



# **YOUR 2025-2026 BENEFITS**

# UNDERSTANDING YOUR OPTIONS

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CSD offers retirees several coverage options including a Medicare Advantage Plan, a Medicare Supplement and a Medicare Part D Plan option.

## Your protection under Missouri State Law

- School districts must offer retirees coverage at a premium no greater than active employees to all pensioners (no board-paid contribution).
- Applies to all pensioners from teachers or non-cert systems.
- Extends to a surviving spouse only when collecting a pension benefit.
- The retiree has one year from the date last worked to elect coverage.
- Once a retiree elects a district-sponsored medical plan, coverage continues until the retiree opts out.
- When a district offers multiple medical plans, retirees may switch at Open Enrollment.
- Retirees have the same eligibility rules as active employee (such as adding dependents during open enrollment or a qualifying life event).
- **If you elect to continue your insurance coverage as a retiree, do NOT elect COBRA. COBRA insurance information will be sent to you by a third party. If you choose both, you will be billed for both plans.**

## DISCOVER VIA BENEFITS

Planning for retirement health coverage can be confusing. The CSD Insurance Trust has partnered with Discover Via Benefits to provide you with VIP service to help you understand and simplify the process. To learn more, visit [discoverviabenefits.com](https://discoverviabenefits.com) or call us at 1-855-803-2540.

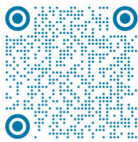
# STEPS TO ENROLL



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!

# MEDICARE PARTS A AND B

## Medicare Parts A and B eligibility

- You are eligible to enroll no more than three months prior to your 65th birthday.
- You will need to sign up for Parts A and B once eligible, if you are not receiving Social Security benefits. Coverage is effective the first of the birth month in which you turn 65.
- You and your spouse may elect coverage separately.
- You will receive Medicare Part A and B automatically if you are receiving Social Security benefits. In that case, you will receive your Medicare card three months prior to your 65th birthday.
- You may defer enrollment in Medicare Part B and postpone paying the premium if you have other creditable coverage. You'll be able to sign up for Part B later without penalty, as long as you do it within eight (8) months after your other coverage ends.

## How to sign up for Medicare Parts A and B

- **Initial Enrollment Period:** You can first sign up for Parts A and B during a seven-month period that starts three months before the month you turn 65 through the end of the third month following the month you turn 65. If you join prior to the month you turn 65, your coverage will begin the first day of the month you turn 65.
- **Special Enrollment Period:** After your initial enrollment period, you may have a chance to enroll in Medicare during a Special Enrollment Period. If you didn't sign up for Parts A and/or B when you were first eligible because you have group coverage from an employer, you can enroll in Parts A and/or B at anytime that you are still covered or during an eight-month period that begins the month after the employment coverage ends.
- Apply online at [www.ssa.gov](http://www.ssa.gov)
- Visit your local Social Security office. You may need to call in advance to make an appointment.
- Call the social security office at 1-800-772-1213



### ORIGINAL MEDICARE IS DEFINED AS PART A, PART B AND PART D

- Part A is inpatient hospital coverage
- Part B is medical coverage (office visits, lab, x-ray, etc.)
- Part D is prescription drug coverage

# COVERAGE BASICS

## Retiree medical and prescription drug coverage

- Retirees under age 65 are treated the same as an active employee.
- Once you are close to reaching age 65, you have alternative options that may save you money on your monthly premiums.
- A retiree who is eligible for Medicare must always have Parts A and B.
- Part D coverage is not required, but make sure you have creditable coverage through your plan.
- **Note that the Anthem HSA plans may not be creditable coverage.**
- If you fail to enroll when first becoming eligible it may cost you more in monthly premiums for the rest of your life. You will also be responsible for the amounts Medicare would have paid on incurred claims.

