Mehlville School District
Individually Focused, Committed to All.

Health Benefits Summary: EMPLOYEES with 9 Month Payroll Deductions
Calendar Year 2026

Medical Insurance - CIGNA. Coverage begins first day of Employment.

	CIGNA Choice Fund HSA (Note 1)				Open Access In (OAPIN)				Open Access Plus (OAP)			
	Employee (EE)	EE/Spouse	EE/Child	Family	Employee (EE)	EE/Spouse	EE/Child	Family	Employee (EE)	EE/Spouse	EE/Child	Family
Monthly Premium*	$ -	$1,164.00	$385.33	$1,549.33	$40.00	$1,354.67	$476.00	$1,790.67	$109.33	$1,493.33	$661.33	$2,045.33
	*Cost employee pays for dependent coverage				*Cost employee pays for self or self and dependents				*Cost employee pays for self or self and dependents			
Deductible	$ 5,000	$ 10,000	$ 10,000	$ 10,000	$ 2,500	$ 5,000	$ 5,000	$ 5,000	$ 1,750	$ 3,500	$ 3,500	$ 3,500
	Services are applied against the deductible.				*Non-copay costs are first applied against the deductible.*				*Non-copay costs are first applied against the deductible.*			
Co-insurance	100%	100%	100%	100%	50%	50%	50%	50%	70%	70%	70%	70%
	After the deductible is met, non-copay costs are applied to co-insurance until the OOP Maximum is met.				*After the deductible is met, non-copay costs are applied to co-insurance until the OOP Maximum is met.*				*After the deductible is met, non-copay costs are applied to co-insurance until the OOP Maximum is met.*			
OOP Maximum	$ 5,000	$ 10,000	$ 10,000	$ 10,000	$ 4,750	$ 9,500	$ 9,500	$ 9,500	$ 3,500	$ 7,000	$ 7,000	$ 7,000
	OOP Maximum represents deductible + co-insurance + copay costs, but excludes monthly premiums.				*OOP Maximum represents deductible + co-insurance + copay costs, but excludes monthly premiums.*				*OOP Maximum represents deductible + co-insurance + copay costs, but excludes monthly premiums.*			
HSA Reimbursed	$ 1,000	$ 1,000	$ 1,000	$ 1,000	-	-	-	-	-	-	-	-
Employee Max Cost	$ 4,000	$ 19,476	$ 12,468	$ 22,944	$ 5,110	$ 21,692	$ 13,784	$ 25,616	$ 4,484	$ 20,440	$ 12,952	$ 25,408
	Employee Max Cost = the OOP Maximum + HSA reimbursements + monthly premiums. This is the maximum cost Employees can incur.				*Employee Max Cost = the OOP Maximum + monthly premiums. This is the maximum cost Employees can incur.*				*Employee Max Cost = the OOP Maximum + monthly premiums. This is the maximum cost Employees can incur.*			
	Copays are applied directly against the OOP Maximum and are not applied against the deductible or co-insurance.				*Copays are applied directly against the OOP Maximum and are not applied against the deductible or co-insurance.*				*Copays are applied directly against the OOP Maximum and are not applied against the deductible or co-insurance.*			
Copays:												
Primary/Specialist	$0 after deductible				$30/$60	$30/$60	$30/$60	$30/$60	$30/$60	$30/$60	$30/$60	$30/$60
Urgent Care	$0 after deductible				$75	$75	$75	$75	$75	$75	$75	$75
Emergency Room	$0 after deductible				$400 per visit	$400 per visit	$400 per visit	$400 per visit	$400 per visit	$400 per visit	$400 per visit	$400 per visit
Preventive Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Chiro Copay	$0 after deductible				$60	$60	$60	$60	$60	$60	$60	$60
Chiro # visits	26	26	26	26	26	26	26	26	26	26	26	26
Prescription Tiers	$0 after deductible				$20/$50/$90/$200 after $100/$200 deductible				$20/$50/$90/$200			
Mail Order Drugs	$0 after deductible				$50/$125/$225/$500				$50/$125/$225/$500			
Dependent Age	Covered until 26th birthday - to end of month				Covered until 26th birthday - to end of month				Covered until 26th birthday - to end of month			
HSA limits (1)	$ 4,400	$ 8,750	$ 8,750	$ 8,750								

Note: (1) HSA plan contributes $1,000 to Employee HSA accounts. Also, additional HSA contributions can be made through payroll deductions up to $4,400 individual or $8,750 family (if 55 or older then $5,400 individual or $9,750 family)
HSA Bank Member Services 800-244-6224.

All data shown above is based on IN NETWORK rates, NOT out of network rates which are much higher.

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Dental Insurance - Delta Dental. Employee coverage is free. Coverage begins first day of Employment.

	Employee (EE)	EE/Spouse	EE/Child	Family
Monthly Premium	$0	$48.00	$73.34	$114.07
Max Coverage	$ 2,500	per person per year		
Deductible	$ 50	$ 100	$ 150	$ 150
Prevent/Diagnostic	100%	per person (PPO network)		
Basic Services	90%	per person (PPO network)		
Major Services	60%	per person (PPO network)		
Orthodontia	50%	per person (PPO network) ($2,500 lifetime limit, age 19 limit)		
Dependent Age	Covered until 26th birthday - to end of month			

Vision Insurance - Vision Benefits of America. Employee coverage is free. Coverage begins first day of Employment.

