

Employee 2025 Benefits Guide

FRANCIS HOWELL benefits

We put the well in Howell

Francis Howell School District

HOME SCHOOL COMMUNITY

LEARNING TOGETHER

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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any express or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact the Benefits Office. ©Marsh & McLennan Agency. All rights reserved.

Welcome to Your 2025 Benefits!

Francis Howell School District is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

Eligibility

Full Time	Employees working 30+ hours/week are eligible for all levels of coverage and receive full District contribution.
Part Time	Teachers that work 17 to < 30 hours/week are eligible for all levels of coverage and receive ½ District contribution.
Bus Drivers	Working 25+ hours/week are eligible for all levels of coverage and receive full District contribution.

For newly hired individuals, most of your benefits are effective the first day of the month following your date of hire. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse, that is not eligible for medical coverage through their own employer;
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your company-sponsored Life and Disability benefits end on your date of termination.

Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, vision, or Health Care or Dependent Care Flexible Spending Accounts unless you experience a Qualified Life Event, such as marriage or the birth of a child. **If you experience a Qualified Life Event (examples below), you should contact the Benefits Office within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualified Life Event).**

Qualified Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

How to Enroll

New hires have 30 days to enroll in benefits from your New Employee Orientation. You must complete your enrollment to receive benefit coverage for the plan year.

Before You Enroll

- Carefully review the benefits listed in this guide and determine the medical, dental, vision and other coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Select, review and submit your desired coverage.
- Be sure to complete beneficiary information for Life benefits.

Check with the Benefits Office if you have questions.

Step One

Log on to https://worklife.alight.com/fhsdschools/
Username: FHXXXXX (XXXXX = Employee ID)

- **Password: Password is user created.** If you do not recall password, click the reset password link, and follow the prompts.

Note: Your SmartBen Username is formatted with 5 digits for the employee ID#, do NOT include the added "1" in front of your SmartBen Username. For issues with logging in, please contact the Benefits Office at 636.851.6099

Step Two

If your spouse is eligible for medical coverage through their employer then they are NOT ELIGIBLE to be covered by FHSD.
Changes cannot be made to your coverage outside of Open Enrollment unless you experience a Qualifying Life Event (see page 4).
To enroll a dependent, you will need: **Name, SSN, and Date of Birth**

Step Three

Review the information provided on the "Plans" tab.

Step Four

Click on the "Enrollment" tab, select the "Annual Enrollment" button and click "Begin Enrollment".

Step Five

From your summary page, select each category that you wish to change and make your selections. Click **"Select and Continue"** to be brought back to the summary page.

Step Six

When you have completed your elections, click on the **"Continue"** button on the right. Then click **"Continue"** to review. Now review and click **"Complete Enrollment"** on the next screen.

Step Seven

VERY IMPORTANT - You are not finished until you see a screen that displays the statement, **"Congratulations!"** Select the **"Click Here"** option to print a confirmation summary of your elections.

VERY IMPORTANT -

- SmartBen Confirmation Pages will not be distributed by the Benefits Office
- Employees are required to review and print their own Confirmation Page
- Employees will not be allowed to make revisions to their elections after Enrollment closes

Teachers and Year-Round Support Staff
Premium Calculation sheet
Plan year 10/1/25-9/30/26

Please use the below details to help you determine the cost of your benefits.

Monthly Cost

MEDICAL

☐ No Medical Coverage

	Monthly Premium
Base Option	
☐ Individual Only	$ 849.14
☐ Individual/Spouse	$ 1,783.54
☐ Individual /Child(ren)	$ 1,527.74
☐ Individual/Family	$ 2,462.14
CDHP Option	
☐ Individual Only	$ 773.22
☐ Individual/Spouse	$ 1,623.52
☐ Individual /Child(ren)	$ 1,392.26
☐ Individual/Family	$ 2,240.22

Medical Premium $ _____
(carry over monthly premium amount)

DENTAL

☐ No Dental Coverage

	Monthly Premium
Dental	
☐ Individual Only	$ 41.60
☐ Individual/Spouse	$ 80.28
☐ Individual /Child(ren)	$ 92.91
☐ Individual/Family	$ 129.63

Dental Premium $ _____
(carry over monthly premium amount)

VISION

☐ No Vision Coverage

	Monthly Premium
Vision	
☐ Individual Only	$ 6.54
☐ Individual/Spouse	$ 13.62
☐ Individual /Child(ren)	$ 12.81
☐ Individual/Family	$ 19.90

Vision Premium $ _____
(carry over monthly premium amount)

District Contribution

Portion Paid by District	**FULL TIME**	
	Base	**CDHP**
If no medical or Individual only medical elected	$ 897.27	$ 821.36
If Individual/Spouse medical elected	$ 1,218.95	$ 1,339.57
If Individual/Children medical elected	$ 1,051.03	$ 1,155.61
If Individual/Family medical elected	$ 1,664.42	$ 1,830.13
	PART TIME	
If no medical or Individual only medical elected	$ 448.64	$ 410.68
If Individual/Spouse medical elected	$ 609.48	$ 669.79
If Individual/Children medical elected	$ 525.52	$ 577.81
If Individual/Family medical elected	$ 832.21	$ 915.07

Subtotal $ _____
(add above 3 premiums)

District Contribution $ _____
(Carry over District Contribution amount depending upon your employment details)

Total Employee Monthly Premium Cost $ _____
(Take your subtotal and subtract District Contribution)

Divide above number by 2 for Per Paycheck Amt $ _____

Non-Year-Round Support Staff
Premium Calculation sheet
Plan year 10/1/25-9/30/26

Please use the below details to help you determine the cost of your benefits. **Monthly Cost**

MEDICAL

☐ No Medical Coverage

	Monthly Premium
Base Option	
☐ Individual Only	$1,132.19
☐ Individual/Spouse	$2,378.05
☐ Individual /Child(ren)	$2,036.99
☐ Individual/Family	$3,282.85
CDHP Option	
☐ Individual Only	$ 1,030.96
☐ Individual/Spouse	$ 2,164.69
☐ Individual /Child(ren)	$ 1,856.35
☐ Individual/Family	$ 2,986.96

Medical Premium $ _____
(carry over monthly premium amount)

DENTAL

☐ No Dental Coverage

	Monthly Premium
Dental	
☐ Individual Only	$ 55.47
☐ Individual/Spouse	$ 107.04
☐ Individual /Child(ren)	$ 123.88
☐ Individual/Family	$ 172.84

Dental Premium $ _____
(carry over monthly premium amount)

