

# Open | 24-25 *Enrollment*

# Open Enrollment Meetings

- Plan Year: July 1, 2024, through June 30, 2025
- In-person
  - **Tuesday, April 9** (5:00-6:00 p.m.)
- In-person
  - **Wednesday, April 10** (4:30-5:30 p.m.)
- Virtual
  - **Thursday, April 11** (4:45-5:45 p.m.)

# Enrolling in Benefits

- **How do I enroll in benefits?**

- You will receive an Enrollment Email from BenXpress
- If you do not receive an email, you can still access BenXpress to enroll
- Enrollment is completed on the BenXpress enrollment site
  - [www.benxpress.com/sjsdbenefits](http://www.benxpress.com/sjsdbenefits)
  - A BenXpress tutorial guide is available for assistance on \*Benefits page  
(\*SJSD website > Staff login > Departments > Human Resources > Benefits)

- **Where do I go to for questions?**

- 2024 Benefits Guide (SJSD website > Staff login > Departments > Human Resources > Benefits)
- 2024 Benefits Presentation
- BenXpress tutorial Guide –for enrollment assistance
- Contact Nicole Reboulet in HR

- **Final notes:**

- OE starts April 12 and closes April 28.
- This is an ACTIVE ENROLLMENT – you must complete enrollment

# What is an Active Enrollment?

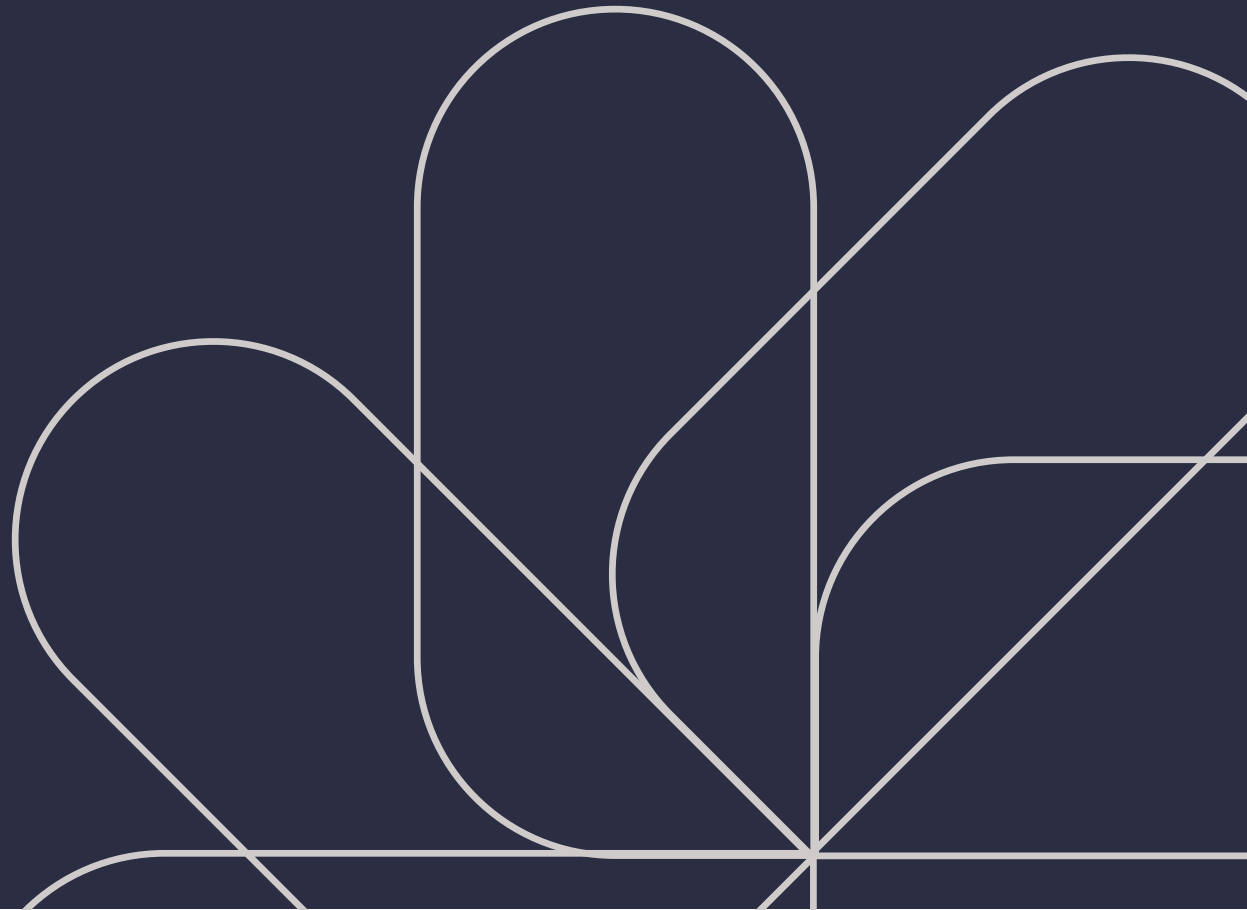
- You will have to access the BenXpress Enrollment Site to enroll in your 2024-2025 benefits.
- **Your Current Elections WILL NOT rollover.**
- You must Choose/Enroll in your 2024-2025 Benefit Elections
- If you Do Not Enroll in benefits:
  - Current benefits elections will end 06/30/2024
  - You will NOT have coverage effective 07/01/2024
  - **Please note:** if you are a full-time 9-, 10-, or 11-month employee who is Retiring or Resigning at the end of the current school year, you are eligible for benefits through July 31<sup>st</sup>. If you do not enroll, any current benefit coverage will end 6/30 and you will not have coverage in July, which also means, you will not have any eligible Retiree/COBRA benefits (health, dental, vision).

# Agenda

- **Health/Rx:** Blue KC
- **Pharmacy Advocate Program:** Tria Health
- **EAP:** New Directions
- **Identity Theft Protection:** Norton LifeLock
- **HealthCare FSA, Dependent Care FSA:** TASC
- **Life and Disability & Supplemental Benefits:** The Hartford
- **Vision:** VSP
- **Hearing Coverage:** TruHearing
- **Dental:** Delta Dental

# Health/Rx

Blue KC



# Let's Cover the Basics!



**Your coverage is effective: JULY 1, 2024**



**Deductible and Out of Pocket Maximum accumulators reset each Jan 1**



**Everyone 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**





# What is Changing in 2024?

- ✓ The deductible and out of pocket maximum for the Qualified High Deductible Health Plans are increasing to:

\$3,200 Individual Deductible  
\$6,400 Family Deductible

\$4,200 Individual OOPM  
\$8,400 Family OOPM

- ✓ Adding SmartShopper rewards program





# What's the Difference?

## PPO vs EPO

### PPO

Preferred Provider  
Organization

- Encourages members to see in-network providers
- Does not require a designated primary care physician
- Receive care from any hospital or physician, but benefits are greater when you stay in the network

### EPO

Exclusive Provider  
Organization

- Requires members to see in-network providers
- Does not require a designated primary care physician
- *Non-emergency services received from out-of-network providers will not be covered*

# 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.

# Preferred-Care Blue Network

*When choice, access and peace of mind are top of mind.*

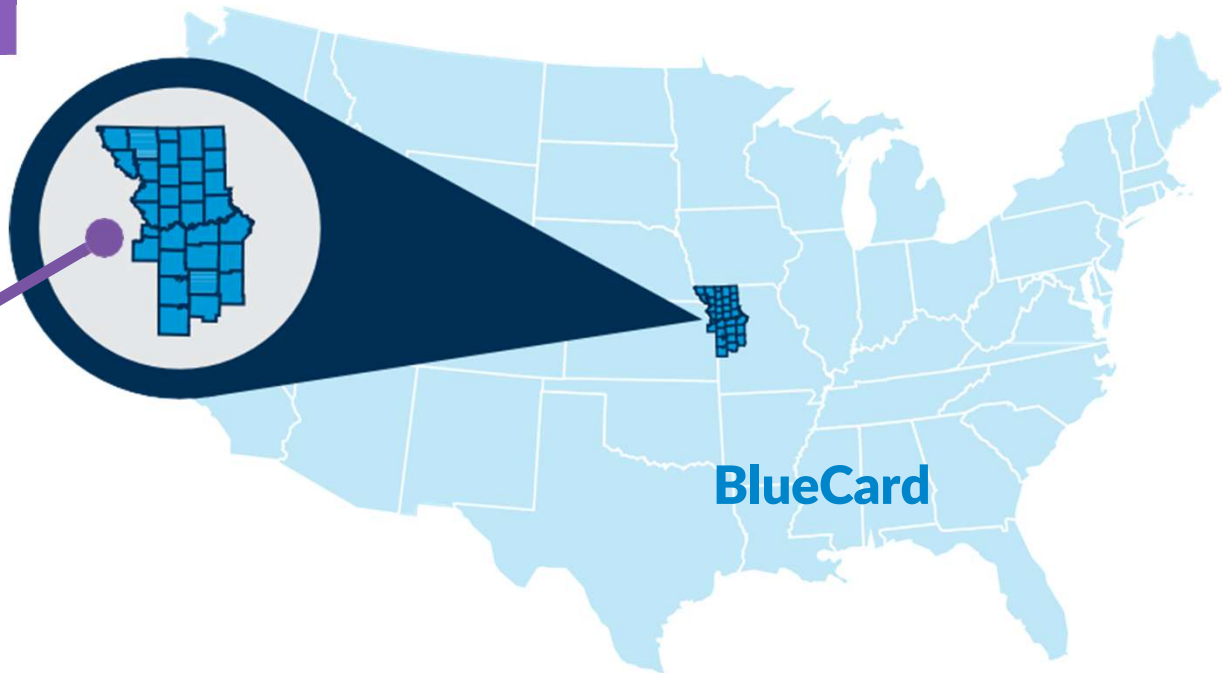


Over 6,800 Providers  
50+ In Network Hospitals

## 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

# 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** then **Find Doctors**
- Change your **location** in upper right corner e.g., **New York**
- **Your existing network will automatically populate**
- **For International Coverage, call 1-800-810-BLUE or [bcbsglobalcore.com](http://bcbsglobalcore.com)**

**Available for all plans**



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# Health Plan Comparison

	Traditional EPO Preferred-Care Blue	Traditional PPO Preferred-Care Blue	BlueSaver QHDHP PPO Preferred-Care Blue
	In-Network Benefits	In-Network Benefits**	In-Network Benefits**
HSA Eligible?	NO	NO	YES
Deductible (Individual / Family)	N/A	\$1,500 / \$3,000	\$3,200 / \$6,400
Coinsurance (Your Share)	N/A	20%	10%
Out-of-Pocket Maximum* (Individual / Family)	\$7,900 / \$15,800	\$3,500 / \$7,000	\$4,200 / \$8,400
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 (one exam / year)	\$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.

