Rockwood School District












Benefit Enrollment Guide

Standard Benefits – Retirees

Plan Year November 1, 2026 – October 31, 2027

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A Message to Our Retirees

Welcome to Your 2026-2027 Benefits Enrollment Guide!

Dear Rockwood School District Retirees,

Welcome to your Benefits Enrollment Guide for the upcoming plan year, which begins on November 1, 2026. Providing a comprehensive and competitive benefit package is a top priority for our district because we deeply value all that you do for our students and community.

This year, after careful evaluation by our dedicated Insurance Committee and benefit consultants, we are excited to announce that we will be moving our medical plan to Anthem and our pharmacy plan to CarelonRx. This transition is a highly positive step for our district: it will result in an estimated $3.1 million in savings over the next three years, while maintaining exceptional access to your preferred providers with a 99.32% in-network match. We are also happy to share that we are renewing our dental coverage with Delta Dental for the upcoming year.

As many of you know, our medical and dental funds are self-insured, meaning the premiums we collect are intended to cover the actual costs of all claims and administrative fees. While our plan's performance has improved, overall costs have historically continued to exceed the premiums collected. To maintain the long-term strength of our benefit offerings and work toward our goal of returning to a fully self-funded model, there will be a 7% premium increase for both medical and dental coverage this year.

We know that carrier changes can bring questions, and our mission is to maintain your trust and ensure a seamless transition. In the coming weeks, we will be providing proactive, multi-channel communication to eliminate any uncertainty. Please keep an eye out for video briefings at back-to-school meetings, direct outreach tailored to your needs, and be sure to visit our Benefits Fair on August 21, 2026, where Anthem experts will be on-site to assist you.

Assistant Superintendent Human Resources
Kim Cohen
636-733-2034
cohenkim@rsdmo.org

Contacts

Additional information regarding benefit plans can be found on rsdmo.org under Departments, Human Resources, Retiree Benefits page. Please contact the Benefits department to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

BENEFITS PLAN	CARRIER	PHONE NUMBER	WEBSITE
Medical	Anthem	1-844-995-1751	www.anthem.com
Pharmacy	CarelonRx	1-833-396-0309	www.anthem.com
Medicare Advantage Plan	Anthem	1-833-848-8730 (Member Services)	www.anthem.com
Dental	DELTA DENTAL	1-800-335-8266	www.deltadentalmo.com
Vision	eyemed	1-866-939-3633	www.eyemed.com
Employee Assistance Program (EAP)	PAS Personal Assistance Services	1-800-356-0845	www.MyPASEAP.com

All Retirees also have access to the USI Benefits Resource Center (BRC) to answer benefit/policy questions, assist you with eligibility and claim problems, provide claim appeals information, and explain allowable family status election changes (adding newborns, marriage, divorce, etc.).

2026 Open Enrollment

Open Enrollment at a Glance

August 26, 2026 to September 10, 2026, is the open enrollment window. All changes must be made by 4:30 p.m., September 10, 2026.

Adding Dependents

If you are adding a spouse or dependent(s) to your medical, dental or vision for the first time, please upload a copy of their birth certificate(s) for your dependent(s) and/or marriage certificate for your spouse to Selerix during Open Enrollment.

Programs to Improve Your Health

Rockwood offers many programs to support your physical and mental wellbeing, participation in some can even earn you incentive awards. For more information, turn to pages 24-32

Earn Gift Cards!!

Rockwood wants retirees to stay healthy and offers a $25 gift card for those who complete their annual preventative exam. See pages 24-28 for more

Premiums & Benefits

There is a 7% increase to medical and dental premiums. Vision premiums are staying the same. See the rate chart on the back cover for more details.

Anthem/CarelonRx Pharmacy

Long-term maintenance medications –
Many medications cost less when you fill a 90-day supply instead of three 30-day supplies. Standard shipping is always free. Home delivery benefits include:

- ✓ Convenience
- ✓ Safety
- ✓ Peace of mind
- ✓ Hassle-free service
- ✓ Savings

For more information, turn to page

Anthem Mobile App (Sydney Health)

You can download the Sydney Health mobile app on your phone to access a digital card. Then you always have your card with you.

Virta Health (offered through Anthem): is a weight loss and diabetes reversal program that provides a free resource to help members eliminate medications, increase energy, improve sleep, and return to activities, thereby reducing the complications of diabetes. To see if you are eligible go to:
www.virtahealth.com/join/anthem

Virta Health provides

- ✓ **Personalized Nutrition**
- ✓ **Provider led care and coaching**
- ✓ **Continuous health feedback and monitoring.**

Open Enrollment, Continued

Rockwood School District (RSD) is pleased to announce our 2026 benefits program, which is designed to help you stay healthy and feel secure. Offering a competitive benefits package is just one way we strive to provide our Retirees with a rewarding retirement. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions on One Rockwood or on Alight. Listed below are the Rockwood School District benefits available during open enrollment:

Medical
Pharmacy
Medicare Advantage Plan
Dental
Vision
EAP

Who is Eligible?

All eligible retirees (those that retired with RSD and also retired with PSRS/PEERS on the same date) and their eligible dependents may participate in the Rockwood School District benefits program.

Generally, for the Rockwood School District benefits program, dependents are defined as:

- Dependent "child" up to age 26. (Child means the Retiree's natural child or adopted child and any other child as defined in the certificate of coverage)
- Your lawful spouse *(Please note, Rockwood has a Spousal Exclusion Policy,* your *spouse cannot have an offer of coverage through their employer.)*

Benefits for You & Your Family

Do I Need to Log in During Open Enrollment?

Yes, there is a mandatory open enrollment this year. Open Enrollment will be conducted **August 26, 2026 – September 10, 2026**. Every benefit eligible retiree must enroll to continue to receive coverages.

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Benefits Department within 30 days of the event. The change must be consistent with the event.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

If you do not contact RSD within 30 days of a qualifying event, you will have to wait until the next Annual Open Enrollment period to make benefit changes unless you have another qualifying event. Visit rsdmo.org, click on Departments, Human Resources and Retiree Benefits for information on making your change request.

Did you Know?

- Rockwood School District's medical, prescription and dental plans are self-insured. Rockwood School District is fully-insured on its vision, basic life, long term disability and EAP. When a plan is self-insured, the employer pays all the costs of health care, plus administrative fees. When a plan is fully-insured, the insurance company pays for the healthcare costs and the employer pays premiums to the insurance company.

- RSD's annual insurance fund is over **$30,000,000**.

- RSD has an Insurance Committee whose main charge is to make recommendations to the Board of Education, for their final decision, on funding, plan design, impact of any vendor changes, district's contribution increases, and the rate of the percent of dependent coverage.

Need Help?

Call or Email RSD Benefits staff during regular business hours. Between 8:00 a.m - 4:30 p.m.			
Coordinator of Benefits	Kelly Norrid	636-733-2043	norridkelly@rsdmo.org
Benefits Specialist- Helps employees with enrolling in benefits, making changes to benefits and child rearing leaves.	Amber Gogel	636-733-2006	gogelamber@rsdmo.org
Human Resources Assistant - Benefits payroll deductions, processes COBRA.	Kim Vaughn	636-733-2009	vaughnkimberly@rsdmo.org
Human Resources Assistant - Handles medical leaves of absence(non-child rearing leaves) and Worker's Compensation	Laura Lovendahl	636-733-2050	lovendahllaura@rsdmo.org
Webinars – Visit one of Rockwood's Benefit pages and click on the Benefits and Plan – S Standard Plan for helpful videos to understand your benefits.			

