 individual $9,000 family	$9,000 individual $18,000 family	$5,000 individual $10,000 family	$10,000 individual $20,000 family
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Office Visit	$25 copay	50%	$25 copay	50%	$25 copay	50%	80%	50%
Specialist Office Visit	$40 copay	50%	$40 copay	50%	$40 copay	50%	80%	50%
Preventive Care (As required by ACA)	No copay (100%)	50%	No copay (100%)	50%	No copay (100%)	50%	100%	50%
LiveHealth Online	$0 copay	N/A	$0 copay	N/A	$0 copay	N/A	$59 Claim Charge	N/A
Emergency Room	$500 copay; waived if admitted	$500 copay; waived if admitted	$500 copay; waived if admitted	$500 copay; waived if admitted	$500 copay; waived if admitted	$500 copay; waived if admitted	80%; waived if admitted	80%; waived if admitted
Urgent Care Center	$100 copay	50%	$100 copay	50%	$100 copay	50%	80%	50%
Convenience Care Clinic	$30 copay	50%	$30 copay	50%	$30 copay	50%	80%	50%
Outpatient Hospital Services	90%	50%	80%	50%	80%	50%	80%	50%
Inpatient Hospital Services	90%	50%	80%	50%	80%	50%	80%	50%
Outpatient Mental Health	$40 copay	50%	$40 copay	50%	$40 copay	50%	80%	50%
Inpatient Mental Health	90%	50%	80%	50%	80%	50%	80%	50%
Eye Exam (One per Plan year)	$50 copay	Not covered	$50 copay	Not covered	$50 copay	Not covered	80%	Not covered
Prescription Drugs: Retail (30 and 90-day supply)								
Tier 1 – **30-day / 90-day**	$15 / $45	50%	$15 / $45	50%	$15 / $45	50%	80%	50%
Tier 2 – **30-day / 90-day**	$35 / $105	50%	$35 / $105	50%	$35 / $105	50%	80%	50%
Tier 3 – **30-day / 90-day**	$60 / $180	50%	$60 / $180	50%	$60 / $180	50%	80%	50%
Tier 4 – **30-day / 90-day**	25% to $250 max	Not covered	25% to $250 max	Not covered	25% to $250 max	Not covered	80%	Not covered
Prescription Drugs: Mail Order (up to a 90-day supply)								
Tier 1	$37.50	Not covered	$37.50	Not covered	$37.50	Not covered	80%	Not covered
Tier 2	$87.50		$87.50		$87.50		80%	
Tier 3	$150.00		$150.00		$150.00		80%	
In-Network for Exclusive Preventive Medications on Anthems PreventiveRX Plus Plan (Essential List)	$0		$0		$0		$0	

For a detailed summary of plan features, please refer to the Summary Plan Description located on the School District's intranet or the Empyrean Benefit Portal. **www.fox.k12.mo.us** and **www.empyrean.com**.

**If you have family coverage, the maximum deductible an individual will have to meet is $2,800.*
***Essential Formulary: Please log on to* **anthem.com** *to review the list of covered previous maintenance medications on the Anthem list. Please log on to* **anthem.com** *to review the list of Preventive maintenance medications that are covered in full by your plan.*
****Base Plan uses the Preferred Network and Excludes BJC Hospital System and Washington University Physicians.*

Healthcare Savings Account (HSA)

A Closer Look at the Health Savings Account (HSA)

If you enroll in the qualified HDHP (High Deductible Health Plan) Medical Plan you will have access to a Health Savings Account (HSA). This is a tax-advantaged savings account that's partially funded by Fox C-6 School District and you may also make contributions. Funds are deposited, then grow (if a minimum $1,000 balance is maintained) and are available tax-free—and if you leave Fox C-6 School District, they go with you! Only participants in the HDHP medical plan can open this account. You own the account, and the money can be used for you and your dependents today or for future eligible healthcare expenses— even in retirement.

