

JULY 2024 – JUNE 2025

2024 BENEFITS ENROLLMENT

YOUR BENEFITS, YOUR STORY

Benefits to fit your unique situation

5 WAYS TO SAVE

On healthcare expenses

3 TIPS

For an easy enrollment



Carrier Contacts

BENEFIT PLANS	CONTACT INFORMATION		
	CARRIER/CONTACT	PHONE	WEBSITE/EMAIL
MEDICAL & PRESCRIPTION DRUG	Wellmark	800-524-9242	www.wellmark.com
	Vivid Clear	877-848-4379	www.vividclearrx.com
	Script Sourcing		
TELEMEDICINE	Doctor on Demand	800-997-6196	www.doctorondemand.com
DENTAL	Delta Dental	800-544-0718	www.deltadentalia.com
VISION	Delta Vision	877-423-3582	www.deltadentalia.com/delta-vision
LIFE & AD&D/DISABILITY	Madison National	800-356-9601	www.madisonlife.com
EMPLOYEE ASSISTANCE PROGRAM (EAP)	EFR	800-327-5692	www.efr.org/myeap
WDMCS	Benefit Coordinator	515-633-5076	slusinskij@wdmcs.org
	Payroll Coordinator	515-633-5077	himes@wdmcs.org
	Payroll Assistant	515-633-5083	hendrixs@wdmcs.org

Disclaimer

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. **The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.** The information in this booklet is proprietary. Please do not copy or distribute to others.

Created by TrueNorth Companies, LC for **West Des Moines Community Schools**

Open Enrollment Dates:

If you know what you want and don't need to talk to an enroller:

April 22 – May 1

If you want to talk to American Fidelity, those meetings (either in-person or virtual):

May 2 – May 24

THINGS TO KNOW

3 TIPS FOR EASY ENROLLMENT

1. DON'T WAIT!

This is your one chance to choose your benefits until our annual enrollment period. After this enrollment period, the only way you'll be able to change your plans before the following enrollment period is if you have a **qualifying life event**. (Go to page 20 for more details).

2. TO ENROLL OR NOT TO ENROLL?

This year you have the opportunity to enroll or make changes to your benefits.

Please note: All those who are enrolled in the Flexible Spending Accounts (FSAs) **MUST RE-ENROLL IN THESE PLANS EVERY YEAR** no matter what!

3. UP YOUR BENEFITS IQ

Have questions about your benefit options? Not sure what is right for you? Contact WDMCS Benefits Advisor or meet with an American Fidelity Representative during open enrollment.

The plan information outlined in this enrollment guide is intended to be a snapshot of the benefits and does not provide full plan details. For complete plan information and any policy restrictions, refer to your plan document. If any discrepancy exists between the summary displayed in this guide and the policy, the policy will govern.

5 WAYS TO SAVE

1. THINK ABOUT HOW YOU WILL USE YOUR BENEFITS.

- Do you have a chronic condition?
- Do you have surgery planned for this year?
- Are you adding any new dependents to your plan?

Remember that Plan 1 utilizes the WHPI network and there are no benefits if you go out of network.

2. MANAGE MEDICATION COSTS.

Use lower cost pharmacies like Hy-Vee (and save \$5 off your normal copay) and ask your doctor to prescribe you generic medications. They can be just as effective and typically cheaper!

And remember, if you are taking a brand name drug, you may be eligible to receive that drug at no cost to you through Script Sourcing.

See pages 6 and 7 for more information

3. USE DOCTOR ON DEMAND – 24/7

There is no copay if you use Doctor on Demand instead of seeing a physician – and you don't have to wait in a lobby full of sick patients! See page 10 for more information

4. WHEN YOU DO NEED A DOCTOR, REMEMBER THE IOWA CLINIC

Remember, the copay is waived if you see an Iowa Clinic physician at one of their convenient locations. This also includes their Urgent Care centers and their physical therapy. See pages 8 and 9 for more information.