LOG IN & SELF-ENROLL

ONLINE BENEFITS ENROLLMENT INSTRUCTIONS

1 VISIT

https://benselect.com/rsd

2 LOGIN

- Enter 9 Digit Social Security Number: no dashes or spaces
- Enter 6 Digit PIN: Last 4 digits of SSN & last 2 digits of birth year (ex. last 4 of SSN are 1234 and birth year is 1980, PIN is 123480)

3 ENROLL

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

USEFUL TIPS

- **Gather dependent information prior to logging into system**
- **Choose an election for each benefit, then click the “Next” button**
- **Add dependent and beneficiary information**
- **Sign Electronically by re-entering your 6 digit PIN**
- **Verify enrollment status shows “100% complete"**
- **Healthcare FSA and Dependent Care FSA must be re-elected each year**

Don’t wait until the last minute to enroll!!

Medical Plans Under Age 65

Provider Network: **Anthem Blue Access Choice**
anthem.com **or 1-844-995-1751**

Pharmacy Administration: **CarelonRx Pharmacy**
Anthem.com or call 1-833-396-0309 or call the CarelonRX Pharmacy Contact center at 1-833-396-0309

TIP

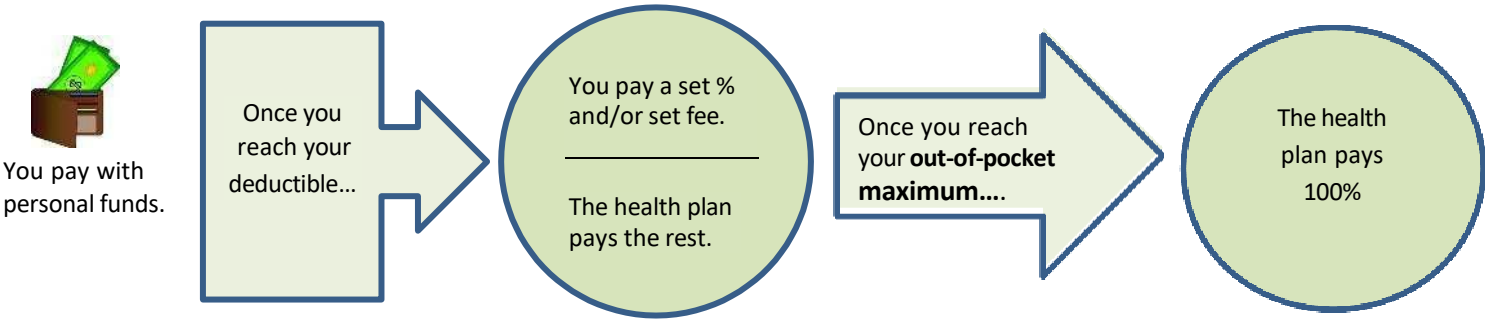
Look over your family's previous medical expenses to determine which plan will be best for you.

There are two medical plans to choose from:

1. Green Plan

How your Green Plan works

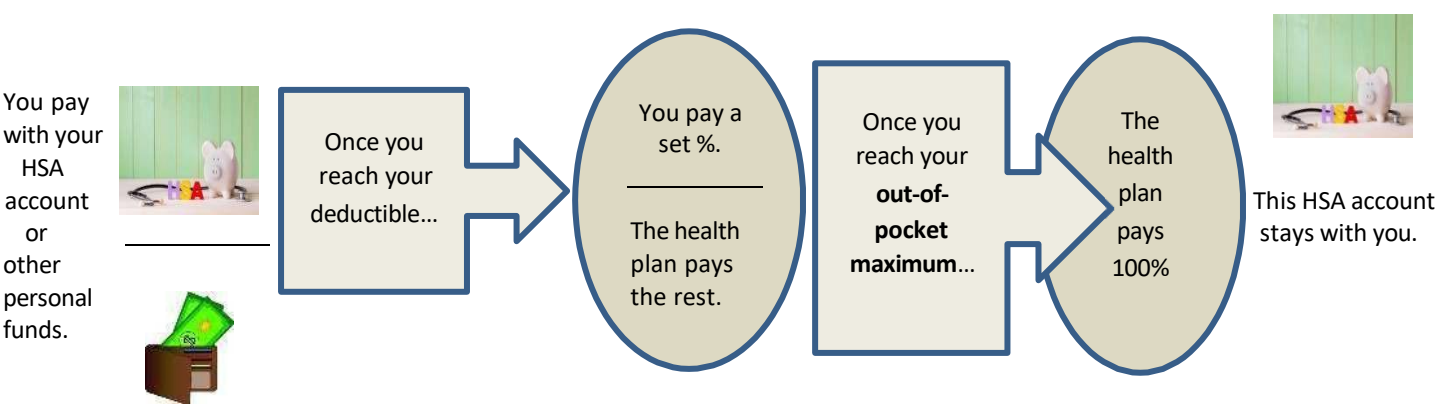
What's covered: Medical care, other health services. In-network preventive care services are covered at no additional cost to you.



2. High Deductible Tan Plan

How your Tan Plan works

What's covered: In-network preventive care services are covered at no additional cost to you.



Benefit Coverage	Anthem Blue Access Choice PPO 1000 Green Plan (Note: The Individual Deductible is embedded in the Family Deductible. See Page 34 for definition of embedded.)		Anthem Blue Access Choice PPO HSA 3000 Tan Plan (HSA) (Note: The Individual Deductible is not embedded in the Family Deductible.)	
	IN- Network Benefits (Blue Access Choice Network)	Out-of-Network Benefits (see page 16 for more information)	IN- Network Benefits (Blue Access Choice Network)	Out-of-Network Benefits (see page 16 for more information)
Annual Deductible				
Individual	$1,000	$2,000	$3,000	$6,000
Family	$2,000	$4,000	$6,000	$12,000
Coinsurance	20%	40%	10%	40%
Maximum Out-of-Pocket (includes deductible)				
Individual	$4,000	$8,000	$4,000	$8,000
Family	$8,000	$16,000	$8,000	$16,000
Physician Office Visit				
Primary Care	$30 copay	40% After Deductible	10% After Deductible	40% After Deductible
Specialty Care	$50 copay	40% After Deductible	10% After Deductible	40% After Deductible
Virtual Care on Sydney app PCP/ Specialist See SBC for details	$0/$50 copay	N/A	$0/$50 copay	N/A
Chiropractic Services: Unlimited visits per benefit period**Limits apply if adjusted by provider other than a Chiropractor see SBC**	$50 copay per visit Deductible does not apply	40% After Deductible	10% After Deductible	40% After Deductible
Preventive Care				
Adult Annual Exam	100%	40% After Deductible	100%	40% After Deductible
Well-Child Care	100%	40% After Deductible	100%	40% After Deductible
Maternity Care				
Prenatal and Postnatal Visit	Initial visit – PCP Copay All subsequent visits and Physicians Delivery Charge – Deductible then 20%	40% After Deductible	10% After Deductible	40% After Deductible
Diagnostic Services				
X-ray and Lab Tests	20% After Deductible	40% After Deductible	10% After Deductible	40% After Deductible
Complex Radiology	20% After Deductible	40% After Deductible	10% After Deductible	40% After Deductible
Urgent Care Facility	$50 copay	$50 copay	10% After Deductible	10% After Deductible
Emergency Room Facility Charges	$250 copay; waived if admitted	$250 copay; waived if admitted	10% After Deductible	10% After Deductible
Inpatient Facility Charges	$250 per admission copay; then 20%	40% After Deductible	10% After Deductible	40% After Deductible
Outpatient Facility and Surgical Charges	$150 per facility visit copay; then 20%	40% After Deductible	10% After Deductible	40% After Deductible

