



ROCHESTER
COMMUNITY SCHOOL CORPORATION

BENEFIT GUIDE

SEPT. 1, 2025–AUG. 31, 2026



WELCOME

COVERING YOU AND YOUR FAMILY

Rochester Community School Corporation would not be the success it is today without dedication of our hard-working employees. We're proud to offer a comprehensive benefits package to support your physical, mental and financial wellness.

ENROLL BY AUG. 15!

Open Enrollment is Aug. 5 through Aug. 15. This is your annual opportunity to review and update your benefits.

After you've reviewed your benefit options, log on to Steele.BenSelect.com/enroll to make your selections.

ELIGIBILITY

EMPLOYEES

Full-time employees who work at least 17.5 hours per week or meet the requirements for continuing eligibility during an approved leave of absence are eligible.

DEPENDENTS

Many of the plans allow you to cover your eligible dependents, which include:

- Legally married spouse
- Dependent children including:
 - Children up to age 26 regardless of student or marital status
 - Disabled children of any age who are (or become) physically or mentally incapable of self-support

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WHEN CAN YOU ENROLL IN BENEFITS?

NEW HIRE

Enroll within your new-hire enrollment window.

Contact
Human Resources

Closely review your options as a new hire

- The benefits you select become effective on the first of the month following 30 days of employment.
- Some benefits include special enrollment opportunities that are only available when you first enroll, so don't miss out!

OPEN ENROLLMENT

Enroll during the annual benefits open enrollment period.

Enroll on
Steele.BenSelect.com/enroll

Your annual opportunity to review & change your benefits

- Typically held in the summer
- The benefits you select become effective on Sept. 1



QUALIFYING LIFE EVENT

Enroll within 30 days of a qualifying life event.

Contact
Human Resources

"Qualifying life events" allow you to make a mid-year benefit change

Examples include:

- Marriage or divorce
- Birth or adoption of child
- You and/or your dependents become eligible or lose coverage with another group health plan
- Spouse's open enrollment
- Change in work status (part-time to full-time)

ENROLLMENT INSTRUCTIONS

Enrolling in benefits is easy on our online enrollment portal. Follow these instructions to log in and make your selections.

1. VISIT THE ENROLLMENT PORTAL

- Visit Steele.BenSelect.com/enroll

2. LOG IN

- Enter User ID (Social Security Number (SSN) without dashes or spaces)
- Enter PIN (Last four digits of SSN and last two digits of birth year)
 - For example, if the last four digits of your SSN are 1234 and you were born in 1980, your PIN would be 123480.

3. ENROLL

- Update beneficiaries and dependents
- Choose the benefits that are right for you

MEDICAL BENEFITS



PLAN OPTION	HSA PLAN
	IN-NETWORK*
NETWORK	Anthem Blue Access
PLAN BASICS	
Deductible Individual Family	\$3,300 \$6,600**
Coinsurance Member Pays Plan Pays	20% 80%
Out-of-Pocket Maximum Individual Family	\$6,250 \$12,500
Eligible for Health Savings Account?	Yes! <i>Learn more on page 7.</i>
WHAT YOU PAY WHEN YOU NEED CARE	
Preventive Care	No charge
Doctor Visits Primary Care Specialist	20% after deductible
Emergency Care Urgent Care ER	20% after deductible
Inpatient & Outpatient Services	20% after deductible
Diagnostic Imaging (ex: MRI, CT, PET scans)	20% after deductible
WHAT YOU PAY FOR PRESCRIPTION DRUGS	
Retail and Mail Order	20% after deductible

**Out-of-network coverage is available on this plan. Please refer to the benefit summary for more information.*

***All charges applied to the individual deductible and OOPM amount will be applied towards the Family amount. Once a person meets their individual deductible and OOPM, no more out-of-pocket is required for that individual. When the Family OOPM is reached, no further out-of-pocket cost will have to be satisfied for the remainder of that calendar year.*