Here are some key features of the HSA:

- All money in the account is tax-free (including interest and investment earnings) when used to pay eligible healthcare expenses.
- You can contribute to the account to help cover your out-of-pocket medical expenses. The funding is yours to keep in your HSA until you need it. The 2021 HSA contribution limits are $3,600 for individual coverage and $7,200 for family coverage.
- Once you reach age 55, you may contribute an additional $1,000 above the IRS maximum, for a total allowable account contribution of $4,600 for individual coverage and $8,200 for family in 2021.
- The catch-up amount applies separately to each HSA account holder. If both the employee and spouse are eligible to make catch up contributions, each must make the catch-up contribution to his/her own account. (There are no joint HSA accounts.)
- If you don't spend your full HSA balance during the current year, the unused money rolls forward to each following year.

HSA: Things You Should Know

- You are only eligible for the HSA when you enroll in the High Deductible Health Plan (HDHP).
- If you elect the HDHP, you are not eligible for the Healthcare Flexible Spending Account (FSA).
- If you are enrolling in the HDHP for 2021, you will receive a welcome kit from Actwise that provides account information. The kit will be mailed shortly after annual enrollment has ended.
- Investment options are available for individuals with cash balances over $1,000 and balances under $1,000 earn interest.

Flexible Spending Account (FSAs)

Healthcare Flexible Spending Account (FSA)

Fox C-6 School District offers a Healthcare Flexible Spending Account (FSA) through ASI Flex. The Health FSA significantly reduces your taxes and increases your take home pay by allowing you to pay for qualified healthcare expenses for you and IRS-qualified dependents during the benefit plan year. The FSA benefit plan year runs from October 1, 2021 to September 30, 2022.

If you are enrolled in 2020, you will have until December 15, 2021 to use the remaining funds in your account. Any unused 2020 FSA balances will be forfeited after December 15, 2021. You will have until December 31, 2021 to submit any claims incurred on or prior to December 15, 2021. For any mid-year terminations, if COBRA continuation is not elected, expenses incurred after the last day of the month in which you terminate will not be reimbursed and any remaining balance may be forfeited. Claims for eligible expenses must be submitted to ASI Flex by December 31 of the following year after your plan termination.

You can elect to contribute any amount up to a maximum of $2,750* for the 2021 plan year. Your annual amount is divided by the remaining pay periods in the year. There are 18 pay periods during the calendar year. Y**ou must re-enroll every year if you want to continue coverage.** Once you make your benefit elections, you are not allowed to make any contribution changes unless you experience a Qualified Status Change.

***Participants are NOT eligible if they are enrolled in the HDHP HSA Plan.**

What is an Eligible Expense?

Eligible expenses include medical, dental, and vision out-of-pocket expenses. They include copayments, deductibles, coinsurance payments, prescription drug costs, and additional prescribed medical supplies and services. A full list of eligible expenses is available online on the IRS Publication 502 at **www.irs.gov/publications/p502/index.html**.

How Do I Use My Funds?

When you enroll in the Healthcare FSA, you will be provided with a Debit Card. Using the Debit Card is simple: you simply swipe your card at point of purchase using the credit feature, and no “pin” will be required. The card is recognized nationwide at qualified healthcare merchants who accept MasterCard. Expenses can also be reimbursed after claims are submitted to the carrier for processing.

2021 FSA run out period – The time period you have to submit any claims incurred between 10/1/2021 – 12/15/2022. Members have until 12/31/2022 to submit these claims.

**Subject to change based on allowed IRS maximum.*

Keep Receipts

Always remember to save your receipts when you make payments from your spending account(s), in case you need to provide proof of your eligible expenses to the IRS.

ASI Flex

Member Services: 800.659.3035
24/7 access
Live Reps:
Monday - Friday 7:00 am - 7:00 pm CT
Saturday - 9:00 am - 1:00 pm CT
Website: **www.asiflex.com**

How Do I Enroll?

All new employees and continuing employees need to enroll on ASI Flex. You must re-enroll each year.

Employee Assistance Program (EAP)

You may have heard about EAP but aren't sure what it is. EAP is a service available to you and members of your household at no extra cost. It's designed to help you with everyday problems and questions.

What is EAP?

1. EAP is an extra set of hands. At **www.niseap.com**, you'll find everyday legal forms at your fingertips: wills, rental agreements and more.

2. EAP is your know-it-all neighbor. Looking for child care and summer camps for your kids? Come to us. If you're a caregiver for older loved ones, we've got the scoop on that, too. From home health care to support groups in your area, we'll track them down for you. And whether you're moving in or moving out of the neighborhood, you can count on us. Get tips on how to buy or sell a house and find a mover.

