



O'Fallon CCSD #90

2026

EMPLOYEE BENEFITS OVERVIEW

January 1, 2026 - December 31, 2026





AssuredPartners Team

AssuredPartners (AP) is a resource for all employees regarding your benefits package.

Your AssuredPartners Team:



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2026 Open Enrollment

December 1st – 10th

OPEN ENROLLMENT – Next Steps

- ✓ *No paperwork if you are keeping your benefit elections the same for medical/dental/vision*
- ✓ *If you'd like to make a change (change plans, add/remove/change coverage, dependents, etc.)*
→ You must complete an ELECTION/CHANGE form.

All changes MUST be submitted to HR by Wednesday, December 10th

IRS regulations stipulate that eligible employees may only make plan elections **once a year**. Elections are binding through December 31, 2026.

The following **qualifying life events** are reasons you may change your benefit election during the plan year provided you inform Human Resources in writing within 30 days of the event date:

- ✓ Marriage, birth, adoption, or placement of a child for adoption, divorce or legal separation, death of spouse or dependent
- ✓ Termination or commencement of your spouse's coverage in general when coverage is maintained through your spouse's plan.
- ✓ Shift from part-time to full-time status (or vice versa) by you or your spouse

Changes requested due to a "change of mind" cannot be allowed until the next open enrollment period



2026 Benefits Overview

Benefit	Carrier
Medical	 BlueCross BlueShield
HSA	 <i>Bank of O'Fallon</i>
HRA (Health Reimbursement)	 AssuredPartners A Gallagher Company
Dental	 Guardian®
Vision	 Guardian®
Life and AD&D	 Guardian®
EAP	

Insurance Terms



Premium

The amount of money charged by an insurance company for coverage. Your premium contributions are deducted from your paycheck. O'Fallon 90 pays a portion of the premium for some coverage, including Medical Insurance.

Deductible (Ded)

The amount of money you owe for eligible health care services each plan year before the insurance company starts to pay for your expenses. The deductible does not apply to In-Network Preventive Care since the insurance company pays for this service in full. Refer to the plan documents to confirm the services in which the deductible applies.

Copayment (Copay)

A fixed dollar amount you may be responsible to pay for certain services.