\*Traditional PPO and BlueSaver QHDHP provide in-network and out-of-network benefits. Refer to your benefit guide or plan documents to see out-of-network benefits. The EPO plan only provides in-network benefits.

# Understanding Your Health Savings Account (HSA)



**Consumer Driven  
Health Plan**



**Bank  
Account**

- HSA Qualified High Deductible Health Plan

- Individually owned
- Tax Advantaged
- Used to pay for eligible health, dental and vision out of pocket expenses
- Member is responsible for determining HSA eligibility
- HSA Bank Options: UMB & Nodaway



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# What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) can help you manage your expenses today and in the future.

- **OWN.** The HSA is always yours, even if you change jobs, re-enroll in one of the Traditional plans, become unemployed or retire.
- **GROW.** Your unused balance rolls over from year to year. No “use it or lose it”.
- **SAVE.** HSA’s provide tax-free contributions and tax-free withdrawals and tax-free earnings from investment options.
- **CHOOSE.** Use for current expenses, save for the future or explore investment options.





# Health Savings Accounts (HSAs)

*Your responsibilities as the HSA account holder*

## Meet Eligibility Requirements

- Enrolled on the QHDHP
- Cannot have “other coverage”
- Cannot have access to medical FSA
- Cannot be enrolled in Medicare or Medicaid

## Contribute Only to Annual IRS Max

**2024: \$4,150 Individual**  
**2024: \$8,300 Family**  
**\*SJSD contributes: \$199.85 per month**  
**\$1,000 catch up contribution for people 55 and older**

## Keep Itemized Receipts

- Monitored by **You** and **IRS**
- Under age 65 non-qualified expenses subject to: 20% penalty and normal income tax
- After 65 non-qualified expenses subject to normal income tax

## Use on Qualified Expenses

- Medical/Prescription Drugs
  - Dental
  - Vision
- Select OTC supplies
- Medicare premiums
- Complete list on IRS publication 502

\*If eligible and you enroll in the HSA, SJSD will contribute **\$199.85 per month** to your HSA; only after the HSA has been established and your HSA banking is provided to the Benefits Manager. Contributions are not retroactive.

# Member Portal on MyBlueKC.com

Register online at [MyBlueKC.com](https://MyBlueKC.com) 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

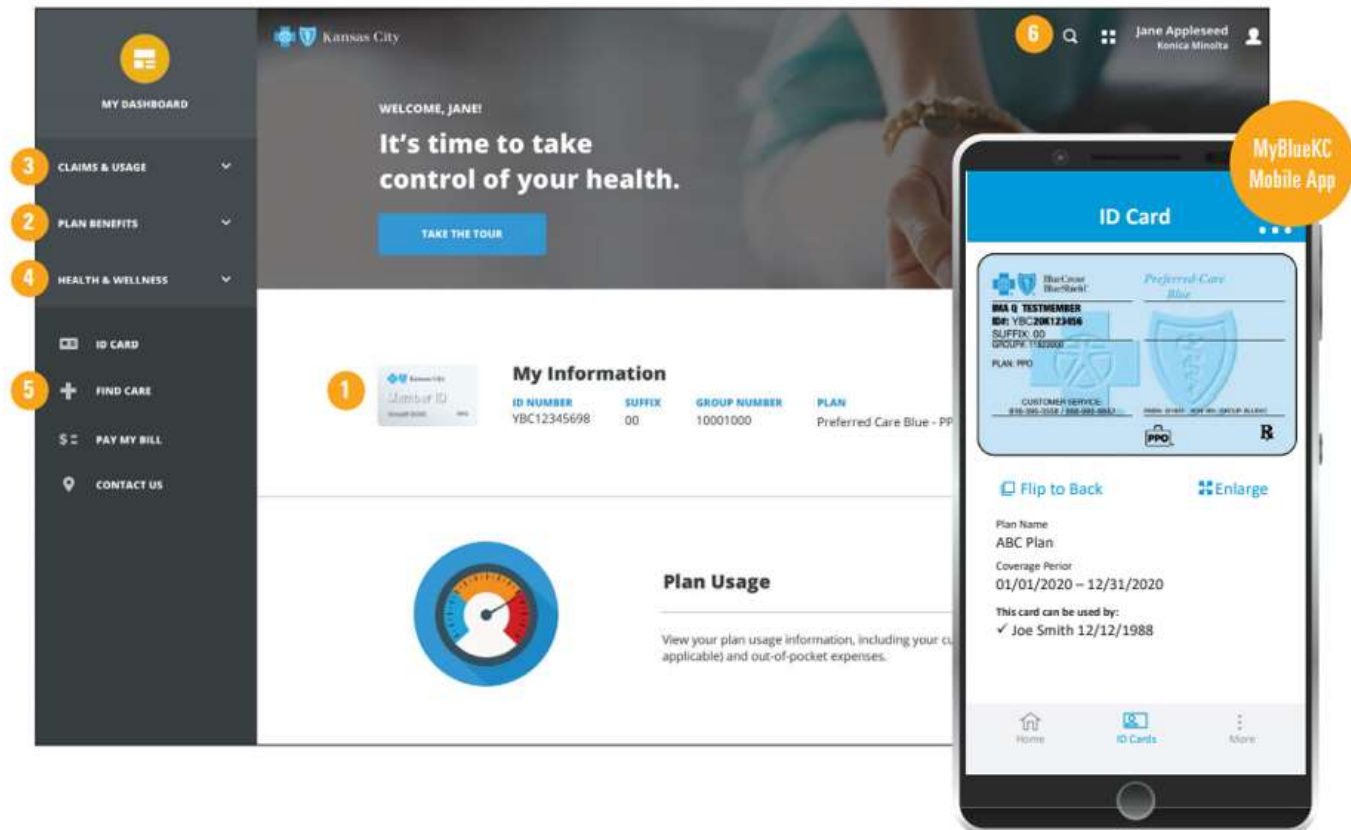
A Healthier You

## Find Care

Find doctors, hospitals, pharmacies, dental providers

## Ask Us

Get answers to your questions



**ACCESS YOUR ACCOUNT**  

Go to [MyBlueKC.com](https://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



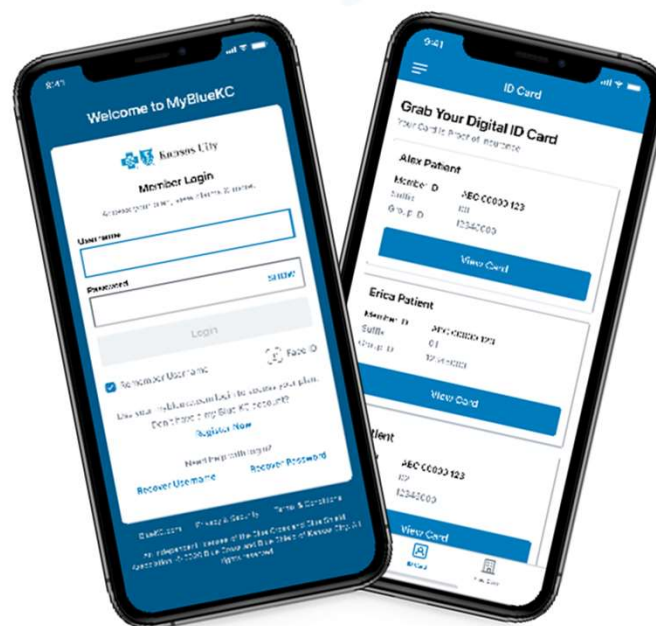
Review spending for your current year



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](https://MyBlueKC.com), use the same log-in for the app.



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# Receive Cash Rewards with SmartShopper

**It pays to shop.**

- Certain routine procedures, preventive exams, imaging scans and scheduled surgeries are eligible for cash rewards.
- The amount of the reward you receive depends on the type of procedure.
- A full list of SmartShopper-eligible procedures is available on your member portal.



**200+**

SmartShopper-eligible procedures



**Average cash reward earned per member is \$92**



Kansas City

# SmartShopper Rewards



## SHOP

Many common procedures, including examinations, scans and scheduled surgeries are eligible for cash rewards. Start shopping your procedures online at [MyBlueKC.com](https://MyBlueKC.com), or by contacting a Blue KC Customer Advocate or the SmartShopper Personal Assistant Team at 1-855-476-5027.



## GO

Have your procedure done at the SmartShopper-eligible location of your choice.



## EARN

Once the claim has been processed, a reward check will be mailed directly to your home address. The amount of the reward you receive depends on the type of procedure.

