



# **YOUR 2024-2025 BENEFITS**

**Bayless School District**

# WELCOME TO YOUR BENEFITS

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## Understanding your benefit options

We understand the important role that benefits play for you and your family. **Most benefits renew on October 1 (unless otherwise noted) and continue through September 30.** You have an opportunity to make changes to your benefits package as a new hire and during Open Enrollment in August to ensure you and your family have the right coverage.

This benefits guide is an important tool to help you get familiarized with your benefit options. It provides useful tips, tools and resources to help you think through your options and make decisions. As you prepare to enroll:

- Consider your benefit coverage needs for the upcoming year.
- Consider other available coverage.
- Gather information you'll need. If you are covering dependents, you will need their dates of birth and Social Security numbers.

Getting the most value from your benefits depends on how well you understand the plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.

## LEARN MORE

Scan this QR code to watch a recording to learn more about your benefits.



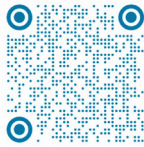
# STEPS TO ENROLL



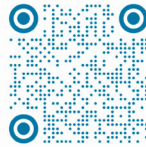
Go to [compass.empyreanbenefits.com/CSDTRUST](https://compass.empyreanbenefits.com/CSDTRUST) or download the EmpyreanGO app by following these 3 steps:

1. Download the app on your app store or by using the following QR codes below.

For Android



For iOS



2. Open the EmpyreanGO app and search for 'CSDTRUST'.
3. Log in using the same credentials you use for your desktop benefits portal. If you do not have credentials, register first, then log in.

You only need to register once. Once you have registered for your account, log in with your user ID and password.



## Register

Enter your:

- First and last name (as filed with the district)
- Date of birth
- Social Security number

Enter a User ID (personal email address, for example) and create a new password with all the following:

- Eight characters
- One letter
- One number
- One symbol (i.e., \* & + # \$).

Follow the rest of the instructions to create your account.



Elect the benefits you want. Be prepared to provide your eligible dependents' and beneficiaries':

- First and last name
- Date of birth
- Social Security number

Have the documents required to upload for dependent verification ready as well.

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



Save or submit your elections. To know if you completed enrollment, look for a green checkmark and message that says your benefits are confirmed.



Print a copy of the final confirmation summary and confirmation number for your records.

If you have any questions, contact the Benefits Service Center at 833-269-2142.

## IMPORTANT REMINDER!

REMEMBER to click "confirm" at end of enrollment for changes to take effect!

# BENEFIT BASICS

Your 2024-2025 benefits are effective October 1 through September 30 (unless otherwise noted).

## Covering yourself and your family

You are eligible for benefits if you work at least 25 hours per week. Benefits are effective on the first of the month following your date of hire. If your employment ends, your benefits will terminate at the end of the month following your last day of employment. The following dependents are also eligible:

- Your legal spouse
- Your children up to age 26\*

You may be asked to provide documentation to verify eligibility for each family member you cover.

\*Age limits may vary by coverage. Please refer to your district plan document or carrier to confirm dependent age limits.

## Making changes during the plan year

Generally, you may only make or change your existing benefit elections as a new hire or during the annual Open Enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by the employee or dependent
- Eligibility for Medicare or Medicaid

Depending on the type of event, you may need to provide proof of the event, such as a marriage license. If you do not make the changes within 31 days of the qualified event, you have to wait until the next Open Enrollment period to make changes (unless you experience another qualified life event).

## When your benefit plans reset

Your annual deductible and out-of-pocket maximums for your medical plan reset at the beginning of the plan year on October 1, 2024. The deductibles and annual maximums for the dental and vision plans reset at the beginning of the calendar year on January 1, 2025.

### ELECT YOUR BENEFITS WITHIN 31 DAYS

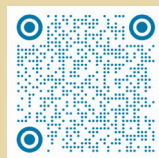
You have 31 days from your date of hire or a qualified life event to make changes to your coverage.



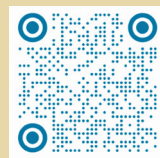
### ENROLL ONLINE

Enroll in your benefits at [compass.empyreanbenefits.com/CSDTRUST](https://compass.empyreanbenefits.com/CSDTRUST) or scan the QR code to download the EmpyreanGO mobile app. If you have any questions, contact the Benefits Service Center at 833-269-2142.