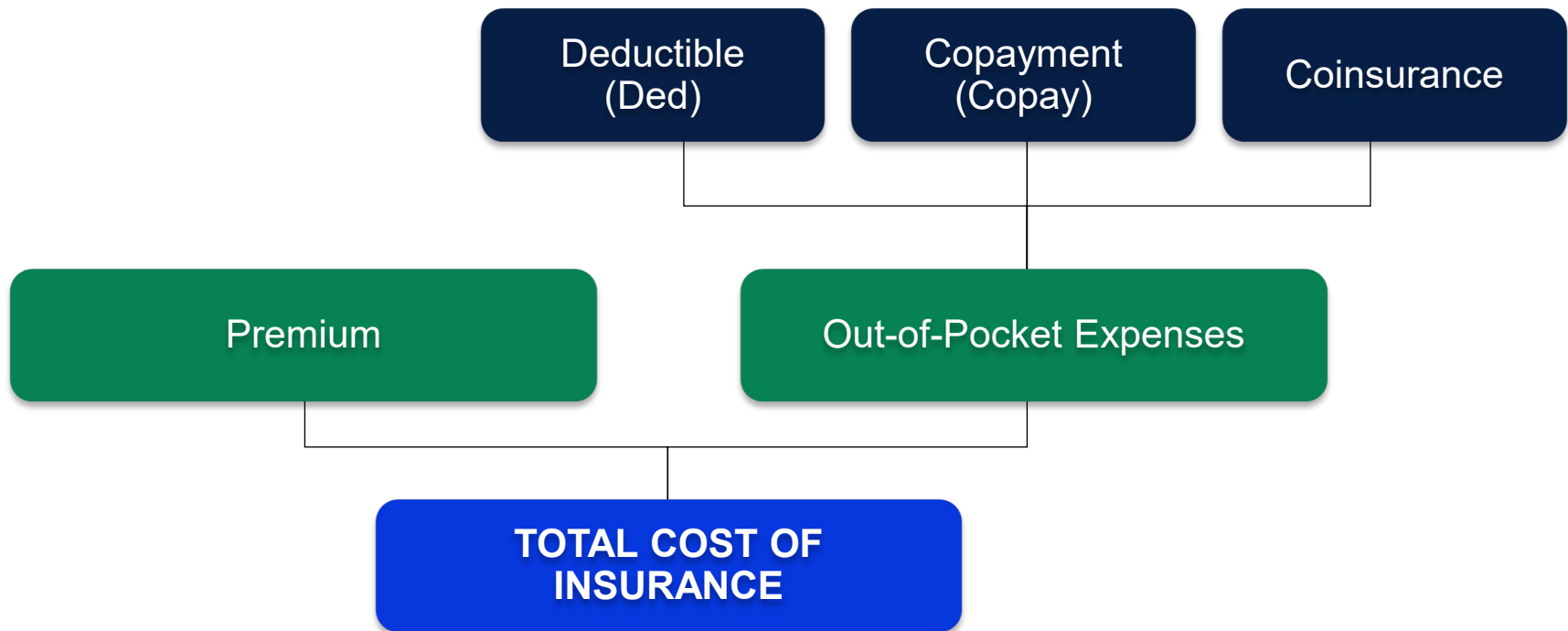
Coinsurance

Your share of the cost of covered health care services calculated as a percent of the allowed amount for the service.

Out-of-Pocket Maximum (OOPM)

The most you should have to pay for your health care during a year. Copays, deductibles, and coinsurance all accumulate toward the OOPM; premium contributions, however, do not. After you reach the OOPM, the plan will pay your covered health expenses at 100% for the rest of the year.

Your Insurance Cost



Medical Insurance



**BlueCross.
BlueShield.**





Medical Insurance

3 Plan Options

Plan 1 – Traditional PPO Plan with Copays & HRA

- District sponsored Health Reimbursement Arrangement (HRA) to provide lower deductible & out-of-pocket option for major medical situations.
- Traditional plan with first dollar copays for medical and pharmacy

Plan 2 – Higher Deductible PPO Plan with Copays – No HRA

- Traditional plan with first dollar copays for medical and pharmacy (same as Plan 1)
- Higher deductible with no reimbursement
- Lower premium option
- *Good for those who do not have ongoing or expected major medical deductible expenses*

Plan 3 – High Deductible Plan - Health Savings Account (H.S.A.)

- QHDHP – No first dollar copays
- Lower premium option
- Opportunity for H.S.A. banking and tax savings
- With District sponsored annual contribution of **\$750** (\$62.50 deposited monthly) – Free Money
- *Good for those who do not have ongoing or expected major medical or pharmacy expenses.*



Medical Benefits

In-Network

	Option 1 Traditional PPO w/ HRA	Option 2 High Ded PPO (no HRA)	Option 3 QHDHP H.S.A
MEDICAL NETWORK	Broad PPO	Broad PPO	Broad PPO
Calendar Year Deductible			
Individual	\$3,000 -> \$1,000 (*after reimbursement)	\$3,000	\$2,500
Family	\$6,000 -> \$2,000 (*after reimbursement)	\$6,000	\$5,000
Coinsurance			
Member / Plan	10% / 90%	10% / 90%	20% / 80%
Calendar Year Out-of-Pocket Maximum			
Individual	\$5,000 -> \$1,800 (*after reimbursement)	\$5,000	\$5,000
Family	\$10,000 -> \$3,600 (*after reimbursement)	\$10,000	\$6,850

**See HRA slide for details of reimbursement*

PROVIDER SEARCH

O'Fallon 90 utilizes the Blue Cross Blue Shield Broad PPO Medical Network.

To confirm your provider is participating in-network or to search for in-network providers, go to www.bcbsil.com.



