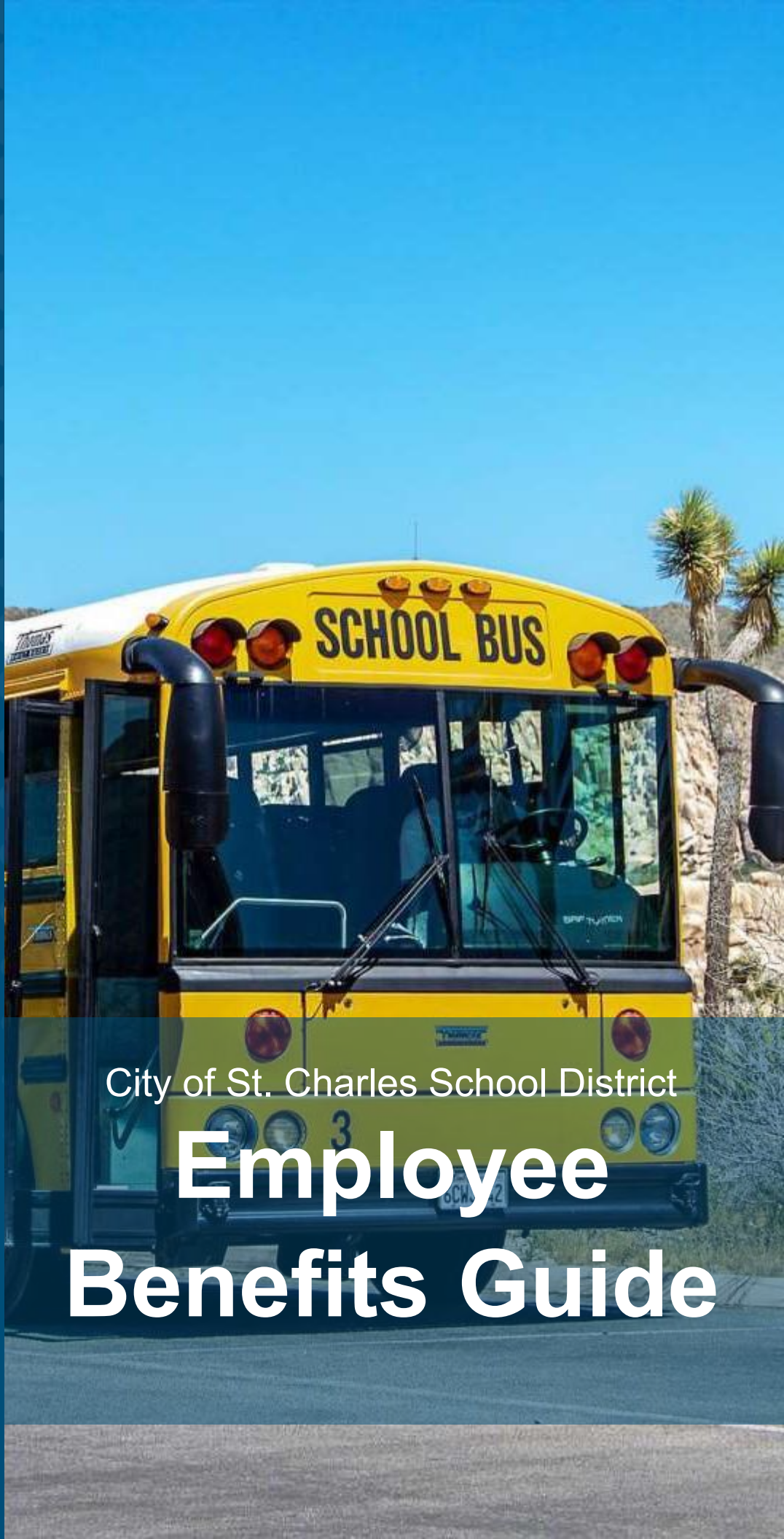
2026



City of St. Charles School District

Employee Benefits Guide

2026 Employee Benefits Guide

We know that benefits are an integral part of the overall compensation package provided to all our eligible employees, which is why we take great care to review all available benefits options on an annual basis. During this year's review, we focused not only on providing quality medical plans but also on controlling the cost and financial risk for our employees. We offer multiple options to meet the individual needs of our employees and their dependents.



IMPORTANT DATES

Open enrollment runs 10/20–10/31

ENROLL ONLINE AT
mycscsdbenefits.com

NOT SURE HOW TO GET STARTED?

DON'T WORRY!

Enrollment is handled online through CBAS. This system allows you to review and/or change your benefit information 24 hours a day, seven days a week.

- **Login:** First Initial of First Name + First Initial of Last Name + Last 4 of SSN / **Password:** Date of Birth (MMDDYYYY).
- Check out the plans being offered for 2026.

Consider this booklet your survival guide. Inside, you'll find everything you need to make informed benefits decisions, including in-depth information regarding your plan options, our policies and more.

As always, we value you as a member of the City of St. Charles School District family and look forward to a healthy and safe year.

REMEMBER! *Plan information is available on the Benefits Portal and the District website.*

UPDATES AT A GLANCE

- We have made some **enhancements** to the current medical plan options:

  ❖The Base Plan coinsurance has been increased to 90% (member pays 10%), from 80%(member pays 20%).

  ❖The Medical and Pharmacy out of pocket maximums have been combined under one maximum for the Base and Premium plans.

  ❖The pharmacy up front deductible has been removed under the Base Plan.

- The District will continue to offer the Base and QHDHP plans at ***no cost for employee only coverage***.
- Delta Vision will be the ***new*** vision administrator effective January 1, 2026. Employee only coverage will continue to be provided by the District at ***no cost to you***!

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Contact Information

CONTACT INFORMATION

If you have any questions regarding your benefits, please contact the carriers, your City of St. Charles School District's Benefits Specialist, or our CBIZ representative(s) listed here.



Want to learn more?

Throughout this guide, you'll find clickable video and link icons that will take you to resources that provide additional info on your available benefits.