	Employee	Emp + 1	Family	
Monthly Premium	$0	$ 7.33	$ 12.67	(Dependent is eligible until 26th birthday and covered through the day of their 26th birthday)
Frequency of Service	Vision Exam	12 months		
	Lenses	12 months		
	Frames	24 months		

Life Insurance - Prudential. $25,000 basic term life insurance, and AD&D (accidental death and dismemberment) provided at no cost to Employee.

New Employees must complete the enrollment form and beneficiary form.

Personal Assistance Services - confidential counseling services for personal concerns that affect your work or home life. Call 800-356-0845.

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FSA (Flex Spending Account) pre-tax payroll deductions to pay for qualified medical expenses and dependent care expenses.

Plan year is January 1 through December 31. New employees cannot start the plan until January 1st.
The claim run-out period allows you to submit claims after the end of the plan year.
Carryover allows participants to roll over up to $660 from the 2024 plan year to 2025. Any funds above the threshold would be forfeited. (2026 limit TBD)
2025 plan year Jan 1 - Dec 31 allows $3,300 limit for medical/dental/vision expenses, and $5,000 for dependent care (includes run-out period). (2026 limit TBD)

Retirement Pension for Certified/Classified Employees - Public School Retirement System of Missouri

PSRS plan (Certified Teachers) - deduct 14.5% (no FICA deduction), 2.50% of salary/benefits earned per service year
PEERS plan (non-certified staff) - deduct 6.86% (plus 6.2% FICA deducted), 1.61% of salary/benfits earned per service year
Full benefits eligible when reach age 60 or rule of 80 (age + service years), full vesting after 5 service years
Income basis = average of 3 highest consecutive salary years

403(b) and 457(b) Tax Deferred Employer Retirement Plan - Valic Retirement Services Company

Contact David Ernst - Valic at 314-439-4850 or 314-440-8911 for enrollment or investment advisor questions.
403(b) Pre-Tax - contributions reduce taxable wages, penalty if withdraw before age 59.5
403(b) After-tax Roth - contributions do NOT reduce taxable wages, but all future investment income is not taxable
457(b) Deferred Comp - contributions reduce taxable wages, no penalty if withdraw before age 59.5, not allowed to withdraw while employed
2025 maximum contribution allowed is $23,500 to both 403(b) and to 457(b) plans ($47,000 total). If age 50 or older, $7,500 catch-up contributions are also allowed to both plans ($15,000 total). IRS has updated 2025 limits by $500 for each plan. (2026 limit TBD)
Eligibility starts first day of employment.

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, go to "Google Drive/Team Drives/All District Staff/Insurance and Payroll Information for Employees" for your employer's summary plan documents.
If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

2026

Detail Rates Per Pay Period - 9 Month Employees (18 pay deductions)

CIGNA Choice Fund HSA	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	-	-	-	-	-
EE + Spouse	-	582.00	582.00	1,164.00	10,476.00
EE + Child(ren)	-	192.67	192.67	385.33	3,468.00
EE + Family	-	774.67	774.67	1,549.33	13,944.00

CIGNA OAPIN	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	20.00	-	20.00	40.00	360.00
EE + Spouse	20.00	657.33	677.33	1,354.67	12,192.00
EE + Child(ren)	20.00	218.00	238.00	476.00	4,284.00
EE + Family	20.00	875.33	895.33	1,790.67	16,116.00

CIGNA OAP	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	54.67	-	54.67	109.33	984.00
EE + Spouse	54.67	692.00	746.67	1,493.33	13,440.00
EE + Child(ren)	54.67	276.00	330.67	661.33	5,952.00
EE + Family	54.67	968.00	1,022.67	2,045.33	18,408.00

Delta Dental	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	-	-	-	-	-
EE + Spouse	-	24.00	24.00	48.00	432.00
EE + Child(ren)	-	36.67	36.67	73.34	660.06
EE + Family	-	57.34	57.34	114.68	1,032.12

Vision - VBA	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	-	-	-	-	-
EE + One	-	3.67	3.67	7.34	66.06
EE + Family	-	6.34	6.34	12.68	114.12

2025

Detail Rates Per Pay Period - 9 Month Employees (18 pay deductions)

CIGNA Choice Fund HSA	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	-	-	-	-	-
EE + Spouse	-	557.33	557.33	1,114.67	10,032.00
EE + Child(ren)	-	192.67	192.67	385.33	3,468.00
EE + Family	-	750.00	750.00	1,500.00	13,500.00

CIGNA OAPIN	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	20.00	-	20.00	40.00	360.00
EE + Spouse	20.00	632.67	652.67	1,305.33	11,748.00
EE + Child(ren)	20.00	218.00	238.00	476.00	4,284.00
EE + Family	20.00	850.67	870.67	1,741.33	15,672.00

CIGNA OAP	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	54.67	-	54.67	109.33	984.00
EE + Spouse	54.67	667.33	722.00	1,444.00	12,996.00
EE + Child(ren)	54.67	276.00	330.67	661.33	5,952.00
EE + Family	54.67	943.33	998.00	1,996.00	17,964.00

Delta Dental	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	-	-	-	-	-
EE + Spouse	-	24.00	24.00	48.00	432.00
EE + Child(ren)	-	36.67	36.67	73.34	660.06
EE + Family	-	57.34	57.34	114.68	1,032.12

Vision - VBA	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	-	-	-	-	-
EE + One	-	3.67	3.67	7.34	66.06
EE + Family	-	6.34	6.34	12.68	114.12