MEDICAL COSTS



	Total Yearly Cost	Yearly Corp. Cost	Yearly Employee Cost	Retiree, Board Member Monthly Cost	Per 16 Pays Employee Cost	Per 24 Pays Employee Cost
Employee	\$8,561.28	\$7,277.04	\$1,284.24	\$713.44	\$80.25	\$53.51
Employee + Spouse	\$17,122.44	\$14,554.08	\$2,568.36	—	\$160.52	\$107.02
Employee + Child(ren)	\$14,554.08	\$12,370.92	\$2,183.16	—	\$136.45	\$90.97
Employee + Family	\$27,395.88	\$23,286.48	\$4,109.40	—	\$256.84	\$171.23

WHERE TO FIND CARE

	VIRTUAL VISITS	PRIMARY CARE	URGENT CARE	EMERGENCY ROOM
COST	\$	\$\$	\$\$\$	\$\$\$\$
WHEN TO GO	When you need care now	Use for preventive and regular care	When you need care now	When you need care now and your condition is life-threatening
TYPE OF CARE	Flu-like symptoms, allergies, fever, sinus pain, diarrhea, eye infection, rash, other non-emergency symptoms	Routine checkups, preventive care, general health management Mild asthma, flu-like symptoms, fever, sprains, eye or sinus infection, sore throat, earache, other non-emergency symptoms	Sprain and strains, ear or sinus pain, minor allergic reactions, cough, sore throat, minor headache, urinary tract infection	Signs of a heart attack, difficulty breathing, severe burn or bleeding, and any other symptoms that are life-threatening
HOW TO GET CARE	When you request an appointment, you'll get a call back from a provider usually within an hour. <i>SydneyHealth.com</i>	Schedule your appointments ahead of time by contacting your provider.	Find an in-network urgent care center.	Find an emergency room.

HEALTH SAVINGS ACCOUNT

By enrolling in our medical plan, you get access to a Health Savings Account, which can be used to pay for qualified healthcare expenses.

ELIGIBILITY

To contribute to an HSA, you must:

- ✓ **Be enrolled** in an HSA-eligible medical plan
- x **Not be enrolled** in Medicare, TRICARE, Medicaid or a non-HSA eligible plan¹
- x **Not be eligible** to be claimed as a dependent on someone else’s tax return

CONTRIBUTIONS

You can contribute up to the IRS annual maximum, which is based on your age and enrollment in the HSA medical plan.

IRS limits	UNDER 55	AGE 55+
2025 Individual Family	\$4,300 \$8,550	\$5,300 \$9,550
2026 Individual Family	\$4,400 \$8,750	\$5,400 \$9,750

The IRS defines family as having at least one dependent on your plan.

3 REASONS TO LOVE YOUR HSA

1. TRIPLE TAX SAVINGS²

- Tax deductions when you contribute to your HSA
- Tax-free withdrawals to pay for qualified expenses
- Tax-free earnings

2. FLEXIBILITY

You can use the money in your HSA for eligible expenses or save it and let it grow. Your savings roll over year after year.

3. USE IT FOR RETIREMENT

When you reach a certain balance, you can invest your HSA. After age 65, you can use your savings as retirement income without penalty.³

¹Because Medicare Part A enrollment is backdated by six months, you should stop your HSA contributions six months before you enroll to avoid penalties. Consult your tax advisor for guidance.

²State taxes still apply in some states.

³Normal income tax still applies.



LEARN MORE

Learn about eligible expenses, tax advantages, and how to use your HSA to its full potential.

Browse Videos | [Engage.TheMJCos.com/bootcamp/hsa](https://engage.themjcos.com/bootcamp/hsa)

Explore Articles | [HSASStore.com/learning-center](https://hsastore.com/learning-center)

PREVENTIVE CARE

MAKE THE MOST OF YOUR PLAN

Your medical plan covers in-network preventive care services at no cost to you! Preventive care can help keep you healthy and identify minor issues early, when they're easier—and less costly—to treat.

✓ WHAT IS PREVENTIVE CARE?