3. EAP is your coach. Take control of your life, accomplish your personal goals and make your dreams come true. We can help you make a plan, get you headed in the right direction and give you tips for making it all happen.

4. EAP has good listeners. We're here for you by phone and online. You get 24/7 toll-free access to counselors. You can speak with a legal or financial expert for help on divorce, custody, consumer issues and more.

Get help with whatever you need

- Depression
- Stress Management
- Anxiety
- Martial Difficulties
- Relationship Problems
- Family Conflict
- Alcohol or Drug Addictions
- Financial or Legal Concerns
- Parenting Concerns
- Problem Gambling
- Eating Disorders
- Eldercare
- Childcare

It is easy to reach us. Call the toll-free number and a representative will help you find resources near you with complete confidentiality. Sometimes it's better to meet face to face with a professional. That's where your EAP counseling comes in. You have up to 3 free counseling visits per issue. Ask us about online visits with LiveHealth Online.

National Insurance Services Employee Assistance Program (EAP)

For more information on coverage and how to enroll, please contact Ochs, Inc./National Insurance Services.

Phone: 866.451.5465
Website: www.niseap.com

Available 24 hours a day, 7 days a week

Anthem Programs

Anthem's LiveHealth Online

LiveHealth Online lets you interact with doctors using live two-way video on your computer or mobile device – anywhere with an Internet connection. Members will have access to in-network, board-certified doctors 24 hours, 7 days a week. It's secure and easy to set up and saves time and money.

LiveHealth Consultations: Consultations are for primary care issues such as flus, colds, coughs, sore throats, allergies, rashes, urinary tract infections, heartburn, etc.

Please register for LiveHealth Online at **www.livehealthonline.com**. Once you have signed up and created a username and passcode, simply sign in, choose a doctor, pay your copay, and begin your consultation.

Livehealth Online
Website: livehealthonline.com

Future Moms
Member Services: 800.828.5891

ConditionCare
Member Services: 866.962.1069

24/7 NurseLine
Member Services: 800.337.4770

Anthem's Future Moms Program

Anthem's Future Moms is a free program for pregnant members which promotes early and regular prenatal care. The goal is for all mothers to have a healthy pregnancy and healthy babies.

Future Moms Will Obtain:

- A nurse specializing in obstetrics who can answer your questions.
- The Mayo Clinic Guide to a Healthy Pregnancy, which explains the changes your body and baby are going through.
- A screening to check your health risks.
- Resources to help to help you make healthier decisions during pregnancy.
- Free phone access to pharmacists, nutritionist and other specialists, if needed. Other helpful information on labor and delivery, including options and how to prepare.

Future moms should sign up as soon as they know they are pregnant. To register, call Member Services at **800.828.5891**.

ConditionCare

If you have asthma, diabetes, chronic obstructive pulmonary disease (COPD), heart disease or heart failure, ConditionCare can give you the tools and resources you need to take charge of your health. You'll get:

- 24/7, toll-free phone access to nurses who can answer health questions.
- Support from nurse care managers, dietitians and other health care professionals to help you reach your health goals.
- Educational guides, electronic newsletters and tools to help you learn more about your condition(s).

24/7 NurseLine

Whether it's 3 a.m. or a lazy Sunday afternoon, you can talk to a registered nurse any time of the day or night. These nurses can:

- Answer questions about health concerns.
- Help you decide where to go for care when your doctor, dentist, or eye doctor isn't available.
- Help you find providers and specialists in your area.
- Enroll you and your dependents in health management programs.
- Remind you about scheduling important screenings and exams, including dental and vision check ups.

Sydney Health

Sydney Health makes health care easier

See your benefits. Find a doctor. Track your fitness. It's personalized and easy!

Anthem BlueCross BlueShield

With Sydney Health, you can find everything you need to know about your medical, pharmacy, dental, and vision benefits all in one place. Sydney Health makes it easier to get things done, so you can spend more time focused on your health.

Simple experience

Our simple experience makes it easy to find what you need — with one-click access to benefits info, Member Services, LiveHealth Online and wellness resources. And you can use the interactive chat to get answers quickly.