5. PREVENTION IS KEY.

Prevention is key to catching disease or illness early on. Plus, preventive exams are often free or cost less than a normal doctor's visit.

BENEFITS BASICS

WELCOME TO YOUR 2024 BENEFITS!

West Des Moines Community Schools benefits add value beyond your paycheck. They can make health care more affordable, provide income during a disability, and help you achieve financial goals.

As an employee of West Des Moines Community Schools, you have a total compensation package - a combination of pay and benefit programs that is among the best in our industry. This guide describes the key features of our health, life and additional program offerings. They are designed to give you choices about the types and levels of protection that you want. As your needs change, you can continue to design a benefits program that best fits your life. Each year, you have the opportunity to review your choices and make new decisions.

This guide provides a brief summary of your West Des Moines Community Schools benefits. Please take the time to review your options and learn about the coverages that will best work for you and your family!

This information is a highlight of our benefit program. In the event of any discrepancy or omission, actual benefits will be determined by the applicable governing plan documents. West Des Moines Community Schools reserves the right to change or end any benefit at any time to the extent allowed by the law.

ELIGIBILITY

As a full-time employee of West Des Moines Community Schools, you are eligible for benefits if you work at least 30 hours per week. Your benefits are effective 1st of the month following your date of hire. Your dependents can also enroll for coverage, including:

- Your legal spouse.
- Your children up to age 26.

DEPENDENT ELIGIBILITY

As part of the responsibility and management of our benefit plan, we have to ensure that all covered dependents meet the eligibility requirements. We are asking all employees to certify that their dependents meet the definition of an eligible dependent prior to adding them to our plans.

Benefit Basics Definition of an eligible dependent:

- A lawful spouse of an employee, including a common law spouse if recognized by your state
- Children of an employee up to age 26
- Children age 26 or older who are mentally or physically handicapped
- A legally adopted child, a step-child, or a child placed in your care by court order, all under 26 years of age.
- Children age 26 or older who are unmarried and full-time students

QUALIFYING LIFE EVENTS

Generally, you may only make or change your existing benefit elections during the open enrollment window. However, you may change your benefit elections during the year if you experience an event. **See page 15 for more details**, but this includes:

- Gain or loss of eligibility for other employer coverage
- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for health coverages
- New entitlement to Medicare or Medicaid
- Moving out of the HMO service area (Plan 1 only)
- Change in cost of daycare due to daycare provider

You must **notify Human Resources within 30 days*** of a qualifying life event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes.

*A few exceptions exist
see page 15



Which Medical Plan Is Best For You?