MEDICAL INSURANCE

Group number: 76413023
UMR
Umr.com
800.826.9781

PRESCRIPTION DRUG PLAN

Group number: RX24JW
CVS/Caremark
Caremark.com
866.273.8406

DENTAL INSURANCE

Group number: 01230061
Delta Dental
Deltadentalmo.com
800.335.8266

VISION INSURANCE

Group number: 1023-0063
DeltaVision
DeltaVisionMO.com
877.226.1412

BASIC LIFE/AD&D, DEPENDENT LIFE, VOLUNTARY LIFE & AD&D, VOLUNTARY SHORT TERM & VOLUNTARY LONG TERM DISABILITY INSURANCE

Group number: FLZ970215
Group number: OK971569
Group number: VDT963414
Group number: VDT963415
New York Life
Mynewyorklife.com
800.362.4661

FLEXIBLE SPENDING ACCOUNT

Chard Snyder
Chard-Snyder.com
800.982.7715

EMPLOYEE ASSISTANCE PROGRAM (EAP)

New York Life
Guidanceresources.com
800.344.9752

WORKSITE

Chubb
Group number: ZRP000000
Lifetime Benefit Term: 855.241.9891
Accident/Critical Illness: 866.445.8874
Hospital Indemnity: 866.445.8874
Chubb.com/worksitebenefitsclaims

YOUR BENEFITS TEAM

City of St. Charles School District
Tammy Herter
Therter@stcharlessd.org
636.443.4047

CBIZ REPRESENTATIVE(S)

Eric File
Efile@cbiz.com
314.692.5848

Asha Kuhn
Akuhn@cbiz.com
314.692.5834

Medical Insurance Options

YOUR HEALTH PLAN OPTIONS

As a full-time employee of the City of St. Charles School District, you have the choice between six medical plan options: a Premium Plan, Base Plan and Qualified High Deductible Health Plan (QHDHP). Each plan has the option of enrolling in the full UMR network or the Core UMR Network. **The Core network does not include BJC providers or hospitals. If you are enrolled in the Core plan and chose to seek services with a BJC provider, your services will apply toward the out of network deductible and out of pocket maximum limits.**

For each, your deductible will run from JANUARY 1 – DECEMBER 31.

While all plans give you the option of using out-of- network providers, you can save money by using in- network providers because UMR has negotiated significant discounts with them.

If you choose to go out-of-network, you'll be responsible for the difference between the actual charge and the UMR UCR (Usual, Customary and Reasonable) charge, plus your out-of-network deductible and coinsurance. The Base plan and QHDHP offer you significantly lower premiums than the Premium Plan. With the QHDHP you can establish a Health Savings Account (HSA) with UMB and contribute all or part of the premium savings into the HSA. These funds can be used to cover medical expenses, including deductibles, and they're yours forever — even if you leave the City of St. Charles School District. Additionally, unlike a Flexible Spending Account (FSA), these funds are not forfeited at the end of each year.

HOW TO GET STARTED

SELECT YOUR MEDICAL PLAN

The QHDHP OFFERS SEVERAL BENEFITS:

- Lower premium contributions and potential maximum out-of-pocket expenses
- Routine preventive exams are covered at 100%
- Catastrophic coverage
- The HSA is owned by you
- You have more control over your health saving dollars

THE PREMIUM AND BASE PPO PLANS MAY BE FOR YOU IF ANY OF THE FOLLOWING IS TRUE:

- You are not interested in establishing a Health Savings Account
- You would rather pay more in monthly premiums and less on medical expenses when they occur
- You expect to incur medical expenses at the beginning of the year and don't have the resources to pay for them

FREQUENTLY ASKED QUESTIONS

Q. How many hours do I need to work to be eligible for insurance benefits?
You must be a full-time employee working a minimum of 30 hours per week or a Bus Driver/Monitor working a minimum of 25 hours per week on a regular basis.

Q. Will I receive a new Medical ID card?
You will receive an ID card in the mail if you are electing medical coverage, which will include the prescription drug information for CVS/Caremark.

Q. Does the deductible run on a calendar year or policy year basis?
A calendar year basis.

Q. How long can I cover my dependent children?
Dependent children are eligible until the end of the month in which they turn age 26.

Q. I just got hired. When will my benefits become effective?
Your medical insurance benefit will begin on your date of hire for regular full-time employees.

Medical Plan FAQs

Care Options & When to Use Them

YOUR CARE OPTIONS

While we recommend that you seek routine medical care from your primary care physician whenever possible, however there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. Be sure to check that the facility is in-network by calling the toll-free number on the back of your medical ID card, or by visiting umr.com.

Primary Care vs. Urgent Care vs. ER

PRIMARY CARE

- Routine, primary/preventive care
- Non-urgent treatment
- Chronic disease management

For routine, primary/ preventive care or non-urgent treatment, we recommend going to your doctor's office.

Your doctor knows you and your health history best — and already has access to your medical records. You'll also likely pay the least amount out-of-pocket.

THE BRIDGE

The Bridge Health Center is available to you and your family members enrolled in the medical plan.

The Bridge offers you:

- A convenient location for medical services such as preventive care, disease management, acute illness care, minor injuries, medication, lab work and vaccinations.
- ***No cost*** options for eligible services if you are enrolled in the Base or Premium plan.

CONVENIENCE CARE

- Common infections (ear infections, pink eye, strep throat & bronchitis)
- Flu shots & Vaccines
- Pregnancy tests
- Rashes
- Screenings

If you're unable to get to your doctor's office and your condition is not urgent/an emergency, these providers serve as a good alternative.

They are often located in malls or retail stores (such as CVS, Walgreens, Wal-Mart and Target) and generally serve patients 18 months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.

URGENT CARE

- Sprains & Strains
- Small cuts
- Minor infections
- Sore throats
- Mild asthma attacks
- Back pain or strains

Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to your doctor's office.

Outside regular office hours — or if you can't be seen by your doctor immediately — you may consider going to an Urgent Care Center where you can generally be treated for many minor medical problems faster than at an emergency room.

EMERGENCY ROOM

- Heavy bleeding
- Large open wounds
- Chest pain
- Spinal injuries
- Difficulty breathing
- Major burns
- Severe head injuries

An emergency medical condition is any condition (including severe pain) that you believe may result in serious injury or death without immediate medical care.

Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.

If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 9-1-1, even if your symptoms are not described here.