For Android



For iOS





# MEDICAL PLAN OVERVIEW

We offer a choice of four medical plans through Anthem. All medical plan options include coverage for prescription drugs. To select the plan that best suits your family, consider the key differences between the plans, the cost of coverage (including payroll deductions) and how the plan covers services throughout the year.

## Understanding how your plan works

YOUR DEDUCTIBLE	YOUR COVERAGE OPTIONS
<p>You are responsible for most medical and pharmacy expenses until you reach your annual deductible. Note that all plans cover in-network preventive care at 100% (no cost to you), even if you haven't met your deductible.</p> <p>Once you reach your out-of-pocket maximum, eligible expenses are covered in full for the remainder of the year.</p>	<p>Under the <b>Premium HRA plans</b>, your claims will automatically be paid with the Health Reimbursement Arrangement (HRA) first. If you use up all your HRA funds, you are responsible for the remainder of the non-preventive expenses until you reach your out-of-pocket maximum. If there is a copay for the service, you pay that amount and it does not count toward your deductible or out-of-pocket maximums.</p> <p>Under the <b>Premium HRA Plans</b>, once your deductible is met, you are covered in full for the remainder of the plan year (excluding copays), unless you go to an out-of-network provider or facility.</p> <p>Under the <b>Standard HRA Plans</b>, once you have reached the out-of-pocket maximum, you are covered in full for the remainder of the plan year.</p> <p>Under the <b>KIDZ plan</b>, you are responsible for all non-preventive expenses until you reach your deductible. Once you reach your deductible, the plan will cover a portion of the costs until you reach your out-of-pocket maximum. If there is a copay for the service, you pay that amount and it will count toward your out-of-pocket maximum.</p>

## Making the most of your plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan:

- **In-network providers and pharmacies:** You always pay less if you see a provider within the medical and pharmacy network.
- **Out-of-Network Balance Billing:** Out-of-network balance billing is when an out-of-network provider bills a patient for the difference between what the health plan agreed to pay and the full amount charged to the plan for a service. A member could be responsible for their out-of-network out-of-pocket max in addition to the balance billed amount.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.
- **Pharmacy coverage:** Medications are placed in categories based on drug cost, safety and effectiveness. These tiers also affect your coverage:
  - **Generic** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
  - **Brand preferred** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
  - **Brand non-preferred** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and preferred brand drugs.
  - **Specialty** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.
- **Mail order pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the mail order pharmacy to save on a 90-day supply of your medication.

# MEDICAL PLAN

	Premium HRA Plan \$1,500 Corridor		Premium HRA Plan \$2,500 Corridor	
PLAN PROVISIONS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HRA District Contribution	\$1,500 individual / \$3,000 family		\$500 individual / \$1,000 family	
Deductible - Individual**	\$3,000	\$3,500	\$3,000	\$3,500
Deductible - Family**	\$6,000	\$7,000	\$6,000	\$7,000
Out-of-Pocket Maximum - Individual*	\$3,000 + copays	\$6,500 + copays	\$3,000 + copays	\$6,500 + copays
Out-of-Pocket Maximum - Family*	\$6,000 + copays	\$13,000 + copays	\$6,000 + copays	\$13,000 + copays
Maximum HRA Carryover	\$1,500 individual / \$3,000 family		\$500 individual / \$1,000 family	
Amount you pay (you must meet your deductible before the coinsurance applies)				
Primary Care Physician Office Visit	\$25 Copay	20% Coinsurance	\$25 Copay	20% Coinsurance
Specialist Care Physician Office Visit	\$40 Copay	20% Coinsurance	\$40 Copay	20% Coinsurance
Preventive Care	No charge	20% Coinsurance	No charge	20% Coinsurance
Urgent Care	\$50 Copay	0% Coinsurance	\$50 Copay	0% Coinsurance
Emergency Room	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Diagnostic Test and Imaging	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Chiropractic(limit of 26 services per plan year)	\$40 Copay	20% Coinsurance	\$40 Copay	20% Coinsurance
Rehabilitation Services	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Acupuncture	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Hospice Services	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Inpatient Stay	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Outpatient Surgery	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Mental Health and Substance Abuse	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Pharmacy Amount you pay (you must meet your deductible before the coinsurance applies)				
Retail				
Tier 1 - Generic Drugs	\$5 Copay	50% Coinsurance	\$5 Copay	50% Coinsurance
Tier 2 - Brand Preferred Drugs	\$30 Copay	50% Coinsurance	\$30 Copay	50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	\$60 Copay	50% Coinsurance	\$60 Copay	50% Coinsurance
Mail Order				
Tier 1 - Generic Drugs	\$10 Copay	Not Covered	\$10 Copay	Not Covered
Tier 2 - Brand Preferred Drugs	\$60 Copay	Not Covered	\$60 Copay	Not Covered
Tier 3 - Brand Non-Preferred Drugs	\$120 Copay	Not Covered	\$120 Copay	Not Covered