If you work beyond age 65:

- The district Anthem medical plan will pay claims as primary if you are working in a full-time benefits eligible position.
- If you are enrolled in a plan with a Health Savings Account (HSA), **you may not contribute** funds to the HSA unless you decline Medicare Parts A and B while working full-time.
- If you have unused funds remaining in your HSA Account, you can use those funds to pay for some Medicare expenses including Medicare Part B, Part D Premiums, deductible, copays and coinsurance. Note: HSA Funds cannot be used for "Medigap" premiums.
- Enroll in Medicare Parts A and B before you retire to avoid a gap in coverage and reduced benefits. You have 63 days after your employer-sponsored coverage ends to enroll in a Medicare plan without a penalty.

## Dental and vision coverage

Regardless of age, retirees are eligible for the CSD dental and vision plan if you meet these requirements:

- Must be enrolled at the time of retirement.
- If enrolled at the time of retirement, you may continue at your own expense.
- You must continue to pay premiums directly to the district.
- **Once you terminate coverage you are ineligible to re-enroll.**

## Making changes to CSD coverage during the plan year

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

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

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 qualifying event, you will have to wait until the next Open Enrollment period to make changes (unless you experience another qualifying life event). The requested election change must be consistent with the qualifying event.

## When your CSD benefit plans reset

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

Medicare plans reset each calendar year on January 1.

# RETIREE PLAN OPTIONS

CSD offers retirees several coverage options, including a Medicare Advantage Plan, a Medicare Supplement and a Medicare Part D Plan option.

## ANTHEM ACTIVE MEDICAL PLAN

Plan pays secondary to Medicare Parts A and B (see your district's Benefits Guide for more information).

## TRANSAMERICA PREMIER LIFE SUPPLEMENTAL PLAN

Plan works alongside your Medicare Parts A and B. The rates are age based and change every year at your birth month. You must enroll in a separate Part D prescription drug plan of your choice.

## UHC MEDICARE ADVANTAGE PPO PLAN

Processes your Medicare Part A and B and usually include creditable prescription drug coverage. May offer additional benefits not provided by Original Medicare.

## ANTHEM MEDICARE PART D PLAN

Provides prescription drug coverage for those enrolled in Medicare Parts A and B. There is a separate premium for this plan. This Part D plan could be an option for those electing the TransAmerica Premier Life Medicare Supplement Plan.

## DISCOVER VIA BENEFIT SERVICE

The CSD provides you access to Discover Via Benefits to assist you with finding additional affordable coverage options.

Via Benefits Insurance Services specializes in health insurance. A Benefit Advisor at Via Benefits can help you understand your options and help you find the coverage that's right for your health and financial needs. Whether you are searching for an individual or family coverage or you need help understanding your Medicare Plan options.

Talking to a Via Benefits Benefit Advisor is as easy as calling 1-855-803-2540 You can call Via Benefits: Monday thru Friday from 8:00 a.m. to 7:00 p.m. Eastern Time.



Scan Me

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# TRANSAMERICA PREMIER LIFE SUPPLEMENTAL PLAN

## Medicare (Part A) – Hospital Services – Per Benefit Period\*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Hospitalization</b> – Semiprivate room and board, general nursing and miscellaneous services and supplies:			
<b>Part A: Hospital Services – per benefit period</b>	All but Part A deductible and coinsurance until the lifetime reserve days are used	Part A deductible and coinsurance paid at 100%, plus coverage for 365 additional days after Medicare benefits end	\$0
<b>Skilled Nursing Facility Care</b> – You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
<b>First 20 days</b>	All approved amounts	\$0	\$0
<b>21st thru 100th day</b>	All but daily coinsurance	100% of daily coinsurance**	\$0
<b>101st day and after</b>	\$0	\$0	All Costs
<b>Blood</b>			
<b>First 3 pints</b>	\$0	3 pints per year	\$0
<b>Additional amounts</b>	100%	\$0	\$0
*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.			
**Plan pays up to Medicare’s daily coinsurance amount. Medicare calculates the Skilled Nursing Facility coinsurance by multiplying the Medicare Part A deductible by 1/8.			