Medical Insurance

UMR	Option 1: Premium Plan Employee Cost [Per Month] With BJC/Without BJC	Option 2: Base Plan Employee Cost [Per Month] With BJC/Without BJC	Option 3: QHDHP *(see HSA note below)* Employee Cost [Per Month] With BJC/Without BJC
Employee Employee + Spouse Employee + Child(ren) Employee + Family	$95 / $40 $850 / $745 $705 / $620 $1,540 / $1,395	$0 / $0 $483/ $395 $355/ $305 $846 / $735	$0 / $0 $436 / $360 $324 / $265 $770 / $675
	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%	**10%**	10%
Out-of-Pocket Maximum (2) Individual / Family	**$4,500 / $9,000**	**$5,000 / $10,000**	$4,500 / $9,000
Office Visits Preventative Care Primary Care Physician / Specialist Telehealth (with your own provider) **The Bridge Office Visit** Diagnostic Lab / X-Ray (in office) Diagnostic Lab / X-Ray (outpatient) **The Bridge Lab Work** Urgent Care **The Bridge Acute Care**	Covered at 100% $35 / $50 copay $35 / $50 copay **$0 copay** $35 / $50 copay Deductible then10% **$0** $125 copay **$0**	Covered at 100% $40 / $60 copay $40 / $60 copay **$0 copay** $40 / $60 copay Deductible then 10% **$0** $150 copay **$0**	Covered at 100% Deductible then 10% Deductible then 10% **Fair Market Cost** Deductible then10% Deductible then10% **Fair Market Cost** Deductible then10% **Fair Market Cost**
Hospital Visits Inpatient Care (Facility/ Physician) Outpatient Surgery Major Diagnostics & Imaging Emergency Room	Deductible then10% Deductible then10% Deductible then10% $250 copay	Deductible then 10% Deductible then 10% Deductible then 10% $300 copay	Deductible then10% Deductible then10% Deductible then10% Deductible then10%
Prescription Drug (CVS/Caremark) Deductible/Out of Pocket Maximum Retail Tier 1 / 2 / 3 Copay Mail Order (90-day supply)	**N/A/included in medical OOP** $10 / $25 / $50 2 times copay	**N/A/included in medical OOP** $10 / $30 / $70 2 times copay	Medical Deductible then 0% up to the medical out-of-pocket maximum
	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	**$9,000 / $18,000**	**$10,000 / $20,000**	$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
(3) All Out-of-Network services subject to deductible, coinsurance and balance billing

Premiums can be withheld from your paycheck on a pre-tax basis for Medical, Dental, and Vision insurance. Based upon your individual tax bracket, this could save you a considerable amount of money.

HSA Note: For the 2026 benefit year, HSA participants who qualify and establish a Health Savings Account with UMB Bank will receive an employer contribution of $1,200 into the HSA. $600 will be deposited in January and the remaining $600 will be deposited in March.

All plans are detailed in UMR's 2026 Summary Plan Description (SPD). This is a brief summary only. For exact terms and conditions, please refer to your SPD.

UMR ADDITIONAL HEALTH PROGRAMS

UMR.COM

Umr.com is your personalized member website to help you access and manage your medical plan information 24/7. The website allows you to check your benefits and see what's covered, look up what you owe and how much you've paid, find a doctor in your network, access tools and trusted resources to help you live a healthier life, access your health plan ID card as well as learn about medical conditions and treatment options.

UMR's NurseLine

A call to UMR's **NurseLine** service will connect you to a team of registered nurses who can answer your questions and offer information about common health issues or symptoms. Nurses are standing by to help any time of day, seven days a week & can assist callers in than 140 languages, as well as those who need hearing assistance. We even have nurses available to chat live with you. Best of all, it's part of your health benefits, so there is no cost to you.

- Call the **NurseLine** today at **877.950.5083**.
- Chat live online: Sign in to umr.com, from the Health center drop-down menu, choose **NurseLine,** & select **Nurse chat** to get started.

UMR PLAN ADVISOR

Navigating health care can be tricky, which is why no question is a bad one. Your plan advisor is ready to go over your benefit details with you or connect you to the right person to find the answer you need, so you won't be caught by surprise.

Plan Advisor can help you:

- Look into a recent medical claim to make sure it was paid correctly
- Check to see what your out-of-pocket cost are for services
- See how much you have paid and how much you have left of your individual or family deductible
- Discover what services are available to you based on your plan

Plan Advisors are available weekdays from 7am to 5pm CST at 1.800.207.3172

HEALTHY YOU

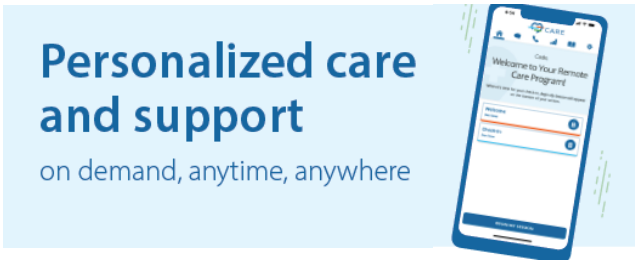
UMR's award-winning health and wellness magazine ***Healthy You*** is available online or on the ISSUU app for you to view, download and share. The digital magazine features new and informative health and wellness articles and practical tools that support and encourage you to make healthy choices. You can access new and past issues by clicking the ***Healthy You*** magazine shortcut tile from the main home page on umr.com.

CARE APP

With the **CARE app, powered by Vivify Health,** you'll experience an integrated health care solution that blends technology with personal connections.

The Care app provides a personalized CARE experience to support and encourage self-management and advocacy. Some of the robust features include:

- Secure messaging with a CARE nurse
- Self-monitoring of biometrics with robust tracking
- Individualized CARE paths when working with a CARE nurse
- Ability for a dedicated CARE nurse to imitate virtual meetings
- Educational content including videos, health tips, and other resources



UMR Complex Condition CARE

UMR Complex Condition CARE has a staff of experienced, caring registered nurses who help you get the most out of your health plan. They focus on acute, high-cost or complicated cases to ensure they follow clinically appropriate practices throughout an episode of care & assist with utilizing in-network providers. Expert CARE nurse managers can guide you before, during and after your medical care—***at no cost to you***. If you have questions about your benefits, call the phone number on your ID card. Members who qualify for the program will be contacted by UMR CARE.

