



**2024-2025
Employee Benefits Program**

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PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

Cooperative Educational Services strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Enrollment Guide.

This guide will outline all of the different benefits Cooperative Educational Services offers, so you can identify which offerings are best for you and your family.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.



Eligibility

Eligible Employees:

If you are a full-time employee at Cooperative Educational Services, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work an average of 30 or more hours per week. By contract, certified teachers must work .50 FTE or higher to be eligible for medical and dental benefits.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children. Children may include natural, adopted, step-children and children obtained through court- appointed legal guardianship.

When Coverage Begins:

The effective date for your benefits is July 1, 2024. Newly hired employees and dependents will be effective in Cooperative Educational Services' benefits programs. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event. To make changes to your benefit elections during open enrollment all paperwork must be submitted to Administrative Services by **June 6, 2024**.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR at benefits@cestrumbull.org.

HEALTH INSURANCE – CONNECTICARE

Cooperative Educational Services will continue to partner with ConnectiCare to offer medical coverage. The chart on the following page is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

| | Connecticare Medical Plan | | |
|--|--|----------------------------------|------------------------------|
| | In-Network | Out-of-Network | |
| Annual Deductible | \$2,250 per individual \$4,500 per family | | |
| Annual Out of Pocket Maximum | \$3,000 per individual \$6,000 per family | | |
| Preventive Care | 100% | 80% after deductible | |
| Office Visits | 100% after deductible | 80% after deductible | |
| Lab / X-ray | 100% after deductible | 80% after deductible | |
| Inpatient Hospital | 100% after deductible | 80% after deductible | |
| Emergency Room | 100% after deductible | 80% after deductible | |
| Retail Prescription Drugs – 34 day supply | | | |
| Generic | \$5 copay after deductible | 80% after deductible | |
| Preferred Brand Name | \$20 copay after deductible | 80% after deductible | |
| Non Preferred Brand Name | \$35 copay after deductible | 80% after deductible | |
| Mail Order Prescriptions – 100 day supply | | | |
| Generic | \$10 copay after deductible | Not covered | |
| Preferred Brand Name | \$40 copay after deductible | Not covered | |
| Non Preferred Brand Name | \$70 copay after deductible | Not covered | |
| Employee Contributions (Monthly) | | | |
| Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| \$205.46 | \$471.70 | \$422.44 | \$602.78 |

HEALTH SAVINGS ACCOUNT (HSA) – HEALTH EQUITY

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in). The HSA custodian is Health Equity. Once you enroll in the medical plan, you will receive a welcome kit from Health Equity with instructions on opening your account. It is important that you complete the steps to be certain that the account is opened, and a debit card can be received.

C.E.S. will make a contribution to your HSA account for the 2024-2025 plan year. Employees electing single coverage will receive a \$1,125 employer contribution; those electing family coverage will receive a \$2,250 employer contribution. C.E.S.'s contribution is annualized over 12 months, contributed monthly. In addition, employees can elect to make a pre-tax contribution up to the IRS limits listed below. For a list of qualified medical expenses, please go to the IRS regulations at <https://www.irs.gov/pub/irs-pdf/p969.pdf>.

WHAT ARE THE BENEFITS OF AN HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver**—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

The maximum amount that you can contribute to an HSA in **2024** is **\$4,150** for individual coverage and **\$8,300** for family coverage. The maximum amount that you can contribute to an HSA in **2025** is **\$4,300** for individual coverage and **\$8,550** for family coverage. Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

HSA Case study

The Bennetts haven't had the best luck when it comes to medical expenses—daughter Jasmine was diagnosed with asthma a few years ago, and son Alex has broken several bones. Mrs. Bennetts' employer contributes \$2,250 to their HSA each year. Their plan's annual deductible is \$4,500 for family coverage. If they choose to use their HSA to pay for covered services, it will reduce the out-of-pocket amount needed to meet their deductible before traditional health coverage begins.

Here is a look at the first two years of the Bennetts' HSA plan, assuming the use of in-network providers:

| Year 1 | | Year 2 | |
|---|--------------|---|--------------|
| HSA Balance | \$2,250 | HSA Balance | \$3,600 |
| Expenses: | | Expenses: | |
| Preventive Care -paid 100% by insurance | \$0.00 | Preventive Care -paid 100% by insurance | \$0.00 |
| Office Visits | \$350 | Office Visits | \$300 |
| Prescription Drugs | \$200 | Prescription Drugs | \$200 |
| Emergency Room Visits | \$350 | | |
| TOTAL | \$900 | TOTAL | \$500 |
| HSA Rollover to Year 2 | \$1,350 | HSA Rollover to Year 3 | \$3,100 |
| Since the Bennetts did not spend all of their HSA dollars, they did not need to pay any additional amounts out-of-pocket this year. | | Again, since the Bennetts did not spend all of their HSA dollars, they did not need to pay any additional amounts out-of-pocket this year.. | |



DENTAL INSURANCE – CIGNA

Cooperative Educational Services will continue to partner with Cigna to offer a dental program. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

| Cigna Dental Plan | | |
|--|---|----------------------|
| | In-Network | Out-of-Network |
| Annual Deductible (IND / FAM) | \$50 / \$150 | |
| Annual Maximum | \$1,500 per person | |
| Preventive (exams, cleanings, x-rays) | 100%, deductible does not apply | |
| Basic (fillings, simple extractions) | 100% after deductible | 85% after deductible |
| Major (Crowns) | 60% after deductible | 50% after deductible |
| Orthodontia (dependent children only) | 50% after deductible \$1,500 per person per lifetime maximum | 50% after deductible |

Network: Total Dental DPPO

A list of participating dentists can be found [here](https://hcpdirectory.cigna.com/): <https://hcpdirectory.cigna.com/>

| Employee Contributions (Monthly) | |
|----------------------------------|---------|
| Dental PPO | |
| Employee | \$10.64 |
| Employee & Dep(s) | \$27.72 |

NEW! VOLUNTARY VISION – UNUM through COLONIAL

Cooperative Educational Services is pleased to offer employees the opportunity to enroll in Unum’s voluntary vision plan through Colonial. This plan offers coverage for eyeglasses, contact lenses and a vision exam with an extensive provider network. Participating providers include Walmart, Sam’s Club, JC Penney, Sear’s Optical, America’s Best and many more. The vision provider search engine is available 24/7 at UnumVisionCare.com.

| | In-Network | Frequency |
|--|-----------------------------|-----------------|
| Exam | \$10 copay | 1 per 12 months |
| Lenses | \$25 copay | 1 per 12 months |
| Single Vision | Covered by copay | |
| Bifocal | Covered by copay | |
| Trifocal | Covered by copay | |
| Lenticular | \$80 allowance | |
| Standard Progressive | \$70 allowance | |
| Lens Options | | |
| Polycarbonate (under age 19) | Covered | |
| Standard Scratch Resistant Coating | Covered (at Walmart only) | |
| Frames | Covered at 100% up to \$120 | 1 per 12 months |
| Contact Lenses (instead of glasses) | \$25 copay | 1 per 12 months |
| Elective | \$120 allowance | |
| Medically Necessary | \$210 allowance | |
| Out of Network Reimbursement | | |
| Eye Exam | Up to \$35 | |
| Frames | Up to \$50 | |
| Single vision lenses | Up to \$25 | |
| Bi-focal lenses | Up to \$40 | |
| Tri-focal Lenses | Up to \$50 | |
| Lenticular Lenses | Up to \$50 | |
| Elective Contact Lenses | Up to \$100 | |
| Medically Necessary Contact Lenses | Up to \$210 | |
| Employee Monthly Cost: | | |
| Employee | \$7.00 | |
| Employee + Spouse | \$14.00 | |
| Employee + Child(ren) | \$15.69 | |
| Family | \$24.53 | |

BASIC LIFE INSURANCE – PRUDENTIAL

Cooperative Educational Services provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan. Cooperative Educational Services pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums.



| BASIC LIFE AND AD&D | |
|---------------------|--|
| Benefit Maximum | 2 x annual earnings up to a maximum of \$450,000 |

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

DISABILITY INCOME BENEFITS – PRUDENTIAL

Cooperative Educational Services provides full-time employees with short- and long-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

At Cooperative Educational Services, we want to do everything we can to protect you and your family. That’s why Cooperative Educational Services pays for the full cost of short- and long-term disability insurance—meaning that you owe nothing out of pocket.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers’ compensation benefits.

| | Short-term Disability | Long-term Disability |
|-------------------------------|--|--|
| Benefits Begin | Short-term disability commences after an employee has exhausted all accumulated sick leave or after thirty calendar days of absence from work, whichever is later. | 181 days from date of disability |
| Benefits Payable | 180 days from disability | To Normal Social Security Retirement Age |
| Percentage of Income Replaced | 66 2/3% of basic salary | 60% |
| Maximum Benefit | \$3,000 per week | \$10,000 per month |

NEW! VOLUNTARY LIFE AND AD&D - PRUDENTIAL

Employees have the option to purchase additional life insurance for themselves and their family members.

Enroll during the open enrollment period or during your new hire eligibility period to elect coverage up to the guaranteed issue amount without having to provide evidence of insurability.

| VOLUNTARY LIFE AND AD&D | | |
|-------------------------|---|------------------|
| | Coverage | Guaranteed Issue |
| EMPLOYEE | 5 x annual salary up to a maximum of \$500,000 (whichever is less) \$10,000 increments | \$500,000 |
| SPOUSE | \$10,000 increments to \$250,000 max | \$30,000 |
| CHILD | \$10,000 | \$10,000 |

RATES:

| Employee / Spouse Age | Voluntary Life Rate per \$1,000 | Voluntary AD&D Rate per \$1,000 |
|-----------------------|---------------------------------|---------------------------------|
| 15-24 | \$0.050 | \$0.020 |
| 25-29 | \$0.060 | \$0.020 |
| 30-34 | \$0.080 | \$0.020 |
| 35-39 | \$0.090 | \$0.020 |
| 40-44 | \$0.100 | \$0.020 |
| 45-49 | \$0.150 | \$0.020 |
| 50-54 | \$0.230 | \$0.020 |
| 55-59 | \$0.430 | \$0.020 |
| 60-64 | \$0.660 | \$0.020 |
| 65-69 | \$1.270 | \$0.020 |
| 70-74 | \$2.060 | \$0.020 |
| 75-100 | \$2.060 | \$0.020 |
| CHILD | \$0.101 | \$0.020 |

How to calculate the cost of coverage:

| | | |
|--------|---|------|
| Step 1 | Enter the amount of coverage you wish to purchase | = \$ |
| Step 2 | Divide coverage amounts by \$1,000 | = \$ |
| Step 3 | Multiply the dollar amounts in Step 2 by the cost of coverage, according to your age, that you'll find in the chart above. This gives you the monthly cost of insurance. Be sure to include both the Life and AD&D rate. | = \$ |



COLONIAL VOLUNTARY PRODUCTS

As an employee of Cooperative Educational Services, you have the opportunity to apply for personal insurance products from Colonial Life. These benefits can enhance your current benefits portfolio and can be customized to fit your individual needs. Also:

- You will enjoy the convenience of premium payment through payroll deduction
- You will have the ability to take most coverages with you if you change jobs or retire
- Coverages are available for you and your family, with most products.

The following voluntary products are available during your enrollment:

Disability Insurance: Helps protect a portion of your income if you are unable to work due to a covered accident or a covered sickness.

Accident Insurance: Helps offset the direct and indirect expenses such as deductibles, co-payments and other costs not covered by traditional health plans.