Preventive care includes a range of services to help keep you healthy. While regular (diagnostic) medical care focuses on treating illness, preventive care aims to keep you from getting sick in the first place.

✗ WHAT IS NOT PREVENTIVE CARE?

If you see a doctor because you have symptoms or have been diagnosed with an illness, the services are not preventive.

Your medical plan still provides coverage for these services, but they are not covered at 100%.

Note: Your medical plan may charge a fee if you receive services from an out-of-network provider or if the preventive service is not the primary purpose of your office visit.

SEE PREVENTIVE TESTS AND SCREENINGS RECOMMENDED FOR YOUR AGE

Visit | [Health.gov/myhealthfinder](https://www.health.gov/myhealthfinder).

Call Anthem to confirm which preventive services are covered under your medical plan.



TIPS TO SAVE MONEY

✓ SAVE THE EMERGENCY ROOM FOR TRUE EMERGENCIES

Only visit the emergency room if you have a life- or limb-threatening emergency. If you need care when your doctor's office is closed, check your area for an urgent care location or use virtual care instead.

✓ USE IN-NETWORK PROVIDERS

Your medical, dental and vision costs increase greatly when you visit a provider who is not in your plan's network. Always confirm your provider is in your network, especially when being referred to another provider or facility for services.

✓ GET YOUR ANNUAL CHECKUP

You and your dependents should visit the doctor annually for health screenings and tests. Your plan covers preventive services at 100%.

✓ CHOOSE GENERIC PRESCRIPTIONS

Ask your doctor or pharmacist to give you generic prescriptions instead of brand name. Generic drugs are cheaper and are just as effective.

✓ SHOP AROUND TO FIND THE BEST PRESCRIPTION PRICES

It can pay to shop around. Drug comparison tools like [GoodRx.com](https://www.goodrx.com) and [SingleCare.com](https://www.singlecare.com) can help you find the lowest cost for medication near you.

Note: GoodRx and SingleCare also offer discount cards and coupons, which can provide additional savings. However, you will not receive credit toward your plan deductible or out-of-pocket maximum if you use them. Talk with your doctor and pharmacist to determine the best option for you.

✓ TAKE ADVANTAGE OF THE MAIL-ORDER PHARMACY PROGRAM

Save time and money by using the mail-order prescription drug program for your maintenance prescriptions. Check with your insurance company for more details.

VIRTUAL VISITS



If you enroll in our medical benefits, you can visit with a doctor any day, any time, from your smartphone, computer or tablet. Virtual visits are a convenient option when you need care in the middle of the night or while traveling.

USE VIRTUAL VISITS FOR

- Allergies
- Bronchitis
- Cold & flu symptoms
- Diarrhea
- Fever
- Mental health counseling
- Mental health medication
- Pink eye
- Sinus problems
- Skin problems
- Urinary tract infection
- And more!

WHAT DOES IT COST?*

Most visits cost \$55. After you meet your deductible, you'll pay 30% coinsurance.

**Fees subject to change.*

FIND IT ALL IN THE APP

Access 24/7 virtual visits and more in the Sydney Health app.

- Find in-network care options
- See claim details
- View progress toward your deductible
- Find and share your plan ID card



DENTAL BENEFITS



PLAN OPTIONS	OPTION 1	OPTION 2
	IN- AND OUT-OF-NETWORK*	IN- AND OUT-OF-NETWORK*
NETWORK	Dental Complete	Dental Complete
PLAN BASICS		
Calendar-Year Deductible Individual Family	\$50 \$150	\$50 \$150
Maximum Benefit for Basic & Major Services Per Person Per Year	\$1,500	\$1,500
Maximum Orthodontia Benefit Per Child Per Lifetime	\$1,500	\$2,500
WHAT YOU PAY FOR SERVICES		
Preventive Services (cleanings, exams, x-rays)	No charge (deductible waived)	No charge (deductible waived)
Basic Services (fillings, extractions)	10% after deductible	10% after deductible
Major Services (crowns, bridgework)	40% after deductible	40% after deductible
Orthodontia (for children up to age 19)	You pay 50%	You pay 50%

 ***Be aware of balance billing if you use an out-of-network dentist.** If your dentist is out-of-network and they charge more than what the plan allows, you are responsible for the extra charges. Save money by staying in-network! See Benefit Glossary on page 18 for more details.