Medical Benefits Overview

Benefit Coverage	Anthem Blue Access Choice PPO 1000 Green Plan (Note: The Individual Deductible is embedded in the Family Deductible. See Page 34 or definition of embedded.)		Anthem Blue Access Choice PPO HSA 3000 Tan Plan (HSA) (Note: The Individual Deductible is not embedded in the Family Deductible.)	
	In-Network Benefits (Blue Access Choice Network)	Out-of-Network Benefits (see page 16 for more information)	In-Network Benefits (Blue Access Choice Network)	Out-of-Network Benefits (see page 16 for more information)
Mental Health / Substance Abuse				
Inpatient	$250 copay per admission; then 20%	40% After Deductible	10% After Deductible	40% After Deductible
Outpatient – Physician Office	$30 copay	40% After Deductible	10% After Deductible	40% After Deductible
Outpatient – All Other Services	20% After Deductible	40% After Deductible	10% After Deductible	40% After Deductible
Therapy Services -OT&PT Limits apply				
Occupational/Physical/Speech	$30 per visit copay	40% After Deductible	10% After Deductible	40% After Deductible
Retail Pharmacy (30 Day Supply)				
Tier 1 – Typically Generic	$10 copay	50%	$10 After Deductible	50% After Deductible
Tier 2 – Typically Preferred Brand	$35 copay	50%	$35 After Deductible	50% After Deductible
Tier 3 – Typically Non-Preferred	$60 copay	50%	$60 After Deductible	50% After Deductible
Tier 4 – Typically Specialty (brand and generic)	10% with $100 Max Per Prescription	50%	10% AD with $100 Max Per Prescription	50% After Deductible
Mail Order or Retail Pharmacy (90 Day Supply)				
Tier 1 – Typically Generic	$20 copay	Not covered	$20 After Deductible	Not covered
Tier 2 – Typically Preferred Brand	$70 copay	Not covered	$70 After Deductible	Not covered
Tier 3 – Typically Non-Preferred	$120 copay	Not covered	$120 After Deductible	Not covered
Tier 4 – Typically Specialty (brand and generic) [1-30 day supply]	10% with $100 Max Per Prescription (retail & home delivery)	Not covered	10% AD with $100 Max Per Prescriptions for Retail Supply	Not covered
Tier 4 – Typically Specialty (brand and generic) [31-60 day supply]	10% with $200 Max Per Prescription (retail & home delivery)	Not covered	10% AD with $200 Max Per Prescription for Retail Supply	Not covered
Tier 4 – Typically Specialty (brand and generic) [61-90 day supply]	10% with $300 Max Per Prescription (retail & home delivery)	Not Covered	10% AD with $300 Max Per Prescription for Home Delivery	Not Covered

Note: **Medical and Hospital care and costs for the infant child of a Dependent, unless the infant child is otherwise eligible, are not covered under this plan.** Contact Anthem at 1-844-995-1751 for more information.

For a detailed plan document, visit https://benselect.com/rsd. Pre-certification for outpatient services will be required. Examples are (but not limited to): outpatient surgery, infusions, high-tech radiology, home health care/home infusions therapy, dialysis, durable medical equipment, prosthetic appliances, biofeedback, speech therapy, cosmetic or reconstructive procedures, infertility treatment, radiation therapy, sleep management, and transplants. Covered expenses incurred by an out-of-network provider will be reduced by 50% for charges if pre-certification is not received prior to date the testing or procedure is performed. **If you have questions, please call Anthem Customer Support at: 1-844-995-1751.**

Monthly Premiums

Green Plan

Retiree	$773.50
Retiree & Spouse	$1,657.18
Retiree & Child(ren)	$1,441.14
Retiree & Family	$2,325.02
Underage Dependent	$667.64
Spouse/Dep Only	$773.50

Tan Plan

Retiree	$631.92
Retiree & Spouse	$1,338.86
Retiree & Child(ren)	$1,166.06
Retiree & Family	$1,873.18
Underage Dependent	$534.12
Spouse/Dep Only	$631.92

For the Tan Plan, the deductible must be met before the prescription copay is applied.

Choosing the right medical plan is an important decision for you and your family. Take the time to review your family's past medical expenses and what expenses you are likely to incur during the upcoming plan year. Use this information to determine what kind of coverage is best for you and your family.

RSD offers you a choice between two medical plans: The Green Plan and the High Deductible Tan Plan. Neither of these plans requires choosing a primary care physician or the need to obtain referrals for specialized care. Both plans provide 100% coverage for well care when using in-network providers. Both plans utilize the same network of physicians.

Medicare Advantage Plan

We have a new Medicare Advantage Plan for RSD Retirees. We did a search for a more affordable plan that covered at least what your current provider covers or better. Anthem came out as the best option for our retirees. If you have any questions, please call: **MEMBER SERVICES – 1-833-848-8730**

Once a retiree becomes eligible for Medicare, the Anthem medical plans pay secondary to Medicare Part B, so it is important the retiree enroll in Part B. Because of this, the district partners with Anthem to provide alternative insurance options that closely mirror the plan design of the Rockwood plan at a much-reduced premium**.**

There are two plans to choose from, PPO Plan 15PH (High) plan and PPO Plan 20PD (Low) plan. Please see the Overview of Coverage and Premiums on the next page for more information or contact Anthem for a summary plan document

To enroll in one of the Anthem Advantage Plans for RSD Retirees, you will need to enroll in Medicare A and B. This plan includes Part D coverage, so you cannot enroll in a separate Part D plan. You will waive your Anthem coverage. For this reason, you will need to enroll and contact the RSD Benefits office to waive your Anthem coverage. You can start this process 3 months prior to your 65th birthday or make the change during our annual open enrollment time for a November 1st effective date.

You don't have to enroll in the Anthem Advantage plan, it is just one of the many options you have when you are 65 or older. Do your homework; look at premiums, deductibles, office visit copays, prescriptions costs, etc. when making your decision.

Once you are enrolled in Medicare, you can still stay on Rockwood's Dental and Vision plans if you choose to.

Medicare Advantage Plan – Plan Option Highlights

For more detail, refer to the Summary Plan Description on the Anthem website, www.anthem.com.