My Health Dashboard

My Health Dashboard is your hub for personalized health and wellness. Find programs that interest you, build an action plan to help you meet your health goals, sync your fitness tracker and earn points for your progress.

Personalized Match

Personalized Match helps you find
a doctor in your plan who's right for you. You'll get results carefully matched with your unique needs, preferences and plan details.

With just one click, you can:

- Find care and check costs
- See all benefits
- View claims
- View and use digital ID cards
- Use the interactive chat feature to get answers quickly
- Sync your favorite fitness tracker

Get started with Sydney Health
Download the app today!

GET IT ON Google Play

Download on the App Store

Delta Dental Plan Overview

Keeping your teeth and gums healthy is just as important as taking care of the rest of your body. As a benefits-eligible employee, you may choose between two dental plans, Delta Dental Buy-Up and Delta Dental Base.

Delta Buy-Up Plan

You may access care with any Delta Dental Provider or any licensed provider of your choice under the PPO Plan. To find a Primary Care Dentist near you, please visit Delta Dental's website at **www.deltadentalmo.com** or call **800.335.8266**.

Delta Base Plan

You may access care with any Delta PPO provider or any licensed provider of your choice under the PPO plan. To find a participating PPO provider near you, please visit Delta Dental's website at **www.deltadentalmo.com** or call **800.335.8266**. On the website, please select "Delta Dental PPO" under Select Network.

	Buy-Up Plan EFFECTIVE 10/1/2021–9/30/2022			Base Plan EFFECTIVE 10/1/2021–9/30/2022		
	Delta Dental PPO Network	Delta Dental Premier Network	Non-Participating Providers	Delta Dental PPO Network	Delta Dental Premier Network	Non-Participating Providers
Plan Year Deductible (waived for Preventive Services)	$50 individual $150 family			$50 individual $150 family		
Plan Year Maximum	$1,250 per person			$1,250 per person		
Preventive Services (e.g., X-rays, cleanings, exams))	100%			100%		
Basic Services (e.g., fillings, extraction)	85%	80%		75%	70%	
Major Services (e.g., dentures, crowns, bridges)	60%	60%		50%		
Orthodontic Services Children and Adults	50%	50%		Not covered		
Orthodontia Lifetime Maximum	$1,250					

Delta Dental Member Services

Member Service: 314.656.3001 or 800.335.8266

Website: **www.deltadentalmo.com**

How Do I Enroll?

You must make your selection online through Empyrean. See enrollment section of this booklet.

Delta Vision Plan Overview

Your vision is important to your overall health. Everyone should receive regular vision care, regardless of whether your vision is 20/20 or less than perfect. DeltaVision provides affordable, quality vision care through Superior Network with a wide variety of participating providers. The information on the following page provides a summary of the plan's coverage.

Voluntary Vision Plan

As a benefit-eligible employee, you can enroll in Voluntary Vision. Under the DeltaVision Plan, you may access care with any DeltaVision Signature Provider or any licensed provider of your choice.

	In-Network	Out-of-Network
Services		
Eye Exam	$0 Copay	Reimbursed up to $40
Frames	$130 retail allowance	Reimbursed up to $52
Contact Lenses		
Medically Necessary	$250 retail allowance	Reimbursed up to $250
Elective/Cosmetic	$130 retail allowance	Reimbursed up to $78
Frequency		
Eye Exam	Every 12 months	Every 12 months
Lenses/Contacts	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months
Copayment	$25 Copay	$25 Copay
Basic Lenses		
Single	Covered in full after copay	Reimbursed up to $20
Bifocal	Covered in full after copay	Reimbursed up to $40
Trifocal	Covered in full after copay	Reimbursed up to $60
Lenticular	Covered in full after copay	Reimbursed up to $100

Maximize your benefits

While you can use any vision provider, you will save when you visit a network provider.

To find participating providers near you, please visit DeltaVision's website at **www.deltadentalmo.com/vision** or call **877.488.5130**.

DeltaVision members will have access to participating retail chains like Target, JCPenney, Crown Vision, Pearle Vision, Visionworks, Sears Optical, America's Best and Clarkson Eyecare.

How Do I Enroll?

