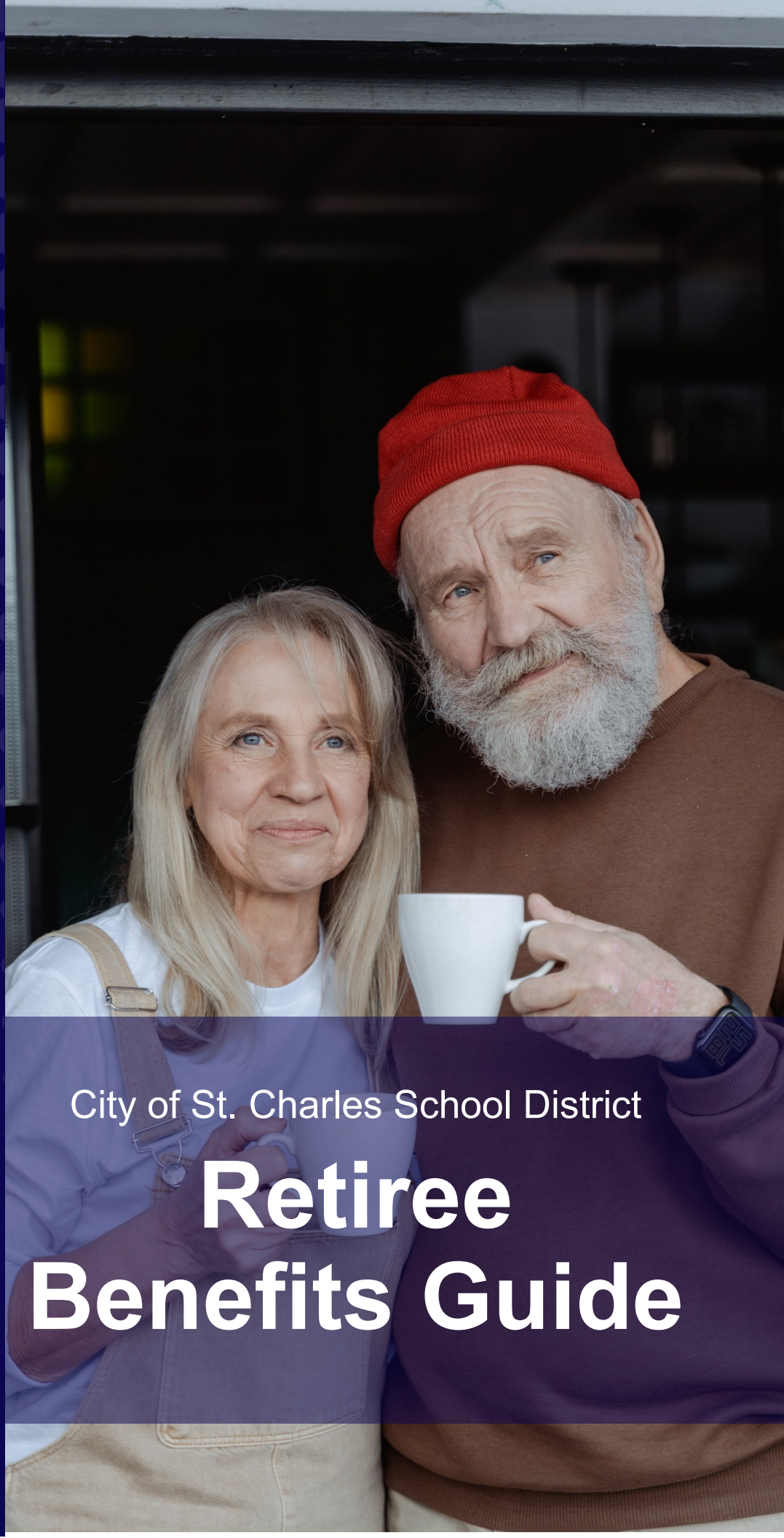
2025



City of St. Charles School District

Retiree Benefits Guide



The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official Plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the Plans as described in this material and official Plan documents, the language of the Plan documents shall govern.

Next Steps:

As a retiree, you are eligible for coverage through the City of St. Charles School District retiree plan if you elected to continue insurance within 12 months of your last day of employment. If you did not elect coverage within this 12 month period, you are not be able to elect coverage in the future.

You may elect coverage for the plans you are currently enrolled in as an active employee of City of St. Charles School District. You may change your elections during the annual open enrollment period, effective each January 1st.

You will receive an election packet from CBIZ in the mail.