**200+**

SmartShopper-eligible procedures



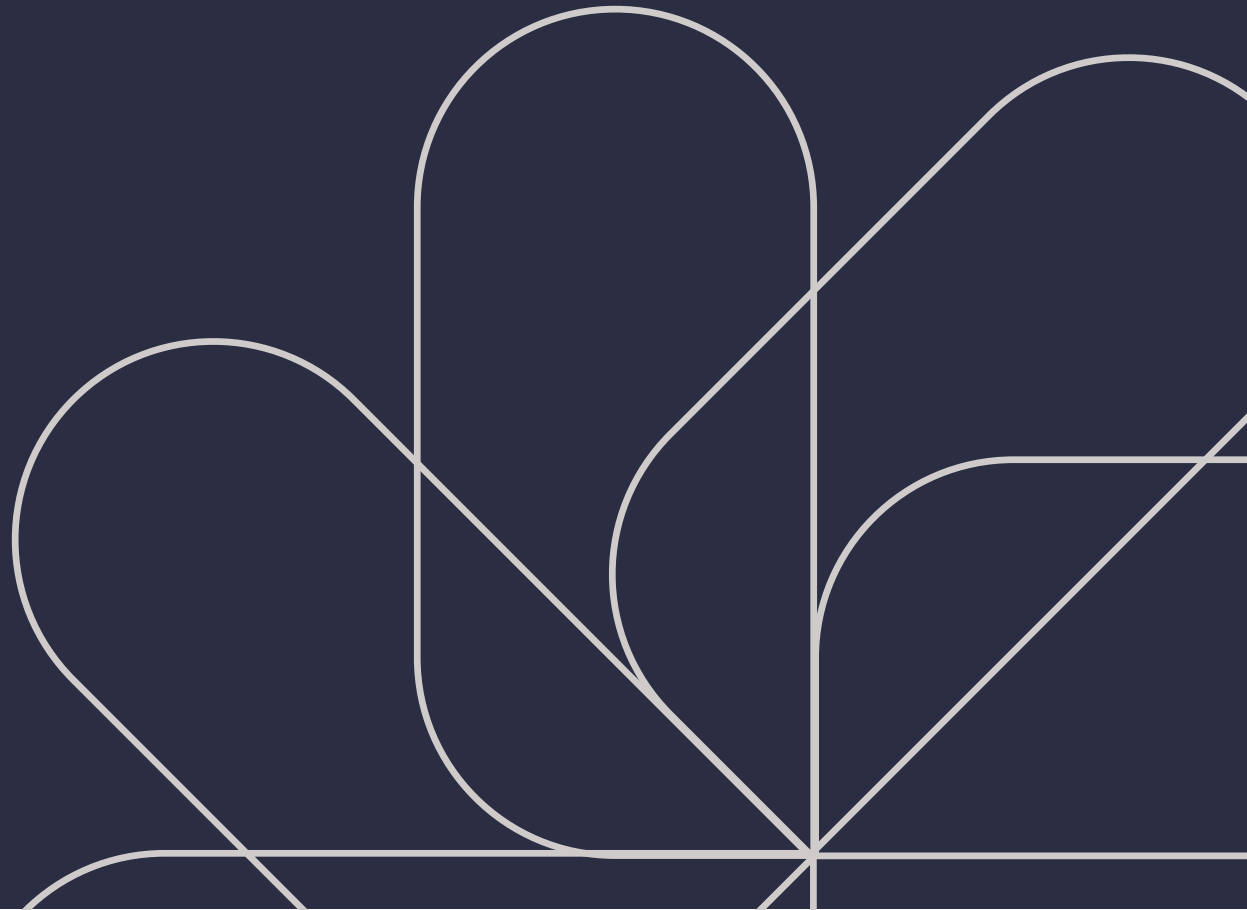
Average cash reward earned per member is \$92.  
A full list of SmartShopper-eligible procedures is available on your member portal at [MyBlueKC.com](https://MyBlueKC.com)



Kansas City

# Pharmacy Advocate Program

Tria Health





# Tria Health's® Pharmacy Advocate Program

- **FREE benefit offered by St. Joseph School District**
- Tria Health pharmacists can help:
  - Make sure your medications are working as intended.
  - Help you save money.
  - Answer any questions you have about your health.
  - Coordinate care with your doctor(s).





# Tria Health's® Pharmacy Advocate Program

- **Who Should Participate?**

Members who have the following conditions and/or take multiple medications:

- Asthma/COPD
- Diabetes
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Mental Health
- Migraines
- Osteoporosis

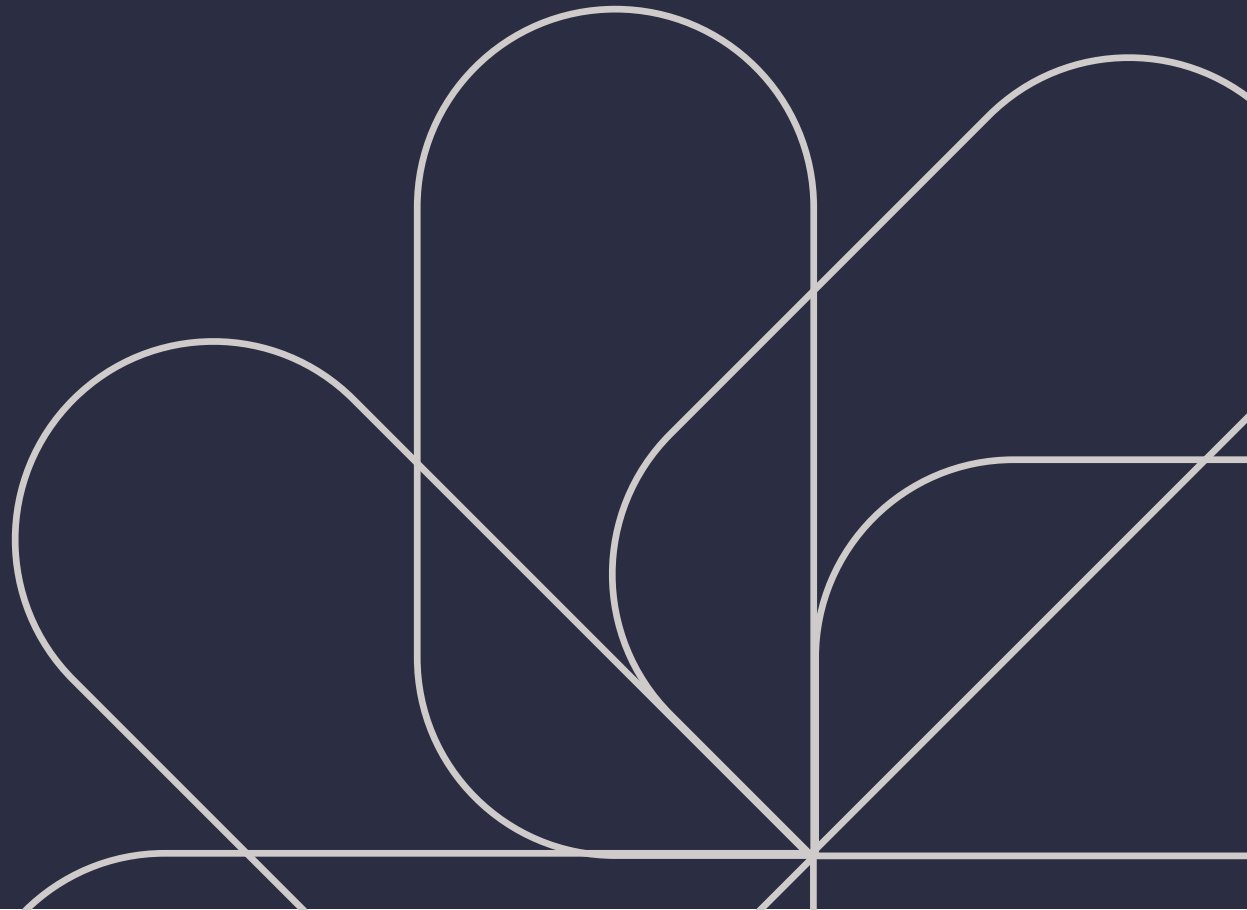
- **Qualify to receive up to \$150 by attending three pharmacist consultations within a 12-month period.**



**Schedule Your Appointment!** Call 1.888.799.8742 or visit: [www.triahealth.com/schedule](http://www.triahealth.com/schedule)

# **Employee Assistance Program**

New Directions Behavioral Health



# Employee Assistance Program (EAP)

*New Directions Behavioral Health*

## Confidential, no cost benefit includes:

### **Counseling sessions**

- **Six** (max) per person, per issue, per year for you and your household members
- In-the-moment support
- Face to face counseling
- Telephonic counseling
- Online counseling (messaging, telephonic, video)

### **Legal and Financial Services**

- 30-minute consultation with an attorney or financial advisor
- Access to a no cost legal document library including will preparation, health directive, power of attorney, etc.
- Budgeting tools

### **Coaching Sessions**

- **Six** (max) per person, per issue, per year for you and your household members

### **Work-Life Resources**

- Referrals to local providers for childcare, elder care, health and wellness, home repairs, etc.