You must make your selection online through Empyrean. See enrollment section of this booklet.

Life and Disability Plan Overview

Most of us rely on our paycheck to cover bills and everyday expenses. But what if you became sick or injured tomorrow? Could you afford to go a few months or even a few weeks without a paycheck? If you were to die prematurely, would your family have enough money to cover their expenses? For many of us, the answer is “no.” That’s where income protection benefits come into play.

Coverage for the unexpected

Fox C-6 School District is pleased to offer an array of plans that, when used in the right combination for your personal situation, can protect your income should the unexpected happen.

Basic Term Life / AD&D Insurance

All benefit-eligible employees who enroll in a Fox C-6 School District medical plan receive Basic Life/Accidental Death & Dismemberment (AD&D) Insurance at no cost to you.

- **Group Life Insurance Coverage:** $40,000
- **Group AD&D Coverage:** $40,000
- **Benefit Reduction:**
  35% of benefit at age 65
  50% of benefit at age 70

You will automatically be enrolled in the Basic Life/AD&D Insurance. Please make sure to update your beneficiary in Empyrean.

Voluntary Term Life / AD&D Insurance

Employees who are enrolled in Basic Life/AD&D may purchase additional Life/AD&D coverage. When you enroll yourself and/or your dependents in this benefit, you will pay the full cost through payroll deductions on a post tax basis.

Employee Voluntary Life/AD&D

- Coverage amounts in increments of $10,000 up to $500,000.
- For new hires, if electing coverage in an amount greater than $250,000, you must complete the Securian Life Evidence of Insurability form and return to Securian for underwriting. The form is available when you make your elections as well as in the Reference Center in the Empyrean system.
- For existing employees, if you previously waived voluntary life, you must complete the Securian Life Evidence of Insurability form and return to Securian for underwriting approval for any amount of new coverage.

Dependent Life Insurance

- Dependent Group Term Life Insurance is also available for spouses and unmarried children up to age 26, regardless of full-time student status.
- Costs vary by age and benefit amount.
- See Minnesota Life benefit materials for more information on cost and benefit maximums. These can be found in the BenefitSolver system in the “Reference Center.”

Insured by Securian Financial
Administered by Ochs, Inc.
Member Services: 800.392.7295

How Do I Enroll?

For the Basic Life/ AD&D Insurance, you will automatically be enrolled when you enroll in Fox C-6 School District’ Anthem medical plans. Please update your beneficiary information on Empyrean.

For the Voluntary Life/AD&D Insurance, you must make your selection online through Empyrean.

How Much Life Insurance Do You Need?

Check out the life insurance calculator at **LifeBenefits.com/Insuranceneeds**.

Insurance helps cover

- Funeral/burial costs
- Medical bills
- Taxes & living expenses (i.e. mortgage, childcare)

Automatic access to Lifestyle Benefits

Your employer's group insurance programs help protect your financial wellness. You also have even more resources at your disposal.

Legal, financial and grief resources
from LifeWorks by Morneau Shepell

Travel assistance
from RedpointWTP LLC

Legacy planning resources
from Securian Financial

Beneficiary financial counseling
from Pricewaterhouse-Coopers LLP

There is no additional fee or enrollment for these resources. Just access them as you need them. Lifestyle Benefits are automatically available to active U.S. employees insured with Securian Financial. Your spouse and insurance-eligible children can also use these resources, even if they are not insured with us.

Legal, financial and grief resources

Whether it's creating a will or advice on a legal matter, getting a handle on your financial life, or struggling to cope with the loss of a loved one – whatever your situation – get the professional help you need.

- Comprehensive web and mobile resources
- Templates to create a will and other key legacy documents
- Access to a financial fitness assessment
- Unlimited telephone consultation with legal, financial and grief professionals
- Complimentary 30-minute face-to-face consultation with an attorney
- Discounted legal fees after your consultation

How to access:

LifeBenefits.com/Lfg
user name: *lfg*
password: *resources*

1-877-849-6034

Travel assistance

Planning to travel 100 or more miles from home? Access pre-trip planning and emergency services, including:

- Information on passport, visa, immunization requirements
- Updated currency conversion information
- Medical relocation and medical or security evacuation
- Identity theft support if your wallet or purse are lost or stolen
- Assistance replacing lost or stolen luggage or other critical items
- Repatriation of mortal remains

How to access:

LifeBenefits.com/travel

U.S./Canada:
1-855-516-5433

All other locations:
1-415-484-4677

Consider adding contact info to your phone. And you can learn more by calling Redpoint before your trip.