VISION

☐ No Vision Coverage

	Monthly Premium
Vision	
☐ Individual Only	$ 8.72
☐ Individual/Spouse	$ 18.16
☐ Individual /Child(ren)	$ 17.08
☐ Individual/Family	$ 26.53

Vision Premium $ _____
(carry over monthly premium amount)

District Contribution

Portion Paid by District	**FULL TIME**	
	Base	**CDHP**
If no medical or Individual only medical elected	$ 1,196.36	$ 1,095.15
If Individual/Spouse medical elected	$ 1,625.27	$ 1,786.09
If Individual/Children medical elected	$ 1,401.37	$ 1,540.81
If Individual/Family medical elected	$ 2,219.23	$ 2,440.17
	PART TIME	
If no medical or Individual only medical elected	$ 598.18	$ 547.57
If Individual/Spouse medical elected	$ 812.64	$ 893.05
If Individual/Children medical elected	$ 700.69	$ 770.41
If Individual/Family medical elected	$ 1,109.62	$ 1,220.09

Subtotal $ _____
(add above 3 premiums)

District Contribution $ _____
(Carry over District Contribution amount depending upon your employment details)

Total Employee Monthly Premium Cost $ _____
(Take your subtotal and subtract District Contribution)

Divide above number by 2 for Per Paycheck Amt $ _____

Process for deducting health expenses for **non-year-round** support staff:
Starting from the payroll effective 10/10/2024, support staff whose calendars are not year-round will see a higher deduction on their health benefits over the next 18 pay periods related to their primary position with the district. This adjustment aims to evenly distribute the health benefit deductions over 18 pay periods rather than the previous 24 pay periods. Starting in summer 2025, summer positions will, consequently, no longer need to have the health benefit deduction taken out. This will also eliminate the need for catch-up deductions when employees return for the new school year (arrears). Following this transition year, the pay periods running September-May will have insurance deductions taken out at the higher rate. If an employee leaves the District, any additional amounts owed or overpaid due to the adjustment in health benefit deductions will be accounted for and adjusted accordingly on their final pay.

Medical

Francis Howell School District's medical coverage, through Cigna, provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** —a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **In-network** – Health care professionals and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You pay a lower amount for those services.
- **Out-of-network** – A health care professional or facility that does not participate in Cigna's network and does not provide services at a discounted rate. Using an out-of-network provider or facility will cost you more.

Before You Enroll

Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically has a lower deductible, pays more and/or copays when you need care.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting www.mycigna.com. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.

The table below summarizes the key features of the medical coverage. Please refer to the plan Summaries of Benefits and Coverage for additional information on coverage and exclusions on SmartBen and HowellNet. You may also request a copy from the FHSD Benefits Office.

	CDHP Plan	Base Plan
	Open Access Plus	Open Access Plus
	In-Network	In-Network
Calendar Year Deductible		
Individual	$3,600	$1,500
Family	$7,200	$3,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	$3,600	$4,500
Family	$7,200	$9,000
HSA Contribution from FHSD		
Individual	$1,000	N/A
Family	$2,000	N/A
	You pay	You pay
Coinsurance	0%	20%
Preventive Care	No Charge	No Charge
Telehealth	Deductible	Up to $40
Primary Care Physician	Deductible	$35
Specialist	Deductible	$50
Urgent Care	Deductible	$100
Emergency Room	Deductible	$350
Lab & X-ray	Deductible	Deductible then 20%
Hospitalization	Deductible	Deductible then 20%
Diagnostic Imaging (MRI/CT)	Deductible	Deductible then 20%

Spousal Medical Coverage:

Coverage is open to legally married spouses. If your spouse is eligible for medical coverage through their employer then they are **NOT ELIGIBLE** to be covered by FHSD.

You must complete a **Spousal Exclusion Form** for each year in which you cover your spouse on FHSD medical insurance.

Completed forms may be submitted using one of the following methods no later than the end of Enrollment.

- **Email:** benefits@fhsdschools.org
- **Fax:** 636.329.9521
- **Mail:** FHSD Benefits Office, 801 Corporate Centre Drive, O'Fallon, MO 63368
- **Interoffice Mail:** ATTN: Benefits OE at Admin

Cigna Also Offers...

Telehealth

Use AmWell or MDLive from your phone to laptop. The cost is your office visit copay or deductible, then 100% for CDHP plan members. Pre-register to see a doctor for the conditions listed below. Log on to www.myCigna.com or use the myCigna phone app for more information.

- Sore throat, colds and flu, fever, stomachache
- Allergies, rashes, acne, shingles
- Bronchitis, urinary tract infections

Omada

If you are at risk for diabetes or heart disease, you may be eligible for Omada, a behavioral medicine and scientifically tested program that is designed to build healthy habits that last. With the interactive program you will receive a wireless smart scale, weekly online lessons, access to a professional Omada health coach, and can join an online small community to share ideas and success stories. Visit www.myCigna.com or call 1-800-Cigna24 for more information.

Chronic Conditions

If you have a chronic condition such as asthma, low back pain, depression, coronary artery disease, or diabetes, a Cigna dedicated health coach is there for you. Your coach will help you make more educated decisions about treatment options, obtain information or resources about your condition, save money on medical-related expenses, create a plan to improve your health, understand medications or doctor's orders, or identify triggers that affect your condition. To have a confidential, one-on-one conversation, call 1-855-246-1873.

Tips

Take charge of your health using Cigna's online tools for help with lifestyle issues such as weight management, stress, and smoking. Visit www.myCigna.com for information and self-help resources.

How to find an in-network provider:

- **Visit Cigna's website at www.myCigna.com**
- **Call 1-800-CIGNA24 (1-800-244-6224)**
- **Check the Cigna mobile app**

When possible, choose Urgent Care, Telehealth or the CareATC wellness center over the emergency room to save time and money.

Pharmacy

Just like your medical plan covers visits to your doctor, your **ESI** Prescription Drug Program covers the medication your doctor prescribes.

A 3-tier copay structure applies for all plans, but when enrolled in the high deductible health plan you pay the full cost of the medication until you meet the deductible.

For information on finding a Pharmacy provider, visit express-scripts.com and use their locator tool.



Choose generic drugs when possible. They cost less than the brand name drugs and in most cases are the chemical equivalent. Remember to request a generic from your doctor.