MAJOR MEDICAL: WELLMARK

PHARMACY: VIVID CLEAR / SCRIPT SOURCING

IN-NETWORK BENEFITS	PLAN 1 – No out of network coverage	PLAN 2	PLAN 3	PLAN 4
Deductible	\$600 Single \$1,200 Family	\$1,000 Single \$2,000 Family	\$1,500 Single \$3,000 Family	\$2,000 Single \$4,000 Family
Coinsurance	You pay 10%, plan pays 90%	You pay 20%, plan pays 80%	You pay 20%, plan pays 80%	You pay 20%, plan pays 80%
Out of Pocket Maximum	\$1,750 Single \$3,500 Family	\$2,750 Single \$5,500 Family	\$3,750 Single \$7,500 Family	\$4,000 Single \$8,000 Family
Office Visit Copay	\$25 PCP \$50 Non-PCP \$0 Doctor on Demand \$0 Iowa Clinic	\$25 PCP \$50 Non-PCP \$0 Doctor on Demand \$0 Iowa Clinic	\$25 PCP \$50 Non-PCP \$0 Doctor on Demand \$0 Iowa Clinic	\$25 PCP \$75 Non-PCP \$0 Doctor on Demand \$0 Iowa Clinic
Preventive Office Copay and Routine Eye Exam	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Emergency Room Copay	\$250 copay, then deductible and coinsurance	\$250 copay, then deductible and coinsurance	\$250 copay, then deductible and coinsurance	\$250 copay, then deductible and coinsurance
Inpatient Hospital/ Outpatient Surgery	You pay 10% after deductible, plan pays 90%	You pay 20% after deductible, plan pays 80%	You pay 20% after deductible, plan pays 80%	You pay 20% after deductible, plan pays 80%
Prescription Drug				
Deductible	\$50 Single / \$100 Family *waive for tier 1	\$50 Single / \$100 Family *waive for tier 1	\$50 Single / \$100 Family *waive for tier 1	\$50 Single / \$100 Family *waive for tier 1
RX Copay Each copay will be reduced by \$5 when you use a Hy-Vee pharmacy!	Script Sourcing - \$0 Tier 1 - \$5 Tier 2 - \$20 Tier 3 - \$45 Specialty: Preferred - \$100 Non-preferred - 50%	Script Sourcing - \$0 Tier 1 - \$5 Tier 2 - \$20 Tier 3 - \$45 Specialty: Preferred - \$100 Non-preferred - 50%	Script Sourcing - \$0 Tier 1 - \$5 Tier 2 - \$20 Tier 3 - \$45 Specialty: Preferred - \$100 Non-preferred - 50%	Script Sourcing - \$0 Tier 1 - \$10 Tier 2 - \$40 Tier 3 - \$90 Specialty: Preferred - \$100 Non-preferred - 50%

Employees may not waive single (free) coverage on the health plan.

To learn more, please review the full benefit summary.

PRESCRIPTION DRUGS



Pharmacy Benefits

Welcome to Vivid Clear Rx! We are excited to be your new Pharmacy Benefit Manager (PBM)! Vivid Clear Rx is a different kind of PBM. We're committed to providing a pharmacy coverage experience you can clearly understand, as well as outstanding customer service whenever you need us.



Customer Service

The Vivid Clear Rx Care Team is always here to help! You can reach us 24/7/365 for answers to all of your pharmacy benefit questions!

Tel: 877-848-4379
Email: info@vividclearrx.com
Web: www.vividclearrx.com
Address: Vivid Clear Rx
13220 Birch Drive, Suite 200,
Omaha, NE 68184



Member Portal & Mobile App

You can access your pharmacy benefits by creating an account and logging into the member portal at vividclearrx.com or by downloading the app MyRxPlan and creating an account.

Website: www.vividclearrx.com
App: MyRxPlan



Hy-Vee Mail / Home Delivery

Your new prescription plan requires that your mail order medications be filled by Hy-Vee Mail Order. If you currently utilize a mail order pharmacy, please contact Hy-Vee Mail Order and they will transfer your existing prescriptions and coordinate your medication refills.

Tel: 866-794-9833
Email: mailorder@hy-vee.com



Amber Specialty Pharmacy

Specialty medications are covered only when the Vivid Clear Rx Specialty Pharmacy Program is utilized. If you currently fill a specialty medication at a specialty pharmacy, that prescription will need to be transferred to Amber Specialty Pharmacy.

Existing prescriptions? Call 888-370-1724

New Prescriptions? Your Doctor can:
• E-prescribe to Amber Specialty
• Call: 888-370-1724
• Fax to: 877-645-7514



\$0 RX COPAY PROGRAM

Name-brand maintenance & specialty medications



How to Enroll

1 Search for Your Medication
Use the Med-Finder tool or call us directly and ask for a member advocate.


2 Submit Your Enrollment Forms
A member advocate will walk you through the entire enrollment process.


3 \$0 COPAYS
Once enrolled you receive your medication(s) at no cost.


Med-Finder



Scan here to search for your medication & schedule a call
or
Call 410-902-8811

 Employees and their dependents pay a **\$0 copay** for their medication(s).

 ScriptSourcing saves the health plan money and **lowers premiums** and **deductibles**.

 Prescriptions are **shipped directly** to the member.