Legacy planning resources

Get the support you need to ensure your family's affairs are in order:

- End-of-life planning
- Creation of key directives
- Final arrangements for funeral services
- Funeral concierge service

How to access:

Securian.com/legacy

Beneficiary financial counseling

Beneficiaries will have access to professional guidance to help them make sound financial decisions regarding policy proceeds.

- Financial fitness assessment
- Financial workbooks
- Beneficiary reference guide
- Access to informational financial counseling website
- Bi-monthly newsletter
- Access to specialized resources if receiving larger benefit proceeds

How to access:

Beneficiaries receiving $25,000 or more will be invited to take advantage of this program when the life insurance claim is paid.

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Services provided by Morneau Shepell, PricewaterhouseCoopers LLP and RedpointWTP LLC are their sole responsibility. The services are not affiliated with Securian Financial or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services. To learn more, visit the provider websites.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its affiliates.

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securian.com

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F91592 Rev 10-2018 DOFU 6-2018
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Life and Disability Plan Overview (continued)

Voluntary Long-Term Disability (LTD)

Long-Term Disability income benefits are provided as a source of income. If you are disabled and unable to work, the benefits will pay after a waiting period.

Voluntary Long-Term Disability Benefit Highlights	
Benefit Waiting Period	See Options Below
Maximum Monthly Benefit	60% of your monthly salary up to $6,000 per month
Minimum Monthly Benefit	$100

Option 1:

Elimination Period - Benefits will begin 14 days after suffering a covered illness or accident.
Maximum Benefit Duration - If you are Disabled prior to age 60, benefits may continue to age 65 but no less than 5 years. If Disabled on or after age 60, refer to Maximum Benefit Period in the Schedule of Benefits of the certificate of insurance.

Option 2:

Elimination Period - Benefits will begin 30 days after suffering a covered illness or accident.
Maximum Benefit Duration - If you are Disabled prior to age 60, benefits may continue to age 65 but no less than 5 years. If Disabled on or after age 60, refer to Maximum Benefit Period in the Schedule of Benefits of the certificate of insurance.

Option 3:

Elimination Period - Benefits will begin 60 days after suffering a covered illness or accident.
Maximum Benefit Duration - If you are Disabled prior to age 60, benefits may continue to age 65 but no less than 5 years. If Disabled on or after age 60, refer to Maximum Benefit Period in the Schedule of Benefits of the certificate of insurance.

Option 4:

Elimination Period - Benefits will begin 14 days after suffering a covered illness or accident.
Maximum Benefit Duration - If you are Disabled prior to age 69, benefits may continue to the earlier of 24 months or age 70. If Disabled on or after age 69, benefits may continue for 1 year.

Option 5:

Elimination Period - Benefits will begin 30 days after suffering a covered illness or accident. Maximum **Benefit Duration -** If you are Disabled prior to age 69, benefits may continue to the earlier of 24 months or age 70. If Disabled on or after age 69, benefits may continue for 1 year.

Option 6:

Elimination Period - Benefits will begin 60 days after suffering a covered illness or accident.
Maximum Benefit Duration - If you are Disabled prior to age 69, benefits may continue to the earlier of 24 months or age 70. If Disabled on or after age 69, benefits may continue for 1 year.

Don't think you need disability insurance? Think again.

Unfortunately some people don't enroll in disability coverage because they don't understand the value of the coverage. Health coverage can help pay for some of the medical expenses, but who will make the house payment if you are totally disabled and can't work? The value of disability coverage is that it provides you with a percentage of your paycheck when you can't work due to illness, injury or pregnancy. Disability payments can help you take care of essentials like housing, utilities, food and child care provider.

Ochs/Madison National Life
Long-Term Disability
Member Services: 800.392.7295

Voluntary Benefits

Voya Voluntary Benefits Include

Accident Insurance

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs while you are not at work, on or after your coverage effective date. The benefit amount depends on the type of injury and care received. A wellness option can pay an annual benefit for preventive care.