UMR ADDITIONAL HEALTH PROGRAMS

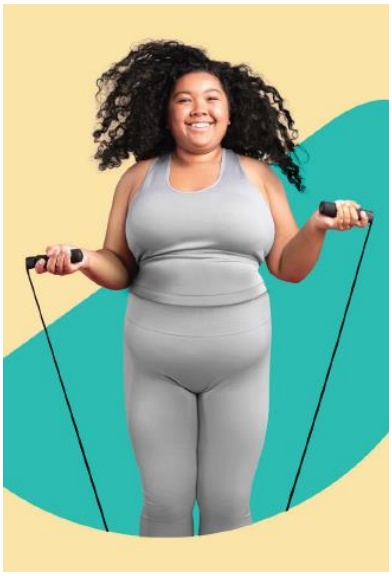
ONE PASS SELECT

One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members (18+) enrolled in the medical plan are eligible for One Pass Select.

Find your Fit with One Pass Select:

- **At the gym** - Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.
- **At home** - work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you, no matter what your fitness level and interests are.
- **In the kitchen** - get groceries and household essentials delivered to your home. One Pass Select makes it easy to plan for everything you need to enjoy delicious, nutritious meals.

Learn more
OnePassSelect.com



PREMIUM DESIGNATION PROGRAM

When you need a physician, you want to make informed choices. The Premium Designation program available through UMR can help you. The Premium Designation program is an innovative program that evaluates eligible physicians against scientifically defined medical guidelines for quality and cost efficiency.

Enjoy one of the nation's largest networks of physicians. Almost anywhere in the United States you'll find participating doctors, hospitals or pharmacies for the same coverage levels you get at home. Access Premium Designation information at your fingertips on umr.com.



Health Savings Account (HSA)

UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

THERE ARE TWO WAYS YOU CAN PUT MONEY INTO YOUR HSA:

1 **Regular payroll deductions** on a pre-tax basis

2 **Lump-sum contributions** of any amount, anytime, up to the maximum limit.

WHAT IS AN HSA?

An HSA is exactly what it sounds like — a savings account where you can either direct pre-tax payroll deductions or deposit money to be used to pay for current or future qualified medical expenses for you and/or your dependents.

YOUR HSA CAN ALSO BE AN INVESTMENT OPPORTUNITY.

Depending upon your HSA balance, your account can grow tax-free in an investment of your choice (like an interest-bearing savings account, a money market account, a wide variety of mutual funds — or all three). Of course, your funds are always available if you need them for qualified health care expenses.

HSA FUNDS CAN BE USED FOR YOUR FAMILY.

Your HSA doesn't just benefit you. You can use the funds for your spouse and tax dependents for their eligible expenses, too — even if they're not covered by your medical plan.

YOUR FUNDS CAN CARRY OVER AND EVEN GROW OVER TIME.

The money in your HSA always belongs to you, and we mean always. Even if you leave the company or you don't use a lot of health services now, your funds will carry over from year to year and will always be there if you need them in the future — even after retirement.

CONTRIBUTE UP TO $4,400 SINGLE, OR $8,750 FAMILY IN 2026 ($3,200 SINGLE or $7,550 FAMILY INCLUDING THE DISTRICT'S CONTRIBUTION)

WHAT ARE THE RULES?

- You must be covered under a Qualified High Deductible Health plan (QHDHP) in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Limited Purpose FSA.
- You cannot be enrolled in Medicare or TRICARE due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, such as your spouse's employer, unless that secondary coverage is also a Qualified High Deductible Health Plan.
- You cannot be claimed as a dependent under someone else's tax return.

WHAT ELSE SHOULD I KNOW?

- You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2026 are $4,400 for Single and $8,570 for Family coverage. ***This is a combination of employee and employer contributions to the HSA***. If you're age 55 or older, you are allowed to make an extra $1,000 contribution each year.
- The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision expenses and over-the-counter medications, such as allergy medicine, cold and flu, pain relievers, and feminine hygiene).
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).
- There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.
- If your health care expenses are more than your HSA balance, you need to pay the remaining cost another way. Save your receipts in case you are ever audited! You can request reimbursement later, after you have accumulated more money in your account.

Health Savings Account (HSA)

YOU CAN USE HSA FUNDS FOR IRS-APPROVED ITEMS SUCH AS:

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, laser surgery, contact lenses and solution
- Hearing aids
- Orthodontia, dental cleanings and fillings
- Prescription drugs and some over-the-counter medications (such as allergy medicine, cold and flu, pain relievers and feminine hygiene)
- Physical therapy, speech therapy and chiropractic expenses

More information about approved items, plus additional details about the HSA, is available at irs.gov.

IMPORTANT INFORMATION:

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on those funds.

The HSA is your personal account and contains your personal funds. It can be considered an asset by a creditor and garnished as applicable.

As a health savings account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions, or earned interest associated with your account.

THIS MAY BE THE BEST PLAN OPTION FOR YOU IF ANY OF THE FOLLOWING ARE TRUE:

- You do not incur a lot of medical and prescription medication expenses.
- You would like money in a savings account to pay for Qualified Expenses permitted under Federal Law.
- You would like the opportunity to contribute pre-tax income to a Health Savings Account.
- You are enrolled in the QHDHP.

What Is a Health Savings Account?

FREQUENTLY ASKED QUESTIONS

Q. What will I pay at the pharmacy with the HSA qualified plan options?

You will pay the actual discounted cost of the drug until you satisfy your calendar year deductible in full.

Q. What will I pay at the physician's office with the HSA qualified plan?

You'll provide your ID card at the time of your visit and the physician's office will submit the claim to UMR. You will not owe anything at the time of your visit. Later you'll receive an Explanation of Benefits (EOB) from UMR that shows the charges discounted based on their contract with the physician. When you receive a bill from the physician's office, you pay the portion of the discounted cost you are responsible for as shown on the EOB.

Q. Where can I get a copy of an EOB?

You can access all of your EOB information, as well as obtain other important information, by logging on to umr.com.



Flexible Spending Accounts (FSA)

SELECT YOUR FSA ACCOUNTS

- *Health Care Flexible Spending Account*
- *Dependent Care Expense Account*

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing your chance of incurring a large out-of-pocket expense early in the plan year. If you allocate money to a certain benefit during the plan year (1/1-12/31), you must use all the money for that benefit during the plan year (example; expenses have to be incurred but not necessarily paid for), except for $680 under the Health Reimbursement Account.