2026 Plan Name	**Anthem PPO High Plan (15PH)**	**Anthem PPO Low Plan (20PD)**
Eligibility	Enrolled in Medicare Part A & B and live within the service area	Enrolled in Medicare Part A & B and live within the service area
Network	Anthem Medicare Preferred PPO	Anthem Medicare Preferred PPO
Medical Benefits	The PPO Out-of-Network benefits are the same as In-Network benefits	The PPO Out-of-Network benefits are the same as In-Network benefits
2027 Monthly Premium	$241.74	$128.08
Annual Medical Deductible**	$0	$500
Out of Pocket Max*	$4,150	$4,150
Inpatient (1-5 days per admission)	$150 copay per admission	$200 copay per admission
Outpatient Surgery	$200 copay per visit	$150 copay per visit
PCP/Specialist	$15/$25	$20/$30
Video Doctor Visits (LiveHealth Online)	$0 copay for video doctor visits using LiveHealth Online (LHO)	$0 copay for video doctor visits using LiveHealth Online (LHO)
Annual Wellness Visit	$0 copay per visit	$0 copay per visit
Lab	$0 copay	$0 copay
X-Ray	$0 copay	$0 copay
Diagnostic Radiology	20% coinsurance	$120 copay
Diagnostic Testing & Procedures	20% coinsurance	$120 copay
Urgent Care	$25 copay per visit	$50 copay per visit
ER	$50 copay per visit	$120 copay per visit
Ambulance	$100 copay per one-way trip	$120 copay per one-way trip
RX (standard)	$10/$35/$55/25%	$10/$35/$55/25%
90-Day RX	2x copay (Tier 4-NA)	2x copay (Tier 4-NA)
Vision Eyewear Reimbursement	$100 every **calendar year** Blue View Vision	$200 every **calendar year** Blue View Vision
Hearing Aid Reimbursement	$500 every **calendar year** Hearing Care Solutions	$2,500 every **calendar year** Hearing Care Solutions
Medicare Community Resource	$0 cost to member EAP (Employee Assistance Program)	$0 cost to member EAP (Employee Assistance Program)
Silver Sneakers	Free Fitness Program	Free Fitness Program
Meals	**Covered up to 14 meals per qualifying event, allows up to four events each year (56 meals in total)**	**Covered up to 14 meals per qualifying event, allows up to four events each year (56 meals in total)**
Dental (In-Network)	Routine Dental Services, $1,000 max benefit each year, Preventive Services: $0 deductible / 0% coinsurance Basic Services: $0 deductible / 20% coinsurance, Major Services: $0 deductible / 50% coinsurance	
Dental (Out-of-Network)	Routine Dental Services, $1,000 max benefit each year, Preventive Services: $0 deductible / 20% coinsurance Basic Services: $0 deductible / 40% coinsurance, Major Services: $0 deductible / 50% coinsurance	
Annual 2026 Cost	$2,900.88	$1,536.96
** **Does Not apply to the PPO deductible:** $0 preventive care, including annual physicals, PCP services; specialist services; routine x-rays, labs and diagnostic test/procedures; routine eye and hearing exams; medical supplies; ambulance & emergency room.		
*Does Not Include Copays or Rx Copays		

NOTE: Both plan options provide benefits and care in every state. Retirees can visit any doctor who accepts Medicare, in or out of the plan's network, anywhere in the nation.

Prescription Medication Coverage

Our medical plans include prescription drug coverage through **Anthem Blue Cross Blue Shield.** The cost of each prescription is determined by the tier it falls under. The four tiers are Generic, Preferred, Non-Preferred and Specialty. You can find in-network pharmacies and a list of covered prescriptions at anthem.com or 1-844-995-1751. Whenever possible, generics provide the most economical way to fill your prescriptions. **Tip:** For more details on how to price a medication see information in ***How to price medication*** on page 16.

Long Term Medications: To fill **maintenance** medications and receive the discount, you have the option of filling through home delivery with CarelonRX (Anthem's pharmacy benefit manager) or at a participating retail 90 pharmacy but it must be a 90-day supply. When filing a 90-day supply you receive copay savings, please refer to the below table.

You can access your ID card on the mobile app.

Tier 1- Typically, Generic Drugs	**Tier 2 – Typically, Preferred Brand Drugs**
To get more out of your health care plan, choose generic drugs when possible. Generic drugs are the chemical equivalent of their more expensive brand name drug counterparts. Even if your doctor prescribes a brand name drug, you can always ask for the generic equivalent.	Preferred brand drugs are prescriptions that your pharmacy benefit plan has selected as the most effective and cost efficient to treat certain conditions or illnesses. These brand name drugs are often more expensive than their generic counterpart.
Tier 3- Typically, Non-Preferred Brand Drugs	**Tier 4 – Typically, Specialty (Brand and Generic)Drugs**
Non-preferred brand drugs treat conditions or illnesses that can also be treated by a preferred brand or generic prescription. These drugs typically have a higher copayment.	Non-preferred brand drugs treat conditions or illnesses that can also be treated by a preferred brand or generic prescription. These drugs typically have a higher copayment.

Green Plan In-Network Pharmacy details ***Deductible does NOT apply*** ***This means you will pay Copay's from day one for prescriptions***			
Pharmacy Benefits	**30-Day Supply Retail**	**90-Day Supply Retail**	**90-Day Supply Home Delivery**
Tier 1: Generic Copay	$10	$20	$20
Tier 2: Preferred Copay	$35	$70	$70
Tier 3: Non-Preferred Copay	$60	$120	$120
Tier 4: Specialty Medications	1-30 day supply	31-60 day supply	61-90 day supply
	10% with $100 max per Rx	10% with $200 max per Rx	10% with $300 max per Rx
Tan Plan In-Network Pharmacy details ***Deductible must be met before Copay is applied.*** ***This mean you will pay full cost for your prescriptions until you reach your deductible.***			
Pharmacy Benefits	**30-Day Supply Retail**	**90-Day Supply Retail**	**90-Day Supply Home Delivery**
Tier 1: Generic Copay	$10 After Deductible	$20 After Deductible	$20 After Deductible
Tier 2: Preferred Copay	$35 After Deductible	$70 After Deductible	$70 After Deductible
Tier 3: Non-Preferred Copay	$60 After Deductible	$120 After Deductible	$120 After Deductible
Tier 4: Specialty Medications	1-30 day supply	31-60 day supply	61-90 day supply
	10% AD with $100 max per Rx	10% AD with $200 max per Rx	10%AD with $300 max per Rx

Staying In-Network

If you choose to see an out-of-network provider or pharmacy, you will still be able to use insurance; however, your costs could be *substantially* higher, and your deductible and out-of-pocket maximums will be higher. **If you choose to see an out-of-network provider, the amount could be higher than an in-network provider or pharmacy because the out-of-pocket provider or pharmacy will give you the discounted rate that Anthem along with CarelonRX has negotiated with the in-network provider and pharmacy.**

Your medical network is made of:

- Virtual care
- Convenience care (quick) clinics
- Physicians
- Facilities (urgent care, emergency room)
- Nurse practitioners
- Specialist
- Pharmacies
- Labs

TIP

When possible, choose virtual care or urgent care facilities over the emergency room to save time and money.

When you see an in-network provider, you will:

- Have lower health care costs for medical services and prescription drugs.
- Not have to handle obtaining any necessary pre-authorization. Your in-network provider will handle it before a procedure (such as surgery or imaging) on your behalf.
- **Not have to worry about paying for balance-billed charges and charges above the usual, reasonable, and customary fees. There is a negotiated rate with an in-network provider but not with an out-of-network provider.**
- Not have to fill out forms to send to the insurance carrier in order to receive reimbursement; your in-network provider will handle this on your behalf.

How to find an in-network provider:

- To get started, register on the Sydney Health app or through the Anthem website at **anthem.com/register** so your account is ready to use when you need it. Have your plan ID card ready to get started.
  - ✓ Download the Sydney Health app and select **Register new account** or go to **anthem.com/register**.
  - ✓ Select your identification type (in most cases this is your member ID).
  - ✓ Enter your plan ID number, full name, and date of birth.
  - ✓ Follow the one-time security prompt and create a username and password. Note: You'll use the same login information when you log in to either the app or website.
  - ✓ Review your information to complete your registration.
- Once you're registered, you can review coverage and claims, **find care**, estimate cost of care, manage your prescriptions, and access your digital ID card.