Welcome to the WDMCS Iowa Clinic Preferred Provider Plan

WDMCS has developed an ongoing healthcare partnership with The Iowa Clinic to bring you high quality healthcare with **\$0 copays.***

Plan participants who choose The Iowa Clinic for healthcare services take advantage of **lower out-of-pocket costs** for all essential services – **including primary care, urgent care, medical imaging, physical therapy and more!**

WHY THE IOWA CLINIC:

- Physician-owned, multi-specialty group uniquely positioned to deliver high-quality, coordinated care at a lower cost.
- Patient care is made between doctor and patient, not a larger corporate entity.
- 265+ healthcare providers recognized as top performers for quality and outcomes.

CONVENIENT CARE:

- 12 metro locations including 3 urgent cares and 5 physical therapy locations
- Same day/next day appointments and 24/7 online scheduling
- Referrals to our experts for 40+ specialties (see listing on back)
- Optional virtual visits for primary care.

NOT SURE WHERE TO START?

Contact The Iowa Clinic directly or use our QR code for convenient online scheduling.

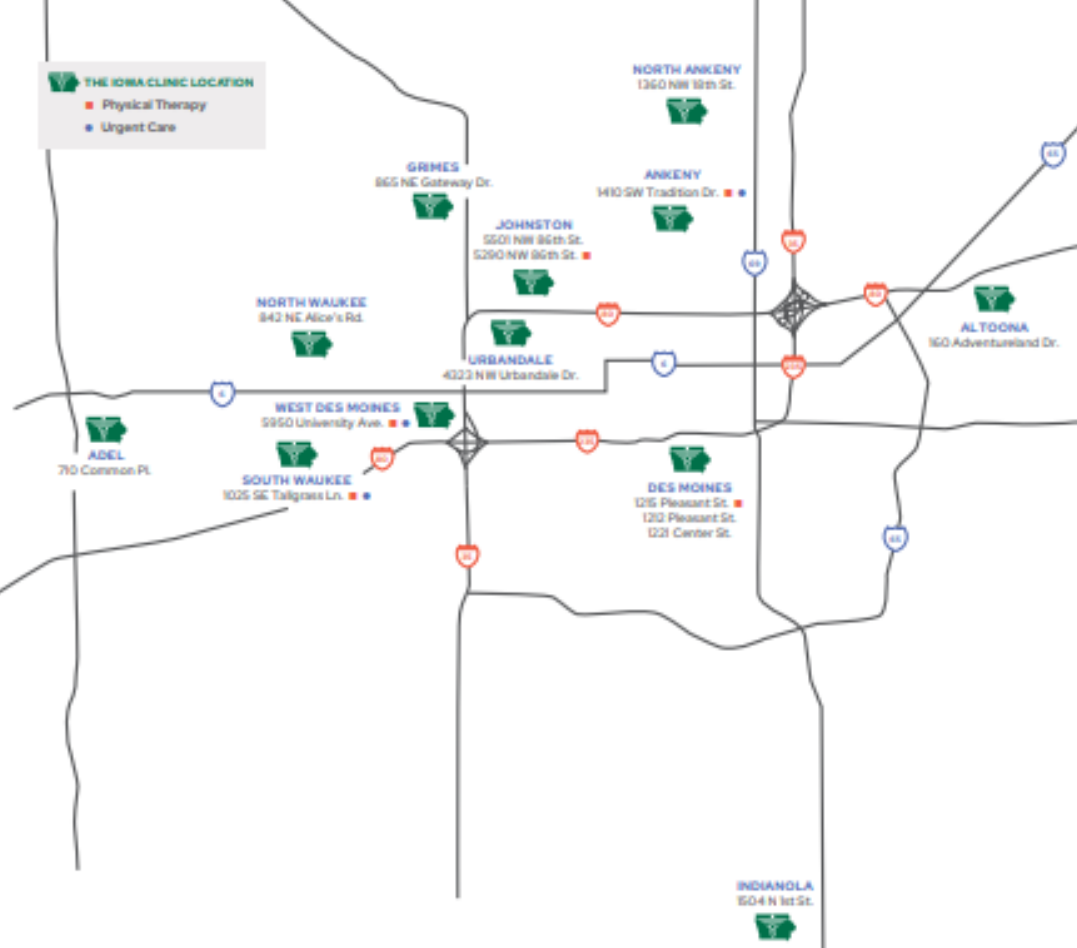
Patient Service Specialists are available to listen to your needs and help you find the right physician. Call 515.875.9200, Monday through Friday 8:30am – 4:30pm.



Schedule your visit
today by scanning
the QR code.

THE IOWA CLINIC LOCATION

- Physical Therapy
- Urgent Care



Primary Care Locations

Adel

FAMILY MEDICINE
710 Common Place, Suite 700

Altoona

FAMILY MEDICINE
160 Adventureland Drive, Suite C

Ankeny Campus

FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS AND URGENT CARE
1410 SW Tradition Drive

Downtown Methodist Medical Center

INTERNAL MEDICINE
1215 Pleasant Street, Suite 206

Grimes

FAMILY MEDICINE AND PEDIATRICS
865 NE Gateway Drive, Suite 148

Indianola

FAMILY MEDICINE
1504 N 1st Street

Johnston

FAMILY MEDICINE
5501 NW 86th Street

North Ankeny

FAMILY MEDICINE
1360 NW 18th Street, Suite 102

Urbandale

FAMILY MEDICINE
4323 NW Urbandale Drive

North Waukee

FAMILY MEDICINE AND PEDIATRICS
842 NE Alice's Road

South Waukee Campus

FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS AND URGENT CARE
1025 SE Tallgrass Lane

West Des Moines Campus

FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS AND URGENT CARE
5950 University Avenue

Specialties

- Aesthetics
- Allergy
- Audiology & Hearing Aids
- Back Pain Clinic
- Cardio-Oncology
- Cardiology
- Colorectal Surgery
- Dermatology
- Ear, Nose, & Throat (ENT)
- Electrodiagnostic Medicine
- Endoscopy Center
- Family Medicine
- Foot & Ankle Surgery
- Gastroenterology
- General Surgery
- Gynecologic Oncology
- Hand Surgery
- Hospitalist
- Immunology
- Infusion Center
- Internal Medicine
- Internal Medicine-Pediatrics
- Lab
- Medical Equipment (West Lakes)
- Medical Imaging / Radiology
- Medical Spa
- Neurological & Spinal Surgery
- Nuclear Medicine
- Obstetrics / Gynecology
- Orthopaedics
- Pain Management
- Pathology / Cytopathology
- Pediatrics
- Physical Medicine & Rehabilitation
- Physical Therapy
- Plastic Surgery
- Podiatry
- Pulmonary / Critical Care
- Research
- Rheumatology
- Sleep Center (West Lakes)
- Sports Medicine
- Surgical Critical Care
- Surgical Oncology
- Transplant / Hepatobiliary Surgery
- Trauma Surgery
- Travel Medicine Clinic
- Urogynecology
- Urology
- Vascular Access Center
- Vascular Surgery
- Vein Therapy Center

Virtual Doctor Visits – Doctor on Demand

It's now easier than ever to meet your providers online. All you need is a smartphone, tablet, or computer/laptop to have a successful online doctor visit.

USE TELEMEDICINE WHEN:

- You don't have time to wait a week to see a doctor
- You don't want to infect (or be infected by) another person
- You need a lower-cost option.

USE TELEMEDICINE FOR:

- Urgent care issues like colds, coughs, and stomach aches
- Mental health treatment, including online therapy, counseling, and medication management
- Recurring conditions like migraines or urinary tract infections
- Skin conditions
- Prescription management



How To Register

1

BE READY TO ACCESS

To get started, visit www.DoctorsOnDemand.com or phone 800-997-6196 to **register and set up your account**

2

DOWNLOAD THE DOCTORS ON DEMAND APP

to your mobile device and access your new account.

3

WHEN YOU NEED CARE

- find a well-lit, private spot with good signal on your device
- Have your Wellmark member ID card ready
- Create an account or sign in



Watch the video to learn more.

<https://flimp.live/telemedicine2021>

Flexible Spending Accounts

AN FSA CAN HELP YOU ...

by using pretax money to pay for certain out-of-pocket health expenses or dependent care expenses.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Maximum contributions

Healthcare: \$3,200
Dependent Care: \$5,000

Pre-tax contributions?

Yes

Eligible Expenses

Beyond your plan coverage

- Medical
- Dental
- Vision
- Prescription
- Dependent care

For Health Care and Limited FSAs

download a full list from the IRS - [Publication 502](#).



For information on **Child and Dependent Care Expenses** download the IRS [Publication 503](#)



Availability of funds

Healthcare: Available on day 1
Dependent Care: Funds must accumulate before using

Use it or lose it?

Yes, however, the plan has a grace period that allows you to use current year funds to pay for services incurred in the first 2.5 months of the next plan year.

Can take it with you

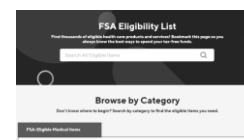
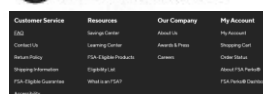
if you leave the company?

No

START WITH THE RIGHT TOOLS:

FSAscore.com provides lists of eligible purchases using your account, as well as help to understand, manage and USE this great benefit!

Getting Started



FSAscore.com/FSA-Eligibility-List.aspx

Dental Plan

DELTA DENTAL | 800-544-0718

WWW.DELTADENTALIA.COM

HOW TO FIND A NETWORK PROVIDER.

1. Visit the site above
2. Click on "Find a Dentist" towards the middle of the page
3. Select "Delta Dental PPO Plus Premier" on the second box.
4. Select No under "Search by current location" and enter your zip code.
5. Click on "Find Dentists"



SERVICES	PPO DENTIST	PREMIER/NON-PAR
Preventive Services	100% covered	100% covered
Deductible	\$15 Single / \$45 Family	\$25 Single / \$75 Family
Basic Services	Cavity Repair and Tooth Extractions: You pay 10% coinsurance (after deductible), plan pays 90% Other Basic Services: You pay 20% coinsurance (after deductible), plan pays 80%	You pay 20% coinsurance (after deductible), plan pays 80%
Major Services	You pay 50% coinsurance (after deductible), plan pays 50%	You pay 50% coinsurance (after deductible), plan pays 50%
Annual Maximum	\$2,000 per person per year	\$2,000 per person per year
Orthodontic * For dependent children up to age 19	You pay 50% coinsurance (after deductible), plan pays 50% coinsurance, up to a lifetime maximum of \$2,000	You pay 50% coinsurance (after deductible), plan pays 50% coinsurance, up to a lifetime maximum of \$2,000

*There is a separate \$50 benefit deductible for orthodontist services.

Employees may not waive single (free) coverage on the dental plan.

Vision Plan

DELTA DENTAL | 877-423-3582

WWW.DELATADENTALIA.COM/DELTAVISION

NEW THIS YEAR!

- A new, broader network – Insight Network
- More flat copays instead of discounts for things like premium progressives and anti-reflective coatings
- Lower premium rates!

HOW TO FIND A NETWORK PROVIDER

1. Visit the site above
2. Click on Menu in the upper left-hand corner
3. Then choose DeltaVision Provider
4. Insight Network under Find a Provider.