Medical Benefits

In-Network

	Option 1 Traditional PPO w/ HRA	Option 2 High Ded PPO (no HRA)	Option 3 QHDHP H.S.A
Common Services			
Preventive / Wellness	Covered in full	Covered in full	Covered in full
Designated Virtual Visit	\$25 copay	\$25 copay	Ded + 20%
Primary Care Office Visit	\$25 copay	\$25 copay	Ded + 20%
Specialist Office Visit	\$50 copay	\$50 copay	Ded + 20%
Urgent Care Visit	\$50 copay	\$50 copay	Ded + 20%
Emergency Room Visit	\$300 copay	\$300 copay	Ded + 20%
Hospital Services	Ded + 10%	Ded + 10%	Ded + 20%
Minor Lab & Imaging	Ded + 10%	Ded + 10%	Ded + 20%
Major Diagnostic	Ded + 10%	Ded + 10%	Ded + 20%

Pharmacy Benefits

In-Network



	Option 1 PPO w/ HRA*	Option 2 PPO no HRA*	Option 3 H.S.A
Retail Prescription Drug (up to 31-day supply)			
Preventive Drug List	Covered in full	Covered in full	Covered in full
Tier 1	\$12 copay	\$12 copay	Ded + 20%
Tier 2	\$30 copay	\$30 copay	Ded + 20%
Tier 3	\$50 copay	\$50 copay	Ded + 20%
Tier 4 (Specialty)	\$50 copay	\$50 copay	Ded + 20%
Mail Order Prescription Drug (up to 90-day supply)			
Tier 1	\$24 copay	\$24 copay	Ded + 20%
Tier 2	\$60 copay	\$60 copay	Ded + 20%
Tier 3	\$100 copay	\$100 copay	Ded + 20%
Tier 4	n/a	n/a	n/a

*Option 1 & 2: Prescription Drug Out of Pocket Maximum (Ind / Fam): \$2,000 / \$4,000



**BlueCross
BlueShield**

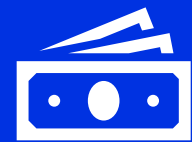
Medical Premium

2026 Employee Payroll Deductions
(26 or 20 pays below)



	Option 1 Traditional PPO w/ HRA	Option 2 High Ded PPO (no HRA)	Option 3 QHDHP H.S.A
Employee Cost – 26 Pays			
Employee Only	\$97.57	\$75.81	\$0.00
Employee + Spouse	\$550.11	\$505.29	\$328.32
Employee + Child(ren)	\$514.52	\$471.22	\$300.28
Family	\$600.05	\$551.75	\$361.04
Employee Cost – 20 Pays			
Employee Only	\$126.84	\$98.56	\$0.00
Employee + Spouse	\$715.15	\$656.87	\$426.81
Employee + Child(ren)	\$668.87	\$612.58	\$390.36
Family	\$780.07	\$717.27	\$469.35

HRA and HSA



Health Reimbursement Arrangement (HRA)



**You must be enrolled in MEDICAL PLAN 1 (HRA)
to be eligible for the District sponsored
reimbursement.**

- You are responsible for the first **\$500** of deductible expenses per covered individual. Your employer will provide reimbursement up to the next \$2,000 per covered individual. You are responsible for the remaining **\$500** of deductible expenses per covered individual.
- You are responsible for the first **\$800** of coinsurance expenses per covered individual. Your employer will provide reimbursement up to \$1,200 per covered individual.
- Your maximum out of pocket is **\$1,800** per individual / **\$3,600** per family.

AssuredPartners, Admin Division

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Secure Consumer Portal: <https://cigpart.lh1ondemand.com>



O'Fallon CCSD#90
Section 105 Employer Provided Deductible Reimbursement Plan
Reimbursement Request

Employee's Name:	Last 4 Numbers of Social Security:
Mailing Address:	Telephone No. or Email Address:

Instructions:

- Complete the necessary information below for qualifying expenses incurred by you or your eligible dependents for which you request reimbursement.
- Expenses covered by your medical care plan must be submitted under that Plan first, even if it will be applied to the deductible or otherwise unpaid by the medical care plan, and the resulting EOB must be submitted with your reimbursement request.
- Claims incurred during a Plan Year may be filed up to 90 days after the end of the Plan Year (March 31st) or within 90 days after your termination in this plan.
- You are responsible for the first \$500 of deductible expenses per covered individual. Your employer will provide reimbursement up to the next \$2,000 per covered individual. You are responsible for the remaining \$500 of deductible expenses per covered individual.
- You are responsible for the first \$800 of coinsurance expenses per covered individual. Your employer will provide reimbursement up to \$1,200 per covered individual.
- Your maximum out of pocket is \$1,800 per individual / \$3,600 per family.

EXPENSE DETAIL: (or you may attach a spreadsheet)

Date expense incurred	Type of expense	Name and Relationship of Person Incurring Expense	Name of Provider	Amount Requested
Total Requested				

I certify that the requested amounts are not reimbursable by any form of insurance or other benefit plan, and that I have not, nor will not, deduct these expenses on my personal income tax return. I further certify that I have read and understand the limitations on reimbursements as explained in the Summary Plan Description, and I have determined that the submitted expenses are eligible for reimbursement. I hereby agree to indemnify my Employer for any taxes, interest, or penalties imposed due to the failure of my requested expense reimbursements to qualify as eligible expenses under the Deductible Reimbursement Plan.

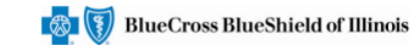
Signature _____ Date _____

HRA Claim form located
on District website or email AP rep



What is an EOB?

Where do I find it?



CLAIM DETAIL (1 of 1)

PATIENT: [REDACTED]
PROVIDER: [REDACTED]
CLAIM #: [REDACTED]

DATE PROCESSED: 05/19/2022

SUBSCRIBER INFORMATION

Member ID#: XXXXXXXX Group #: [REDACTED]
Customer Advocates are here to help! 1-800-541-2767

Amount Billed	\$266.00
Discounts and Reductions	- \$139.13
Health Plan Responsibility	- \$106.87
You may owe your health care provider for these services	\$20.00

Service Description	Service Dates	Amount Billed	YOUR BENEFITS APPLIED			YOUR RESPONSIBILITY				Your Total Costs
			Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	
Medical Visits	05/18/2022	266.00	(1) 139.13	126.87	106.87		20.00			20.00
CLAIM TOTALS		\$266.00	\$139.13	\$126.87	\$106.87	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00

Total covered benefits approved for this claim: \$106.87 to OSF MEDICAL GROUP on 05-19-22.

Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

(1) Your health care plan covers eligible services up to an allowed amount for services ordered or provided by a participating provider. Since this amount has been paid, no further payment can be made. You are not responsible for the charges over the allowed amount.

For your up-to-date Medical Spending summary, visit Blue Access for MembersSM on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card.

[REDACTED] Benefit Period: 01-01-22 Through 12-31-22 To date this patient has met \$290.32 of her/his \$3,500.00 Out-of-pocket Expense.

Benefit Period: 01-01-22 Through 12-31-22 To date \$310.32 of your family Out-of-pocket Expense has been met.

This is an example of An Explanation of Benefit (EOB).

You will want to look for any deductible expenses and/or coinsurance expenses as this is what can be sent in for possible reimbursement.



Health Savings Account (HSA)



YOU MUST BE ENROLLED IN A QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN (QHDHP) IN ORDER TO ESTABLISH AND CONTRIBUTE TO AN HSA.

Medical Plan 3 is a QHDHP and eligible for HSA contributions.

An HSA is a savings account that allows you to set aside pre-tax payroll deductions to pay for current and future medical expenses.

With HSAs there is no “use it or lose it” rule. Once the money is in your account, it is yours to keep. All unused funds will remain in your HSA for future use.

HSA contributions from your paycheck are tax-free, grow tax-free, and are withdrawn tax-free when used for approved health care expenses.

Note: District Contribution to H.S.A is \$750 annual (deposited \$62.50 monthly) administered by Bank of O’Fallon Plan 3 is also eligible for Employee contribution up to the IRS limit below.