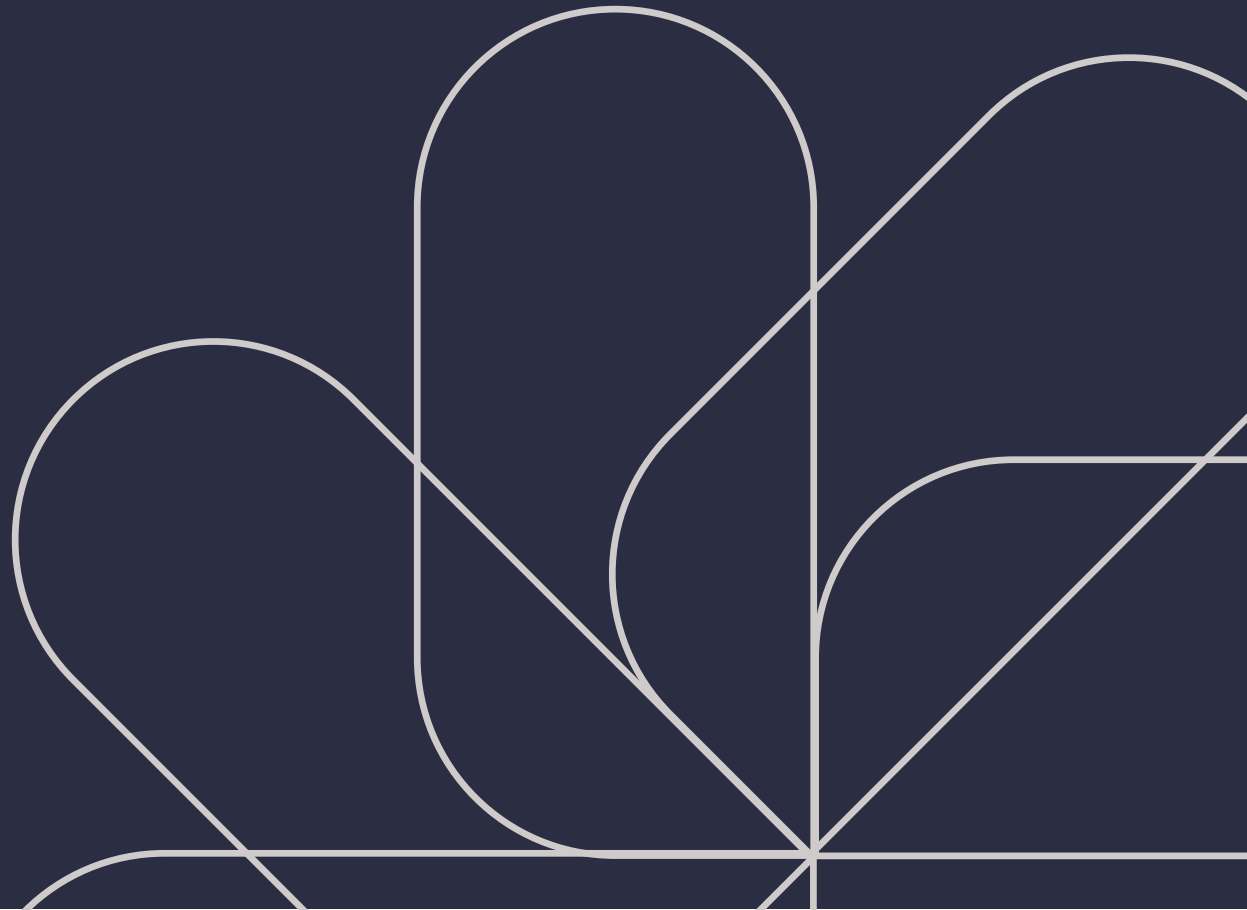
### **Online tools, app and resources**

- Visit our website: [eap.ndbh.com](http://eap.ndbh.com)  
**Company code: SJSD**
- Download EAP App on smart device  
*Search New Directions EAP*
- Just Five educational substance abuse videos
- Access to free webinars, articles, legal templates, health resource center and more

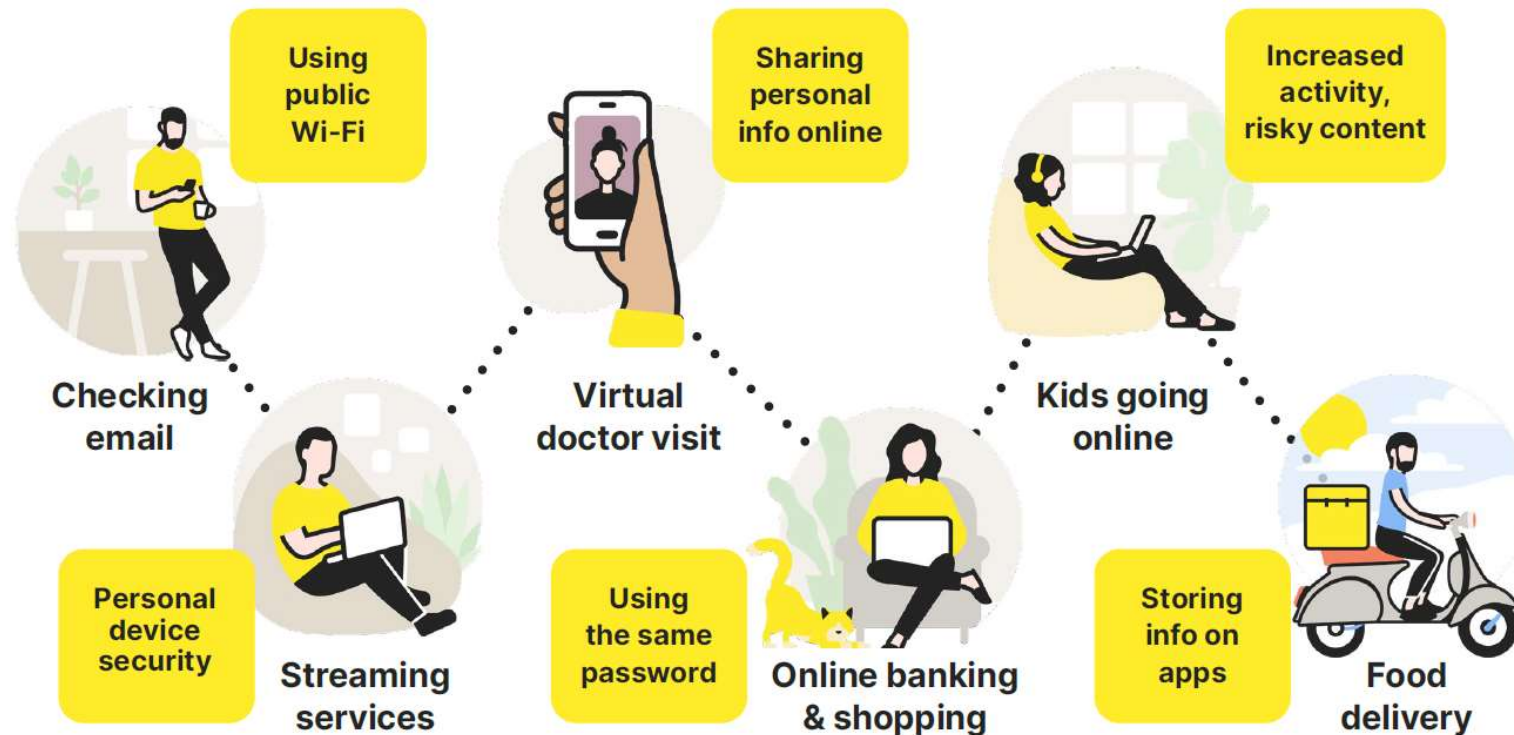
**Contact Your EAP Services at 800-624-5544 or visit [eap.ndbh.com](http://eap.ndbh.com), company code: SJSD**

# Identity Theft

Norton LifeLock



# We Are Vulnerable with Everyday Activities



**344x** The average amount of times Americans check their phones (once every 4 minutes)

**73%** of passwords are duplicated across work and personal accounts



# Benefit Plan Overview

## ALL PRODUCTS INCLUDE:

### Identity Theft Protection

- LifeLock Identity Alert™ System
- Financial protections
- Lifestyle protection
- Social protection
- Protective lock & freeze dashboard

### Device Security

- Norton Device Security
- Online threat protection
- Password manager
- Child online safety tools (Parental Controls)

### Online Privacy

- Secure VPN
- Data broker scanning and removal assistance (Privacy Monitor)
- Solicitation reduction, ad blocker

### Service & Support

- Restoration & remediation services
- Dedicated phone line and email support
- \$3 Million Protection Package

## Benefit Premier

### All Product Features, Plus:

- 3 Bureau Credit Monitoring
- 3 Bureau Report + Score
- Monthly Credit Score Tracking
- Norton Device Protection (5EE/10FM)
- Bank Account Takeover Alerts
- New Checking & Saving Application
- Home Title Monitoring

Benefit Plans are **60% less** than the retail equivalent.



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

# Streamlined Member Dashboard



Integrated, intuitive, and proprietary user experience on web & mobile



**4.7 stars**

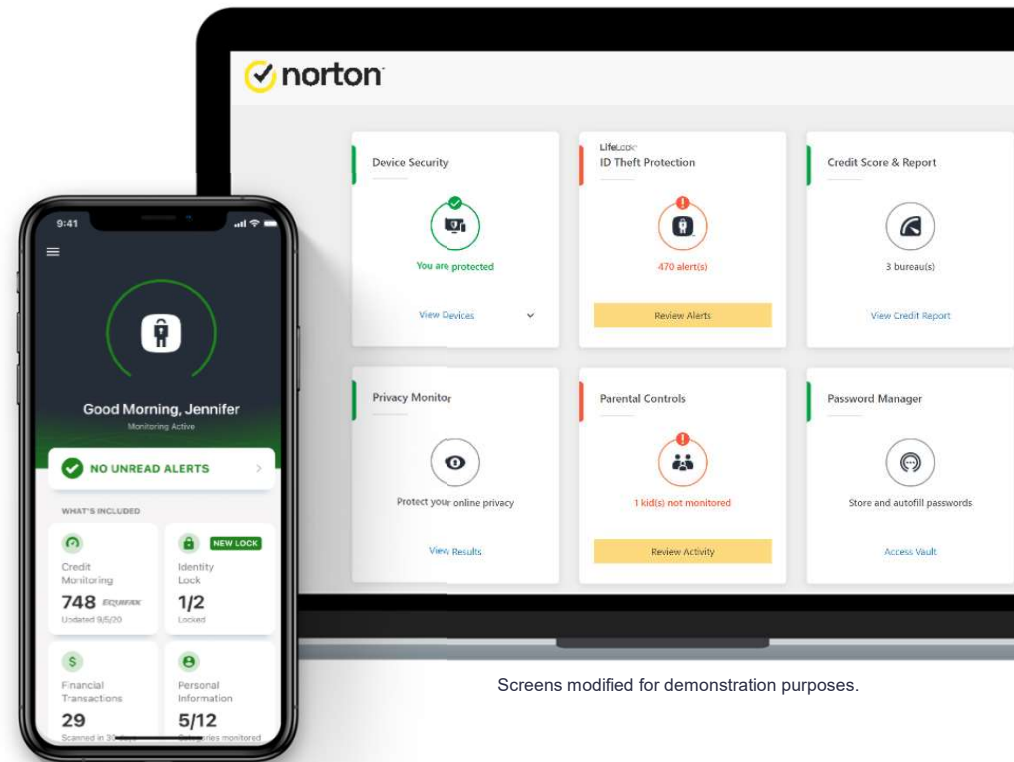
69K reviews (iOS)



**4.7 stars**

1.75M reviews (Android)