	CDHP Plan	Base Plan
	In-Network	In-Network
Prescription Drug Tier Pricing		
Rx Deductible	Medical Deductible Applies	N/A
Retail Rx (up to 30-day supply)		
Tier 1 (Generic)	100% (After Deductible)	$4
Tier 2 (Preferred)	100% (After Deductible)	20% with a Min/Max of $20/$150
Tier 3 (Non-Preferred)	100% (After Deductible)	20% with a Min/Max of $40/$150
Mail Order Rx (90-day supply)		
Tier 1	100% (After Deductible)	$8
Tier 2	100% (After Deductible)	15% with a Min/Max of $40/$300
Tier 3	100% (After Deductible)	15% with a Min/Max of $80/$300

How to find an in-network provider

- Visit express-scripts.com and use their locator tool
- Contact ESI customer service at 866.905.6726

CareATC Health and Wellness Center

Available for all members of the FHSD Medical plans

Your Francis Howell/CareATC Clinics Offers:

- No co-pay for all members of the Base Plan
- No preventive office visit fee for Base, and CDH Plan members. Only a $35 office visit fee for CDH Plan members who use the clinic for non-preventive services.
- Schedule an appointment 24/7 with the CareATC Mobile App.
- Minimal waiting room time.
- More time with your doctor.
- On-site lab draws and medication dispensing.
- Personal Health Assessment (PHA).
- Online New Patient Paperwork. Visit patients.careatc.com and choose complete new patient paperwork before your first visit.

Meet Your St. Louis Area Providers



David Dunn, MD
Claymont Health Center



Rosemary Wensley, MD
Dougherty Ferry Health Center



Erin Keller, LCSW
Dougherty Ferry Health Center



Nicholas Powers, DO
Keaton Health Center



Moniqua Canada,PA
Keaton Health Center



JackieBode, NP
McKelvey Park Health Center

Treatments and services include:

- Allergies / Asthma
- Cold / Flu / Congestion
- Diabetes Management
- Headaches
- High Blood Pressure
- High Cholesterol
- Lab Work/Tests
- Mental Health
- Occupational Health *(referral required)*
- Personal Health Assessments (PHA)
- Physicals
- Sports Physicals
- Thyroid Disorders
- Tobacco Cessation
- Weight Management
- Well Woman

Area Health Center Locations:



Pay nothing, get a lot.

- Low to no-cost
  (Office visit fee may apply for HSA participants.)
- Quick and easy appointments
- Preventive care, as well as illness, injury, and chronic disease management
- Free lab work and generic medications provided during your visit
- Less wait time, more face time with your medical provider
- No insurance billing

Claymont Health Center
15421 Clayton Rd, Ballwin
M/W/F 7am - 4pm
Tu/Th 8am - 5pm
636-552-4772

Dougherty Ferry Health Center
2315 Dougherty Ferry Rd
Ste 110, St. Louis
M - F 8am - 12pm / 1- 5pm
314-282-6168

Keaton Health Center
6698 Keaton Corp Pkwy Ste 101, O'Fallon
M/W/Th/F 7am - 4pm
Tu 9 am - 6 pm
636-614-1638

McKelvey Park Health Center
3165 McKelvey Rd
Ste 205, Bridgeton
M - F 7:30am - 4:30pm
314-282-3224

Three easy ways to schedule an appointment:
314.314.7434 | www.careatc.com/patients | CareATC app

Show Me The App!

CareATC
THE POWER TO BE WELL

Meet Your Mental Health Professional

ERIN
KELLER,
LCSW



Erin is a licensed clinical social worker who provides therapy to people who have been struggling with managing symptoms of anxiety, depression, trauma, stress, grief, emotional regulation, self-esteem, social skills and relationships. You can expect each session to help you develop a healthy sense of self, a growth mindset, and practice of a healthy coping skillset for a happier, healthier you.

Erin holds a Bachelor of Arts degree in Psychology from Rockhurst University and a Masters in Social Work with a concentration in Mental Health from St. Louis University. She is a St. Louis native whose hobbies include, running, hiking, traveling, reading and spending time with family and friends.

Dougherty Ferry Health Center
2315 Dougherty Ferry Rd, Suite 110
St. Louis, MO 63122

Telehealth visits are also available by calling 314/314-7434.

Hours:
Monday - Friday 8am - 5pm

Meet virtually, by telephone or in-person

Benefits of working with a Mental Health Professional

1. **Low or No Cost*** - All health center eligible members have access to mental health services.
2. **Personalized Care Plan** - strategically focused on your personal goals and built on your strengths to help you improve your overall health and well-being.
3. **Confidential** - CareATC complies with all HIPAA regulations.

**A $35 office visit fee will apply to HSA participants.*

Why work with a Mental Health Professional?

- Desire to improve your emotional health
- Want to focus on life improvement/goal-setting
- Family, marital or other relationship issues
- Feeling stressed with work or family
- Struggling with work/life balance
- Parenting support
- Recent loss or grief
- Avoiding friends and social activities
- Excessive worrying, fear, or sadness
- Inability to handle daily activities/problems/stress
- Extreme mood changes; “highs”, “lows”
- Increased feelings of irritability or anger
- Overuse of substances like alcohol or drugs
- Suicidal thoughts

Three easy ways to schedule an appointment:

314.314.7434 www.careatc.com/patients CareATC app

Show Me The App!

CareATC THE POWER TO BE WELL

HR-00711

Livongo Diabetes and Hypertension Programs

New Health Benefit: Livongo Diabetes and Hypertension Programs

FHSD is excited to announce Livongo, a new health benefit being offered at no cost to you. The Livongo for Diabetes and Livongo for Hypertension programs make living with diabetes and high blood pressure easier by providing you with an exclusive connected blood glucose meter and blood pressure cuff, unlimited strips and lancets, a mobile app to view and track all of your readings and received a personalized report, and personalized health coaching.

Eligible Members: The program is offered at **no cost** to employees and their dependents with diabetes or high blood pressure through the company health plan.



Here's what you get when you join Livongo:

- **Unlimited Strips:** Get as many strips as you need, in addition to a free blood glucose monitor and blood pressure monitor, at no extra charge.
- **Tips to Help You Stay on Track:** Receive useful information that will help you manage your blood sugar and blood pressure and feel your best.
- **Coaching When You Need It Most:** Our Livongo coaches are Certified Diabetes Educators who support you in your journey to better health.
- **Safety and Security:** Your information is safe with us. View and access your records anytime. Share it with your doctors if and when you want to.

Join Today! get.livongo.com/FRANCISHOWELL/now

We are continually looking for ways to add programs that will enhance our benefits offering and help maintain and improve your health and the health of your family members. If you have any questions about this program, please visit the Livongo website or call Livongo Member Support at (800) 945-4355.