SERVICES	IN-NETWORK MEMBER COST
Exam 1 every calendar year	Covered by Medical Plan
Contacts 1 every calendar year	Please note: Contact lenses are in place of lenses and frame. <ul style="list-style-type: none">• \$0 copay for medically necessary contact lens exam (fitting and evaluation)• \$130 Allowance and 15% off the amount over your allowance for elective contact lenses (conventional)• \$130 Allowance for disposable contacts
Frames 1 every 2 calendar years	<ul style="list-style-type: none">• \$130 allowance and 20% off the amount over your allowance
Lenses 1 every calendar year	Single Lined-\$10 Bifocal Lined-\$10 Trifocal-\$10 Lenticular-\$10 Standard Progressives: \$75 Premium Progressives: \$95 - \$120 depending on complexity

2024-25 Employee Costs Per-Paycheck

Certified Staff and Year-Round Hourly Employees

	Plan 1	Plan 2	Plan 3	Plan 4	Dental	Vision
Employee Only	\$0.00	(\$14.85)	(\$37.12)	(\$48.81)	\$0.00	\$2.24
Employee + Spouse	\$220.44	\$187.79	\$138.79	\$113.07	\$19.66	\$4.22
Employee + Child(ren)	\$190.38	\$162.17	\$119.87	\$97.66	\$24.97	\$4.79
Employee + Family	\$300.60	\$256.08	\$189.27	\$154.20	\$41.05	\$6.31

9-10 month WDMESP Employees

Benefit premiums taken 16 paychecks per year to cover the full year.

	Plan 1	Plan 2	Plan 3	Plan 4	Dental	Vision
Employee Only	\$55.67	\$33.40	\$0.00	(\$17.54)	\$0.00	\$3.36
Employee + Spouse	\$420.08	\$371.09	\$297.59	\$259.02	\$29.48	\$6.33
Employee + Child(ren)	\$362.78	\$320.46	\$257.01	\$223.70	\$37.45	\$7.19
Employee + Family	\$572.79	\$506.01	\$405.80	\$353.20	\$61.57	\$9.47

Administrators and Supervisors

	Plan 1	Plan 2	Plan 3	Plan 4	Dental	Vision
Employee Only	\$0.00	(\$14.85)	(\$37.12)	(\$48.81)	\$0.00	\$2.24
Employee + Spouse	\$445.34	\$412.68	\$363.68	\$337.97	\$19.66	\$4.22
Employee + Child(ren)	\$334.01	\$305.79	\$263.49	\$241.28	\$24.97	\$4.49
Employee + Family	\$742.21	\$697.69	\$630.88	\$595.81	\$41.05	\$6.31

Life and AD&D Insurance

MADISON NATIONAL | 800-356-9601

WWW.MADISONLIFE.COM



EMPLOYER-PAID LIFE AND AD&D

Life insurance pays a benefit (called a death benefit, which is usually a lump sum) to a beneficiary (whomever you choose to receive the benefit) after your death. If you have a life insurance policy on a family member (such as your spouse or your child(ren)), you would receive the money if that family member died. This money can help replace your income. **100% of the cost of this benefit is covered by West Des Moines Community Schools.**



EMPLOYEE-PAID LIFE AND AD&D

You have the option to purchase a greater amount of Life and AD&D coverage. Decide whether this extra benefit is worth the cost of coverage for you and your family. To figure this out, ask a few questions:

How would your family's finances be affected if you died?

How much of your paycheck is used for monthly living expenses?

LIFE AND AD&D BENEFIT

Life and Accidental Death & Dismemberment	Administrators	2 times Base Annual Salary up to \$500,000
	All other employees	1 times Base Annual Salary up to \$500,000

EMPLOYEE-PAID LIFE AND AD&D BENEFITS

Employee	Increments of \$10,000 up to \$500,000 Guaranteed Issue up to \$100,000.
Spouse	Increments of \$5,000 up to \$250,000 or 50% of employee. Guaranteed Issue up to \$20,000.
Children	Increments of \$2,000 up to \$10,000 Maximum benefit \$10,000.

New Hire Guaranteed Issue is the amount you can elect before you are required to complete a health questionnaire, otherwise known as **Evidence of Insurability (EOI)**. If you are not a new hire and wish to increase or enroll for the first time you will need to complete a health questionnaire for approval.