As of March 2023

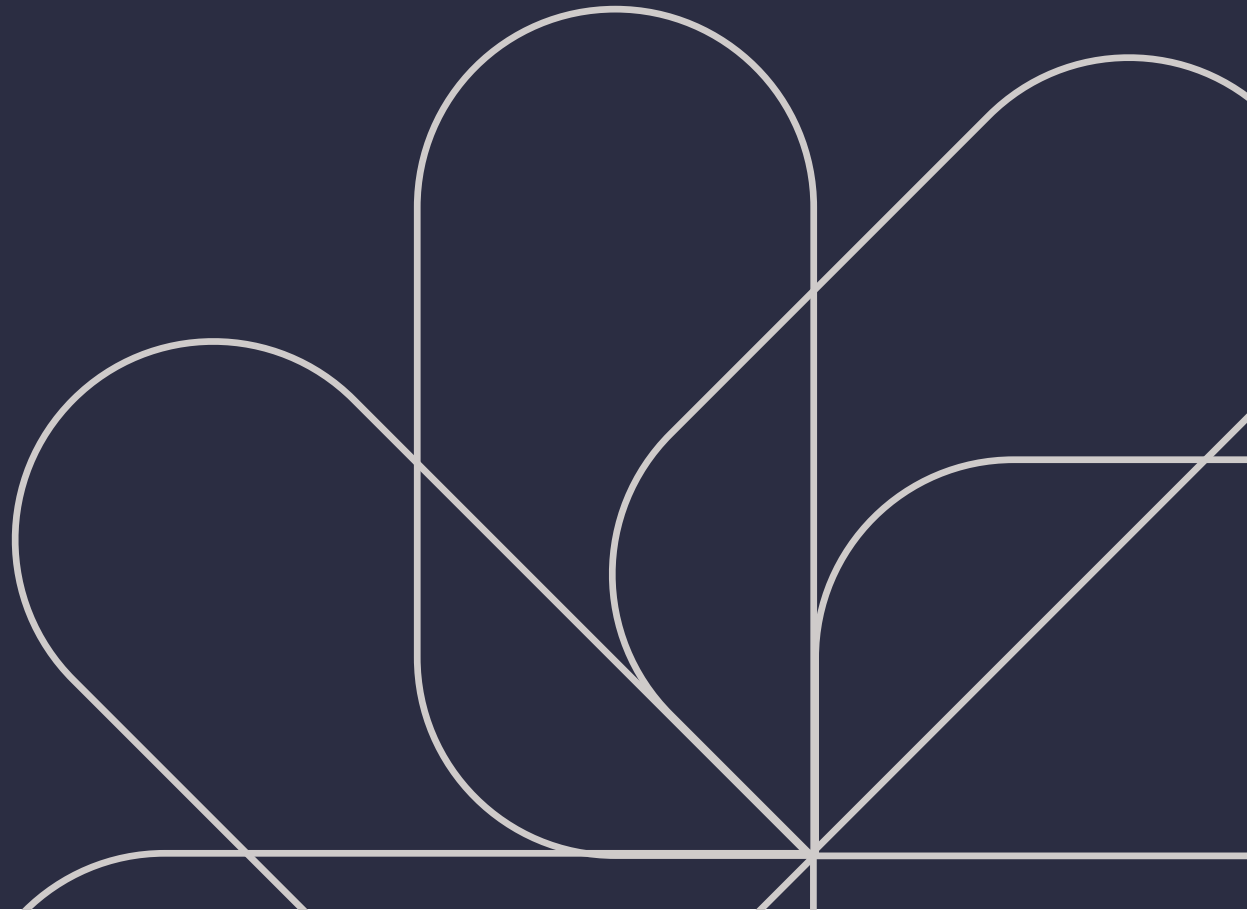


Screens modified for demonstration purposes.



# Flexible Spending Accounts

TASC



# Flexible Spending Accounts (FSA) Overview

	Healthcare FSA	Dependent Care FSA
Annual Limit	Up to \$3,200*	Up to \$5,000
Eligible Expenses	You can use it to pay for medical, dental and vision expenses, including deductibles, coinsurance, prescriptions and other eligible expenses.	You can use it for eligible expenses at licensed day care centers, nursery schools, day camps and home care with valid tax ID numbers.
Use it or Lose it	Following the close of the plan year on June 30 <sup>th</sup> , you will have an additional 2 ½ month <u>grace period</u> to incur and submit expenses through September 15 <sup>th</sup> .	Following the close of the plan year on June 30 <sup>th</sup> , you will have an additional 2 ½ month <u>grace period</u> to incur and submit expenses through September 15 <sup>th</sup> .
Availability of Funds	Your annual elected amount is available for you to use on the first day of the plan year (July 1).	You can only use the funds that are currently in your account, which increase each pay period.
Employer Contribution	No	Yes! <b>SJSD will contribute up to \$1,000</b> to every open Dependent Care FSA account.
<b>HSA Compatible?</b>	<b>No</b>	<b>Yes</b>

*\*Annual limits set by the IRS and are subject to change.*

**New this year!** The District will contribute **up to \$1,000** toward participants' DC FSA accounts. This contribution will be distributed as a monthly amount of \$83.34.

# Participant Service Features

*Universal Benefit Account is easy to use!*



**TASC Card with MyCash Account:** Benefits debit card for fast and convenient access to benefit funds and reimbursement payments. Auto-adjudication and no penalty deactivation.

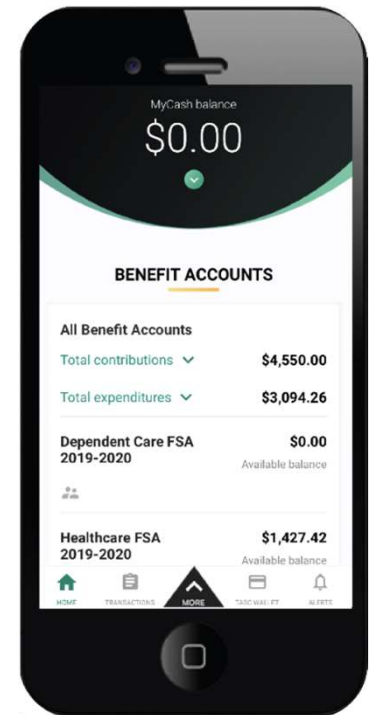
**TASC Mobile App:** Account access on the go -- view account balances, request a reimbursement, submit and store receipts, use Picture to Pay, lookup an eligible expense, use biometric security, and much more.

**TASC Web Portal:** Online access to account information, transactions, Pay the Provider, and support requests.

# THE TASC MOBILE APP

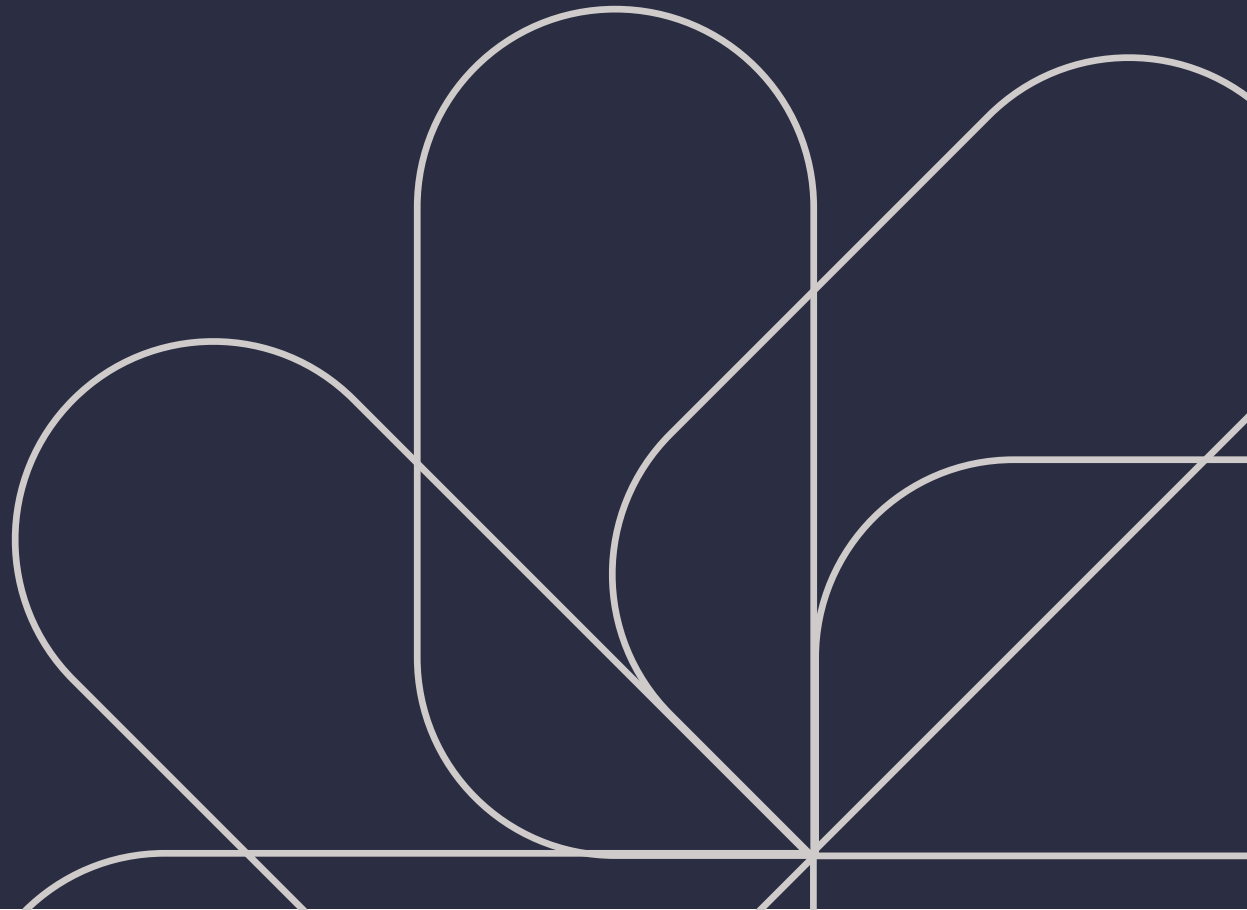


- Free download:
- Innovative Features:
  - Biometric Security: Touch ID and Facial Recognition
  - Request a Reimbursement + attach substantiation
  - Picture to Pay
  - Eligible Expense Lookup
  - Mobile Alerts
  - TASC Wallet
    - Receipt Repository
    - Card Management and Holder



# **Life, Disability, and Supplemental Benefits**

## The Hartford



# Your Benefit Options

## HELPING YOU PREPARE FOR THE UNEXPECTED:

### 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 12 – April 28, 2024

### When does coverage begin?

July 1, 2024



# Life Insurance

## Life Insurance Benefits:

- **Supplemental Life:** Increments of \$10,000 up to a maximum of \$500,000
  - Guarantee Issue: \$200,000
- **Spouse Supplemental Life:** \$10,000
  - Guarantee Issue: \$10,000
- **Child Supplemental Life:** \$5,000
  - Guarantee Issue: \$5,000



**This OE, you can elect up to the Guaranteed Issue amount without providing EOI for Supplemental Life, even if you have previously waived coverage.**



# 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\*

The average cost of a 3-day hospital stay is around

**\$30,000<sup>1</sup>**

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.