How to price medications:

- Signing up is simple. Log in to **anthem.com** and go to the **Prescription Home** page. You can also log in to your Sydney Health mobile app and select **Pharmacy** or scan the QR code below.
- Register your member account if you haven't already.
- For long-term maintenance medications sent to your home, go to **View Prescriptions** and follow the guided steps to switch to CarelonRx Pharmacy.

Emergency Room vs. Urgent Care

With Anthem all Emergency room and Urgent care facilities and doctors are covered as In-Network.
More than 10 percent of all emergency room visits could have been better addressed in an urgent care facility or a doctor's office. Your health plan with Rockwood School District covers both emergency room and urgent care visits. If you're suddenly faced with symptoms of an illness or injury, how can you determine which facility is most appropriate for your condition?

Emergency Room	Urgent Care
The emergency room (ER) is equipped to handle **life-threatening injuries and illnesses** and other serious medical conditions. Patients are generally seen according to the seriousness of their conditions in relation to other patients.	Urgent care centers also offer after-hour care. Unlike emergency rooms, they are not equipped to handle life-threatening situations. Rather, they are designed to address **conditions where delaying treatment could cause serious problems or discomfort.**
Go to the nearest ER if you experience any of the following: • Compound fractures • Shortness of breath • Broken bones • Poisoning • Seizures • Chest pain or difficulty breathing • Uncontrollable bleeding	These conditions can be treated in an urgent care center: • Cuts that require stitches • Diagnostic tests (x-rays, labs) • Ear infections • Fever or the flu • Sprains or strains • Vomiting, diarrhea or dehydration • Urinary tract infections
Cost with Anthem PPO 1000 Medical (Green Plan): $250 copay; waived if admitted	Cost with Anthem PPO 1000 Medical (Green Plan): $50 copay
Cost with Anthem PPO HSA 3000 Medical (Tan Plan): 10% After Deductible is met	Cost Anthem PPO HSA 3000 Medical (Tan Plan): 10% After Deductible is met

Choosing the appropriate place of care not only ensures prompt and adequate medical attention, it also helps reduce unnecessary medical expenses. Although urgent care centers are usually more cost-effective, they are not a substitute for emergency care.

Tips for Saving on Your Health Plan Year Round

More Expensive Options		Less Expensive Options
Out-of-network doctors and pharmacies	Vs	In-network doctors and pharmacies
Brand name medications	Vs	Generic medications
Emergency room, average cost $1,523 (for non-emergencies)	Vs	Urgent Care, average cost $131 Convenience clinic, average cost $80 (for non-emergencies)
Hospital lab, average cost $48	Vs	Quest or Lab Corp, average cost $9
Hospital radiology CT, average cost $1,198	Vs	Independent radiology center CT, average cost $591
Hospital radiology MRI, average cost $1,676	Vs	Independent radiology center MRI, average cost $706
Outpatient surgery in a hospital, average cost $2,821	Vs	Outpatient surgery in a surgery center, average cost $1,438

Please note that every health plan is different. You should check your plan documents to determine which tips apply to your plan.

Dental Insurance

Dental Network and Administration: **Delta Dental**
1-800-335-8266 or DeltaDentalMO.com

TIP

If you have services performed, be aware of your deductible and out-of-pocket maximum and when these "start over."

If your dentist recommends services other than a preventive cleaning, ensure you ask for and receive a pre-treatment estimate *before the work is performed.* This will avoid any misunderstanding of Delta Dental benefit payment amounts.

Delta Dental has a unique two-tiered system of participating providers: **Delta Dental PPO and Delta Dental Premier.** These networks are critical in the delivery of quality care while maximizing cost savings for you and Rockwood School District.

- Delta Dental's PPO Network offers access to over 113,000 dentists in over 380,000 locations.
- Delta Dental's Premier Network offers access to over 150,000 dentists in over 440,000 locations.

You will receive $2,000 maximum for in-network Orthodontia services provided by a PPO provider.

Make sure you understand that if you choose an out-of-network dentist, they don't have to charge you the negotiated amount that Delta Dental has negotiated for us with the in-network dentists. So even though the benefit summary on the following page says 100% covered, that is 100% of the negotiated rate for an in-network dentist.

Dental PPO Dentists	Delta Dental Premier Dentists	Non-Participating Dentists
• Delta Dental Contracted Provider • Deepest Discounted Fees • No Balance Billing • No Claim Forms • Direct Dentist Reimbursement	• Delta Dental Contracted Provider • Discounted Fees • No Balance Billing • No Claim Forms • Direct Dentist Reimbursement	• Not Under Contract with Delta Dental • **No Discounted Fees** • **Balance Billing is Possible** • Some Dentists May Not File Claims • Patient Reimburses Dentist

Dental	Total Retiree Cost
Retiree Only	$40.94
Retiree + Spouse	$80.70
Retiree + Child(ren)	$89.22
Retiree + Family	$129.06

DELTA DENTAL

Dental Benefits Summary

Rockwood School District Group # 9127	Delta Dental PPO℠ Network	Delta Dental Premier® Network	Out-of-Network
	Based on applicable PPO Maximum Plan Allowance - No balance billing	Based on applicable Premier Maximum Plan Allowance - No balance billing	Based on applicable Maximum Plan Allowance for Out-of-Network dentist - Balance billing is possible
Preventive Services • Oral examinations (evaluations) • Bitewing and periapical x-rays • Full-mouth x-rays • Prophylaxis (cleaning, scaling, and polishing including periodontal maintenance visits) • Topical fluoride application for children under age 19 • Sealants for children under age 19 • Brush biopsy	**100%**	**100%**	**100%**
Basic Services • Space maintainers for children under age 16 • Emergency palliative treatment • Fillings • Periodontics • Endodontics • Oral surgery including simple and surgical extractions. **Extractions of bony impacted wisdom teeth are not covered under dental but covered under the medical plan.** • General anesthesia	**90%**	**80%**	**80%**
Major Services • Bridges and dentures • Crowns, jackets, labial veneers, inlays and onlay • Implants and bone grafts	**90%**	**80%**	**80%**
Orthodontia • For dependent children under age 19	**80% up to $2,000**	**50% up to $1,500**	**50% up to $1,500**
Plan Year Deductible (Applied to Basic, Major and Orthodontic Services)	**$50 individual 2X family**	**$50 individual 2X family**	**$50 individual 2X family**
Plan Year Maximum (Applied to Preventive, Basic and Major)	**$1,000**	**$1,000**	**$1,000**
Dependent age limit: 26			
Added Features Included **MAX*Advantage***: Charges for exams, cleanings, x-rays, and fluoride treatments do not apply towards your annual maximum. ***Healthy Smiles, Healthy Lives****:* Two additional cleanings are covered per benefit period for patients who are pregnant, diabetic, have a suppressed immune system, or have a history of periodontal therapy. To be eligible for the additional benefits, you must submit a completed Self-Report form which can be obtained at www.deltadentalmo.com under the Member section, or by contacting customer service.			

This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions.

Vision Insurance

Vision Insurance Carrier: **EyeMed**
1-866-939-3633 or eyemed.com

Eyesight is critical to your overall health. Did you know that a regular eye exam can detect high cholesterol or even a brain tumor? Retirees can enroll in Retiree only, Retiree + one dependent, or Retiree + two or more dependents.

TIP

For those on the green plan only: Anthem medical plans cover one annual eye exam at 100%. Make sure your provider codes your eye exam as preventive and use your Anthem medical ID. For those on the tan plan, you must meet your deductible first.