El programa Livongo para diabetes está disponible en Español. Para registrarse en Español, llame al (800)945-4355 o visite bienvenido.livongo.com/FRANCISHOWELL.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for qualified out-of-pocket medical expenses. You may elect to contribute to your. HSA deductions are taken out of your paycheck tax-free. Once you enroll in the HSA, you'll receive a debit card to pay for qualified out-of-pocket medical expenses. Your HSA can be used to pay for your health care expenses and those of your spouse and dependents, even if they are not covered by the High Deductible Health Plan (HDHP).

How a Health Savings Account (HSA) Works



Eligibility
Anyone who is:
- Covered by a High Deductible Health Plan (HDHP);
- Not covered under another medical plan that is not an High Deducible Health Plan (HDHP);
- Not entitled to Medicare benefits; or
- Not eligible to be claimed on another person's tax return



Your Contributions
You choose how much to contribute from each paycheck on a pretax basis.
You can contribute up to the IRS maximum of $4,300/individual or $8,550/family.
You can make an additional "catch-up" contribution of up to $1,000 per year if you are age 55 or older.



Francis Howell School District's Contribution
- $1,000 for employee only coverage
- $2,000 for employee + spouse coverage
- $2,000 for employee + child coverage
- $2,000 for employee + family coverage



Eligible Expenses
You can use your HSA to pay for medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. *Please note: Funds available for reimbursement are limited to the balance in your HSA.*



Using Your Account
Use the debit card linked to your HSA to cover eligible expenses — or pay for expenses out of your own pocket and save your HSA dollars for future health care expenses.



Your HSA is always yours – no matter what
One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future. And if you leave the Company or retire, your HSA goes with you.

VERY IMPORTANT:

If you NEWLY elect the CDHP option, a member of the District benefits team will open a Lively HSA account in your name. You will receive an email to your District email address requesting account verification.

The Triple Tax Advantage

HSAs offer three significant tax advantages:

1. You can use your HSA funds to cover qualified medical expenses, including dental and vision expenses — tax-free.
2. Unused funds grow and can earn interest over time — tax-free.
3. You can save your HSA dollars to use for your health care when you leave Francis Howell School District or retire — tax-free.

If you want to pay less per paycheck for health care coverage and save tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

How a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA) Work Together

Year 1 Example: You enroll in the HDHP with HSA during enrollment		Year 2 Example: You enroll in the HDHP plan again next year
You contribute $4,300 for a total of $4,300		$3,600 rolls over from last year and you contribute $4,300 for a total of $7,900
You use the HSA to pay $700 of eligible expenses		You use the HSA to pay $1,250 of eligible expenses
You have $3,600 in the HSA to roll over to next year!		**You have $6,650 in the HSA to roll over to next year!**

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are three types of FSAs — the Health Care FSA, the Limited Purpose Health Care FSA and the Dependent Care FSA:

- **Health Care FSA** — Used to pay for out-of-pocket expenses associated with your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.
- **Limited Purpose Health Care FSA** — Used if you are enrolled in the HDHP medical plan. It works the same way as the standard Health Care FSA; however, you may only use it to pay for eligible vision and dental expenses.
- **Dependent Care FSA (DDC)** — Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time.

You cannot use your Health Care FSA to pay for dependent care expenses, and you cannot use your dependent care FSA to pay for health care expenses.

Important: The IRS has a "use it or lose it" rule. If you do not spend all of the money in your FSA by the annual deadline, any unused dollars in your account(s) will be forfeited.

FSA and DDC must be renewed each year during annual enrollment. Only a qualifying life event will allow a change.

How the Health Care/Limited Purpose Health Care FSA Works	How the Dependent Care FSA Works
You may contribute up to $3,300 per year, pretax	You may contribute up to $5,000 per year, pretax, or $2,500 if married and filing separate tax returns
You receive a debit card to pay for eligible medical expenses (funds must be available in your account)	You submit claims for reimbursement; no debit cards are provided
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor	Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs
Submit claims up to December 31 of the following year for expenses from October 1 to September 30	Submit claims up to December 31 of the following year for expenses from October 1 to September 30
If you do not spend all the money in this FSA by December 31, unused dollars will be forfeited per IRS regulations	If you do not spend all the money in this FSA by December 31, unused dollars will be forfeited per IRS regulations

It's important to note that if you participate in a Health Savings Account (HSA), participation in the Health Care FSA reimbursement account is considered a limited scope FSA.

How You Can Save on Taxes with FSAs

Here's an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

	Health Care FSA		Dependent Care FSA	
	Without FSA	With FSA	Without FSA	With FSA
Your taxable annual income	$50,000	$50,000	$50,000	$50,000
Account deposit (before taxes)	N/A	$3,300	N/A	$5,000
Taxable wages	$50,000	$46,700	$50,000	$45,000
Federal and Social Security taxes	$14,325	$13,408	$14,325	$12,894
Expense (after taxes)	$3,300	N/A	$5,000	N/A
Take home (net)	$32,375	$33,292	$30,675	$32,106
Annual tax savings with the FSAs	$0	$917	$0	$1,431

Dental

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Francis Howell School District offers the following dental coverage through;

Delta Dental - PPO

For information on finding a dental provider, visit www.deltadentalmo.com and click on Find a Provider.

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.

Details for Delta Dental PPO are available on SmartBen and in the FHSD Benefits Office.

IMPORTANT: If your dentist recommends services other than a preventive cleaning, ensure you ask for and receive a pre-treatment estimate before the work is performed. This will avoid any misunderstanding of the benefit payment amounts.

The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Delta Dental of MO	
	PPO	Premier
Network	Coverage No Matter Which Dentist You Choose	Coverage No Matter Which Dentist You Choose
In-Network		
Calendar Year Out-of-Pocket Maximum		
Per Individual	$1,750	$1,750
	You pay	You pay
Preventive Care		
Exams, Cleanings, X-Rays, Fluoride Treatments	0%	10%
Basic Services		
Crown	0%	20%
Root Canal Therapy		
Fillings (composite)		
Uncomplicated Extractions		
Major Services		
Crown (porcelain/metal/gold)	20%	40%
Implants		
Dentures (Complete upper/lower)		
Orthodontia		
	50% up to $1,000 lifetime maximum	50% up to $1,000 lifetime maximum
Out-of-Network		
Preventive Care	10%	
Basic Services	20%	
Major Services	40%	

**Amounts Listed are Estimates*

Vision

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Francis Howell School District offers vision coverage through NVA. For information on finding a vision provider, visit nva.com and click on Find a Provider.