## Medicare (Part B) – Medical Services – Per Calendar Year

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Medical Expenses</b> – In or out of the Hospital and Outpatient Hospital Treatment, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
<b>Part B Deductible of Medicare Approved Amounts</b>	\$0	Part B deductible	\$0
<b>Remainder of Medicare Approved Amounts</b>	Generally, 80% after Part B deductible	20%	\$0
<b>Part B Excess Charges</b> (above Medicare Approved Amounts)	\$0	100%	\$0
<b>Blood</b>			
<b>First 3 pints</b>	\$0	3 pints per year	\$0
<b>Part B Deductible of Medicare Approved Amounts</b>	\$0	Part B deductible	\$0
<b>Remainder of Medicare Approved Amounts</b>	80%	20%	\$0
<b>Clinical Laboratory Services</b>			
<b>Blood tests for diagnostic services</b>	\$100	\$0	\$0

# TRANSAMERICA PREMIER LIFE SUPPLEMENTAL PLAN (CON'T)

## Medicare (Part B) – Medical Services – Per Calendar Year (continued)

MEDICARE PARTS A & B	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Home Health Care – Medicare Approved Services:</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable Medical Equipment</b>			
Part B Deductible of Medicare Approved Amounts	\$0	Part B deductible	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>OTHER BENEFITS – IF NOT COVERED BY MEDICARE</b>			
<b>Foreign Travel – Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:</b>			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	\$20 and amounts over the \$50,000 lifetime maximum

## 2026 Monthly TransAmerica Premium (based on your age)

AGE	MONTHLY PREMIUM	AGE	MONTHLY PREMIUM	AGE	MONTHLY PREMIUM
65	\$126.81	72	\$228.27	79	\$301.41
66	\$140.97	73	\$247.14	80	\$308.49
67	\$152.78	74	\$258.93	81	\$308.49
68	\$166.92	75	\$268.38	82	\$310.84
69	\$178.72	76	\$275.47	83	\$315.58
70	\$192.87	77	\$282.53	84	\$320.28
71	\$207.03	78	\$291.98	85+	\$348.60

# ANTHEM MEDICARE PART D PLAN

COVERED SERVICES	WHAT YOU PAY	
<b>Annual Deductible</b>	\$300	
<b>Part D Initial Coverage</b> – Below is your payment responsibility from the time you meet your annual deductible until the amount paid by you reaches your Drug Plan Maximum Out-of-Pocket of \$2,100.		
RETAIL PHARMACY	STANDARD NETWORK PHARMACY	
	PER 30-DAY SUPPLY (SPECIALTY LIMITED TO A 30-DAY SUPPLY)	PER 90-DAY SUPPLY
<b>Tier 1: Select Generics</b>	\$0	\$0
<b>Tier 1: Generics</b>	\$15	\$45
<b>Tier 2: Preferred Drugs</b>	\$47	\$141
<b>Tier 3: Non-Preferred Drugs</b>	\$100	\$300
<b>Tier 4: Specialty Drugs</b>	\$100	N/A
Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.		
MAIL-ORDER PHARMACY	PER 90-DAY SUPPLY (SPECIALTY LIMITED TO A 30-DAY SUPPLY; 30-DAY RETAIL COPAY OR COINSURANCE APPLIES)	
<b>Select Generics/Generics</b>	\$0 copay/\$37.50 copay	
<b>Preferred Brands</b>	\$117.50 copay	
<b>Non-Preferred Drugs</b>	\$250 copay	
<b>Specialty Drugs</b>	\$100 copay	
COVERED SERVICES	WHAT YOU PAY	
<b>Part D Catastrophic Coverage</b> – Your responsibility for payment of covered drugs changes once you reach your Annual Drug Plan Maximum Out-of-Pocket of \$2,100.		
RETAIL AND MAIL-ORDER PHARMACIES	UP TO A 90-DAY SUPPLY (SPECIALTY LIMITED TO A 30-DAY SUPPLY)	
<b>All Part D Covered Prescriptions</b>	\$0 copay	