When you schedule your appointment, verify your provider is in the EyeMed's **Advantage Network**. Providers can be found at eyemed.com, on the mobile app or by calling customer service at the above phone number.

Many Retirees find ID cards useful, however ID cards are not needed to obtain services from an in-network provider.

To use your EyeMed vision insurance:

1. Present your ID card, or
2. Use the EyeMed mobile app ID card, or
3. Simply let your provider know the name and date of birth of the person with the appointment along with the Group # (1017708) for the provider to access coverage.

Vision	Total Retiree Cost
Retiree Only	$4.78
Retiree + 1	$8.52
Retiree + 2 or more	$12.76

Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor—search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL

PDF-2004-M-377

Vision Benefits Summary

40% OFF
additional complete pair of prescription eyeglasses

20% OFF
non-covered items, including non-prescription sunglasses*

Find an eye doctor
(Advantage Network)

- 888.203.7437
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads up
You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	$10 copay	Up to $40
Retinal Imaging	Up to $39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up – Standard	Up to $40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up – Premium	10% off retail price	Not covered
FRAME		
Frame	$0 copay; 20% off balance over $130 allowance	Up to $91
STANDARD PLASTIC LENSES		
Single Vision	$10 copay	Up to $31
Bifocal	$10 copay	Up to $51
Trifocal	$10 copay	Up to $64
Lenticular	$10 copay	Up to $80
Progressive – Standard	$60 copay	Up to $64
Progressive – Premium	$60 copay; 30% off retail price less $110 allowance	Up to $64
LENS OPTIONS		
Anti Reflective Coating – Standard	$40	Not covered
Anti Reflective Coating – Premium	20% off retail price	Not covered
Photochromic – Non-Glass	30% off retail price	Not covered
Polycarbonate – Standard	$35	Not covered
Polycarbonate – Standard < 19 years of age	$0 copay	Up to $5
Scratch Coating – Standard Plastic	$0 copay	Up to $5
Tint – Solid and Gradient	$0 copay	Up to $5
UV Treatment	$0 copay	Up to $5
All Other Lens Options	30% off retail price	Not covered
CONTACT LENSES		
Contacts – Conventional	$0 copay; 15% off balance over $125 allowance	Up to $125
Contacts – Disposable	$0 copay; 100% of balance over $125 allowance	Up to $125
Contacts – Medically Necessary	$0 copay; paid in full	Up to $250
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	**ALLOWED FREQUENCY - ADULTS**	**ALLOWED FREQUENCY - KIDS**
Exam	Once every plan year	Once every plan year
Frame	Once every other plan year	Once every other plan year
Lenses	Once every plan year	Once every plan year
Contact Lenses	Once every plan year	Once every plan year

(Plan allows member to receive either contacts and frame, or frames and lens services)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Health Savings Account

HSA

A health savings account allows you to set aside money on a pre-tax basis to pay for qualified expenses, such as doctor visits, prescriptions, braces, or even Lasik eye surgery, with tax-free dollars.

There is no use it or lose it rule with HSAs. Any remaining balance at the end of the year will roll over into the next year.

One of the best parts of the HSA is its triple-tax advantage: tax-free deductions when you contribute to your account, tax-free investment earnings, and tax-free withdrawals for qualified medical expenses.

TIP

Keep all receipts from HSA expenses and associated documentation to prove HSA funds were used for qualified medical expenses.

When you enroll in the High Deductible Tan Plan, you will be eligible to set a HSA account with a financial institution of you choice. They will provide you a debit card to use for eligible purchases.

You may be penalized or taxed if you use your HSA funds to pay for ineligible expenses. Qualified expenses include prescriptions, contact lens fitting, orthodontia, acupuncture, artificial teeth, eye glasses, or other expenses that apply towards your deductible. A full list of qualified expenses can be found on the IRS website (IRS Publication 502).

Eligibility

- You are enrolled in the **High Deductible Tan Plan;** and
- You are not covered under another medical plan such as Medicare**, Tricare or a spouse's medical plan (not a HDHP) which provides similar coverage; and
- You cannot be claimed as a dependent on another person's insurance policy or tax return
- You may use the money in your HSA to pay for qualified expenses for you, your spouse and dependents, even if they are not enrolled in your plan.

2026 IRS CALENDAR YEAR CONTRIBUTION LIMITS

Individual	Family	Age 55+ Catch Up
$4,500*	$9,000*	$1,000

*Check with your Tax advisor on when to stop contributing to your HSA prior to enrolling in Medicare.

Expanding your virtual care options

Find complete care support, on your time, through the Sydney Health app

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our Sydney℠ Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find low or no-additional cost care through our app:

1 Chat with a doctor 24/7 without an appointment

- Urgent care support for health issues, such as allergies, a cold, or the flu.
- New prescriptions[1] for concerns such as a cough or a sinus infection.

2 Schedule a virtual primary care appointment

- Routine care, including virtual annual preventive care (wellness) visit and prescription refills.[1,2,3,4]
- Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

Save money and time with virtual care

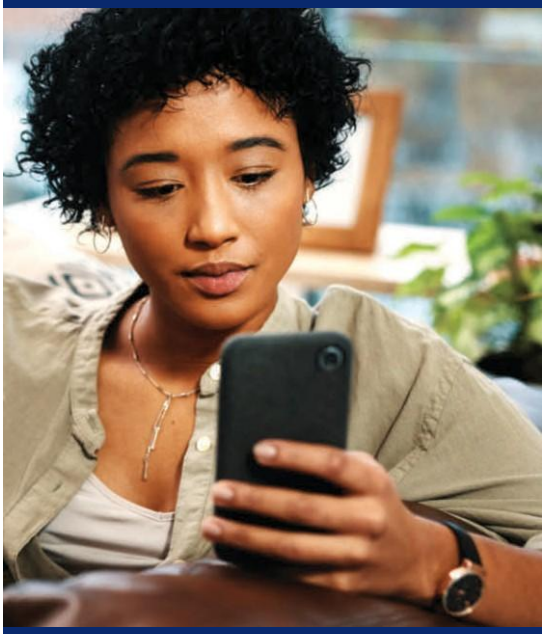
Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at low or no-additional cost.

Download our Sydney Health mobile app today.

Set up your account right away and it will be ready to use when you need it.

GET IT ON Google Play

Download on the App Store



85% of virtual visits resolve the person's need.[5]

1 Virtual annual preventive care (wellness) visits through the Sydney Health app are available starting September 2022. The virtual annual preventive care (wellness) visit is covered in full unless the employer has a limit or cap under their benefit plan.

2 Virtual primary care medical services provided by Preventive Medical Associates P.C. through an arrangement with Hydrogen Health, which provides the virtual care platform.

3 Eligible employees are those who have not yet had an annual preventive care (wellness) visit during the plan year (either virtual or in-person) whose group benefit plan covers a virtual primary care exam. If an employer group has a cap on the number of preventive care (wellness) visits that are covered in full and the employee has exceeded the cap but would like to have another preventive care (wellness) visit, they may be responsible for copays and other out-of-pocket costs for the visit. Employees should consult their benefit plan and/or contact Member Services if they have any questions.

4 Your doctor will determine if a prescription is needed at time of visit.

5 K Health analysis of Q4 2020 visit depositions.

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Wellbeing Solutions

Supporting your whole health matters

We want to support your whole health the best way possible. That's why your health plan includes Wellbeing Solutions, a suite of programs to help you with everyday health and your overall well-being.

Use the **Sydney℠ Health** mobile app and **anthem.com** anytime to access Wellbeing Solutions programs and resources that meet your healthcare needs.