	Vision Plan	
	In-Network	Out-of-Network
	You pay	You pay
Cost		
Exam	$0 Copay	Up to $35
Materials	$0 Copay	See Below
Covered Services - Lenses		
Single Lenses	$0 Copay	Up to $30
Bifocals	$0 Copay	Up to $40
Trifocals	$0 Copay	Up to $60
Frames	$120 Allowance then 20% Off	Up to $50
Covered Services - Contacts in lieu of Frames/Lenses		
Contacts - Medically Necessary	$0	Up to $250
Contacts – Elective Conventional	$125 Allowance then 15% Off	Up to $125
Contacts – Elective Disposable	$125 Allowance then 10% Off	Up to $125
Benefit Frequency		
Exams	Once Every 12 Months	
Lenses	Once Every 12 Months	
Frames	Once Every 12 Months	
Contacts	Once Every 12 Months	

Your NVA Vision Benefit Summary

Schedule of Vision Benefits

Francis Howell School District
Effective 10/01/2025
Group Number# 3455

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every Plan Year	▪ Covered 100%	Reimbursed Amount ▪ Up to $35
Lenses Once Every Plan Year	Standard Glass or Plastic	
▪ Single Vision	▪ Covered 100%	▪ Up to $30
▪ Bifocal		▪ Up to $40
▪ Trifocal		▪ Up to $60
▪ Lenticular		▪ Up to $80
▪ Standard Scratch Coatings	▪ Covered 100%	▪ Up to $5
▪ Progressives – Tier 1	▪ Covered 100%	▪ Up to $50
▪ Progressives – Tier 2	▪ $20 Copay	▪ Up to $80
▪ Progressives – Tier 3	▪ $30 Copay	▪ Up to $100
▪ Progressives – Tier 4	▪ $45 Copay	▪ Up to $120
Frame Once Every Plan Year	Retail Allowance ▪ Up to $120① (20% discount off balance)*	▪ Up to $50
Contact Lenses Once Every Plan Year	In lieu of Lenses	In lieu of Lenses
Elective Contact Lenses	▪ Up to $125 Retail② (15% discount (Conventional) or 10% discount (Disposable) off balance)**	▪ Up to $125
Fit/Follow-Up***		
Standard Daily Wear	▪ Covered 100% after $20 copay	▪ Up to $20
Standard Extended Wear	▪ Covered 100% after $30 copay	▪ Up to $30
Specialty Wear	▪ Covered 100% after $50 copay	▪ Up to $50
Medically Necessary****	▪ Covered 100%	▪ Up to $250

How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses and contact lens evaluation/fitting once every plan year.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care professional, please visit our website at www.e-nva.com or download our mobile app by searching NVA Vision or contact NVA's Customer Service Department toll-free at 1.800.672.7723, TTY: 711 or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 3455000101 or the group number on the identification card and enter in your search parameters. It's that easy!

①Includes frames up to $47 every day low price-price point at Walmart/Sam's Club locations & Costco.

②Includes contact lenses up to $88 every day low price-price point at Walmart/Sam's Club locations & Costco.

*Does not apply to Costco, Wal-Mart / Sam's Club or Lenscrafters locations or for certain proprietary brands or at online retailers. **Does not apply to Costco, Wal-Mart/Sam's Club, Lenscrafters, Contact Fill (NVA Mail Order) or certain locations at: Target & Pearle and may be prohibited by some manufacturers. ***Only covered if you choose Contact Lenses. ****Pre-approval from NVA required.

Fixed prices/courtesy discount do not apply at Costco, Walmart/Sam's Club and LensCrafters locations. Fixed prices listed below may differ at online retailers. Please be sure to confirm the level of service prior to placing an order.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- $75 Polarized
- $30 Blended Bifocal (Segment)
- $40 Blue Light Blocker (Standard)
- $60 Blue Light Blocker (Premium)
- $150 Blue Light Blocker (Ultra)
- $20 Glass Photogrey (Single Vision)
- $30 Glass Photogrey (Multi-Focal)
- $55 High Index
- $12 Ultraviolet Coating
- $25 Polycarbonate (Single Vision) 19 & over
- $30 Polycarbonate (Multi-Focal) 19 & over
- $39 Retinal Screening
- $65 Transitions Single Vision (Standard)
- $70 Transitions Multi-Focal (Standard)
- $40 AR Coating – Tier 1
- $50 AR Coating – Tier 2
- $65 AR Coating – Tier 3
- $80 AR Coating – Tier 4
- 20% discount AR Coating – Tier 5
- $140 Progressive – Tier 5
- $165 Progressive – Tier 6
- $190 Progressive – Tier 7
- 20% discount Progressive – Tier 8
- $12 Fashion Gradient
- $10 Solid Tint

For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. Discounts are not insured benefits. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at

Get a Better View

certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

Plan Specific Details Online: The NVA website is easy to use and provides the most up to date information for program participants:
-Locate a nearby participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent
-View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

Examinations*:* The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

Lenses: NVA provides coverage in full for standard glass or plastic eyeglass lenses.

Frames: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

Contact Lenses: The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

Non-Participating Providers: You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website www.e-nva.com or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P.O. Box 2187, Clifton, NJ 07015.

Laser Eye Surgery: NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Hearing Discount: You will receive up to 60% savings at participating provider locations through NationsHearing®.

Discounts: In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Benefits and discounts may be different at online retailers. Please be sure to confirm the level of service prior to placing an order.

Your NVA EyeEssential® Plan Discount – In Network Only		
Service	**Participating Provider**	**Lens Options**
	Member Cost:	
Eye Examination:	Retail Less $10	$12 Solid Tint/ Gradient Tint $50 Standard Progressive Lenses
Contact Lens Fitting:	Retail Less 10%	$75 Polarized Lenses $65 Transitions Single Vision Standard $70 Transitions Multi-Focal Standard
Lenses:	Glass or Plastic	$15 Standard Scratch Coating
Single Vision	$35.00	$12 UV Coating
Bifocal	$55.00	$35 Polycarbonate
Trifocal or Lenticular	$70.00	$45 Standard Anti-Reflective
Frame:	Retail Less 35%	
Contact Lenses*:	**Member Cost:**	
Conventional	Retail Less 15%	
Disposable	Retail Less 10%	

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U and C) price.

Costco, Wal-Mart / Sam's Club and Lenscrafters stores do not provide additional discounts.

Some optometrist affiliated with Optical Retail locations (i.e., Costco, LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

At NVA, We Work Only for Our Clients.

Insurance coverage provided by National Guardian Life Insurance Company (NGLIC), 2E Gilman, Madison, WI 53703. Policy NVIGRP 2020, et al. NGLIC is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. A full description of your coverage, its limitations, exclusions and conditions is contained in the Insurance Policy issued to your Plan Sponsor at its place of business. That full description in the form of a Certificate of Coverage can be made available to you by requesting it from your Plan Sponsor.

Exclusions / Limitations*:* No payment is made for medical or surgical treatments / Rx drugs or OTC medications / non-prescription lenses / two pair of glasses in lieu of bifocals / subnormal visual aids / vision examination or materials required for employment / replacement of lost, stolen, broken or damaged lenses/ contact lenses or frames except at normal intervals when service would otherwise be available / services or materials provided by federal, state, local government or Worker's Compensation / examination, procedures training or materials not listed as a covered service / industrial safety lenses and safety frames with or without side shields / parts or repair of frame / sunglasses.

National Vision Administrators, L.L.C. ▫ PO Box 2187 ▫ Clifton, NJ 07015
Web: www.e-nva.com ▫ Toll-Free: 1.800.672.7723
NVA® and EyeEssential® are registered marks of National Vision Administrators, L.L.C.

This document is intended as a program overview only and is not a certified document of the individual plan parameters.

COUNCIL 13 AFSCME UNION LABEL

BenSum2023

Life Insurance

Life insurance, provided by Lincoln Financial Group, pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away.

Life Insurance - For You	
	Life and AD&D
Coverage Amount	$75,000
Evidence of Insurability / Proof of Good Health	$75,000
Age Reduction Schedule	Benefits reduce by 35% at age 70. Benefits reduce by 50% at age 75.

Imputed Income

Under current tax laws, imputed income is the value of your basic life insurance that exceeds $50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

Voluntary Life Insurance

Voluntary life insurance allows you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death.

Voluntary life insurance for you and your dependents, also provided by Lincoln Financial Group, can help protect your family during difficult times.

Life Insurance - For You and Your Dependents

	Employee	Spouse	Child(ren) Up to Age 26
Coverage Amount	5x Annual Salary, Up to $500,000; Increments of $10,000	50% of Employee's Elected Benefit, Up to $250,000 Increments of $5,000	Under 15 Days: $500; 15 Days to 6 Months: $1,000; 6 Months and Older: $5,000 or $10,000
Guaranteed Issue	$200,000	$50,000	Elected Benefit

Monthly Rate for Each Per $1,000 Voluntary Life

Age	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	Child(ren)
Rate	$0.040	$0.050	$0.060	$0.100	$0.150	$0.230	$0.370	$0.460	$0.770	$1.100	$0.200

Guaranteed Issue (GI) and Evidence of Insurability (EOI)

Employee Supplemental Life: Any amount elected over $200,000 will require EOI.
Spouse Supplemental Life: Up to $50,000 does not require EOI. May not exceed 50% of the employee supplemental life benefit.
Child Life: No Evidence of Insurability required.

Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you will need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Disability

Disability insurance can help you remain financially stable by providing a portion of your income if you become disabled and are unable to work. These benefits are provided through Lincoln Financial Group.

Short-Term Disability – 100% PAID BY FHSD	
Weekly Benefit	70% of Weekly Earnings
Weekly Maximum	$2,750 Per Week
Benefit Duration	13 Weeks (Including Elimination Period)
Elimination Period	29 Days

Voluntary Long-Term Disability	
Monthly Benefit	60% of Monthly Earnings
Monthly Maximum	$5,000 Per Month
Benefit Duration	To Age 65 or Retirement
Elimination Period	90 Days
Pre-Existing Limitation	12 / 12*
**Benefits may not be paid for any condition treated within 12 months prior to your effective date until you have been covered under this plan for 12 months.*	

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within three months of the effective date of your insurance plan.

Evidence of Insurability

If you decline coverage when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (EOI) — proof of good health — may be required before coverage is approved.

LTD Benefit Exclusions & Reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability is the result of cosmetic surgery, unless related to a disabling condition
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.

Lincoln Financial Group



Evidence of insurability

Instructions for online submission

What is EOI and when is it needed?

EOI is the information we use to verify your good health when you're purchasing life or disability insurance. We require EOI if you are:

- Buying an insurance amount higher than the guaranteed amount for your plan
- Already enrolled and want to increase coverage

Get started now

1. Log in to my MyLincolnPortal.com. First time user? Register using **FHSD-EE**
2. Click "Complete Evidence of Insurability."
3. Answer the questions about you and other applicants. You'll be asked:
   - General applicant information, such as date of birth, height, and weight
   - Qualifying questions, including if you or other applicants have been diagnosed with a disease or are prescribed medications for a condition
   - Medical questions—if you or other applicants have a condition, we may need to know a little more about it, such as the name, diagnosis date, and treatments
4. Review your responses, then electronically sign and submit your application.
5. Save your confirmation report.

What happens next?

In some cases, you may be auto-approved for coverage. If not, we'll review your application and contact you if more information is required. In all cases, we'll notify you of your application outcome.

Submitting EOI made easy

Minimal questions
The online questionnaire adjusts to your responses, so you only answer questions that are relevant to you.

Guided support
Quick tips and search-as-you-type features help you provide quick and appropriate responses.

Instant confirmation
You'll receive email acknowledgment that we've received your application. In some cases, you may be automatically approved.

Caring support and assistance when you travel



Lincoln *TravelConnect*® services offer security and reassurance – helping make travel less stressful. If you're enrolled in life and/or accidental death and dismemberment insurance, you and your loved ones can count on *TravelConnect*® services 24 hours a day, 7 days a week.

Services you can count on during an emergency

You'll have dedicated support if you face an emergency when you're 100 or more miles from home. *TravelConnect*® helps with:

- Arranging travel if you're injured and need emergency evacuation to a medical facility
- Managing travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort
- Planning and paying for a safe evacuation because of a natural disaster or a political or security threat
- Arranging transportation of a deceased traveler
- Securing emergency pet boarding and/or return and vehicle return

Ongoing support when you're far from home

From planning the trip until you're home, these *TravelConnect*® services can help you on your way.

- Medical record requests
- Medication and vaccine delivery
- Medical, dental, and pharmacy referrals
- Corrective lenses and medical device replacement
- Legal consultation
- Recovering lost or stolen documents or luggage
- ID recovery assistance
- Language translation services
- Destination information

TravelConnect®

Lincoln Financial Group

GLOBAL ASSISTANCE PROGRAM

Provided by On Call International

Medical, security, and travel assistance services for participants traveling 100+ miles from home

Visit MyOnCallPortal.com and enter Group ID: **LFGTravel123** for access to plan documents, international calling instructions, and destination information.