<sup>1</sup>U.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)

<sup>2</sup> 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.<sup>1</sup>

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

# Critical Illness Insurance

## 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.

## WHAT'S COVERED

THE HARTFORD OFFER BENEFITS FOR UP TO **34 ILLNESSES**, RELATED EXPENSES, AND TREATMENTS.

## COVERAGE AMOUNTS

### EMPLOYEE

- \$10,000
- \$20,000
- \$30,000

### SPOUSE

- 100% of employee coverage

### CHILD(REN)

- 50% of employee coverage

# Short-Term Disability (STD) Insurance



## STD BENEFIT

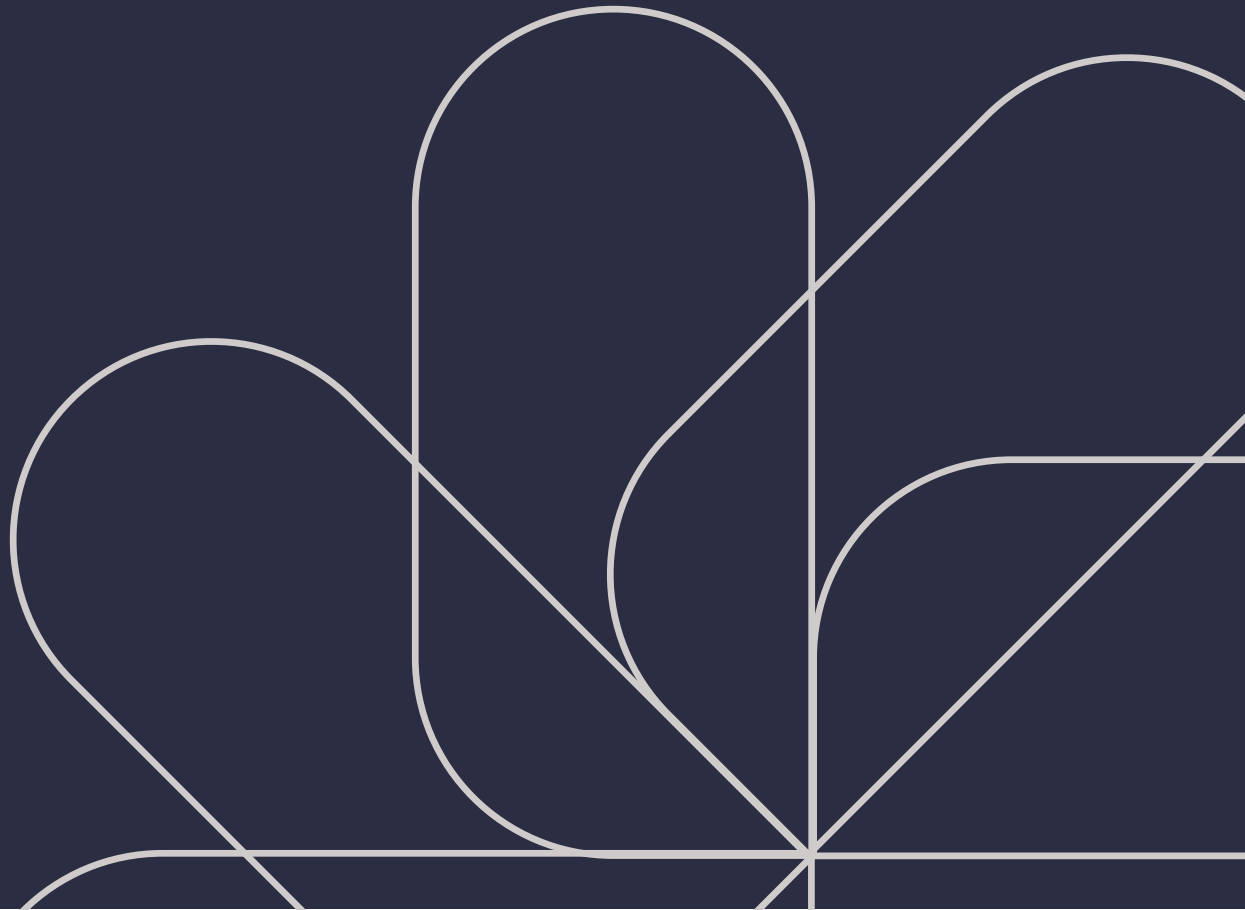
- Short-term Disability pays benefits for duration: 26 weeks
- You can get 65% of your income, up to \$750 a week
- Benefits begin after a short period of time 15 days from start of disability
- Pre-existing condition limitations apply
- Access to value added services, including our Employee Assistance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

<sup>1</sup>Services 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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# Vision Benefits

VSP



# Your VSP Plan at a Glance

Benefit	Coverage
Exam	WellVision Exam covered every plan year <b>\$25</b> Copay
Essential Medical Eye Care	<ul style="list-style-type: none"> <li>Retinal imaging for eligible members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details</li> </ul>
Frame Allowance	<b>\$175</b> Frame allowance every <b>24</b> months
Lenses (every calendar year)	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, or lined trifocal lenses for adults <b>\$25</b> Copay included in glasses</li> <li>Impact-resistant lenses for dependent children. <b>\$25</b> Copay included in glasses</li> </ul> <p>*\$25 Total Copay for Exam &amp; Materials</p>
Lens Enhancements	<ul style="list-style-type: none"> <li>Standard Progressive lenses covered with full</li> <li><b>30%</b> savings on lens enhancements like Scratch-resistant coating, UV protection, or Anti-glare coatings</li> </ul>
Contact Lens Allowance (instead of glasses)	<b>\$175</b> allowance for contacts lenses and Copay up to <b>\$60</b> for contacts lens exam (fitting and evaluation)
Retinal Imaging	No more than a <b>\$39</b> Copay on routine retinal screening as an enhancement to a WellVision Exam
Your Monthly Contribution	<b>\$6.20</b> Member only   <b>\$12.38</b> Member + Spouse   <b>\$13.24</b> Member + Children   <b>\$21.16</b> Member + Family

## Essential Medical Eye Care



Fully covered retinal imaging for members with diabetes who do not have diabetic eye disease.



Exams and services to treat immediate issues like pink eye and sudden changes in vision loss.



Treatment options to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.

# Participating Retail Chains

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

- Sam's Club
- Walmart Vision Center
- Pearle Vision
- Clarkson Eyecare
- RxOptical
- And more

## Convenient Access

- With thousands of private practice doctors and over 700 Visionworks® retail locations nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location. And VSP® members are backed by the Premier Edge Promise, a worry-free eyewear guarantee

## WITH EVEN MORE OPTIONS

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





# Enjoy Savings Beyond Your Vision Benefits

## Get the Savings You Need.

Visit **vsp.com/offers** to see all the Exclusive Member Extras. Take advantage of exclusive special offers for you and the whole family! Save on your favorite frame brands and contact lenses and get discounts on wellness products and services that make your life easier.

\$20

Enjoy an Extra \$20 on Featured Frame Brands.

40%

Save up to 40% on popular lens enhancements\*.

Offers vary based on state and benefit plan. Brands and offers subject to change.

## Eyeconic®

**Eyeconic** is the official VSP online store that seamlessly connects your VSP vision benefits to your account.

Eyeconic offers:

- A huge selection of contact lenses and designer frames 24/7 – and the Virtual Try-On Tool.
- Free shipping and returns\*
- 20% off any out-of-pocket expenses on eyewear after your frame allowance is applied.
- Specialty sizes that fit your needs.

Find your product, customize your order and we do the rest. Start saving today at **eyeconic.com®** today.