2026 IRS Annual Contribution Limit	
Employee Only	\$4,400
Family	\$8,750

Individuals age 55+ can make catch-up contributions up to an additional \$1,000 per year.

Health Savings Account (HSA) Eligibility

(In order to make contributions)



It is your responsibility to report if you are not eligible to contribute to an HSA.

The following are eligibility rules regarding HSAs. You...

- Must be enrolled in a QHDHP (HSA-compliant Plan 3)
- Cannot be covered by another health plan that is not a QHDHP
- Cannot be someone else's tax dependent
- Cannot be enrolled in any form of Medicare benefits
- Cannot be entitled to Tricare or Tricare for Life
- Cannot have received VA benefits within the past 3 months
- Cannot be covered by a Health Care Flexible Spending Account (FSA) or have money left in an FSA account

Which plan is best for me?

- Individual decision...make informed decision based on personal situation
- Consider:
 - **Medical Cost** → Quantify known/expected expenses – estimate out of pocket
 - Ongoing doctor visits, upcoming procedures, planned events, maintenance prescriptions, etc.
 - **Premium difference** → how much do you pay for each plan?
 - **HRA or H.S.A. contributions** → how does that impact the out of pocket?
 - **Tax savings for H.S.A.** → how are you paying for those medical expenses?
- Use insurance company website to view claims history or prescriptions to help estimate costs
- Use pharmacy websites/apps or call them to inquire about discounted/full price without copays for H.S.A. plan
- AssuredPartners can assist in evaluation!



BlueCross BlueShield Website (www.bcbsil.com)

Welcome Employers Producers Providers

Company Information Language Assistance En español



BlueCross BlueShield
of Illinois

Search

Make a Payment ▾

Log In or Sign Up ▾



Find Care

Shop Plans

Prescription Drugs

Insurance Basics

Member Services

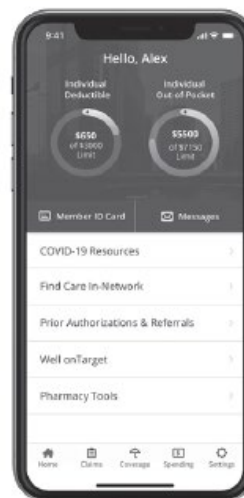
- ❖ Find Care - Provider Search
- ❖ Coverage - Prescription Drugs
- ❖ Spending - Review claims, EOBs
- ❖ Access member ID card
- ❖ Wellness – Manage health, discounts
- ❖ Download Mobile App



It's easy to get started.

Scan the QR code or go to bcbsil.com to register.

Get BAM to go: Text BCBSILAPP to 33633* to get the app.



Log In



Username

Password

[Forgot Username](#)

[Forgot Password](#)

Log In

Create an Account



Consumer Education

KNOW WHERE TO GO FOR CARE

When you need care, call your primary care physician first. Your primary care physician has easy access to your records, knows the bigger picture of your health, and may even offer same-day appointments to meet your needs. When seeing your primary care physician is not possible, it is important to know what in-network options are available to you.

CARE OPTIONS	COST	TREATMENT / SERVICES	AVERAGE AVAILABILITY
NurseLine	No Cost	Call the number on your Medical ID card to receive expert advice at no cost. NurseLine can help you decide where to go for medical care, find a doctor or hospital, and answer questions about medications.	24 hours 7 days a week
Virtual Visit	\$	A virtual visit can treat the common cold, the flu, and other easily identifiable illnesses from the convenience of your tablet or smartphone.	24 hours 7 days a week
Convenience Care Clinic	\$\$	Convenience Care Clinics can treat skin rashes, minor injuries, and earaches and can administer flu shots and more.	8 AM—8 PM 7 days a week
Urgent Care	\$\$\$	Urgent Cares can treat lower back pain, respiratory issues, stomach pain, infections, minor fractures, and more.	8 AM—8 PM 7 days a week
Emergency Room (ER)	\$\$\$\$	The ER is most costly option which is why it should only be used for true emergency care. ERs can treat everything including chest pain, shortness of breath, severe asthma attacks, major burns, severe injuries, and more.	24 hours 7 days a week

Prescription Savings Programs



These programs do not apply to insurance. Any prescriptions purchased through one of these programs will NOT count towards your deductible or out-of-pocket maximum.