Critical Illness Insurance

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Your employer offers Critical Illness Insurance to meet your needs. Critical Illness Insurance is a limited benefit policy.

Hospital Indemnity Insurance - NEW for 10/01/2021

Hospital Indemnity Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in – directly to you – to be used however you'd like. Choose this supplemental health insurance product for added protection should a covered hospitalization occur.

Identity Theft Protection

InfoArmor

PrivacyArmor offers employees a comprehensive, proactive identity theft defense. Our technology makes InfoArmor's identity protection more than enough to help fight 21st century crime.

- Identity Monitoring
- CreditArmor
- Internet Surveillance
- Digital Identity
- WalletArmor
- Social Medical Reputation Monitoring
- Privacy Advocate Remediation
- $25,000 Identity Theft Insurance Policy
- Solicitation Reduction

Nationwide Pet Insurance

Fox offers Pet Insurance through Nationwide. Please click on the link below for additional information.

https://benefits.petinsurance.com/fox-c-6-school-district

Voya

Member Services: 877.392.7295
Website: www.voya.com

How Do I Enroll?

You must make your selection online through Empyrean. See enrollment section of this booklet.

InfoArmor

Member Services: 800.789.2720
Website: www.myprivacyarmor.com

How Do I Enroll?

You must make your selection online through Empyrean. See enrollment section of this booklet.

Nationwide Pet Insurance

Member Services: 877.738.7874
Website: www.petsnationwide.com

Rates and Employee Contributions Effective October 1, 2021

(Full Board Paid)

Monthly Medical Insurance Rates

	Buy-Up Plan	Base Plus Plan	Base Plan	HSA Plan
Single	$924.00	$667.00	$538.00	$454.66
Single/1 Child	$1,455.00	$1,051.00	$849.00	$652.00
Single/Children	$1,701.00	$1,229.00	$992.00	$778.00
Single/Spouse	$1,764.00	$1,274.00	$1,029.00	$797.00
Single/Spouse/1 Child	$2,212.00	$1,598.00	$1,291.00	$996.00
Family	$2,441.00	$1,763.00	$1,424.00	$1,131.00

The District is contributing 100% of the monthly Base Plan Single rate ($538.00 Full Board-Paid) toward the cost of Medical Insurance for 12-Month Employees, Certified Staff, Teacher Assistants, Secretaries, and Nurses. Any board-paid employees enrolling in the Health Savings Plan will receive a credit of $41.66 deposited into their account every deduction pay period from October 2021 - September 2022. Any full-time board-paid New Hire employees enrolling in the Health Savings account will receive a prorated amount into their account based on their hire date.

"12 Month/Annualized" Employee Contributions–Per Paycheck (Full Board-Paid Employees)

	Buy-Up Plan	Base Plus Plan	Base Plan	HSA Plan
Single	$193.00	$64.50	$0.00	**($0.00)**
Single/1 Child	$458.50	$256.50	$155.50	$57.00
Single/Children	$581.50	$345.50	$227.00	$120.00
Single/Spouse	$613.00	$368.00	$245.50	$129.50
Single/Spouse/1 Child	$837.00	$530.00	$376.50	$229.00
Family	$951.50	$612.50	$443.00	$296.50

"Hourly" Employee Contributions–Per Paycheck (Full Board-Paid Employees)

	Buy-Up Plan	Base Plus Plan	Base Plan	HSA Plan
Single	$257.33	$86.00	$0.00	**($0.00)**
Single/1 Child	$611.33	$342.00	$207.33	$76.00
Single/Children	$775.33	$460.66	$302.66	$160.00
Single/Spouse	$817.33	$490.66	$327.33	$172.66
Single/Spouse/1 Child	$1,116.00	$706.66	$502.00	$305.33
Family	$1,268.66	$816.66	$590.66	$395.33

Please note that during summer, winter and spring breaks, there will be no deductions made on checks.

Rates and Employee Contributions Effective October 1, 2021

(Partial Board Paid)

The District is contributing $403.50 Partial Board Paid amount toward the cost of the Medical Insurance for all full-time employees in Character Kids Club, Transportation, Food Service, and Aides.