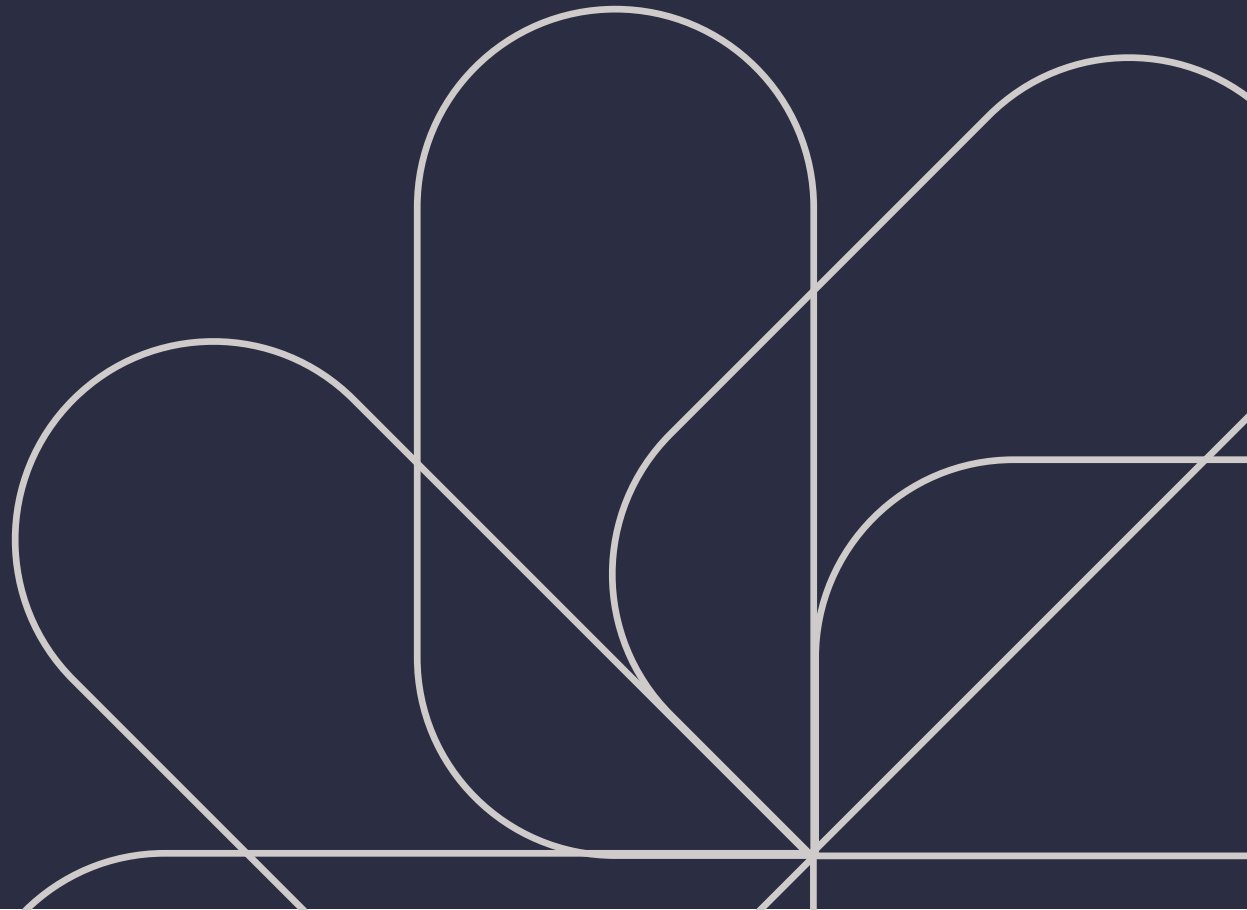


•

\*Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

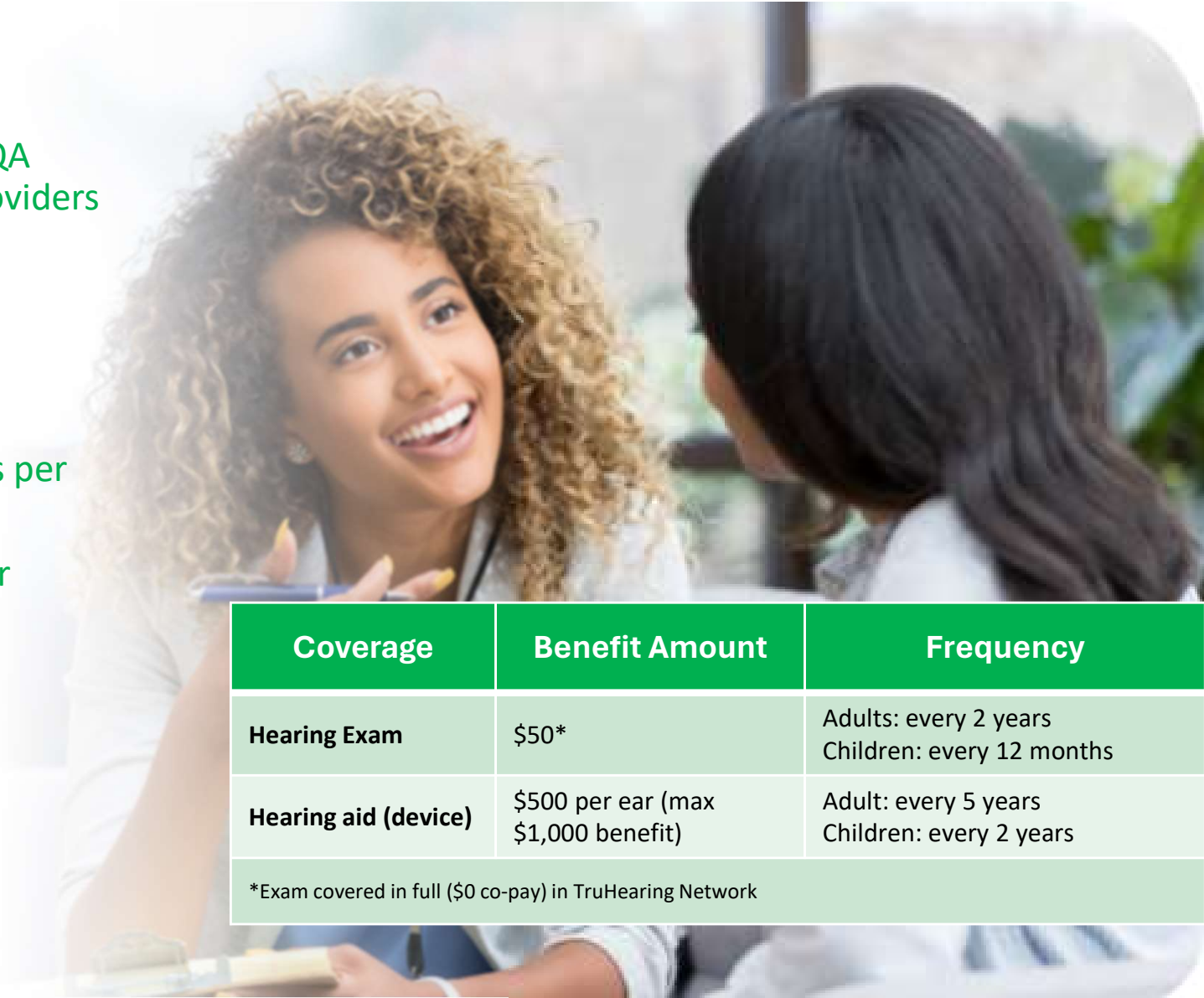
# Hearing Coverage

TruHearing



# TruHearing Plan Features

- Access to over 7,250 NCQA credentialed network providers
- Extended 3-year product warranties
- 45 Day Money-Back Trial Periods
- 1-year supply of batteries per device
- Dedicated Phone Number



Coverage	Benefit Amount	Frequency
Hearing Exam	\$50*	Adults: every 2 years Children: every 12 months
Hearing aid (device)	\$500 per ear (max \$1,000 benefit)	Adult: every 5 years Children: every 2 years
*Exam covered in full (\$0 co-pay) in TruHearing Network		

# TruHearing Benefit Pricing



## Copayment Pricing

Hearing Aid Tier	Avg Retail Price	TruHearing Price	Benefit Per Aid	Member Cost Per Aid
Value	\$1,400	\$699	\$500	\$199
Basic	\$1,600	\$999	\$500	\$499
Standard	\$2,250	\$1,199	\$500	\$699
Advanced	\$2,700	\$1,599	\$500	\$1,099
Premium	\$3,500	\$1,999	\$500	\$1,499



Employees have access to hundreds of hearing aid devices and the latest technology from all major manufacturers including:

Signia, Widex, Starkey, Phonak, Resound and Oticon

## \$50 Exam with a TruHearing Provider

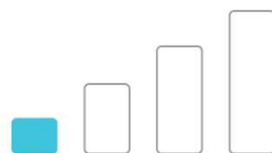
Coverage Level	Employee Monthly Premium
Employee	\$1.20
Employee + spouse	\$2.41
Employee + child(ren)	\$1.78
Family	\$2.98

## What is the difference in technology levels?

### Basic

#### Up to 8 channels

Limited styles available



Natural sound level

Basic hearing aids are for people with mild to moderate hearing loss and a quiet, less active lifestyle.

Key features:

- Limited noise reduction
- Basic feedback cancellation

### Standard

#### Up to 16 channels

Many styles available



Natural sound level

Standard hearing aids work well for people who spend most of their time in predictable environments.

Key features:

- Manual digital processing
- Adjustable speech enhancement
- Adjustable feedback cancellation
- Noise reduction
- Wireless connectivity

### Advanced

#### Up to 32 channels

Most styles available



Natural sound level

Advanced hearing aids work for those with an active lifestyle and those who spend time in challenging environments.

Key features:

- Automated digital processing
- Adjustable speech enhancement
- Adjustable feedback cancellation
- Noise reduction
- Wireless connectivity
- Artificial Intelligence technology
- Rechargeability

### Premium

#### Up to 48 channels

All styles available



Natural sound level

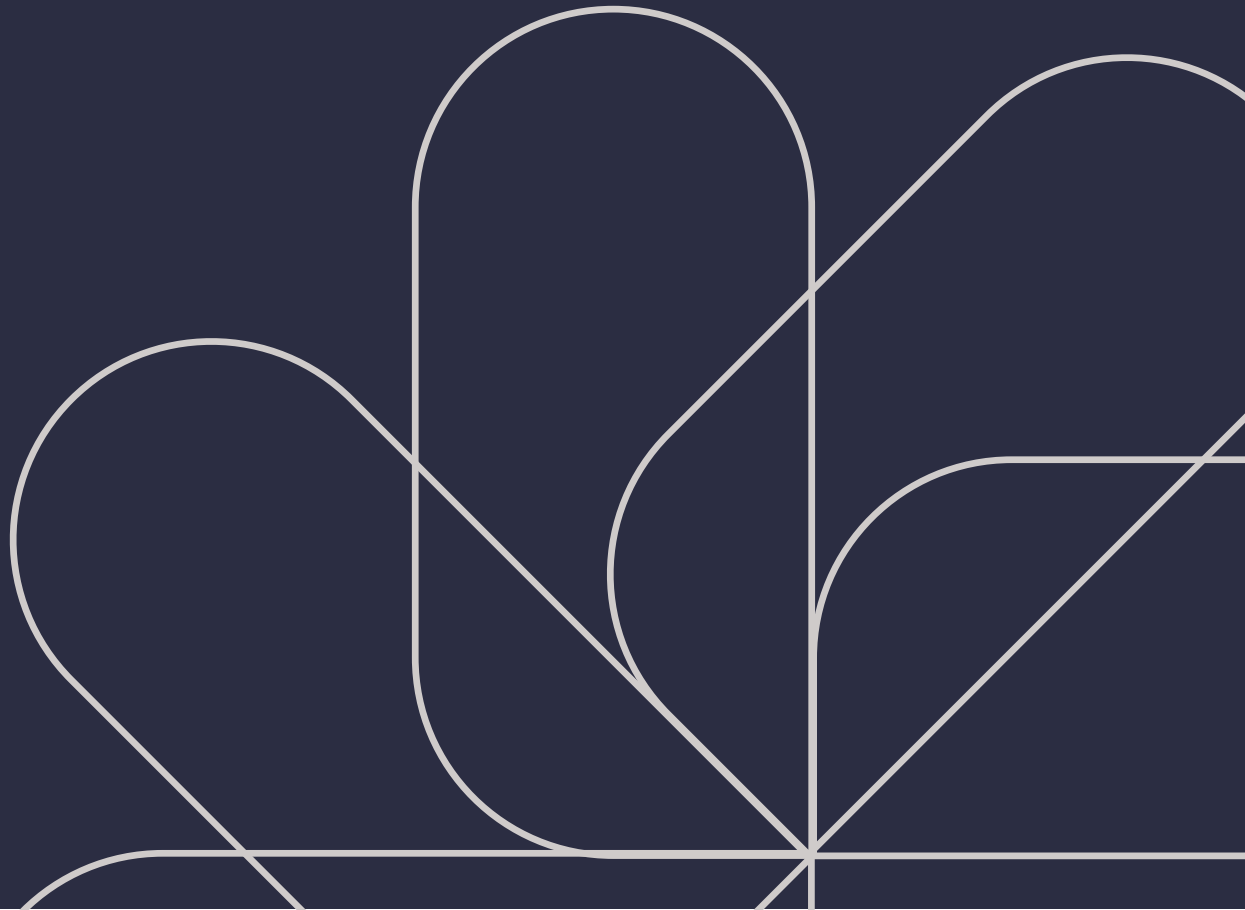
Premium hearing aids support you in the most challenging environments, like restaurants or large groups of people.