[SingleCare.com](#)

Walmart Prescription Savings Program

Generic medications starting at \$4 for a 30-day supply and \$10 for a 90-day supply

[InsideRx.com](#)

Sam's Club Prescription Savings Program

If you are a Sam's Club member, simply show your Sam's Club card at the participating pharmacy for exclusive savings on prescriptions.

[Optum Perks](#)

Costco Member Prescription Program

If you are a Costco member, simply show your Costco card at the participating pharmacy for exclusive savings on prescriptions.

[GoodRx.com](#)



Dental Insurance





Dental Benefits

In-Network

	Option 1: LOW PLAN	Option 2: HIGH PLAN
DENTAL NETWORK	DentalGuard Preferred	DentalGuard Preferred
Deductible + Maximum		
Calendar Year Deductible Individual / Family	\$50 / \$150 <i>Waived for Preventative Care</i>	\$50 / \$150 <i>Waived for Preventative Care</i>
Calendar Year Maximum	\$750	\$1,500
Dental Benefits		
Preventive Care	80%	100%
Basic Care	70%	80%
Major Care	Not Covered	50%
Orthodontia Benefits – for children up to age 19		
Orthodontia	Not covered	50% up to lifetime maximum
Orthodontia Lifetime Maximum	Not covered	\$1,000

- Percentages in table represent the amount paid by Guardian for In-Network benefits.
- Out-of-network services are paid at the 90th Usual, Customary, and Reasonable (UCR) fees. Meaning that Guardian will pay up to the fee that 90% of dentists in area charge for that procedure. However, you may still be responsible for "balance billing" if the dentist's fee exceeds the UCR limit.



Your dental coverage



A Sample of Services Covered by Your Plan:

		Option 1: Low Plan Plan pays (on average)		Option 2: High Plan Plan pays (on average)	
		In-network	Out-of-network	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	80%	80%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	80%	80%	100%	100%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	80%	80%	100%	100%
	X-rays	80%	80%	100%	100%
Basic Care	Anesthesia*	70%	70%	80%	80%
	Fillings‡	70%	70%	80%	80%
	Perio Surgery	70%	70%	80%	80%
	Periodontal Maintenance	70%	70%	80%	80%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	70%	70%	80%	80%
	Root Canal	70%	70%	80%	80%
	Scaling & Root Planing (per quadrant)	70%	70%	80%	80%
	Simple Extractions	70%	70%	80%	80%
	Surgical Extractions	70%	70%	80%	80%
Major Care	Bridges and Dentures	0%	0%	50%	50%
	Dental Implants	Not Covered	Not Covered	50%	50%
	Inlays, Onlays, Veneers**	0%	0%	50%	50%
	Single Crowns	0%	0%	50%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:			Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



Dental Premium

2026 Employee Payroll Deductions (26 or 20 pays below)

Guardian rates are transitioning from 3 tier to 4 tier rates

Renewal - 26 Pays	Option 1: LOW PLAN	Option 2: HIGH PLAN
Employee Cost		
Employee Only	\$11.02	\$24.77
Employee + Spouse	\$24.66	\$50.08
Employee + Child(ren)	\$23.83	\$39.92
Family	\$38.14	\$67.68

Renewal - 20 Pays	Option 1: LOW PLAN	Option 2: HIGH PLAN
Employee Cost		
Employee Only	\$14.32	\$32.20
Employee + Spouse	\$32.06	\$65.11
Employee + Child(ren)	\$30.98	\$51.89
Family	\$49.58	\$87.98

PROVIDER SEARCH

O'Fallon 90 utilizes the Guardian DentalGuard Preferred Dental Network.

To confirm your provider is participating in-network or to search for in-network providers, go to
www.guardiananytime.com.

Vision Insurance



Vision Benefits

In-Network



Two vision plans offered based on preferred network at the same price!