DENTAL COSTS



OPTION 1

	Total Yearly Cost	Yearly Corp. Cost	Yearly Employee Cost	Retiree, Board Member Monthly Cost	Per 16 Pays Employee Cost	Per 24 Pays Employee Cost
Employee	\$371.04	\$174.00	\$197.04	\$30.92	\$12.32	\$8.21
Employee + Spouse	\$760.68	\$174.00	\$586.68	—	\$47.54	\$24.45
Employee + Child(ren)	\$845.88	\$174.00	\$671.88	—	\$41.99	\$28.00
Employee + Family	\$1,324.68	\$174.00	\$1,150.68	—	\$71.92	\$47.95

OPTION 2

	Total Yearly Cost	Yearly Corp. Cost	Yearly Employee Cost	Retiree, Board Member Monthly Cost	Per 16 Pays Employee Cost	Per 24 Pays Employee Cost
Employee	\$409.68	\$174.00	\$235.68	\$34.14	\$14.73	\$9.82
Employee + Spouse	\$839.76	\$174.00	\$665.72	—	\$41.61	\$27.74
Employee + Child(ren)	\$933.96	\$174.00	\$760.36	—	\$47.52	\$31.68
Employee + Family	\$1462.44	\$174.00	\$1,288.44	—	\$80.53	\$53.69

VISION BENEFITS



PLAN OPTION	BASIC PLAN	PREMIER PLAN
	IN-NETWORK*	IN-NETWORK*
NETWORK	VSP Choice	VSP Choice
PLAN BASICS		
Eye Exam <i>(once every 12 months)</i>	\$20 copay	\$20 copay
Eyeglass Lenses Single Bifocal Trifocal <i>(once every 12 months)</i>	\$20 copay + 20% savings on lens enhancements	\$20 copay + 20% savings on lens enhancements
Frames	<i>Every 24 months</i> \$130 allowance + 20% discount on remaining amount	<i>Every 12 months</i> \$130 allowance + 20% discount on remaining amount
	\$150 allowance for featured frames	\$150 allowance for featured frames
Contact Lenses —instead of glasses <i>(once every 12 months)</i>	\$130 allowance + \$60 copay for contact lens exam	\$130 allowance + \$60 copay for contact lens exam
Extra Savings!	Glasses and Sunglasses 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your WellVision Exam.	
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.	

VISION COSTS

BASIC PLAN	Total Yearly Cost	Yearly Corp. Cost	Yearly Employee Cost	Retiree, Board Member Monthly Cost	Per 16 Pays Employee Cost	Per 24 Pays Employee Cost
Employee	\$92.64	\$0.00	\$92.64	\$7.72	\$5.79	\$3.86
Employee + Family	\$209.64	\$0.00	\$209.64	—	\$13.10	\$8.74
PREMIER PLAN	Total Yearly Cost	Yearly Corp. Cost	Yearly Employee Cost	Retiree, Board Member Monthly Cost	Per 16 Pays Employee Cost	Per 24 Pays Employee Cost
Employee	\$113.52	\$0.00	\$113.52	\$9.46	\$7.10	\$4.73
Employee + Family	\$257.04	\$0.00	\$257.04	—	\$16.07	\$10.71

FLEXIBLE SPENDING ACCOUNT

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck to pay for eligible healthcare expenses with tax-free dollars. By participating in an FSA, you can reduce your taxable income and enjoy 20–30% savings on expenses you are already paying! Learn more and find resources for managing your account at [BenefitsWorkshop.com/rochesterschools](https://www.benefitsworkshop.com/rochesterschools).