\*The deductible counts toward the out-of-pocket maximum.

\*\*The HRA pays first, then the employee pays the corridor amount to meet the full in-network deductible.

# MEDICAL PLAN (cont'd)

PLAN PROVISIONS	Standard HRA Plan \$2,500 Corridor		KIDZ Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HRA District Contribution	\$500 individual / \$1,000 family		N/A	
Deductible - Individual	\$3,000	\$3,500	\$1,000	\$2,000
Deductible - Family	\$6,000	\$7,000	\$3000	\$6,000
Out-of-Pocket Maximum - Individual*	\$4,500	\$9,000	\$4,000	\$8,000
Out-of-Pocket Maximum - Family*	\$9,000	\$18,000	\$12,000	\$24,000
Maximum HRA Carryover	\$500 individual / \$1,000 family		N/A	
Amount you pay (you must meet your deductible before the coinsurance applies)				
Primary Care Physician Office Visit	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Specialist Care Physician Office Visit	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Preventive Care	No charge	40% Coinsurance	No charge	40% Coinsurance
Urgent Care	20% Coinsurance	40% Coinsurance	\$75 Copay	40% Coinsurance
Emergency Room	20% Coinsurance	20% Coinsurance	\$150 Copay	\$150 Copay
Diagnostic Test and Imaging	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Chiropractic (limit of 26 services per plan year)	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Rehabilitation Services	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Acupuncture	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Hospice Services	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Inpatient Stay	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Outpatient Surgery	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Mental Health and Substance Abuse	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Pharmacy	Amount you pay (you must meet your deductible before the coinsurance applies)			
Retail				
Tier 1 - Generic Drugs	\$10 Copay	50% Coinsurance	\$10 Copay	50% Coinsurance
Tier 2 - Brand Preferred Drugs	\$25 Copay	50% Coinsurance	\$25 Copay	50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	\$75 Copay	50% Coinsurance	\$45 Copay	50% Coinsurance
Mail Order				
Tier 1 - Generic Drugs	\$25 Copay	Not Covered	\$25 Copay	Not Covered
Tier 2 - Brand Preferred Drugs	\$62 Copay	Not Covered	\$62 Copay	Not Covered
Tier 3 - Brand Non-Preferred Drugs	\$187 Copay	Not Covered	\$112 Copay	Not Covered

\*The deductible counts toward the out-of-pocket maximum.

# HEALTH REIMBURSEMENT ARRANGEMENT

A Health Reimbursement Arrangement (HRA) is an account the district funds that you can use to pay for qualified health care expenses.

## It helps you pay for medical expenses

If you are enrolled in an HRA plan, your claims will automatically be paid with the HRA. If you use up all of the funds in the HRA, you are responsible for any remaining expenses until you reach your out-of-pocket maximum. This includes out-of-pocket expenses to meet your deductible but does not include medical or prescription drug copays.

## Unused funds roll over

If you have HRA funds left over at the end of the year, and remain enrolled in an HRA medical plan, your funds roll over up to district limits and can be used for eligible expenses the following year.

You must be enrolled in the plan by July 1 of each year in order to roll the HRA over to the following plan year. If you leave the district or change plans, however, you forfeit any remaining balance.

## IMPORTANT NOTE

For Premium and Standard plans, please remember not to provide payment to providers up front, unless it is a copay or pharmacy expense. Providers should submit claims through Anthem for the HRA funds to be applied first.