Key features:

- Premium automated digital processing
- Adjustable speech enhancement
- Adjustable feedback cancellation
- Adaptive directional microphones
- Wind noise management
- Automatic noise reduction
- Wireless connectivity
- Artificial Intelligence technology
- Rechargeability
- Extended bandwidth for better perception of speech and sound

# Dental Benefits

Delta Dental of Missouri



# 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, member is only responsible for deductible and coinsurance, if applicable

## Non-Participating Dentists

- Not under contract with Delta Dental
- No discounted fees
- Balance billing is possible
- Dentists may not file claims
- Member may need to pay up front, Delta Dental pays/reimburses member

**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.**



# Convenient access to quality dental care

In Missouri	Percentage of practicing dentists participating in network	Number of practicing dentists participating in network	Number of locations - access points for care
Delta Dental Premier® network	88%	2,698	5,405
Delta Dental PPO™ network	69%	2,130	4,599

*as of September 2023*

# Base Plan (group numbers 22911000, 1001, 1002)

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

# Buy-Up Plan (group numbers 22911000, 1001, 1002)

Delta Dental PPO	PPO Network	Premier Network	Non-Participating
<b>Diagnostic/Preventive Services</b> Exams, cleanings, x-rays, fluoride, sealants, space maintainers, emergency palliative treatment	100%	100%	100%
<b>Basic Services</b> Perio maintenance, composite fillings, extractions, endodontics, non-surgical periodontics, general anesthesia	90%	80%	80%
<b>Major Services</b> Surgical periodontics, crowns, inlays, onlays, dentures, bridges	60%	50%	50%
<b>Orthodontic Services</b> Dependents to age 19	50%	50%	50%
<b>Calendar Year Deductible</b>	\$50 per person		
<b>Calendar Year Maximum</b>	\$1,500 per person		
<b>Lifetime Orthodontic Maximum</b>	\$1,500 per person		
<b>Dependent Age Limit</b>	26, end of calendar year		

# Delta Dental Member Tools

Video for  
easy  
reference



DELTA DENTAL Delta Dental Plans Association (Select your state) Search

Home Patients Dentists Employers Producers 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 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.

[Get Cost Estimate](#)

**Disclaimer:**  
The Dental Care Cost Estimator provides an estimate and does not guarantee the exact fees for dental procedures. Estimates should not be construed as financial or medical advice. For more detailed information, contact 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 Tools and Resources Oral Health and Wellness  
• Our Mission And History • Dentist Search • Children's Oral Health

Cost estimator

DELTA DENTAL Delta Dental Plans Association (Select your state) Search

Home Patients Dentists Employers Producers Shop for Insurance

### Find a Dentist in Your Area

Delta Dental's national network of more than 142,000 dentists extends across the U.S. and Puerto Rico. You don't have to go far to find the best dentists in their cities, towns, and neighborhoods. Find in-network local dentists near you. You can also narrow down your search by the distance you're willing to travel, dental specialty, and more.

[View All Dentists](#) [View All Specialists](#) [View All Locations](#) [View All Services](#) [View All Insurance Plans](#) [View All Locations](#) [View All Services](#) [View All Insurance Plans](#)

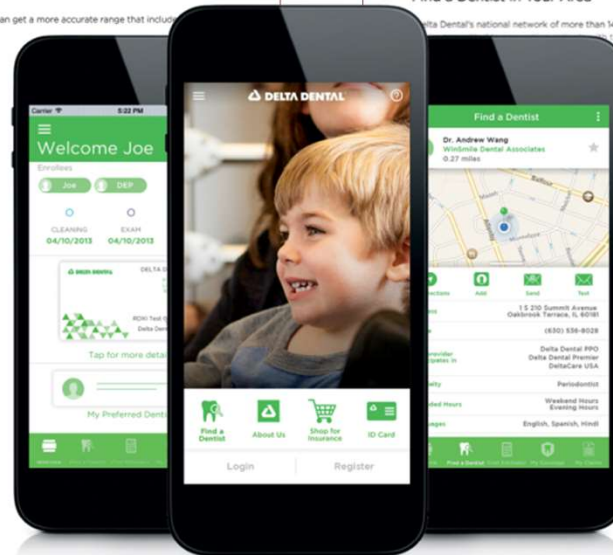
[Dental PPO](#) [Delta Dental Premier](#) [DeltaCare USA](#) [Delta Dental Patient Direct](#)

City:  State:

Results

15 20 30 40 50 100  
In some instances, if no results are found in the distance you selected, the search will automatically increase the distance to find results found up to a maximum of 100 miles.  
Changing this value will limit the number of Dentists returned.

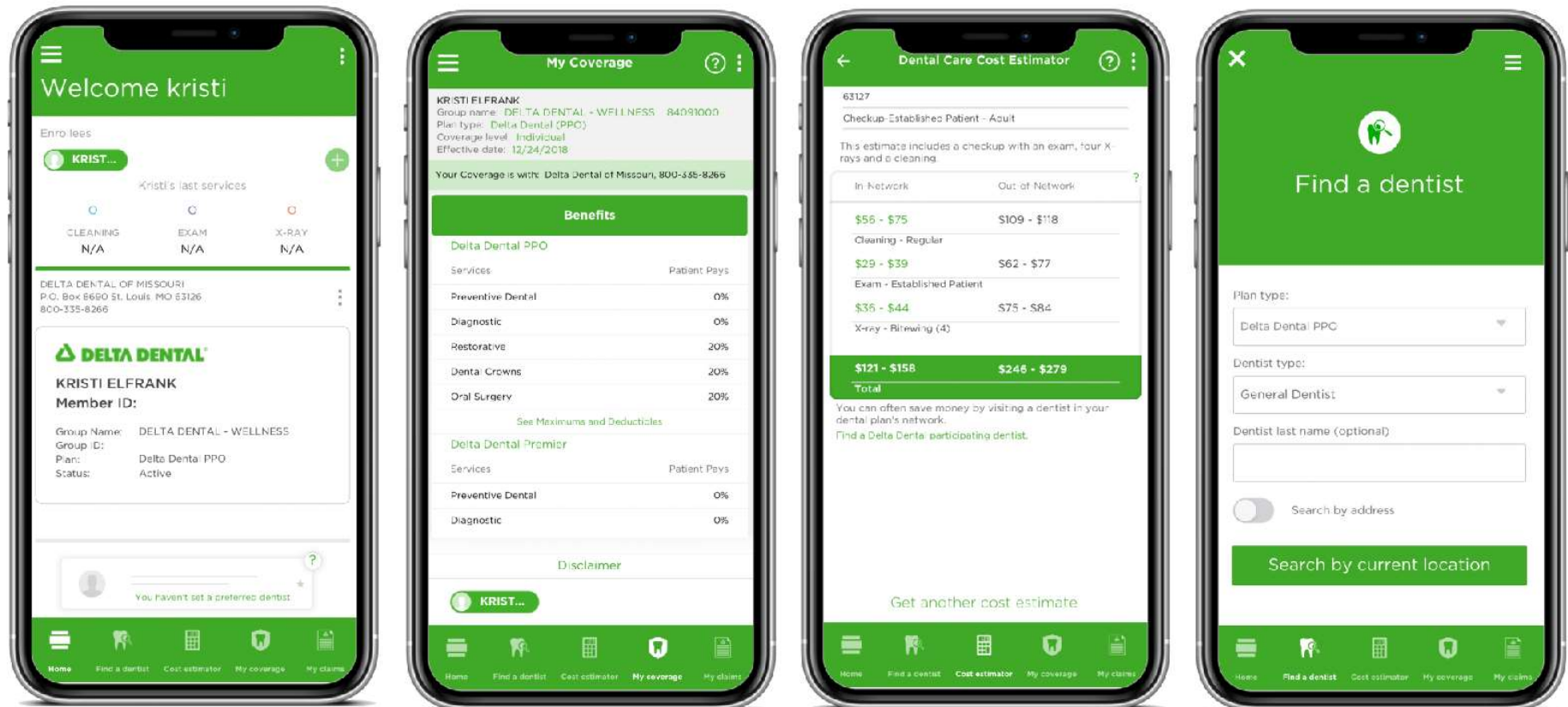
Dentist search



Mobile app

DELTA DENTAL

# Mobile App



# Open Enrollment Reminders

# 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
- Access Resources on BenXpress, [www.benxpress.com/sjsdbenefits](http://www.benxpress.com/sjsdbenefits)
- 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 enroll in your 2024-2025 Benefit Elections
- If you Do Not Enroll in benefits:
  - Current benefits elections will end 06/30/2024
  - You will NOT have coverage effective 07/01/2024
- Open Enrollment: April 12<sup>th</sup> – April 28<sup>th</sup>

# Questions?

# Thank you!

OPEN ENROLLMENT ENDS APRIL 28TH