"12 Month/Annualized" Employee Contributions–Per Paycheck (Partial Board-Paid Employees)

	Buy-Up Plan	Base Plus Plan	Base Plan	HSA Plan
Single	$260.25	$131.75	$67.25	**($0.00)**
Single/1 Child	$525.75	$323.75	$222.75	$124.25
Single/Children	$648.75	$412.75	$294.25	$187.25
Single/Spouse	$680.25	$435.25	$312.75	$196.75
Single/Spouse/1 Child	$904.25	$597.25	$443.75	$296.25
Family	$1,018.75	$679.75	$510.25	$363.75

"Hourly" Employee Contributions–Per Paycheck (Partial Board-Paid Employees)

	Buy-Up Plan	Base Plus Plan	Base Plan	HSA Plan
Single	$347.00	$175.66	$89.66	**($0.00)**
Single/1 Child	$701.00	$431.66	$297.00	$165.66
Single/Children	$865.00	$550.33	$392.33	$249.66
Single/Spouse	$907.00	$580.33	$417.00	$262.33
Single/Spouse/1 Child	$1,205.66	$796.33	$591.66	$395.00
Family	$1,358.33	$906.33	$680.33	$485.00

Rates and Employee Contributions Effective October 1, 2021

Dental Insurance Rates

	Buy-Up Plan	Base Plan
Employee Only	$38.14	$29.99
Employee/Spouse	$76.17	$62.98
Employee/Children	$117.58	$83.90
Family	$130.59	$92.39

The district is contributing 100% of the Monthly Base plan single Rate ($29.99) toward the cost of DENTAL INSURANCE of all full-time staff.

"12-Month/Annualized" Employee Contributions–Per Paycheck

	Buy-Up Plan	Base Plan
Employee Only	$4.08	$0.00
Employee/Spouse	$23.09	$16.50
Employee/Children	$43.80	$26.96
Family	$50.30	$31.20

(18-Month) "Hourly" Employee Contributions–Per Paycheck

	Buy-Up Plan	Base Plan
Employee Only	$5.43	$0.00
Employee/Spouse	$30.79	$21.99
Employee/Children	$58.39	$35.94
Family	$67.07	$41.60

Please note that during summer, winter and spring breaks, there will be no deductions made on checks.

Vision Plan Rates

Voluntary Vision Plan Contributions	
Contributions (Every Pay Period)	
Employee	$3.99
Employee + 1 Dependent	$7.59
Employee + Family	$11.80

Legal Notices

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: plan deductible may apply as shown on page 5. If you would like more information on WHCRA benefits, call your plan administrator Anthem at **844.861.7833**.

WHCRA Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator, Anthem, at **844.861.7833** for more information.

Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Important Notice from Fox C-6 About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Fox C-6 and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Legal Notices

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Fox C-6 has determined that the prescription drug coverage offered by the [Insert Name of Plan] is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Fox C-6 coverage will be affected. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at **http://www.cms.hhs.gov/CreditableCoverage/**), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Fox C-6 coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Fox C-6 and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact Anthem for further information at **844.861.7833**. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Fox C-6 changes. You also may request a copy of this notice at any time.

Legal Notices

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans

For More Information About Medicare Prescription Drug Coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **1.800.772.1213 (TTY 1.800.325.0778)**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Pam Graves, Payroll and Benefits Generalist, **636.296.8000** ext. 7166.

Legal Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your state for more information on eligibility.

Legal Notices

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ | 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 | Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 | State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 | State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid
https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, ext. 2131
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ | 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ | 800.457.4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members | 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki | 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp | 888.346.9562

KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 | KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx | 877.524.4718 Medicaid: https://chfs.ky.gov
LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: http://www.maine.gov/dhhs/ofi/public-assistance/index.html 800.442.6003 | TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 | TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/info-details/masshealth-premium-assistance-pa 800.862.4840
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/oii/hipp.htm 603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 5218

Legal Notices

NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
PENNSYLVANIA – Medicaid
https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx 800.692.7462
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669

VERMONT – Medicaid
http://www.greenmountaincare.org 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/hipp/ Medicaid: 800.432.5924 CHIP: 855.242.8282
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
http://mywvhipp.com/ 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)

FOX C-6 School District

This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting