Fayette R-III Benefits Overview

ELIGIBILITY

The district pays $606.84 per month towards the full-time employee's medical insurance. Certified staff: Coverage begins the first day of the month following the first day of employment. Classified staff: Coverage begins the first day of the month 45 days following their first day of employment.

DENTAL/VISION

Employees can choose to purchase dental and/or vision insurance. The district's voluntary dental and vision plans are administered through Sun Life.

LIFE INSURANCE

The district provides a $25,000 term life insurance policy to all full-time employees. Coverage is providing through Sun Life. Coverage terminates when employment terminates with the district.

SUPPLEMENTAL INSURANCE

Employees can purchase short term and long term disability as a means to supplement income in the event of total disability, injury or illness. You may contact American Fidelity representatives for more information.

CONTACT INFORMATION

Medical -

Josh Shoemaker, Forrest T. Jones – 660-998-3631
jshoemaker@ftj.com

Member Services: For questions about your claims, Explanation of Benefits (EOBs), or benefits, call the number on the back of your Anthem ID card.
Online Tools: To view claims or find in-network providers, visit anthem.com/login or use the **Sydney Health** mobile app.

Vision/Dental Group # 966778 www.sunlife.com
Sun Life Assurance Company of Canada
1-800-442-7742

Short/Long-term Disability/Cancer/Accident/Life
American Fidelity
Joe Eickhorst Joe.Eickhorst@americanfidelity.com
314-825-3483

403(b) Plan
-Forrest T. Jones – https://sra.tsacg.com

State Retirement:
PSRS/PEERS 1-800-392-6848 www.psrs-peers.org

HEALTH SAVINGS ACCOUNT (HSA) ELIGIBLITY

You must be eligible to open an HSA. For 2025, you can contribute up to $4,300 if you are enrolled as employee only or up to $8,550 if enrolled as a family through payroll deductions. If you are 55 years or older you can contribute an extra $1,000. Annual limits include both employer and employee contributions together. Contributions to an HSA can be used to pay for out-of-pocket medical expenses such as deductibles, prescription co-pays, dental and vision services. Contributions are made on a pre-tax basis and funds roll over from year to year. You can not contribute to an HSA and FSA in the same calendar year.

DEPENDENT COVERAGE

Dependent coverage is available at the employee's expense. Dependent children may be covered up to age 26. You may add dependents with 31 days of a qualifying event such as birth, marriage or loss of coverage through spouse's employer.

CHANGING PLANS

You will be allowed to choose between the plans each year during open enrollment and/.or when there is a qualifying event.

WORKERS' COMPENSATION

Employees injured on the job are covered by workers' compensation insurance. Employees are required to immediately report the injury to their supervisor and complete an injury report.

TEACHER RETIREMENT

All full-time certified employees are required by state law to participate in the Public School Retirement System of Missouri (PSRS). You pay 14.5% of your salary plus insurance costs to the retirement system, and the district matches your contribution.

NON-TEACHER RETIREMENT

All non-certified staff working 20 hours a week or more, and eligible part-time staff members not participating in the Teacher Retirement Program, are required by state law to participate in the Public Education Employee Retirement System (PEERS). You pay 6.86% of your salary plus insurance costs to the retirement system, and the district matches your contribution.

MEDICAL: Anthem BCBS

Whichever plan you choose, you will be enrolled in that plan for the full plan year. You will not be able to change plans mid-year. Please review all options to determine which plan will be best for you and/or your family.

Dependent age limit is to age 26 end of the calendar year.

	Option 1	Option 2	Option 3
	HDHP 4000	***Exclusive Network***	***Traditional PPO 2500***
	High Deductible Health Plan (HDHP/HSA) – Blue Preferred Select	***HMO – Blue Preferred Select***	***PPO – Blue Preferred Select***
Network (www.anthem.com): ***All plans utilize Anthem's Blue Preferred Select provider network*** When in or around Columbia/St. Louis area: search **Blue Preferred Select** to receive in network benefits If traveling outside the Columbia/St. Louis area: search **National PPO (Blue Card PPO)** to receive in network benefits. IMPORTANT: This Anthem network DOES NOT include BJC Hospital or affiliates in St. Louis, MO.			
In Network (Individual/Family)			
Calendar Year Deductible	$4,000/$8,000	$0	$2,500/$7,500
Coinsurance	20%	10%	20%
Out of Pocket Max	$6,000/$12,000	$3,000/$6,000	$6,000/$12,000
Part D Creditable	No	Yes	Yes
Office Visit	Deductible	$35 (Primary) & $50 (Specialist)	$30 (Primary) & $50 (Specialist)
Live Health Online (www.livehealthonline.com)	Deductible ($59 fee)	$10	$10
Preventive Care *www.anthem.com/preventive-care/*	***Covered in full, no cost to Employee with in-network providers and billed as preventive**		
Urgent Care	Deductible	$75	$50
Hospital	Deductible	$300 (Emergency Room) $500 (Inpatient Hospital)	$250 (Emergency Room)
Vision Exams ***(Refractory exam only)***	No cost to you (Limited to 1 exam per year from a Blue View Vision Provider) **eye exams with a medical diagnosis are subject to deductible*		
Pharmacy Benefits	**All HSA plans include *PreventiveRx + (Essential)* –** includes a list of medications that are covered in full (deductible waived, no cost to member)		
	All other covered prescriptions apply to deductible/co-pay referenced below – *Essential Drug List-4 tier w/Retail90*		
Retail Prescription 30 day supply *Essentials Drug List 4-tier* (www.anthem.com)	Tier 1: Deductible, then $15 Tier 2: Deductible, then $112 Tier 3: Deductible, then $225 Tier 4: Deductible, then 25% to $400 max	Tier 1: $10 Tier 2: $35 Tier 3: $75 Tier 4: 25% to $250 max	
Mail Order Prescription Co-pays: 90 day supply Carelon Rx (www.carelonrx.com)	Tier 1: Deductible, then $15 Tier 2: Deductible, then $112 Tier 3: Deductible, then $225 Tier 4: Deductible, then 25% to $400 max	Tier 1: $10 Tier 2: $90 Tier 3: $75225 Tier 4: 25% to $250 max	
Out of Network (Individual/Family)			
Deductible	$8,000/$16,000	No Benefits	$2,500/$7,500
Coinsurance	0%	No Benefits	50%
Out of Pocket Max	$16,000/$32,000	No Benefits	$10,000/$30,000

***Preventive Services:** *Preventive care is defined as "care you receive to prevent illnesses or diseases". If you truly want these services applied as your free preventive visit, make sure you keep this visit and other medical care separate. If your provider bills the claim with a diagnosis code because you discussed other current conditions, received medication refills, or other ailments, this may no longer be considered preventive care and charges would apply to deductible/coinsurance.*

Medical Prior Authorization/Pre-Certification of services: *Before obtaining outpatient or inpatient services including testing, please confirm that your provider has reviewed Anthem's medical policy or submitted a prior authorization of care to confirm the service meets medical necessity to be covered by the plan. Failure to confirm this information could result in denied claims.*

Option 1: H.S.A. 4000			
Monthly Premium	**Full Rate**	**School District Contribution**	**Employee Cost**
Employee Only	$639.68	$606.84	$32.84
Employee & Spouse	$1,343.34	$606.84	$736.50
Employee & Child	$959.52	$606.84	$352.68
Employee &Children	$1,183.42	$606.84	$576.58
Family (1 Child)	$1,663.18	$606.84	$1,056.34
Family (Children)	$1,887.06	$606.84	$1,280.22

HMO			
Monthly Premium	**Full Rate**	**School District Contribution**	**Employee Cost**
Employee Only	$937.28	$606.84	$330.44
Employee & Spouse	$1,968.30	$606.84	$1,361.46
Employee & Child	$1,405.92	$606.84	$799.08
Employee & Children	$1,733.98	$606.84	$1,127.14
Family (1 Child)	$2,436.94	$606.84	$1,830.10
Family (Children)	$2,764.98	$606.84	$2,158.14

Option 3: Traditional Plan – PPO 2500			
Monthly Premium	**Full Rate**	**School District Contribution**	**Employee Cost**
Employee Only	$999.36	$606.84	$392.52
Employee & Spouse	$2,098.66	$606.84	$1,491.82
Employee & Child	$1,499.04	$606.84	$892.20
Employee & Children	$1,848.82	$606.84	$1,241.98
Family (1 Child)	$2,598.34	$606.84	$1,991.50
Family (Children)	$2,948.12	$606.84	$2,341.28