## HOW THE PREMIUM PLAN HRA WORKS

- For services with a copay listed, you pay the copay amount, and then the rest of the services are covered and are not subject to the deductible.
- The HRA automatically covers your claims until you reach your deductible and/or out-of-pocket maximum.
- If there are no funds left in the HRA, you are responsible for the expenses until you reach the deductible and/or out-of-pocket maximum.

## HOW THE STANDARD PLAN HRA WORKS

- The HRA applies to all services with the exception of prescription drugs.
- The HRA pays claims up to the corridor (employee portion).
- Once the HRA amount has been paid, you are responsible for the corridor amount until you reach the deductible, then you will pay a percentage of the cost with coinsurance until you reach the out-of-pocket maximum.

Please note that HRA rollover funds for the current plan year will be available the following February each year.



# SAVINGS AND REIMBURSEMENT ACCOUNTS

Flexible Spending Accounts enable you to pay for eligible expenses **tax-free**.

- **Health Care Flexible Spending Account (FSA)** – If you are not enrolled in an HSA plan you can use this account for medical, pharmacy, dental and vision expenses.
- **Dependent Care FSA** – Use for eligible childcare expenses for dependents under age 13 or elder care.

We also offer the Premium and Standard Plans with a Health Reimbursement Arrangement (HRA). This is a reimbursement arrangement only. You cannot contribute to this account; it is funded and owned exclusively by the district.

IRS Publication 502 provides a list of eligible expenses for each account at [irs.gov](https://www.irs.gov).

COMPARISON OF ACCOUNTS	HRA	FSA
<b>Does the district contribute?</b> <i>Amount for full-year</i>	✓ Varies by plan	X
<b>Can I contribute my own savings?</b>	X	✓
<b>Is there an IRS maximum annual contribution?</b>	X	✓ Health Care: \$3,200 Dependent Care: \$5,000
<b>Will my savings roll over each year?</b>	Yes, up to plan maximum amounts	X
<b>Will I earn interest on my savings?*</b>	X	X
<b>Are the savings tax-free?</b> <i>In most states</i>	✓	✓
<b>Do I keep the money if I leave the district?</b>	X Option to continue through COBRA	X Option to continue Health Care only through COBRA
<b>Plan year for contributions</b>	Effective October 1 to September 30	Effective October 1 to September 30

\*Savings must be over a certain limit to begin accruing interest.

## FSA ADMINISTRATOR (HSA Bank)

The Flexible Savings Account (FSA) administrator is HSA Bank. Note that HSA Bank is just the name of the bank and does not mean you have a HSA account through this bank. You can access your new or existing account at HSA Bank through COMPASS or visit [myaccounts.hsabank.com/Login.aspx](https://myaccounts.hsabank.com/Login.aspx). During open enrollment log in to COMPASS to make your FSA election.

If you have newly enrolled in a FSA, you will receive login instructions and your FSA Debit Card in the HSA Bank Welcome Packet which will be mailed to you in September. Additional debit cards can be requested free of charge by calling HSA Bank or in your HSA Bank online account.

# MEDICAL PLAN RESOURCES

Anthem is available to help manage your health care with a team of professionals dedicated to being your advocate and helping you make the best use of your medical plan.

## 24/7 NurseLine

Get instant access to registered nurses who can answer questions, provide guidance and help you access the health resources available to you. Need health care right away? A nurse can help you decide where to go if your doctor isn't available. Going to the right place can save you time and money. Call 800-337-4770 to connect with 24/7 NurseLine today.

## LiveHealth Online

Using LiveHealth Online, you have access to private and secure virtual visits with a board-certified doctor 24/7 on your smartphone, tablet or computer. It's a quick and easy way to get the care you need with no appointments or long wait times – all for less than most other treatment options. When your doctor isn't available, use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or other common health conditions. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if needed. To sign up, visit [livehealthonline.com](https://livehealthonline.com). You can also download the free LiveHealth Online app on the App Store or Google Play.

## ConditionCare

Use ConditionCare to get the care support you need for chronic conditions and manage expenses associated with asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease and heart failure. Call 866-962-1069 to connect with 24/7 ConditionCare today.

## Building Healthy Families

Through Building Healthy Families, parents-to-be can receive special support and education, including 24/7 registered nurse access, that promotes healthy pregnancies, deliveries and babies. You can connect with Building Healthy Families by visiting [anthem.com](https://anthem.com). Then find "Featured Programs" at the bottom of the homepage. Select "View All" and then choose the "Building Healthy Families" tile.

## ComplexCare

Get the help you need for complex medical conditions or surgeries, including understanding treatment plans, medications and how to access special health care providers and community resources. Call 866-962-1069 to connect 24/7 with ComplexCare today.

## Learn to Live

Your emotional health is an important part of your overall health. Learn to Live offers proven online programs and personalized one-on-one coaching for stress, depression, social anxiety, sleep issues and substance use. To get started, log in to [anthem.com](https://anthem.com), go to "My Health Dashboard", choose "Programs", and select "Emotional Wellbeing Resources".

## MORE INFORMATION ONLINE

Find everything you need to know about your Anthem benefits – personalized and all in one place.

- Find care and check costs
- See claims
- Check all benefits
- View and use digital ID cards
- Interactive chat feature to get answers quickly

Scan the QR code to download Anthem's Sydney App. You can also visit [anthem.com](https://anthem.com).



## YOU MAY RECEIVE A CALL

To ensure access to these valuable resources when you need them, Anthem may need to call you to check in with you. These calls are always confidential. You can always learn more by calling the helplines for each of Anthem's services:

- **24/7 NurseLine:** 800-337-4770
- **ConditionCare or ComplexCare:** 866-962-1069

# DENTAL PLAN

Regular dental care is an important part of caring for your overall health.  
You have access to a dental plan through Delta Dental of Missouri.

PLAN PROVISIONS	PPO NETWORK	PREMIER NETWORK	OUT-OF-NETWORK
Dental Deductible - Individual	\$25	\$25	\$25
Dental Deductible - Family	\$75	\$75	\$75
Annual Benefit Maximum	\$1,500	\$1,500	\$1,500
Orthodontic Lifetime Maximum	\$600	\$600	\$600
<b>Amount you pay</b> (you must meet your deductible before the coinsurance applies)			
Diagnostic and Preventive	No charge	No charge	10%
Basic Services	10%	10%	20%
Major Services	40%	40%	50%
Orthodontia Services (dependents up to age 19 only)	50%	50%	50%

## Using in-network dental providers

While you have the option of choosing any provider, you will save money when you use in-network dentists. When using out-of-network dental providers, you will pay more because the provider has not agreed to charge you a negotiated rate. To find an in-network provider, visit [deltadentalmo.com](http://deltadentalmo.com) and click on "Find a Provider."

## Late enrollment penalty

If you are not enrolled in the dental plan when you are first eligible, your benefits are limited to the services listed under Diagnostic and Preventive during the first 12 months of your coverage. Dependents enrolled prior to their third birthday are not subject to the late entrant penalty.

### VIRTUAL VISITS TELEDENTISTRY

Virtual Visits delivered by [TeleDentistry.com](http://TeleDentistry.com), provide 24/7 access to a dentist. Use Virtual Visits when having a dental emergency or needing access to a dentist after hours or without leaving your home. Virtual Visits are covered as an oral exam.

[TeleDentistry.com](http://TeleDentistry.com) dentists provide initial consultation services and can write prescriptions when appropriate. Get started by logging in to the [Delta Dental - Virtual Visits patient portal](#).

# VISION PLAN

Getting your eyes checked every year can help maintain your vision and identify the early signs of certain health conditions. You have access to a vision plan through Anthem.

PLAN PROVISIONS	BLUE VIEW VISION NETWORK
<b>Exam</b> (Every 12 months)	\$10 copay
<b>Frames</b> (Every 24 months)	Plan covers up to \$150
<b>Lenses</b> (Every 12 months)	\$10 copay; Plan covers up to \$150
<b>Contacts</b> (Every 12 months)	Plan covers up to \$150
<b>Medically necessary contact lenses</b> (Non-elective lenses are provided for reasons that are not cosmetic in nature)	Covered in full

Your Anthem Medical ID card includes your vision plan, no separate ID card needed for your vision coverage.



# LIFE INSURANCE AND DISABILITY

## Life and AD&D Insurance

Life insurance is an important part of your financial wellbeing, especially if others depend on you for support. We provide basic life and Accidental Death and Dismemberment (AD&D) insurance through Lincoln Financial for employees and offer voluntary insurance options for employees and their dependents.

### Basic Life and AD&D Insurance

The district provides basic life and AD&D insurance to all eligible employees at no cost equal to one times your base annual earnings, up to a maximum of \$84,000. Coverage is automatic; you do not need to enroll.

### Voluntary Life and AD&D Insurance

You may choose to purchase additional life and AD&D coverage for yourself and your dependents at affordable group rates. Rates are based on age and the coverage level chosen.

For amounts over the Guarantee Issue amount, you will typically need to complete the Evidence of Insurability form. A link to the form is provided on the enrollment site.

VOLUNTARY LIFE AND AD&D INSURANCE FOR YOU		VOLUNTARY LIFE AND AD&D INSURANCE FOR YOUR ELIGIBLE DEPENDENTS	
Employee	Spouse	Child(ren)	
<ul style="list-style-type: none"><li>▪ 5 times annual earnings</li><li>▪ Up to a \$500,00 maximum</li><li>▪ Guarantee issue of \$300,000</li></ul>	<ul style="list-style-type: none"><li>▪ Increments of \$10,000, subject to a minimum of \$10,000</li><li>▪ Up to a \$50,000 maximum</li><li>▪ Guarantee issue up to \$50,000</li></ul>	<ul style="list-style-type: none"><li>▪ \$5,000 or \$10,000 per child</li><li>▪ Must be added within 31 days of birth</li><li>▪ Child Life does not include AD&amp;D insurance</li></ul>	

## Disability Insurance

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. You have the option to purchase disability coverage through Lincoln Financial as shown below.

COVERAGE	BENEFITS
Short-Term Disability	<ul style="list-style-type: none"><li>▪ 60% of your weekly pay up to a maximum of \$2,000 for the first 13 weeks of disability.</li></ul>
Long-Term Disability	<ul style="list-style-type: none"><li>▪ 60% of your base salary, to a maximum of \$10,000 per month if you are disabled and are unable to work for more than 90 days.</li><li>▪ Benefits are offset with other sources of income, such as Social Security and Workers' Compensation.</li></ul>



# ADDITIONAL RESOURCES

## ***EmployeeConnect: Employee Assistance Program***

With the Employee Assistance Program (EAP) through Guidance Resources, you have access to confidential assistance with nearly any personal matter you may be experiencing at no cost. You and your family have access to five free consultations with a licensed clinician per incident, individual and calendar year. Services include:

- **Legal Services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more
- **Financial Services:** Budgeting, credit and financial guidance, retirement planning and assistance with tax issues
- **Childcare and Eldercare Assistance:** Needs assessment along with referrals to childcare and eldercare providers
- **Identity Theft Recovery Services:** Information on identity theft prevention, an identity theft emergency response kit and help if you are victimized
- **Daily Living Services:** Referrals to help with event planning, transportation services, pet services and more

Confidential assistance is available any time by calling 888-628-4824 or logging on to [guidanceresources.com](https://guidanceresources.com) (Username: LFGSupport, Password: LFGSupport1).

## ***LifeKeys***

LifeKeys services from Lincoln Financial can be a useful resource to deal with the stresses of losing a loved one. LifeKeys services include:

- Protection against Identity Theft
- Online Will Preparation
- Guidance and support for your beneficiaries – Services available for up to one year after a loss and includes 10 in-person sessions for grief counseling, legal or financial information and unlimited phone counseling

Visit [guidanceresources.com](https://guidanceresources.com) (Web ID: LifeKeys) or call 855-891-3684.

## ***TravelConnect***

TravelConnect® services offer help to make travel less stressful. TravelConnect provides services you can count on:

- 24/7 support if you face an emergency when 100 or more miles from home
- Medical, dental and pharmacy referrals
- Arranging travel if injured and need emergency evacuation
- Arranging transportation of a deceased traveler
- Securing emergency pet boarding
- Legal consultation, recovering lost or stolen document or luggage, and ID recovery assistance

Visit [mysearchlightportal.com](https://mysearchlightportal.com) (Group ID: LFGTravel123) for more information.

## ***Lincoln WellnessPATH***

Meeting your everyday financial goals is hard, especially when managing credit card debt, paying off student loans, saving for retirement or building a vacation fund. Get your financial life in order with help from Lincoln Financial. [Lincoln WellnessPATH](#) is an online tool that offers personalized action steps to help you manage your financial life.

Complete a quick quiz to receive a wellness score and steps for improving your score. Whether you want to create a budget, determine if you have enough life insurance or plan your savings for your dream vacation, you can do it using [Lincoln WellnessPATH](#).

- **See all your accounts in one place:** Lincoln WellnessPATH allows you to link all your account information — including checking, savings, investment and student loans — so you have a full financial picture
- **Get your financial house in order:** Featuring a breakdown of expenses and incomes by category, Lincoln WellnessPATH makes it easy to identify spending trends and create budgets
- **Set goals and track your progress:** Lincoln WellnessPATH helps you set and track your progress toward your short- and long-term goals

Visit [Lincoln WellnessPath online](#) to get started.

# ADDITIONAL RESOURCES (cont'd)

## Sword Health

Sword is a digital physical therapy program designed to help you overcome your joint, back, or muscle pain all from home. Every member is matched with a Doctor of Physical Therapy to provide expert guidance. To enroll in Sword Health, visit, [www.swordhealth.com](http://www.swordhealth.com). For any enrollment questions, you can call 888-492-1860 or email [help@swordhealth.com](mailto:help@swordhealth.com).

## Noom Weight

Noom Weight uses evidence-based techniques to empower behavior change. Personalized, mind-first approach that combines technology and human support to create healthier daily habits that lead to long-lasting results. Please note that Noom will be replacing Wondr Health as of October 1, 2024. To enroll in Noom, please visit [go.noom.com/csdtrust](http://go.noom.com/csdtrust). For any enrollment questions, you can also email [partnersupport@noom.com](mailto:partnersupport@noom.com).

## Virta Health

Virta is a leading telehealth provider clinically proven to reverse type 2 diabetes. Reversal is possible through nutritional therapy and fully virtual, provider-led medical group.

To enroll, [virtahealth.com/join/csd](http://virtahealth.com/join/csd). Once initial enrollment is complete, Virta will send you a no-cost welcome kit including an app-connected glucose meter and test strips, a digital scale, and more. Download the free Virta app, which will serve as your diabetes dashboard and provide access to a team of dedicated Virta Health coaches.

## WTW Enrollment Services Permanent Life with LTC

At Bayless, we continually look for ways to help our employees better understand their benefit options. To empower you to become a better consumer of your benefits, we have partnered with WTW Enrollment Services to provide you with telephonic access to benefit coaches who will answer your Permanent Life with Long Term Care (LTC) questions and assist you in enrolling in this benefit.

You can contact our Benefit Coaches at 855-843-2915, Monday – Friday, 9 am to 9 pm ET.

## Anthem Cancer Care Navigators

Anthem's Cancer Care Navigators help manage a member's care, so the member can focus on well-being. The Navigators are health educators specially trained to understand your diagnosis and unique needs. They can:

- Coordinate care and act as a single point of contact.
- Support both your emotional and physical health.
- Connect members and loved ones to community resources.
- Answer questions about treatment, medication, side effects, as well as Anthem benefits.
- Help prevent unnecessary procedures, tests, and emergency room or hospital visits.

Log in to [anthem.com](http://anthem.com) to get started with get connected with Cancer Care Navigators.

## MORE INFORMATION ONLINE

My Health Check-in is a short assessment to provide customized recommendations about ways to improve your health. Complete the assessment through the Sydney Health app or [anthem.com](http://anthem.com).



# VOLUNTARY BENEFITS

## Accident Insurance

Accident Insurance provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have. If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like.

### Examples of covered injuries:

- Broken bones
- Burns
- Torn ligaments
- Cuts repaired by stitches
- Eye injuries
- Ruptured discs
- Concussion

## Hospital Indemnity Insurance

Hospital Indemnity Insurance provides a fixed lump-sum payment that can help you cover expenses not covered by insurance while you, your spouse and/or dependents are in the hospital. The plan provides a daily payment for each day you are hospitalized.

## Critical Illness Insurance

Critical Illness Insurance provides cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up — like rent, mortgage, car payments, etc. — while you are ill. With Critical Illness Insurance, if you are diagnosed with a covered illness, you get a lump-sum cash benefit, even if you receive other insurance benefits.

### Examples of covered illnesses:

- Cancer
- Heart attack
- Major organ failure
- End-stage renal (kidney) failure
- Coronary artery bypass graft surgery
- Stroke

To learn more about Critical Illness, Accident and Hospital Indemnity Insurance, visit [lincolnfinancial.com](https://lincolnfinancial.com).

# THE TRUST WELLNESS PROGRAM

The Trust Wellness program provides members the support, tools, resources and programs to help you live a healthier life... at no cost to you.



## Our goals include:

- To provide creative and fun ways to integrate healthier lifestyle choices in your everyday routine
- To help you effectively manage your health care
- For you to have a great time in the process

## Annual resources available to you:

- Onsite health screenings and flu shots
- Activity District Challenge (fall, spring and summer)
- Nutrition Intuition Trivia Challenge
- Noom Weight
- Virta Diabetes Reversal Program
- Stress Management Challenge
- Spring on-site chair massage
- Healthier Lifestyle program (nutrition coaching program)
- TrustWellness Monthly eNewsletter
- TrustWellness website: [csdinsurancetrust.com](https://csdinsurancetrust.com)
- And much more!

## FOR MORE INFORMATION ON UPCOMING EVENTS:

- Visit [csdinsurancetrust.com](https://csdinsurancetrust.com)
- Look out for the TrustWellness emails
- Watch for event flyers and posters
- Read building Wellness Corner Boards
- Read the bathroom Wellness Splash



# CONTACT INFORMATION

PLAN	PROVIDER	PHONE NUMBER	WEBSITE
Medical	Anthem	855-272-4938	<a href="http://anthem.com">anthem.com</a>
Pharmacy	CarelonRX	833-219-4305	—
Health Reimbursement Arrangement (HRA)	Anthem	855-272-4938	<a href="http://anthem.com">anthem.com</a>
Dental	Delta Dental of Missouri	800-335-8266	<a href="http://deltadentalmo.com">deltadentalmo.com</a>
Vision	Blue View Vision	866-723-0515	<a href="http://anthem.com">anthem.com</a>
Flexible Spending Account (FSA)	HSA Bank	833-227-7070	<a href="http://myaccounts.hsabank.com/Login.aspx">myaccounts.hsabank.com/Login.aspx</a>
Life insurance	Lincoln Financial	800-790-7790	<a href="http://mylincolnportal.com">mylincolnportal.com</a>
Disability	Lincoln Financial	800-790-7790	<a href="http://mylincolnportal.com">mylincolnportal.com</a>
Voluntary Benefits	Lincoln Financial	800-423-2765	<a href="http://lincolnfinancial.com/public/individuals">lincolnfinancial.com/public/individuals</a>
Employee Assistance Program (EAP)	Guidance Resources	888-628-4824	<a href="http://guidanceresources.com">guidanceresources.com</a> Username: LFGSupport Password: LFGSupport1
Wellness	CSD	—	<a href="http://csdinsurancetrust.com">csdinsurancetrust.com</a>
Weight Management	Noom	—	<a href="http://go.noom.com/csdtrust">go.noom.com/csdtrust</a>
Musculoskeletal	Sword Health	888-492-1860	<a href="http://swordhealth.com">swordhealth.com</a> <a href="mailto:help@swordhealth.com">help@swordhealth.com</a>
Diabetes Management	Virta	—	<a href="http://virtahealth.com/join/csd">virtahealth.com/join/csd</a>
Enrollment	Empyrean	833-269-2142	<a href="http://compass.emyreanbenefits.com/CSDTRUST">compass.emyreanbenefits.com/CSDTRUST</a>
Permanent Life with LTC questions and enrollment	WTW Enrollment Services	855-843-2915 Monday – Friday 9 a.m. to 9 p.m. ET.	—



**About this Guide:** This benefit summary provides selected highlights of the CSD Insurance Trust employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. CSD Insurance Trust reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.