For a complete list of TravelConnect® services, go to MyOnCallPortal.com and enter Group ID LFGTravel123.

Missouri Public School Retirement System

AUTOMATIC MANDATORY ENROLLMENT

What does retirement look like for you? Whatever your vision for retirement is, it's important to plan ahead so you have the income you'll need in the future. **Public School Retirement System (PSRS) and Public Education Employee Retirement System (PEERS)** is one way to meet your retirement goals.

As an employee of Francis Howell School District, you are automatically enrolled into PSRS-PEERS.

FHSD enrolls all new employees with the following requirements:

- **PSRS**
  Employee with a valid MO teaching certification working in a certified position
  14.5% deducted from gross pay + employee district paid insurance
- **PEERS**
  Employees working in a support position who do NOT have a MO teaching certificate
  6.86% deducted from gross pay + employee district paid insurance
- **PSR/FICA**
  Employees with a valid MO teaching certificate, working in a support position that does not require a teaching certificate
  9.67% deducted from gross pay + employee district paid insurance

Questions? Contact PSRS-PEERS at 800-392-6848 or www.psrs-peers.org

Additional Benefits

Employee Assistance Program

Francis Howell School District (FHSD) cares about you and your family's total well-being. That's why Francis Howell School District (FHSD) provides an Employee Assistance Program (EAP) at no cost to you.

This program, available through Personal Assistant Services (PAS), gives you access to programs and services at no cost: Services include:

- Financial Consultation, to assist you with money matters
- Elder Care Management, to help coordinate care for aging loved ones
- Child Care Assistance, to help locate child care providers and resources
- Professional Organizer, to assist with time management and getting organized
- Tobacco Cessation, to help prepare for the process of quitting and staying tobacco free
- Counseling Services, to provide support and guidance with personal and family matters
- Registered Dietician, to provide personalized guidance to help you improve your wellness and quality of life

EAP Services are FREE and confidential and are available 24/7/365.

Call 800-356-0845 or visit www.paseap.com

Employer Code: FHSD

PAS Personal Assistance Services | Discount Center powered by LifeMart

The PAS Discount Center powered by LifeMart makes everyday life more affordable and a lot more fun with discounts on things like computers, car rentals, electronics, groceries, gyms, and much more! And because you are a member of PAS, access is FREE. You can access the discounts online or using the LifeMart App available on Apple and Google Play stores.
LifeMart Code: FHSD

Personal Assistance Services



Personal Assistance Services

How to access your Employee Assistance Program

PAS is a prepaid wellbeing benefit offered by your employer for you and your eligible dependents. All services are confidential, HIPAA compliant, and easily accessible. PAS is a Life Event company, providing resources for you and your family through all the stages of your life.

- Short-term, solution-focused counseling; in-person or televideo. Also available through our partnership with Betterhelp
- Coaching and consulting services for wellbeing and life transitions
- Digital engagement, wellbeing apps, personalized benefit portal
- Online resources, articles, assessments, self-help videos

We are easy to reach and offer a variety of access options

Call **PAS 24/7** for access to a counselor at **(800) 356-0845**

Email **client.services@paseap.com** for a response in one business day

Live Chat:
www.paseap.com
M-F 9am - 5pm CT
Button on bottom right of screen

Text **314-451-5727** to connect with a PAS counselor
M-F 9am - 5pm CT

With your personal account on **mypaseap.com**, you can schedule a 30-minute online, non-urgent, initial consultation with a PAS counselor. Click the **Connect with PAS** link or the **Schedule Online** icon on the Quick Connect dashboard.

SCAN ME
MYPASAPP

Scan the code to download the **myPASapp**. Use the same email and password you used on **mypaseap.com** or to create an account, enter your Org Code and then your email and a password. If you need your Org Code, email **client.services@paseap.com** and tell us the name of your employer.

© 2023 Personal Assistance Services

Employee Assistance Program



Your Resource for Life's Questions

Each of us experiences demands for our time and energy, both on and off the job. In addition to our responsibilities at work, we also seek to fulfill our family responsibilities, meet our financial obligations, enjoy personal interests, and maintain a healthy family and social life. The key to balancing it all is having access to the right tools, resources and support.

Personal Assistance Services (PAS) provides you with a wealth of confidential, professional services that can help you address challenges and strengthen your work and home life.

This is a pre-paid benefit funded completely by your employer and free to you and your dependents. The EAP is confidential - PAS does not disclose information to anyone about your participation unless you give your consent to do so (except as required by law).

Through PAS you have access to:

- Elder care managers
- Child care specialists
- Certified child development and parenting professionals
- Organization and time management specialists
- Retirement coaches
- Career coaches
- Tobacco cessation coaches
- Fitness coaches
- Master's level licensed counselors
- Registered and licensed dietitians
- Certified financial counselors
- Attorneys
- Life coaches
- Health coaches
- Downloadable resources, financial tools, legal forms and more on the PAS website

website: **https://www.paseap.com**

To register, use organization code: **FHSD**

PAS
Personal Assistance Services

© Personal Assistance Services

Free & Confidential • 800.356.0845 • www.paseap.com

Additional Benefits

The Cancer Support Community of Greater St. Louis (CSCSTL)

Whether you are living with a cancer diagnosis, are a caregiver or family member, are in survivorship, or have recently lost someone to cancer, CSCSTL stands with you. Together, we believe that community is stronger than cancer.

Explore our Support Programs:

- No-cost support groups
- Educational classes
- Social opportunities
- And much more

Visit CSCSTL's dedicated page @ http://www.cancersupportstl.org/get-support/cancer-support-in-the-workplace to learn more about their great, **no-cost** support groups, classes, social opportunities and more. Join us in building a stronger, supportive community.

Additional Benefits

Sick Leave Bank

The sick leave bank exists to provide extended paid sick leave to eligible certified and eligible support staff employees who have exhausted all paid leave until District-provided short-term disability leave is available and or exhausted, and who are required to continue to be absent due to their own serious illness or injury, or the serious illness or injury of their immediate family, as defined by the Family Medical Leave Act.

Participation in the bank is voluntary and requires a yearly assessment. The yearly assessment will continue until the employee elects to decline participation during an open enrollment process. For the 2025-26 plan year, each eligible employee who participates in the bank must contribute one (1) sick day. More information is available on SmartBen.