## Your 2026 Extra Covered Drugs Benefits Chart

COVERED SERVICES	WHAT YOU PAY	
<b>EXTRA COVERED DRUGS</b>		
These are prescription drugs that are covered by your retiree drug plan that are often excluded from Part D coverage. These prescription drugs are covered by your Senior Rx Plus benefits. Some of these drugs may be required on your retiree drug plan by state regulations. These drugs do not count towards your Drug Plan Maximum Out-of-Pocket expenses.		
PHARMACY	RETAIL PHARMACY	MAIL-ORDER PHARMACY
	PER 30-DAY SUPPLY	PER 90-DAY SUPPLY
<b>Cough and Cold (Vitamins and Minerals)</b>	See Drug List for complete list of drugs covered	
<b>Tier 1: Generics</b>	\$15	\$37.50
<b>Tier 2: Preferred Drugs</b>	\$47	\$117.50
<b>Tier 3: Non-Preferred Drugs</b>	\$100	\$250
<b>Erectile Dysfunction (ED)</b>	Immediate dose ED drugs; Immediate dose formats are limited to 6 per 30 days.	
<b>Tier 1: Generics</b>	\$15	\$37.50
<b>Tier 2: Preferred Drugs</b>	\$47	\$117.50
<b>Tier 3: Non-Preferred Drugs</b>	\$100	\$250
<b>Other Non-Part D Coverage</b>	Copay or coinsurance	
<b>Contraceptive Devices</b>	\$47 per covered device	\$47 per covered device

# ANTHEM MEDICARE PART D PLAN (CON'T)

## 2026 Monthly Premium

The monthly cost of \$260.62 includes:

- Your Anthem Medicare Part B Annual Deductible is \$300.
- Under your Initial Part D Coverage, you will pay a copay or a percentage of the prescription cost after your deductible and until you reach your out-of-pocket maximum.
- Once your annual out-of-pocket maximum of \$2,100 is met you will not have any out-of-pocket expense on Medicare Part D covered prescriptions.

For a full list of covered drugs please call Anthem Customer Service at 1-833-279-0466.

## Preferred Retail Pharmacies

Your retiree drug plan has a large nationwide retail pharmacy network, plus mail-order pharmacies for convenient home delivery. When you want to use a retail pharmacy, you will save on most fills if you choose to use one of the network's preferred retail pharmacies. Preferred retail pharmacies are identified in your Group Medicare prescription drug plan's pharmacy directory. The list of preferred pharmacies may change each January.

## Important Message about What you Pay for Insulin:

You won't pay more than \$35 for a one-month supply of each insulin product covered by your plan, no matter what cost sharing tier it is in.

### MORE INFORMATION ONLINE

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

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

Get started by downloading Anthem's Sydney app or visiting [anthem.com](https://www.anthem.com).



## Vaccines

Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever, and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under drug coverage unless you fall into a high risk category, then it is covered under medical coverage. Other common vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65. You can fill your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to pay its share of the cost. Please see your Evidence of Coverage for complete details on what you pay for vaccines.

## Senior Rx Plus

Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits and the Coverage Gap Discount. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.



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# UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO PLAN