ELIGIBLE EXPENSES EXAMPLES

- Coinsurance & copayments
- Contraceptives
- Crutches
- Dental expenses
- Dentures
- Diagnostic expenses
- Eyeglasses, including exam fee
- Handicapped care & support
- Nutrition counseling
- Hearing devices & batteries
- Hospital bills
- Deductible amounts
- Laboratory fees
- Licensed practical nurses
- Orthodontia
- Orthopedic shoes
- Oxygen
- Prescription drugs
- Psychiatric care
- Psychologist expenses
- Routine physical
- Seeing-eye dog expenses
- Prescribed vitamin supplements (medically necessary)

HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to the CBIZ. Reimbursement is issued to you through direct deposit into your bank account, or by check.

2026 MAXIMUM CONTRIBUTIONS

Health Care Flexible Spending account	$3,400 max.
Dependent Care Expense account	$7,500 max.

Full list of Health Care FSA Eligible Expenses

What is a Dependent Care FSA?

DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Qualified care centers include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a childcare tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

CONTACT INFORMATION

Request a full statement of your accounts at any time by calling 800.982.7715 or log on to chard-snyder.com to review your FSA balance.

At chard-snyder.com you can:

- View account information and activity
- File claims
- Manage your profile
- View notifications
- Access forms

What Is a Flexible Spending Account?

REVIEW YOUR DENTAL PLAN

DELTA DENTAL OF MO IS THE DENTAL CARRIER FOR 2026.

The dental plan is a PPO that offers coverage in- and out-of-network. It is to your advantage to utilize a network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding Delta Dental of MO's negotiated fees, plus any deductible and coinsurance associated with your procedure.

Within each dental plan option, Delta Dental offers a PPO network and Premier network. You will receive the deepest discounts by going to a PPO network dentist.

Dependent children are eligible until the end of the month in which they turn age 26.

DENTAL INSURANCE PLAN OPTIONS AND COSTS

DELTA DENTAL	Employee Cost Per Month Low Plan/High Plan		
Employee	$0	$0	
Employee + Spouse	$26.56	$48.23	
Employee + Child(ren)	$19.61	$35.63	
Employee + Family	$56.14	$102.04	
	Low Plan (PPO/Premier)	**High Plan (PPO/Premier)**	
Deductible Individual / Family	$50 / $150	$25 / $75	Applies to Basic & Major Services
Annual Maximum	$1,000 / $750	$1,500 / $1,500	**MaxAdvantage**: services that do ***NOT*** apply to the out-of-pocket maximum: • Routine and comprehensive dental exams as well as periodontal exams • X-rays, including complete series, periapical, intraoral, extraoral, bitewings and panoramic films • Cleanings, including perio-maintenance cleanings • Fluoride and fluoride varnishes
Carrier Pays In Network Low Plan / High Plan (PPO and Premier Networks)			
Diagnostic / Preventive Services	100% / 70%	100% / 100%	• Oral Evaluations • Cleanings • X-Rays • Fluoride Treatments (for dependents <19) • Sealants (for dependents <14)
Basic Services	70% / 50%	80% / 80%	• Fillings • Endodontics • Periodontics • Simple & Surgical Extractions • General Anesthesia • Emergency Treatment (for temporary pain relief)
Major Services	50% / 30%	50% / 50%	• Single Crowns • Inlays/Onlays • Bridges & Dentures • Prosthodontics • Implants
Orthodontia Services	50% up to the $1,000 lifetime maximum	50% up to the $1,500 lifetime maximum	• Diagnostics & Treatment (for dependents under age 26)

In-Network Providers:
Provider is reimbursed based on contracted fees and cannot balance bill you.

Out-of-Network Providers:
Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

Delta Dental Mobile App

Delta Dental Mobile App makes it easy to make the most of your dental benefits. Maximize your health, wherever you are!

- **Search for a dental provider near you**
- **View ID cards**
- **And more, right on your mobile device!**

To download the app on your device, use your phones QR Code Reader to scan the code.

What is Dental Insurance?

For more info visit DeltaDentalMO.com

Vision Insurance

REVIEW YOUR VISION PLAN

DELTA VISION IS THE VISION CARRIER FOR 2026.

The vision plan offers coverage both in-network and out- of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

In addition, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some provider. To find a participating provider, go to deltadentalmo.com/Vision.

What is Vision Insurance?

VISION INSURANCE PLAN OPTIONS AND COSTS

DeltaVision	Employee Cost Per Month	
Employee	$0	
Employee + Spouse	$4.81	
Employee + Child(ren)	$5.36	
Employee + Family	$10.30	
EyeMed Insight Network	**In-Network**	**Out-of-Network**
Examination Copay	$20 copay	**Reimbursement** Up to $40
Frequency of Service		
Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Lenses		**Reimbursement**
Single	$20 copay; 100% covered	Up to $20
Bifocal	$20 copay; 100% covered	Up to $40
Trifocal	$20 copay; 100% covered	Up to $60
Lenticular	$20 copay; 100% covered	Up to $100
Standard Progressive	$85 copay; 100% covered	Up to $40
Frames	$130 allowance plus 20% off balance over $130	**Reimbursement** Up to $52
Conventional Contacts	$130 allowance plus 15% off balance over $130	**Reimbursement** Up to $78
Disposable Contacts	$130 allowance plus 100% off of remaining balance	
Additional Discounts (In Network Only)	15% off retail or 5% off promo prices on Lasik	

DeltaVision and Amplifon

Hearing discounts in addition to your vision benefits

DeltaVision gives you access to affordable hearing care discounts through Amplifon, the nation's largest independent hearing discount network — so you can enjoy all of life's sights and sounds to the fullest.

Your hearing discount through Amplifon includes:

- Save up to 64% off retail price on thousands of hearing aids from top brands
- Discounted, set pricing on thousands of hearing aids, plus a 3-year warranty with loss and damage coverage
- 60-day hearing aid trial period with no restocking fees
- Free batteries for 2 years with initial purchase

Call **877.203.0675** to find a hearing care provider near you and schedule a hearing exam today.

amplifon Hearing Health Care.

FIND A PROVIDER

If you need to find a Delta Vision Provider, check out the online directory at DeltaDentalMO.com/Vision.