Cancer Insurance: Helps offset the out-of-pocket medical and indirect non-medical expenses related to the diagnosis of cancer.

Critical Illness Insurance: Helps offset the out-of-pocket medical and indirect nonmedical expenses related to critical illness treatment.

Hospital Confinement Insurance: Helps offset co-payments and deductibles not covered by most major medical plans.

Please contact Karen Coyle at 888.280.0009 x205 if you have any questions regarding the enrollment process or Colonial products available.

FLEXIBLE SPENDING ACCOUNTS (FSA) – Health Equity / WAGeworks

Paying for health care can be stressful. That's why Cooperative Educational Services offers an employer-sponsored flexible spending account (FSA). Employees can elect to contribute pre-tax dollars into a savings account for qualified medical and dependent care expenses.

HEALTH CARE FSA

HealthCare FSAs allow you to contribute pre-tax dollars to qualified medical expenses. The maximum amount you may contribute in 2024 is **\$3,200**.

Important: Employees enrolled in the medical plan with the Health Savings Account are not eligible to elect the Health Care FSA due to IRS rules.

There are a variety of different benefits of using an FSA, including the following:

- **It saves you money.** Allows you put aside money tax-free that can be used for qualified medical expenses.
- **It's a tax-saver.** Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **It is flexible.** You can use your FSA funds at any time, even if it's the beginning of the year.

You cannot stockpile money in your FSA. **If you do not use it, you lose it.** You should only contribute the amount of money you expect to pay out of pocket that year.

DEPENDENT CARE FSA?

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately).

Dependent Care FSA CASE STUDY

An FSA can provide you with an important tax advantage that can help you pay for dependent care expenses on a pre-tax basis. Due to the personal tax savings you incur, your spendable income will increase. The example that follows illustrates how a Dependent Care FSA (DCFSA) can save money.

John and Jane live in Connecticut and have an annual gross income of \$60,000. They are married and file their income taxes jointly. Since John and Jane expect to spend over \$5,000 in eligible dependent care expenses in the next plan year, they decide to direct a total of \$5,000 (the maximum allowed amount per household, for that taxable year) into the Dependent Care FSA. The table demonstrates their savings.

| Your Estimated Tax Savings | | | |
|--------------------------------|------------|---|------------|
| Without Dependent Care FSA | | With Dependent Care FSA | |
| Gross annual pay | \$60,000 | Gross annual pay | \$60,000 |
| Tax rate (30%) | - \$18,000 | Max. annual Dependent Care FSA contribution | - \$5,000 |
| Net annual pay | = \$42,000 | Adjusted gross pay | = \$55,000 |
| Annual dependent care expenses | - \$5,000 | Tax rate (30%) | - \$16,500 |
| Final take-home pay | = \$37,000 | Final take-home pay | = \$38,500 |

Take home this much more with a Dependent Care FSA
\$1,500

All figures in this table are estimates and based on an annual salary of \$60,000 and maximum contribution limits to the benefit account. Your salary, tax rate, dependent care expenses, and tax savings may be different.

Source: Wageworks



Contact Information

Have Questions? Need Help?

C.E.S. Payroll office can be reached at (203) 365-8823 or (203) 365-8991 or benefits@cestrumbull.org.

USI BENEFIT RESOURCE CENTER (BRC)

Cooperative Educational Services is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at **855-874-6699** or via e-mail at **BRCeast@usi.com**. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Insurance Carriers:

| COVERAGE | CARRIER | CONTACT | PHONE NUMBER | WEBSITE |
|----------|---------------|-----------------|----------------|--|
| MEDICAL | Connecticare | Member Services | (800) 251-7722 | www.connecticare.com |
| DENTAL | Cigna | Member Services | (800) 244-6224 | www.mycigna.com |
| HSA | Health Equity | Member Services | (877) 790-0309 | www.healthequity.com |
| FSA | Wageworks | | | www.wageworks.com/mydcfsa |

This brochure summarizes the benefit plans that are available to Cooperative Educational Services eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.