LIMITED PURPOSE FSA

- You decide how much money to set aside on an annual basis and your contribution amount will be divided equally over each applicable pay period.
- You can only use your FSA to pay for eligible dental and vision expenses with pre-tax dollars.
- You must have a Health Savings Account in order to be eligible for this FSA.
- All funds are immediately available to you at the beginning of the plan year.
- You can contribute up to the IRS maximum for each calendar year. For 2025, the maximum is \$3,300.

Estimate Carefully! FSAs are “**use it or lose it**” accounts. That means any unused money at the end of the year is forfeited, so only contribute what you know you will spend in the year.

1

Estimate your expenses and decide how much you want to contribute.

2

Your contributions are deducted each paycheck before taxes are applied and set aside in your FSA.

3

During the year, use your FSA debit card to pay for eligible expenses or reimburse yourself from your account.



LIFE INSURANCE

BASIC LIFE AND AD&D (EMPLOYER-PAID)

To help provide financial security for your family in the event of death or dismemberment, we provide basic term life and accidental death & dismemberment (AD&D) coverage at no cost to you.

Life Coverage Amount	Varies by job class; refer to plan summary for details.
Accelerated Benefit	You may request up to 75% of the benefit amount. Minimum of \$10,000 and maximum of \$500,000.
Benefit Reduction Schedule	Benefits reduce by: 55% at age 70 15% at age 75 10% at age 80 5% at age 85 5% at age 90



KEEP YOUR BENEFICIARY INFORMATION UPDATED!

Life and AD&D benefits are paid to the beneficiary on file, so make sure you keep your beneficiary information up to date!

You can change your beneficiary information by contacting Human Resources.



SUPPLEMENTAL LIFE AND AD&D (EMPLOYEE-PAID)

Supplemental life and AD&D insurance provides an extra layer of financial security for your family. You can give your loved ones greater peace of mind by purchasing voluntary coverage at competitive group rates.

LIFE AND AD&D COVERAGE OPTIONS

Employee Benefit	\$10,000 increments up to \$500,000 (not to exceed 5x annual salary) Guarantee Issue: \$200,000	Child Benefit	\$2,500, \$5,000, \$7,500, or \$10,000
Spouse Benefit	\$5,000 increments up to \$250,000 (not to exceed 100% of employee's salary) Guarantee Issue: \$25,000	Age Reduction Schedule	Benefits reduce by 55% at age 70, 15% at age 75, 10% at age 80, 5% at age 85, and 5% at age 90

Note: Your cost for voluntary life and AD&D varies by age and coverage amount. You can see your cost when you enroll online.

THINGS TO KNOW

A “**guarantee issue**” amount is the dollar amount of coverage you can be approved for without completing a health questionnaire—also commonly referred to as Evidence of Insurability (EOI). Guarantee issue amounts typically only apply during your initial enrollment period when hired.

If you wish to enroll in the Voluntary Life and AD&D plan or increase your coverage (above two additional increments) after the Open Enrollment period, you will be required to complete the EOI health questionnaire.



NEW EMPLOYEES:

Don't miss out on your guaranteed issue opportunity!

DISABILITY INSURANCE



Disability benefits replace a portion of your income if you're unable to work due to a non-work-related injury or sickness. Rochester Community School Corporation provides long-term disability coverage at no cost to you. You may also choose to purchase short-term disability coverage, so you don't have a gap in coverage before your long-term benefits kick in.

SHORT-TERM DISABILITY (EMPLOYEE-PAID)

Benefit amount	66 2/3% of your weekly earnings up to Plan #1: \$100; Plan #2: \$200; Plan #3: \$350; Plan #4: \$500; Plan #5: \$1,385 per week
When are benefits payable?	After 14 days of disability
Maximum benefit duration	13 weeks

LONG-TERM DISABILITY (NO COST TO YOU!)

Benefit amount	60% of your monthly earnings up to \$6,500 per month
When are benefits payable?	After 90 days of disability
Maximum benefit duration	Until you recover or up to your Social Security Normal Retirement Age (SSNRA)

Pre-existing condition exclusion (6/12): If you have been diagnosed or treated for a condition **6 months** prior to your benefit effective date, that condition will not be covered until you have been enrolled on the plan for **12 months**.