ESTIMATE COSTS

Log in to your registered account at DeltaDentalMO.com/Vision and click the "estimate costs" tab. Pick the type of services you want and see the estimated costs.

Delta Vision Diabetic Eye Care Benefit includes:

- Diabetic vision care office visits every six months, in addition to an annual comprehensive eye exam
- Diagnostic tests such as gonioscopy, extended ophthalmoscopy, fundus photography exam and canning laser (offered at the provider's discretion)

Life Insurance and AD&D

REVIEW YOUR LIFE INSURANCE POLICY

- *Add Your Spouse*
- *Add Your Dependents*
- *Increase Your Coverage*

BASIC LIFE AND AD&D

City of St. Charles School District provides 1x your annual earnings to a maximum of $250,000 in Basic Life and Accidental Death & Dismemberment (AD&D) insurance.

This coverage is offered through New York Life ***at no cost to you***!

What is Life and AD&D Insurance?



VOLUNTARY LIFE AND AD&D AND DEPENDENT LIFE

You can purchase additional Life and AD&D Coverage beyond what the City of St. Charles School District provides. New York Life guarantees issued coverage during your initial enrollment period — which means you can't be turned down for coverage based on medical history.

Dependent Life: This benefit, offered through New York Life, offers you two options. Option one provides $5,000 of coverage for your spouse and $2,500 for your children and the cost is $1.10 per month. Option two provides $10,000 of coverage for your spouse and $5,000 for your children and the cost is $2.10 per month.

- **Voluntary Employee Life & AD&D**: minimum $10,000 to a maximum of $300,000. Guarantee issue up to $200,000.
- **Voluntary Spouse Life/AD&D**: minimum $5,000 up to 100% of the employee amount, up to $150,000 maximum in $5,000 increments. Guarantee issue up to $25,000.
- **Voluntary Child(ren) Life & AD&D**: for children live birth to age 26 options of $5,000 or $10,000. Guarantee issue up to $10,000.

During this enrollment period, you and your dependents have a ***one-time special enrollment*** opportunity to elect Voluntary Life/AD&D coverage up to the guarantee issue limits without having to complete a Health Statement (EOI). If you purchase coverage over the guarantee issue limits, an EOI will be required.

Please note: If you and/or your dependents chose not to enroll in the Voluntary Life/AD&D plan during your initial enrollment period you and/or your dependents will be required to complete an Evidence of Insurability (EOI) form and be approved by New York Life before you are able to obtain coverage.

You must be enrolled in voluntary life coverage in order for your spouse, and/or eligible dependent children to enroll.

Please note: If you elect Voluntary Life for yourself and/or your dependents, Voluntary AD&D is an automatic election based on the voluntary life insurance amount.

VOLUNTARY LIFE and AD&D COSTS PER MONTH

New York Life	Rates per $1,000 of coverage		
	Age	*Employee*	*Spouse*
Voluntary Life	<25	$0.050	$0.050
	25-29	$0.040	$0.040
	30-34	$0.050	$0.050
	35-39	$0.060	$0.060
	40-44	$0.100	$0.100
	45-49	$0.150	$0.150
	50-54	$0.260	$0.260
	55-59	$0.450	$0.450
	60-64	$0.620	$0.620
	65-69	$1.09	$1.09
	70-74	$2.24	$2.24
	75+	$3.43	$3.43
	Child(ren)	$0.230/month for $1,000 coverage	
Voluntary AD&D *Per $1,000*	$.020 $.020 for Child(ren)		

REVIEW YOUR DISABILITY INSURANCE

- *Voluntary Short-Term Disability*
- *Voluntary Long-Term Disability*

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Voluntary Short-Term Disability insurance is offered through New York Life. Benefits begin paying an employee a disability benefit after a waiting period is satisfied and provides income protection to a maximum of $1,500 per week. You have the option of electing a 14 day or 30 day waiting period. A 3 month/12 month pre-existing clause applies to this plan. This means if you were treated for a medical condition 3 months prior to your effective date, it will not be covered until you have been insured and still actively at work for 12 months. The premium for this plan is based on your age.

Annually, you have the enrollment opportunity to elect Voluntary Short-Term Disability coverage up to the guarantee issue limits without having to complete a Health Statement (EOI).

WHY SHOULD YOU CONSIDER DISABILITY INSURANCE?

Many workers think these events are more likely than becoming disabled during their careers. Here are the actual odds:

- **.0000004%** - *Winning Mega Millions*
- **.02%** - *Being Struck by Lightning*
- **1%** - *Being audited by the IRS*
- **3%** - *Having twins*
- **25%** - *Becoming disabled*

COULD YOU PAY THE BILLS IF YOU WEREN'T WORKING?

Less than 1/4 of U.S. consumers have enough emergency savings to cover six months or more of their expenses.

Nearly **70%** of workers that apply for Social Security Disability Insurance **are denied.**

VOLUNTARY LONG-TERM DISABILITY INSURANCE

Voluntary Long-Term Disability insurance is offered through New York Life. The plan benefit is 60% of salary earnings up to a maximum of $7,500 per month.

The benefits begin after a 90-day waiting period. The premium for this plan is based on your age.

During this enrollment period, you have a ***one-time special enrollment*** opportunity to elect Voluntary Long-Term Disability coverage up to the guarantee issue limits without having to complete a Health Statement (EOI).

What is Short Term Disability?

What is Long Term Disability?

Nearly **40 million**
American adults live with a disability.

What is Disability Insurance?



New York Life Additional Programs

SECURE TRAVEL

Travel Insurance offers pre-planning assistance with traveling and emergency medical transportation benefits for covered persons traveling 100 miles of more from home. This service is a phone call away, 24/7/365. To learn more, **call 347.708.1824.**

NYL GBS Secure Travel

From anywhere globally, call +1 (347) 708-1824

Emergency services must be coordinated through Crisis24. Services coordinated outside of this program may not be eligible for payment.

Employer name: _____

Policy #: _____



SURVIVOR ASSURANCE PROGRAM

Losing a loved one is difficult. It can be challenging for beneficiaries to manage their loved one's insurance benefits among other pressures during such a difficult time. Support is available to you. For more information, **call 800.344.9752.**

Contact Info

Phone: (800) 344-9752

Website: guidanceresources.com
First time visitor? Click "Register" and enter "NYLGBS" as the Organization Web ID.