MEDICARE COVERED SERVICES	PLAN: 12853 - TIER 1		PLAN: 12899 - TIER 2	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Medical Deductible</b>	None	None	None	None
<b>Annual Medical Out-of-Pocket Maximum</b>	\$4,000	\$10,000	\$4,500	\$10,000
<b>Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?</b>	Yes	Yes	Yes	Yes
<b>PHYSICIAN SERVICES</b>				
<b>Primary Care Physical Office Visit</b> (includes Non-MD office visits)	\$5	\$35	\$5	\$35
<b>Specialist Office Visit</b>	\$25	\$55	\$30	\$55
<b>Virtual Office Visit</b>	\$5	\$35	\$5	\$35
<b>Virtual Visits: Behavioral Health</b>	\$35	\$60	\$40	\$60
<b>Virtual Medical Care through preferred vendors</b>	\$0	N/A	\$0	N/A
<b>Virtual Behavioral Health Care access through preferred vendors</b>	\$35	N/A	\$40	N/A
<b>Annual Routine Physical Exam</b>	\$0	40%	\$0	40%
<b>INPATIENT SERVICES</b>				
<b>Inpatient Hospital Stay</b>	\$200 per day	40% per day	\$275 per day	40% per day
▪ Day Range 1	Days 1 - 8	Days 1+	Days 1 - 6	Days 1+
▪ Day Range 2	\$0 per day		\$0 per day	
	Days 9+		Days 7+	
<b>Skilled Nursing Facility Care</b> – Prior hospital stay requirement waived	Yes	Yes	Yes	Yes
<b>Skilled Nursing Facility Care</b> – Benefit Period	100 Days		100 Days	
<b>Skilled Nursing Facility Care</b>	\$0 per day	\$175 per day	\$0 per day	\$175 per day
▪ Day Range 1	Days 1 - 20	Days 1 - 100	Days 1 - 20	Days 1 - 100
▪ Day Range 2	\$100 per day		\$218 per day	
	Days 21 - 100		Days 21 - 100	
<b>Inpatient Mental Health in a Psychiatric Hospital</b> – Benefit Period	No benefit period		No benefit period	
<b>Inpatient Mental Health</b> Lifetime Maximum	190 Days		190 Days	
<b>Inpatient Mental Health/Substance Abuse in a Psychiatric Hospital</b>	\$175 per day	40% per day	\$175 per day	40% per day
▪ Day Range 1	Days 1 - 8	Days 1 - 190	Days 1 - 8	Days 1 - 190
▪ Day Range 2	\$0 per day		\$0 per day	
	Days 9 - 190		Days 9 - 190	
<b>OUTPATIENT SERVICES</b>				
<b>Outpatient Surgery</b>	\$200	40%	20%	40%
<b>Outpatient Hospital Services</b>	\$200	40%	20%	40%
<b>Outpatient Mental Health/Substance Abuse</b> – Individual Visit	\$35	\$60	\$40	\$60
<b>Outpatient Mental Health/Substance Abuse</b> – Group Visit	\$10	\$35	\$10	\$35
<b>Partial Hospitalization</b> (Mental Health Day Treatment) <b>per day</b>	\$55	\$55	\$55	\$55
<b>Comprehensive Outpatient Rehabilitation Facility (CORF)</b>	5%	40%	10%	40%

# UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO PLAN (CON'T)

MEDICARE COVERED SERVICES	PLAN: 12853 - TIER 1		PLAN: 12899 - TIER 2	
	IN-NETWORK SERVICES	OUT-NETWORK SERVICES	IN-NETWORK SERVICES	OUT-NETWORK SERVICES
<b>OUTPATIENT SERVICES</b>				
Occupational Therapy	5%	40%	10%	40%
Physical Therapy and Speech/Language Therapy	5%	40%	10%	40%
Cardiac/Intensive Cardiac/ Pulmonary Rehabilitation/SET	5%	20%	10%	20%
Intensive Cardiac Rehabilitation	5%	20%	10%	20%
Pulmonary Rehabilitation	5%	20%	10%	20%
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	5%	20%	10%	20%
Kidney Dialysis	5%	5%	20%	20%
<b>MEDICARE-COVERED SPECIALIST VISITS</b>				
Chiropractic Visit	\$10	\$15	\$10	\$15
Podiatry Visit	\$35	\$60	\$40	\$60
Eye Exam	\$35	\$60	\$40	\$60
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0	\$0	\$0
Hearing Exam	\$35	\$60	\$40	\$60
Dental Services	\$35	\$60	\$40	\$60
<b>AMBULANCE/EMERGENCY ROOM/URGENT CARE</b>				
Ambulance Services	\$150	\$150	\$150	\$150
Ambulance Copay Waived if Admitted	No	No	No	No
Emergency Room (includes Worldwide Coverage)	\$90	\$90	\$90	\$90
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes	Yes	Yes
Urgent Care (includes Worldwide Coverage)	\$35	\$35	\$35	\$35
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes	Yes	Yes
<b>PART B DRUGS AND BLOOD</b>				
Part B Drugs	5%	40%	20%	40%
Part B Chemotherapy Drugs	5%	40%	20%	40%
Blood (3 pint deductible waived)	\$0	\$0	\$0	\$0
<b>DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES</b>				
Durable Medical Equipment	5%	40%	20%	40%
Prosthetics	5%	40%	20%	40%
Orthotics	5%	40%	20%	40%
Diabetic Shoes and Inserts	5%	40%	20%	40%

# UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO PLAN (CON'T)

MEDICARE COVERED SERVICES	PLAN: 12853 - TIER 1		PLAN: 12899 - TIER 2	
	IN-NETWORK SERVICES	OUT-NETWORK SERVICES	IN-NETWORK SERVICES	OUT-NETWORK SERVICES
<b>DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES</b>				
Medical Supplies	5%	40%	20%	40%
Diabetic Monitoring Supplies	\$0	\$0	\$0	\$0
Insulin Pumps and Supplies	\$0	40%	\$0	40%
<b>HOME HEALTHCARE AGENCY &amp; HOSPICE</b>				
Home Health Services	\$0	20%	\$0	20%
Hospice (Medicare-covered)	\$0	\$0	\$0	\$0
<b>PROCEDURES</b>				
Clinical Laboratory Services	\$0	\$0	\$0	\$0
Outpatient X-ray Services	5%	40%	10%	40%
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	5%	40%	10%	40%
Diagnostic Radiology Service	5%	40%	10%	40%
Therapeutic Radiology Service	5%	40%	10%	40%
<b>PREVENTIVE SERVICES (MEDICARE-COVERED)</b>				
Cardiovascular Screenings	\$0	40%	\$0	40%
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0	\$0	\$0
Pap Smears and Pelvic Exams	\$0	40%	\$0	40%
Prostate Cancer Screening	\$0	40%	\$0	40%
Colorectal Cancer Screenings	\$0	40%	\$0	40%
Bone Mass Measurement (Bone Density)	\$0	40%	\$0	40%
Mammography	\$0	40%	\$0	40%
Diabetes – Self-Management Training	\$0	40%	\$0	40%
Medical Nutrition Therapy and Counseling	\$0	40%	\$0	40%
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	40%	\$0	40%
Smoking Cessation Visit	\$0	\$60	\$0	\$60
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	40%	\$0	40%
Diabetes Screening	\$0	40%	\$0	40%
HIV Screening	\$0	40%	\$0	40%
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	40%	\$0	40%
Screening for Depression in Adults	\$0	40%	\$0	40%
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	40%	\$0	40%

# UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO PLAN (CON'T)

MEDICARE COVERED SERVICES	PLAN: 12853 - TIER 1		PLAN: 12899 - TIER 2	
	IN-NETWORK SERVICES	OUT-NETWORK SERVICES	IN-NETWORK SERVICES	OUT-NETWORK SERVICES
<b>PREVENTIVE SERVICES (MEDICARE-COVERED)</b>				
<b>Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk</b>	\$0	40%	\$0	40%
<b>Screening and Counseling for Obesity</b>	\$0	40%	\$0	40%
<b>Glaucoma Screening</b>	\$0	40%	\$0	40%
<b>Kidney Disease Education</b>	\$0	40%	\$0	40%
<b>Dialysis Training</b>	\$0	40%	\$0	40%
<b>Hepatitis C Screening</b>	\$0	40%	\$0	40%
<b>Lung Cancer Screening</b>	\$0	40%	\$0	40%
<b>WELLNESS/CLINICAL PROGRAMS</b>				
<b>Let's Move Program</b>	Included	Not included	Included	Not included
<b>Case and Disease Management, including:</b>				
▪ High Risk Members				
▪ Heart Failure				
▪ Respiratory Illness				
▪ Kidney Disease				
▪ Diabetes				
▪ Behavioral Health				
<b>Preferred Diabetic Supply Program</b>	Included	Not included	Included	Not included
<b>HouseCalls Program</b>	Included	Not included	Included	Not included
<b>NON-MEDICARE COVERED SERVICES</b>				
<b>Routine Podiatry</b>	\$35	\$60	\$40	\$60
<b>Routine Podiatry – Number of visits per plan year</b>	6 visits		6 visits	
<b>Routine Eye Exam Refraction – Every 12 months</b>	\$0	\$0	\$0	\$0
<b>Routine Hearing Exam for Hearing Aids</b>	\$0	\$0	\$0	\$0
<b>Routine Hearing Exam – Number of visits</b>	1 visit		1 visit	
<b>Routine Hearing Exam – Benefit Period</b>	1 year		1 year	
<b>Routine Hearing Aid – Allowance Per Ear or Combined</b>	Combined		Combined	
<b>Routine Hearing Aid – Number of Devices</b>	Unlimited		Unlimited	
<b>Routine Hearing Aid – Benefit Period</b>	3 years		3 years	
<b>Routine Hearing Aid – Device Allowance</b>	\$500		\$500	

# UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO PLAN (CON'T)

BENEFIT NAME	PLAN: 12853 - TIER 1	PLAN: 12899 - TIER 2
	IN-NETWORK SERVICES	IN-NETWORK SERVICES
<b>Annual Rx Deductible</b>	\$300	\$300
<b>Annual Out-of-Pocket Maximum</b> (Medicare covered prescriptions)	\$2,100	\$2,100
<b>DAY SUPPLY</b>		
<b>Retail 1 Month Supply</b>	30	30
<b>Retail 2 Month Supply</b>	60	60
<b>Retail 3 Monthly Supply</b>	90	90
<b>Mail Order 1 Month Supply</b>	30	30
<b>Mail Order 2 Month Supply</b>	60	60
<b>Mail Order 3 Month Supply</b>	90	90
<b>PART D RETAIL COPAY – 1 MONTH SUPPLY</b>	Note: 90-day retail supply is available for 3x copay amount.	
<b>Retail Tier 1: Preferred Generic</b> (lower-cost, commonly used generic drug)	\$15	\$15
<b>Retail Tier 2: Preferred Brand</b> (many generic drugs)	\$15	\$15
<b>Retail Tier 3: Preferred Brand</b> (many common brand name drugs, and some higher-cost generic \$47 drugs)	\$47	\$47
<b>Retail Tier 4: Non-Preferred Brand</b> (non-preferred generic, non-preferred brand name drugs, \$100 and Part D eligible compound medications)	\$100	\$100
<b>Retail Tier 5: Specialty Tier</b> (Unique and/or very high cost brand and generic drugs)	\$100	\$100
<b>PART D MAIL ORDER COPAY - 3 MONTH SUPPLY</b>		
<b>Mail Order Tier 1: Preferred Generic</b> (lower-cost, commonly used generic drug)	\$30	\$30
<b>Mail Order Tier 2: Preferred Brand</b> (many generic drugs)	\$30	\$30
<b>Mail Order Tier 3: Preferred Brand</b> (many common brand name drugs, and some higher-cost \$94 generic drugs)	\$94	\$94
<b>Mail Order Tier 4: Non-Preferred Brand</b> (non-preferred generic, non-preferred brand name \$200 drugs, and Part D eligible compound medications)	\$200	\$200
<b>Mail Order Tier 5: Specialty Tier</b> (unique and/or very high cost brand and generic drugs)	\$200	\$200

# UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO PLAN (CON'T)

## Tier 1

- **\$0 monthly premium for 2026** – Allows access to in and out of network services
- **Service Areas** – You must reside in one of these counties:
  - **Missouri Service Areas/Counties:** Christian, Cole, Crawford, Dallas; Douglas, Franklin, Greene, Jefferson, Polk, St. Charles, St. Louis, St. Louis City, Saline, Warren, Washington & Webster
  - **Illinois Service Areas/Counties:** Madison, Monroe and St. Clair
- **Reside outside the States of Missouri or Illinois?** Contact UHC Medicare Advantage at 1-800-610-2660