For any questions, please refer to the CBIZ contact information below:

CBIZ Benefits and Insurance Services
Attn: COBRA Department
2797 Frontage Road, Suite 2000
Roanoke, VA 24017
Fax: 800-584-4223
800-815-3023, option 6, or
Cbizcobra@cbiz.com

The City of St. Charles School District Benefits Team contact information can be found below:

City of St. Charles School District
Tammy Herter
Benefit Specialist
636-443-4047
therter@stcharlessd.org

The Public School Retirement System of Missouri contact information can be found below:

PSRS/Peers Retirement
P.O. Box 268
Jefferson City, MO 65102-0268
800-392-6848

OPEN ENROLLMENT:

Open enrollment will take place from November 1st—November 15th

MEDICAL INSURANCE PLAN OPTIONS

UMR/CVS Caremark	Option 1: Premium Plan	Option 2: Base Plan	Option 3: QHDHP
	In-Network	**In-Network**	**In-Network**
Deductible (1) Individual / Family	$500 / $1,000	$1,000 / $2,000	$3,500 / $7,000
Coinsurance (Member Pays)	10%	20%	10%
Out-of-Pocket Maximum (2) Individual / Family	$4,000 / $8,000	$4,500 / $9,000	$4,500 / $9,000
Office Visits Preventative Care Primary Care Physician / Specialist Diagnostic Lab / X-Ray Urgent Care	Covered at 100% $35 / $50 copay Deductible then10% $125 copay	Covered at 100% $40 / $60 copay Deductible then 20% $150 copay	Covered at 100% Deductible then10% Deductible then10% Deductible then10%
Hospital Visits Inpatient Care (Facility/ Physician) Outpatient Surgery Major Diagnostics & Imaging Emergency Room	Deductible then10% Deductible then10% Deductible then10% $250 copay	Deductible then 20% Deductible then 20% Deductible then 20% $300 copay	Deductible then10% Deductible then10% Deductible then10% Deductible then10%
Prescription Drug (CVS/Caremark) Deductible Retail Tier 1 / 2 / 3 Copay Mail Order (90-day supply)	$3,000 out of pocket max. N/A $10 / $25 / $50 2 times copay	$3,000 out of pocket max. $150 $10 / $30 / $70 2 times copay	Deductible then10%: $0 / $0/ $0
	Out-of-Network (3)	**Out-of-Network (3)**	**Out-of-Network (3)**
Deductible Individual / Family	$1,000 / $2,000	$2,000 / $4,000	$7,000 / $14,000
Coinsurance (Member Pays)	30%	40%	30%
Out-of-Pocket Maximum Individual / Family	$8,000 / $16,000	$9,000 / $18,000	$14,000 / $28,000

(1) Family deductible is embedded; an individual covered in a family will not exceed the individual deductible

(2) Out-of-Pocket maximum includes all cost-sharing: deductible, coinsurance and copays with the exception of prescription copays

(3) All Out-of-Network services subject to deductible, coinsurance and balance billing

IMPORTANT: All plans are detailed in UMR's Summary Plan Description (SPD). This is a brief summary only. For exact terms and conditions, please refer to your SPD.

2025 RETIREE MONTHLY RATES

MEDICAL INSURANCE (UMR/ CVS Caremark RX)			
Election Options (Full Network)	**Option 1 (Premium)**	**Option 2 (Base)**	**Option 3 (HDHP)**
Single	$960	$865	$765
Single plus spouse	$2,015	$1,648	$1,501
Single plus child(ren)	$1,820	$1,470	$1,339
Family	$2,820	$2,261	$2,085
Election Options (Core Network)*	**Option 4 (Premium)**	**Option 5 (Base)**	**Option 6 (HDHP)**
Single	$905	$810	$710
Single plus spouse	$1,860	$1,560	$1,405
Single plus child(ren)	$1,720	$1,420	$1,260
Family	$2,700	$2,150	$1,970

DENTAL INSURANCE (Delta Dental of Missouri)		
Election Options	**Option 1 (Buy Up)**	**Option 2 (Base)**
Single	$40.16	$22.09
Single plus spouse	$87.13	$47.96
Single plus child(ren)	$74.86	$41.19
Family	$139.54	$76.77

VISION INSURANCE (EyeMed)	
Election Option	**Option 1**
Single	$4.79
Single plus spouse	$9.16
Single plus child(ren)	$9.66
Family	$14.15

***The Core network does *not* include BJC providers or hospitals. If you are enrolled in the Core plan and choose to seek services with a BJC provider, your services will apply towards the out of network deductible and out of network out of pocket maximum limits.**