LEGAL AND FINANCIAL SUPPORT

Financial and legal challenges can be very stressful for you and your family. That's why New York Life Group Benefit Solutions provides a Financial, Legal & Estate Support program to help you navigate these issues, at no additional cost. Leaving you with fewer worries.

- **FinancialConnect**: Sometimes you may not know where to start when facing a stressful financial challenge or when you need financial planning expertise. With FinancialConnect you and your family members have unlimited access to a team of qualified experts including Certified Public Accountants and Certified Financial Planners and other financial professionals to help guide you. If additional help is needed, you can request referrals to financial professionals in your local community. In addition, on guidanceresources.com, you will have access to financial information on a wide range of topics including:
  - debt management
  - family budgeting
  - estate planning
  - tax planning
  - as well as interactive tools and financial calculators.
- **LegalConnect**: If you are facing a difficult legal challenge, LegalConnect can help. This program gives you access to unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as:
  - Estate planning/wills/probate
  - Power of attorney
  - Real estate
  - Bankruptcy
  - Landlord/tenant issues
  - Adoption/guardianship
  - Divorce
  - Personal injury

  If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25% reduction in fees thereafter. Lastly, information on low cost and no legal options are available along with referrals to consumer advocacy groups and governmental organizations if needed.
- **EstateGuidance**: This user-friendly online tool allows you and your family members to write a last will and testament, a living will and documents outlining your wishes for final arrangements quickly, easily and cost effectively. EstateGuidance walks you through the entire process, guiding your choices with a series of questions and breaking down each step into easy-to-understand terms. Access is available anytime, anywhere via tablet, desktop, or mobile app.

Employee Assistance Program

COUNSELING AND WELL-BEING SUPPORT

Mental health includes your emotional, psychological, and social well-being. It can affect how you think, feel, and act. It also determines how you handle stress, relate to others, and make healthy life choices. The EAP is a confidential service designed to help employees and families with personal or work/life balance concerns. The EAP has a variety of professionals available to help you free yourself from personal worries at work. The City of St. Charles School District understands the importance of your mental health and offers the following resources:

Counselors are available 24/7 at 800.344.9752

guidanceresources.com

Web ID—NYLGBS



What is an Employee Assistance Program?

EMPLOYEE ASSISTANCE PROGRAM

You and your family members have access to various counseling services including, legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. They offer Solution-focused therapy across full spectrum of emotional health issues – anxiety, depression, grief, stress, relationships, etc. The Employee Assistance Program provides **three face-to-face, confidential counseling sessions per issue per year.**

GUIDANCE RESOURCES

When you need information quickly to help handle life's challenges, you can visit guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

WELL-BEING COACH

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you have access to a certified coach who will work with you, one on one, to address health and well-being issues. You have access **to five coaching sessions** by phone or virtually, with one of our behavioral change specialists to provide support with life stressors, transitions, and everyday challenges such as:

- Burnout
- Developing self-compassion
- Dealing with competing priorities by phone or virtually
- Time management

Contact Info

Phone: (800) 344-9752

Website: guidanceresources.com
Registration Web ID: NYLGBS

PROTECT YOUR FINANCES

- *Critical Illness Insurance*
- *Accident Insurance*
- *Lifetime Benefit Term Insurance*
- *Hospital Indemnity Insurance*

CRITICAL ILLNESS INSURANCE

While it is impossible to prepare for the physical and emotional consequences of being diagnosed with a critical illness, you can prepare for the consequences such an illness may have on your personal finances.

While major medical insurance may pay for a good portion of the costs associated with the illness, there are a lot of expenses that are just not covered — from deductibles and copays to living expenses.

This Critical Illness insurance policy from Chubb can help with the treatment costs of a covered critical illnesses — such as a heart attack or stroke. More importantly, it can help you focus on recuperation instead of the distraction of out-of-pocket costs.

With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned) — giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

FEATURES:

- Benefits are paid directly to you, unless you choose otherwise
- Coverage is available for you, your spouse, and dependent children
- Annual health screening benefit of $75
- Fast claims payment (most claims are processed in about four days)

GROUP CRITICAL ILLNESS COVERAGE INCLUDES:

- Critical Illness Benefit payable for:
  - Cancer (enhanced breast cancer benefit)
  - Heart attack (myocardial infarction)
  - Stroke
  - Skin cancer
  - Kidney failure (end-stage renal failure)
  - Coronary artery bypass surgery
  - Non-invasive cancer

What is Critical Illness Insurance?

HOW CRITICAL ILLNESS COVERAGE WORKS

1. Critical illness coverage is selected

2. You experience chest pains and numbness in your left arm

3. You visit the emergency room

4. A physician determines that you have suffered a heart attack

5. Chubb Critical Illness coverage pays you a lump sum benefit

HOW ACCIDENT INSURANCE WORKS

1. You select "Accident Insurance"

2. You injure your leg in a covered accident and go to the hospital by ambulance

3. The ER doctor diagnoses a fracture and treats you

4. You leave the Hospital on crutches

5. Chubb pays your benefit

ACCIDENT INSURANCE

If you're like most people, you don't budget for life's unexpected moments. One mishap can send you on an unexpected trip to your local emergency room — and leave you with a flurry of unexpected bills.

That's where Accident Insurance jumps in. In the event of a covered accident, the plan pays you cash benefits fast to help you pay for the costs associated with out-of-pocket expenses and bills — expenses major medical may not take care of.

CHUBB ACCIDENT INSURANCE COVERS THINGS LIKE THE FOLLOWING:

- Ambulance rides
- Wheelchairs, crutches, and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches, and casts

FEATURES:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions)
- Benefits are paid directly to you (unless you choose otherwise)
- Coverage is available for you, your spouse, and your dependent children
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire
- Fast claims payment. Most claims are processed in about four business days

BENEFITS INCLUDE:

- A Wellness Benefit for covered preventive screenings
- Transportation and Lodging Benefits
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma and paralysis
- An Accidental-Death Benefit
- A Dismemberment Benefit

What is Accident Insurance?

LIFETIME BENEFIT TERM INSURANCE

Chubb's Lifetime Benefit Term provides valuable life insurance protection through age 100! A **Long-Term Care Rider** is included with this coverage. Coverage is available to you and your dependents and guarantee issue benefits are available.