Important Contacts

Coverage	Administrator	Phone	Website
Benefits	The Benefits Office	636-851-6099	fhsdschools.org
Medical	Cigna	800-CIGNA24 (800-244-6224)	www.mycigna.com
Pharmacy	ESI	866-905-6726	www.express-scripts.com
Health and Wellness Clinic	CareATC	800-993-8244	www.careatc.com
Health Savings Account (HSA)	Lively	800-348-2083	www.livelyme.com
Flexible Spending Accounts	ASIFlex	800-659-3035	www.asi@asiflex.com
Dental	Delta Dental of MO	800-392-1167	www.deltadentalmo.com
Vision	National Vision Administrators (NVA)	800-672-7723 TTY:711	www.e-nva.com
Employer Paid & Voluntary Life Insurance	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com
Disability	Lincoln Financial Group	866-783-2255	www.lincolnfinancial.com
Retirement	PSRS/PEERS	800-392-6848	www.psrs-peers.com
Employee Assistance Program (EAP)	PAS	800-356-0845	www.paseap.com

FRANCIS HOWELL benefits

We put the well in Howell

Benefits Hotline

636.851.6099

benefits@fhsdschools.org



Erin Poggi
Benefits Manager
erin.poggi@fhsdschools.org

Oversees administration of employee and retiree benefits, retirement reporting and audits, flex spending and dependent daycare, employee leaves, life and disability claims, ACA reporting, workers compensation, and wellness communications.



Patricia Fitzgerald
Benefits Specialist
patricia.fitzgerald@fhsdschools.org

Administers active employee benefits, leads new employee meetings, processes qualifying life events, ACA reporting, flex spending and dependent daycare reporting, life insurance claims and beneficiary updates.



Jessica Ferguson
Benefits Specialist
jessica.ferguson@fhsdschools.org

Administers retiree insurance, processes qualifying life events, processes monthly files for PSRS/PEERS state retirement reporting, enrollment of employees, employee final pay submissions, and recent employee sick leave purchases.



Lauren Heitert
Benefits Specialist
lauren.heitert@fhsdschools.org

Administers 403b/457 enrollments, workers compensation, liability claims, and wellness communications.



Lisa Kendall
Benefits Specialist
lisa.kendall@fhsdschools.org

Administers FMLA/short and long term disability claims, sick leave bank & employee leaves.

Glossary

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing)

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you're enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.

Copayment (copay): A fixed amount ($20, for example) you pay for a covered health care service after you've paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a $2,000 deductible, for example, you pay the first $2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Your deductible starts over each plan year.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount, you will have to complete an Evidence of Insurability form, and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don't contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

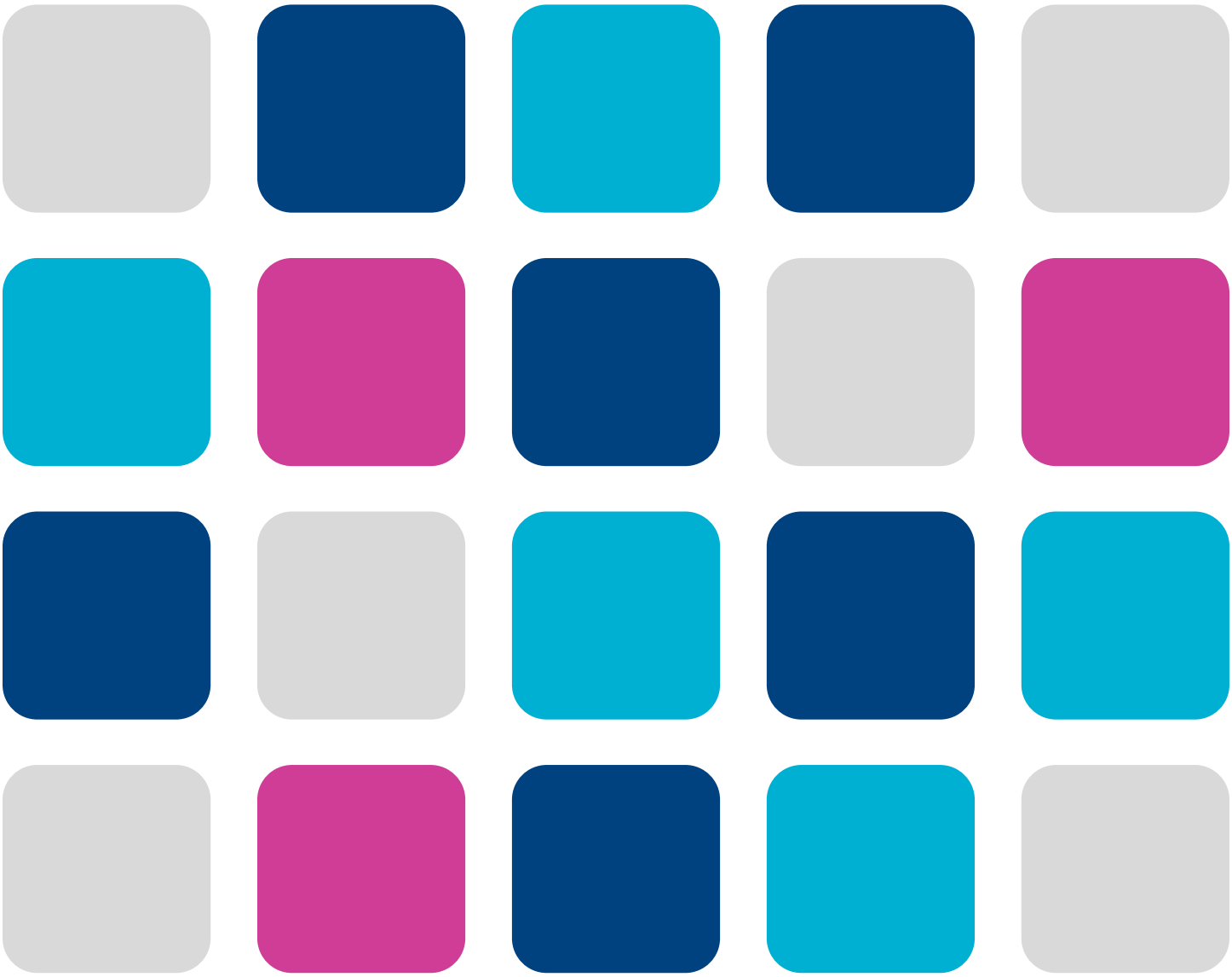
Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn't include your monthly premiums. It also doesn't include anything you may spend for services your plan doesn't cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Notes



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