Vision Plans		
VISION NETWORK	VSP Choice Network	DAVIS Vision Network
Exam	\$10 copay	\$10 copay
Frames	\$130 retail allowance + 20% off balance	\$130 retail allowance + 20% off balance
Lenses	\$25 copay	\$25 copay
Contact Lenses		
Elective	\$130 allowance	\$130 allowance
Medically Necessary	Paid in full after copay	Paid in full after copay
Benefit Frequency		
Exam	(every calendar year)	(every calendar year)
Frames	(every two calendar years)	(every two calendar years)
Lenses	(every calendar year)	(every calendar year)
Contact Lenses in lieu of glasses	(every calendar year)	(every calendar year)

Vision Premium

2026 Employee Payroll Deductions

(26 or 20 pays below)

Guardian rates are transitioning from 3 tier to 4 tier rates

Renewal – 26 Pays	VSP	DAVIS
	Employee Cost	Employee Cost
Employee Only	\$3.91	\$3.91
Employee + Spouse	\$6.30	\$6.30
Employee + Child(ren)	\$6.42	\$6.42
Family	\$10.15	\$10.15
Renewal – 20 Pays	VSP	DAVIS
	Employee Cost	Employee Cost
Employee Only	\$5.08	\$5.08
Employee + Spouse	\$8.18	\$8.18
Employee + Child(ren)	\$8.34	\$8.34
Family	\$13.20	\$13.20

PROVIDER SEARCH

O'Fallon 90 utilizes the Guardian VSP / Davis Vision Network.

To confirm your provider is participating in-network or to search for in-network providers, go to www.guardiananytime.com and select the network you wish to search.

Life Insurance



Basic Life and AD&D Insurance



Basic Life and AD&D

PAID BY THE DISTRICT

O'Fallon 90

Benefit Amount

\$10,000

Benefit Reduction Schedule

35% at age 65

60% at age 70

75% at age 75

85% at age 80

Voluntary Life and AD&D Insurance

Voluntary Life and AD&D Insurance			
PAID BY	EMPLOYEE		
	Employee	Spouse	Child(ren)
Increment	\$10,000 / \$25,000 / \$50,000 / \$75,000 / \$100,000 / \$150,000	\$5,000	\$5,000 / \$10,000
Guarantee Issue	\$150,000	\$50,000	\$10,000
Maximum	\$150,000	\$75,000*	\$10,000

- *Spouse amount not to exceed 100% of employee election amount*
- *Spouse rate is based on Employee age*
- *Premiums for Voluntary Life increase in five-year increments*
- *Age-rated premiums available at request.*

EVIDENCE OF INSURABILITY

Evidence of Insurability (EOI) may be required for late entrants, current participants requesting an increase in coverage, and newly hired employees requesting coverage exceeding the Guarantee Issue amount.

Approval is not guaranteed.

Next Steps

OPEN ENROLLMENT

December 1, 2025 – December 10, 2025



- ✓ O'Fallon 90 is having a passive Open Enrollment.
- ✓ **Your current elections will rollover to the 2026 plan year unless you wish to make a change.** However, we encourage you to review your existing elections even if you do not want to make changes.
- ✓ Forms are required for all changes.
- ✓ Confirm your Life Insurance beneficiary information is accurate
- ✓ Review and share this information with your family

Carrie Bowen
cbowen@of90.net
618-632-3666



AssuredPartners Service

AssuredPartners (AP) is a resource for all employees regarding your benefits package.

AP representatives will be available onsite at the following times below for any questions with your benefit plans or individual consultation.

Onsite dates/times

Date	Building	Time
Tuesday 12/2	Fulton Jr High	2:00 - 3:15 PM
Tuesday 12/2	Schaefer Elementary	3:30 – 4:30 PM
Wednesday 12/3	Carriel Jr High	2:00 - 3:15 PM
Wednesday 12/3	Moye Elementary	3:30 – 4:30 PM

All staff are welcome to attend any of these times/locations even if it isn't your school

*If you cannot attend a scheduled time, please reach out to Carson.Baughner@assuredpartners.com
618.978.8177.*

OR email AP representatives with questions at anytime!