Benefits for Long-Term Care
Long-TermCare is expensive, and Lifetime Benefit Term can help. It pays death benefits in advance for home health care, assisted living, adult day care and nursing home care. With this benefit, Long-Term Care benefits can last for more than 4 years.

A Death Benefit Restoration clause is also included. A percentage of the death benefit will be restored; assuring the beneficiary will receive a death benefit even if the original death benefit was fully accelerated for Long-Term Care.

Please note: if you did not enroll during your initial enrollment period in the Voluntary Lifetime Benefit Term plan you will be required to complete an Evidence of Insurability (EOI) form and be approved by Chubb before you are eligible to obtain coverage in the future.



HOW LIFETIME BENEFIT TERM WORKS

1. Life base insurance premiums are guaranteed never to increase through age 100
2. No medical exams required. Spouse and child coverage is available
3. Fully Portable, you own it and take it with you when you leave your employment
4. Provides an accelerated death benefit for Long Term Care
5. The accelerated death benefit for Long Term Care is a benefit that pays 4% of the current death benefit amount

HOSPITAL INDEMNITY INSURANCE

This plan helps offset copayments and deductible of some hospital stays, outpatient surgeries, diagnostic and emergency room visits not covered by most major medical plans. This coverage is available to you as well as your family members.

IDENTITY THEFT PROTECTION

ID Shield is offered on a voluntary basis.

Benefits Include:

- Privacy monitoring
- Security monitoring
- Social media monitoring
- Credit monitoring
- Credit inquiry alerts
- Monthly credit score tracker
- Unlimited consultations
- ID Shield Vault (password manager)
- Full service restoration

LEGAL SHIELD

With Legal Shield you will have access to a quality law firm, 24/7 for covered personal situations. From real estate to speeding tickets to will preparation and beyond. Please visit legalshield.com for more information.

ID Shield plans are available at individual of family rates. A family rate covers the member, member's spouse and up to 8 dependents up to the age of 26.

Per Pay Period Rates	ID Theft	Legal Shield	Both Plans
Individual	$4.48	$8.48	$12.95
Family	$9.48	$9.48	$16.95



Video Library

MEDICAL PLANS

- Medical Plans Explained
- Primary Care vs. Urgent Care vs. ER
- PPO Overview
- HDHP vs. PPO
- HDHP with HSA Overview



IMPORTANT DATES

Open enrollment
runs 10/20–10/31

INSURANCE 101

- Benefits Key Terms Explained
- How to Read an EOB
- What is a Qualifying Event?

TAX ADVANTAGE SAVINGS ACCOUNTS

- What is a Health Savings Account
- What is a Flexible Spending Account?
- What is a Dependent Care FSA?

ANCILLARY BENEFITS

- What is Dental Insurance?
- What is Vision Insurance?
- What is Life and AD&D Insurance?
- What is Accident Insurance?
- What is Critical Illness Insurance?
- What is Disability Insurance?
- What is Hospital Indemnity Insurance?

Glossary of Medical Terms

INSURANCE TERMS

Coinsurance—The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and out-of-network services.

Copays—A fixed amount you pay for a covered health care service. Copays can apply to doctor's office visits, as well as urgent care and emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

Deductible—The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

> ***Embedded Deductible–** The single team member deductible is *embedded* into the family deductible, meaning no one person covered under the plan can contribute more than the single amount toward the family deductible.

Lifetime Benefit Maximum—All plans are required to have an unlimited lifetime maximum.

Network Provider—A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

Out-of-Pocket Maximum—The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

Preauthorization (also known as Prior Authorization (PA))—A process conducted by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

UCR (Usual, Customary and Reasonable)—The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.



MEDICAL TERMS

Prescription Drugs—Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

Urgent Care—Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

Emergency Room—Services you receive from a hospital for any serious condition requiring immediate care.

Preventive Services—All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

Medically Necessary—Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

MEDICARE PART D CREDITABLE COVERAGE

Important Notice from the City of St. Charles School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of St. Charles School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The City of St. Charles School District has determined that the prescription drug coverage offered by Optum is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of St. Charles School District coverage **may** be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the City of St. Charles School District medical plan, **be aware that you and your dependents may not be able to get this coverage back**.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of St. Charles School District. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of St. Charles School District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 2025
Name of Entity/Sender:	City of St. Charles School District
Contact--Position/Office:	Tammy Herter / Benefits Specialist
Address:	400 North Sixth Street, St. Charles, MO 63301
Phone Number:	636.443.4047

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: (573) 751.2005

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
(866) 444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
(877) 267.2323, Menu Option 4, Ext. 61565

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According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

MARKETPLACE COVERAGE OPTIONS *[FOR NEW HIRES ONLY]*

PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

DOES EMPLOYMENT-BASED HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.96% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.96% of the employee's household income.[12]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

WHEN CAN I ENROLL IN HEALTH INSURANCE COVERAGE THROUGH THE MARKETPLACE?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

WHAT ABOUT ALTERNATIVES TO MARKETPLACE HEALTH INSURANCE COVERAGE?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer- sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP cover- age to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/ medicaid-chip/getting-medicaid-chip/ for more details.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name: The City of St. Charles School District	**Employer Identification Number (EIN):** 43-6003128
Employer Address: 400 North Sixth Street, St. Charles, MO 63301	**Employer Phone Number:** 636.443.4047
Who can we contact about employee health coverage at this job? Tammy Herter	**Phone Number:** 636.443.4047 **Email Address:** therter@stcharlessd.org

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  X Eligible employees are full time employees, working a minimum of 30 hours per week on a regular basis and Bus Drivers working a minimum of 25 hours per week on a regular basis. Employees will be effective on their date of hire

- With respect to dependents:

  X We do offer coverage. Eligible dependents are defined in the UMR Summary Plan Description.

  X If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Above is the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If you have had, or are going to have, a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductibles and coinsurance shown in the benefit Summary Pan Descriptions apply. If you would like more information on WHCRA benefits, call your Plan Administrator at 636. 443.4047.

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 30 days after the coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

To request special enrollment or obtain more information, contact Human Resources.

NOTICE OF PRIVACY PRACTICES

City of St. Charles School District is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources.

NOTES

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