## Tier 2

- **\$0 monthly premium for 2026** – Allows access to in and out of network services
- **Service Areas** – You must reside in one of these counties:
  - **Missouri Service Areas/Counties:** Barry, Benton, Bollinger, Boone, Butler, Cape Girardeau, Carter, Clay, Dade, Dent, Gasconade, Hickory, Howell, Hickory Jackson, Jasper, Laclede, Lawrence, Lincoln, Maries, McDonald, Miller, Mississippi, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Pettis, Pike, Platte, Pulaski, Reynolds, Ripley, Shannon, St. Francois, Scott, Stoddard, Stone, Taney, Texas, Vernon, Wayne, & Wright
  - **Illinois Service Areas/Counties:** Bond, Boone, DuPage, Fayette, Henry, Jersey, Logan, Marshall, McHenry, Ogle, Pope, Rock Island, Stevenson & Winnebago
- **Reside outside the States of Missouri or Illinois?** Contact UHC Medicare Advantage 1-800-610-2660

## Both Tier 1 & 2 Plans:

- Rx is Creditable Coverage – Equal to or better than the standard Part D guidelines.
- Pharmacy Benefit Manager is Optum Rx (a United Healthcare company).
- Pharmacy Network provides access to more than 68,000 pharmacies across the United States including national chains, regional and independent local retail pharmacies.
- Online pharmacy directory is available at [www.UHCretiree.com](http://www.UHCretiree.com) or by calling 1-877-714-0178.
- UHC reserves the right to change the Part D formulary, pharmacy benefit manager, pharmacy network and the service areas.

To request an application for the TransAmerica, UnitedHealthcare or Anthem Medicare Part D plans,  
email [csdtrustsupport@wtwco.com](mailto:csdtrustsupport@wtwco.com).  
Completed applications must be received by the 10th of the month prior to the requested effective date.

# CONTACT INFORMATION

To request an application for either the TransAmerica Medicare Supplement, UHC Medicare Advantage Plans, or the Anthem Blue Medicare RX Part D Plan, please email the [CSDTrustSupport@WillisTowersWatson.com](mailto:CSDTrustSupport@WillisTowersWatson.com).

Please submit forms by the 10th of the month prior to the effective date.

PLAN	PROVIDER	PHONE NUMBER	WEBSITE
<b>Medicare Concierge Service</b>	Discover Via Benefits	1-855-803-2540	<a href="http://discoverviabenefits.com">discoverviabenefits.com</a>
<b>Medicare Advantage PPO Plan</b>	UnitedHealthcare	1-800-610-2660 If currently enrolled: 1-800-457-8506	<a href="http://www.uhcretiree.com">www.uhcretiree.com</a>
<b>Premier Life Retiree Medicare Supplemental Plan</b>	TransAmerica	1-800-749-6983	
<b>Anthem Blue MedicareRx Part D Plan</b>	Anthem	1-833-279-0466	
<b>Social Security Administration</b>	U.S. Government	1-800-772-1213	<a href="http://www.ssa.gov">www.ssa.gov</a>
<b>Medicare</b>	U.S. Government	1-800-633-4227	<a href="http://www.medicare.gov">www.medicare.gov</a>
<b>Medicare Part D Plan Comparison</b>	U.S. Government	1-877-335-7060	<a href="http://www.PDP-Finder.com">www.PDP-Finder.com</a>

# RESOURCE PAGE







## We've Got You Covered



Via Benefits Insurance Services specializes in health insurance. We help you understand your options and help you find the coverage that's right for your health and financial needs. Whether searching for an individual and family or a Medicare plan, **Via Benefits listens to your needs and helps guide you through your options.**

**Call us at 1-855-803-2540 (TTY:711) and speak with a licensed benefit advisor.**  
Monday through Friday, 8:00 a.m. to 7:00 p.m. Eastern Time

### We can help you with:

-  Comparing COBRA to the individual health insurance marketplace.
-  Finding a good plan after coming off your parent's plan.
-  Evaluating your current plan to see if you can lower your cost or get better coverage.
-  Understanding your Medicare insurance options.

Via Benefits offers plans from national and local carriers for people under 65 and people who are Medicare-eligible or have Medicare.

**Via Benefits: We've Got You Covered**  
**A licensed benefit advisor can take your call: 1-855-803-2540 (TTY:711)**  
**Monday through Friday, 8:00 a.m. to 7:00 p.m. Eastern Time**

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**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.