EMPLOYEE ASSISTANCE PROGRAM



HERE TO HELP YOU

MENTAL HEALTH COUNSELING, SUPPORT & REFERRALS FOR A WELL-BALANCED LIFE

Problems are just a part of everyday life. You and your household members have access to Lincoln Financial Group's Employee Assistance Program (EAP) to help with the everyday challenges of life that may affect your health, family life and desire to excel at work.

HOW IT WORKS

You and the members of your household have unlimited access to consultants by telephone and resources and tools online, and up to five face-to-face counseling sessions per year, per person, per problem.

FOR 24/7 ASSISTANCE:

Call | 888-628-4824

Visit | [GuidanceResources.com](https://www.guidanceresources.com)

Username | LFGsupport

Password | LFGsupport1

AN EAP CAN ADDRESS:



SUBSTANCE ABUSE & ADDICTION



LEGAL ASSISTANCE



FAMILY & RELATIONSHIPS



FINANCIAL WELLNESS



EMOTIONAL WELL-BEING



WORK & CAREER



BENEFIT CONTACTS

BENEFIT	PROVIDER	PHONE	WEBSITE / EMAIL
Medical & Pharmacy	Anthem	800-295-4119	Anthem.com
Virtual Visits	LiveHealth Online via the Sydney App	888-548-3432	SydneyHealth.com
Dental	Anthem	877-604-2142	Anthem.com
Vision	VSP	800-877-7195	VSP.com
Flexible Spending Accounts	Benefits Workshop	888-537-3539	BenefitsWorkshop.com/rochesterschools
Life and AD&D Insurance	Lincoln Financial Group	800-423-2765	Lincoln4Benefits.com
Disability Insurance	Lincoln Financial Group	800-423-2765	Lincoln4Benefits.com
Employee Assistance Program	Lincoln Financial Group	888-628-4824	GuidanceResources.com
Human Resources + Enrollment Support Kathie Adams	Rochester Community School Corporation	574-223-2159	kathie.adams@zebras.net

BENEFIT GLOSSARY

BALANCE BILLING

When you are billed for the difference between the provider's actual charge and the amount reimbursed under the medical, dental or vision plan. This occurs when you go outside of the preferred provider network. Balance billing charges will not apply toward your out-of-pocket maximum.

COINSURANCE

The percentage of the cost you pay for covered services after you meet your deductible.

COPAYMENTS (ALSO CALLED COPAYS)

A flat fee you pay for a covered healthcare service. You will typically pay your copay at the time of service, and then the plan will pay any remaining amount.

DEDUCTIBLE

The amount you are required to pay each year before certain benefits are paid for by the plan. Once you meet the deductible amount, expenses are covered by the plan based on the coinsurance percentage. The deductible resets on Jan. 1 each year.

EXPLANATION OF BENEFITS (EOB)

A statement, usually mailed to you, that explains how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company and what portion is your responsibility.

NETWORK

The doctors, hospitals, and other healthcare providers your insurance company has contracted with to provide services at discounted rates. You will pay less when you use in-network providers. Some plans will not cover the care you get outside of the network.

OUT-OF-POCKET MAXIMUM (OOPM)

The most you pay in a calendar year for covered services. If you reach the OOPM, the plan pays 100% of covered expenses for the rest of the plan year.

PLAN YEAR

The plan year refers to Sept. 1 through Aug. 31.

USUAL, CUSTOMARY, AND REASONABLE (UCR) CHARGES

Healthcare charges determined by your health insurance provider that are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive care in-network, UCR charges do not apply. For out-of-network care, you are responsible for any extra charge over the UCR fee.



NOTES

[illegible][illegible]



ROCHESTER
COMMUNITY SCHOOL CORPORATION

The information in this enrollment guide is based on information provided by the employer and various benefit documents. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and the actual plan documents, the plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996.

Guide prepared by The MJ Companies.