Making your well-being a priority

Explore Wellbeing Solutions programs on the Sydney Health app

Proactive support

MyHealth Check-in. After you take this short health assessment, we'll send you personalized health tips and details on programs that can help you lower health risks, reach your personal goals, and prevent future health problems.

MyHealth Advantage. We provide a confidential health summary that includes reminders for checkups, tests, and exams; lists of claims and prescriptions; and general health tips.

24/7 NurseLine. Talk to a trained, registered nurse over the phone and quickly get answers to common health concerns.

Mental health resources

Behavioral Health Case Management. If you're trying to manage a behavioral health condition, you have support. Our behavioral health case managers are licensed mental health professionals. They can create a personalized plan and connect you to the right care providers.

Emotional Wellbeing Resources. Learn how to develop resilience, reduce stress, and practice mindfulness through online programs and personalized coaching. Digital tools help you identify thoughts and behavior patterns that affect your emotional well-being.

Autism Spectrum Disorder Program. Receive support for a covered family member with an autism spectrum disorder. Our licensed behavior analysts can help you navigate the healthcare system and will work with the whole family to help you understand services and access care.

Anthem

Condition-based support

Concierge Care. This program pairs eligible members with a personal health advocate to provide coaching and digital resources on health conditions, such as type 2 diabetes and heart failure, as well as when you are being discharged from an inpatient setting.

Cancer Care. If you or a family member is facing a cancer diagnosis or have started treatment, the Cancer Care Navigator program offers one-on-one guidance and digital support when it matters most.

Case Management. After an illness or hospital stay, you can receive one-on-one support and care coordination from our team of medical professionals. They can help guide you through the healthcare system and make the most of your benefits. Their goal is to understand your needs and help you get the best care possible.

Building Healthy Families. Whether you're planning for a family, are pregnant, or are postpartum, you can access digital tools and educational resources to support the needs of your growing family.

ConditionCare. Receive one-on-one, digital support from a healthcare professional for a chronic condition, like asthma or diabetes.

Connect with Sydney Health

Sydney Health offers useful health and wellness tips and personalized action plans that can help you reach your unique well-being goals.

Download, open, register, and/or sign into the Sydney Health mobile app.

1. Go to homepage > Scroll down > Select My Health Dashboard > Choose Programs.
2. Browse the wellness programs included in your plan.

Scan this QR code with your smartphone to download the Sydney Health app.

We care about you

With Wellbeing Solutions, you can work toward your health goals, knowing you are supported cared for at every step. If you have any questions, call Member Services or visit **anthem.com**.

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Wellbeing Solutions

Focus on wellness and earn rewards up to $200

Complete activities to earn rewards

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the employer-sponsored activities below, you'll earn rewards to put toward electronic gift cards for select retailers. Choose the activities you'd like to complete to receive up to $200.

Activity type	Activities	Amount
Digital & wellness activities Rewards are added to your account as you complete activities on the Sydney℠ Health app or on anthem.com.	Log in to your Anthem account	Up to $20 ($5 per quarter)
	Connect a fitness or lifestyle device	$5
	Complete a health assessment and receive tailored health recommendations	$20
	Complete action plans around eating healthy, weight management, and physical activity	Up to $25 ($5 per action plan)
	Track your steps	Up to $60 ($2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins[1]	Up to $20 ($4 per milestone)
	Update your contact information	$15
	Select a primary care provider (PCP) in Sydney Health	$10
	Participate in Emotional Well-being Resources program	$5
	Log daily nutrition (at least 45 days per quarter)	Up to $12 ($3 per quarter)
	Use any Employee Assistance Program (EAP) service if your employer provides Anthem EAP.	$5

Anthem

Activity type	Activities	Amount
Preventive care Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days).	Have an annual preventive wellness exam or well-woman exam with your doctor	$25
	Get an annual cholesterol test (men ages 35 and older, women ages 40 and older, or upon doctor recommendation)	$20
	Have a colorectal cancer screening (ages 45 and older or upon doctor recommendation)	$25
	Have a routine mammogram (women ages 40 to 74 or upon doctor recommendation)	$25
	Have an annual eye exam[2]	$25
	Get an annual flu shot	$20
	Get an A1C lab test	$10

Activity type	Activities	Amount
Condition management Rewards are added to your account as you meet benchmarks or complete a program.	ConditionCare: Work one on one with your health coach and earn rewards for participating in and completing the program[3]	Up to $50 ($20/$30)
	Building Healthy Families: Help your family grow and thrive through the Sydney Health app and earn rewards for completing certain activities[4]	Up to $40 ($10 per milestone)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward[5]	$25
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward[6]	$25
	Get a diabetic foot exam	$25
	Get a LDL or lipid diabetic lab test	$10
	Get a microalbumin and eGFR diabetic lab test	$10

Achieve your health goals with Well-being Coach

The Well-being Coach digital coaching app can help you maintain a healthy weight or quit tobacco, while improving your nutrition, exercise, mindfulness, and sleep. To access your Well-being Coach for personalized digital and phone support, go to the Sydney Health app or anthem.com.

Earn and redeem your rewards

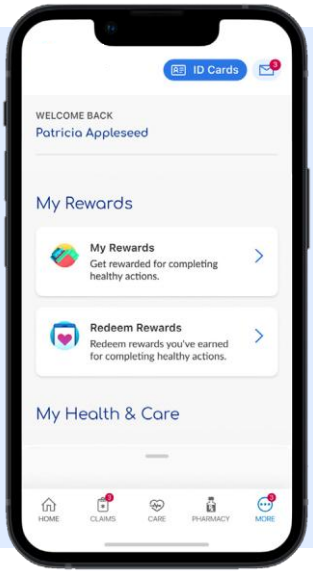
Start by logging in to Sydney Health and scroll down to *My Rewards*. From there you can:

Choose My Rewards to:

- Get a quick view of earning activities.
- See a snapshot of your reward status.

Choose Redeem Rewards to:

- Get electronic gift cards for stores like Amazon, Apple, Target, Uber, and others.[7]



Scan this QR code to view your rewards on the Sydney Health app. You can also log in to anthem.com, and scroll down to *My Rewards*.

1 Members may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily check-in activities on the app. Daily check-in reward values are first check-in: $4; next 15 check-ins during first quarter: $4; 25 check-ins during second through fourth quarters: $4 each quarter. Log in to Sydney Health or anthem.com to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.

2 Annual eye exam reward is available if employer provides vision coverage in addition to medical benefits through Anthem.

3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in one of five ConditionCare programs and completion for one of five ConditionCare programs: chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), asthma, diabetes, and congestive heart failure (CHF). Rewards include $20 for program participation and $30 for program completion.

4 Building Healthy Families milestone completion dates: BHF Pregnancy Screener must be completed by one day prior to delivery; at least one of six mini assessments must be completed by one day prior to delivery; postpartum assessment must be completed by 56 days after delivery. Rewards include $10 for profile completion; $10 for a BHF Pregnancy Screener; $10 for completing at least one of six mini assessments; and $10 for a postpartum assessment.

5 Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a body mass index (BMI) of 30 or higher.

6 Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.

7 Retailers include Amazon, Apple, all Gap brands, Target, The Home Depot, T.J. Maxx, Uber, and Uber Eats. Monetary value varies by retailer.

We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited six months after the end of your plan year. Make sure to redeem them before then.

All preventive care activities are claims based, which means your completion is determined when a claim is processed. Medical waivers apply to claim-based activities.