Income Replacement



MADISON NATIONAL | 800-356-9601

WWW.MADISONLIFE.COM

Group # 013781

Policy # 10932

If you are unable to work, disability insurance can help replace your income so you can pay your bills and protect your savings.

EMPLOYER-PAID LONG-TERM DISABILITY

Long-term benefits usually take over when Short-term benefits end. This is often a monthly benefit, either a percentage of your salary or a flat amount.

* All employees pay tax on the equivalent premium amount and then the district pays the premium through payroll deduction. Paid in full by WDMCS.

BENEFITS*	LONG-TERM
Coverage amount	66.67% of monthly income
Maximum payment period	Social Security Normal Retirement Age (SSNRA)
Accident benefits begin	Day 30
Illness benefits begin	Day 30

Employee Assistance Programs

EMPLOYEE ASSISTANCE PROGRAM (EAP)

You have access to easy, **convenient and confidential** experienced clinicians and professional staff **24 hours a day**.

The Employee Assistance Program (EAP) is **available to all employees and members of your household**, whether you are enrolled in a medical plan or not.

The EAP can help with challenges like:

- mental wellness
- financial planning
- retirement planning
- legal assistance
- stress & anxiety
- substance abuse
- and more



CALL: EFR
800-327-4692

LOG IN ONLINE
www.efr.org/myeap

QUALIFYING EVENTS

Type of Event	Permitted Change	Documentation
Marriage	Add or drop dependents Change FSA amounts	Marriage certificate
Birth or adoption Date of birth (everyone follows the child's effective date for medical; first of month for dental/vision) – 60 days to notify	Add new child to all benefits Change FSA amounts	Birth certificate or signed footprint from the hospital or adoption proceedings
Spouse or child loses coverage (due to eligibility change)	Enroll in medical, dental or vision Enroll or increase FSAs	COBRA or state continuation paperwork or letter from employer that states there was a loss in eligibility
Gain of coverage for spouse or child (due to eligibility change)	Drop spouse or child from benefits	Letter from employer about new job and benefits offered
Loss of eligibility for dependent child (due to age or student status, marriage)	Drop child from all benefits No changes for FSAs	Age – no documentation Student – letter from college
Gain of eligibility for dependent child (over age 26, returns to full-time student status)	Add child to all benefits No changes for FSAs	Letter from college
Divorce or legal separation	Drop spouse and any ineligible family members (step-children) from all benefits Enroll* self and eligible family members from all benefits (if you were previously enrolled in your spouse's plan)	Divorce decree or legal separation document from the court
Death of spouse	Drop spouse from medical, dental and vision; drop all voluntary products Can add, drop, or change FSAs	
Death of child	Drop child from medical, dental and vision; drop all voluntary products Can drop or decrease FSA elections	
Change in residence (move out of HMO service area)	Can switch to medical plans 2, 3, or 4	Bill with the new address

QUALIFYING EVENTS, CONT.

Type of Event	Permitted Change	Documentation
Judgments, decrees, or orders (QMSCO)	Enroll or waive* all benefits (to comply with and consistent with the order)	Court documentation
Loss of Medicaid or CHIP (60 days from the date of notification)	Enroll in all benefits, including FSAs	Notification from Medicaid or CHIP.
Gain premium assistance for Medicaid or CHIP (60 days from the date of notification)	Enroll in medical	Notification from Medicaid or CHIP.
FMLA leave of absence – return from unpaid leave where benefits were terminated	Enroll in all benefits, including FSAs Medical FSA – contributions will continue up to the amount previously reimbursed in which case coverage cannot be waived.	
Change in childcare due to work schedule or childcare provider	Changes permitted for Dependent Care FSA	Proof of change in cost from provider

*Employees may not waive single (free) coverage on the health and dental plan.

If not noted above - all other events have a 30 day notification window

Notes