Rewards eligibility applies only to subscribers and their enrolled spouse/domestic partner (if applicable) with Anthem medical benefits unless employer chooses subscriber-only rewards. Eligible members must be active on the plan and their activity must take place during the plan year. A subscriber and eligible spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

Rewards for completed preventive care activities are issued under the medical plan that pays for the claim. Rewards for completed condition management activities are issued under the medical plan that pays for the condition management benefit. Digital and wellness activity rewards can be issued under multiple medical plans, if you have dual Anthem coverage.

The reward amount you receive may be considered income to you and subject to state and federal taxes in the tax year it is paid. You should consult a tax expert with any questions regarding tax obligations.

Electronic gift card availability may vary. The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to anthem.com or open the Sydney Health app to explore the electronic gift card options available to you.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Carelon Health, Inc. is a separate company providing care management services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by either Matthew Thornton Health Plan, Inc. or Anthem Health Plans of New Hampshire, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP. LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Employee Assistance Program (EAP)

Provider: **Personal Assistance Service (PAS)**
MyPASEAP.com or 1-800-356-0845

RSD provides an Employee Assistance Program (EAP) to all eligible employees and their families. **All services are free and confidential.** To access this benefit, contact PAS at 1-800-356-0845 or visit MyPASEAP.com.

The District Code is: Rockwood SD

What types of problems can the EAP help me resolve?
The EAP is an excellent resource to find help for personal, family, and work/life balance concerns. Some of the areas covered by the EAP include:

- Marital/relationship concerns
- Child care resources and referral
- Organization and time management
- Elder care planning and management
- Education and college planning
- Emotional health and wellness
- Job stress
- Budget/debt problems
- Legal concerns
- Parenting challenges
- Identity theft
- Substance abuse
- Tobacco cessation
- Healthy eating and exercise
- Household management
- Career planning
- Financial planning
- Retirement counseling

Biometric Screenings and Health Fair

Your cholesterol, blood pressure, blood sugar and body mass index numbers are key indicators of your risk for serious illness. If you know your numbers you can make changes to improve your health and reduce your risk of developing heart disease, diabetes and other serious illnesses. We want to make it convenient and rewarding to know your numbers.

Complete your Preventive Annual Wellness Exam with your Primary Care Provider ($25 incentive)

If in-network, preventive care is covered at 100%, at no cost to you, even for the labs!

Your in-network provider will share data with Anthem to electronically complete your incentive.

Easy ways to complete your biometric screening-

At an onsite event: Save the date! Rockwood hosts onsite biometric screening at the health fair August 21, 2026 (see details below). The data is shared with Anthem electronically to complete your incentive. Attendees are eligible for a $50 Amazon gift care at the event!

At a Quest Lab location: Make an appointment to complete your biometric screening at a Quest location. The lab will send data electronically to Anthem in order to complete your incentive.

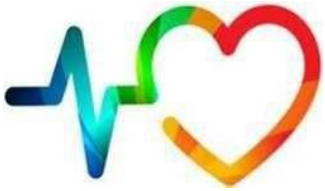
By your doctor: Your own doctor can perform the screening as part of your annual wellness visit. Ask your doctor to complete the wellness screening form, found on anthem,com and submit it to Anthem to complete your incentive.

Virtually: You can schedule a virtual preventive visit by accessing the Sydney Health app. After this appointment is completed, information will be sent electronically to Anthem in order to complete your incentive.

RSD Health Fair:
August 21 from 12:30-5PM at Eureka High School.

Come and learn more about your health and wellbeing and leave with peace of mind. We will have games, **Raffle off prizes**, snacks, & more fun activities! You can earn a gift card by visiting 5 vendors!

Mammograms & On-Site Health Screenings will also be available.



Check the One Rockwood Employee Wellness page for biometric screening and the registration link.

Flu Vaccination Clinic

Influenza (also known as the flu) is a serious disease that can lead to hospitalization and even death. Every flu season is different, and influenza infections can affect people differently. While millions of people get the flu every year, hundreds of thousands of people are hospitalized, and tens of thousands die from flu-related causes every year. Even healthy people can get very sick from the flu and spread it to others. For more information, go to cdc.gov/flu.

To help our employees, retirees and students stay well, RSD provides on-site flu vaccination clinics. These clinics are staffed by the VaxPro. Here's what you need to know about getting your flu vaccination on site:

Here's what you need to know about getting your flu vaccination on-site:

1. **Bring your insurance card.** Flu vaccinations are required by the ACA (Affordable Care Act) to be paid by insurance plans at no cost to the individual. If you have Anthem insurance or another insurance accepted by VaxPro, you will have no out of pocket expense.
    - If you have a spouse or dependent on your Anthem coverage through RSD and want them to be vaccinated at an RSD clinic, please bring their insurance ID card.
2. If you don't have insurance, and are a current RSD employee, RSD Wellness Funds will pay for your flu vaccination. Please bring your employee ID.
3. Students and community members may also receive a flu vaccination at an RSD flu clinic. These individuals can either pay using their medical insurance or during registration out of pocket.
4. Individuals 6 years of age and older can receive a vaccination at our RSD on-site clinics. The consent form must be signed by a parent or legal guardian in order to vaccinate anyone 17 years old or younger. The Parent or leagal guardian must also accompany the minor to the clinics.
5. If you miss an RSD flu clinic, don't worry! You can still get a flu vaccination at your primary care provider's office or at a convenience care clinic like Walgreens, CVS and Walmart. They will need a pediatrician prescription for kids 12 and under. Bring your insurance card and there will be no cost to you!

Schedule of RSD Flu Vaccination Clinics can be found on One Rockwood Employee Wellness page.

2026 RSD Flu Vaccine Clinics

DATE	LOCATION	TIME
9/16/2026	Chesterfield Elementary School	8:00-10:00 AM
9/17/2026	Uthoff Valley Elementary School	3:30-6:00 PM
9/22/2026	Westridge Elementary School	11:00-1:30 PM
9/22/2026	Ballwin Elementary School	3:30-6:00 PM
9/23/2026	Geggie Elementary School	3:00-6:00 PM
9/24/2026	Rockwood Summit High School	3:00-6:00 PM
9/28/2026	Crestview Middle School	1:30-4:30 PM
9/29/2026	Bowles Elementary School	11:30-2:30 PM
9/29/2026	Stanton Elementary School	3:00-5:00 PM
9/30/2026	Fairway Elementary School	3:00-6:00 PM
10/1/2026	Pond Elementary & Warehouse/Nutrition	10:00-1:00 PM
10/1/2026	Babler Elementary School	3:00-6:00 PM
10/6/2026	Eureka Elementary School	3:00-6:00 PM
10/7/2026	Ellisville Elementary School	7:00-9:00 AM
10/8/2026	Woerther Elementary School	7:30-10:00 AM
10/8/2026	Selvidge Middle School	1:00-4:00 PM
10/13/2026	Marquette High School	8:00-11:30 AM
10/13/2026	Kehrs Mill Elementary School	11:30-2:30 PM
10/14/2026	Rockwood South Middle School	2:30-6:00 PM
10/15/2026	Blevins Elementary School	3:00-6:00 PM
10/20/2026	Wildwood Middle School	11:00-2:30 PM
10/20/2026	Lafayette High School	3:30-6:00 PM
10/21/2026	LaSalle Springs Middle School	2:00-6:00 PM
10/22/2026	Eureka High School	3:00-6:00 PM
10/27/2026	Green Pines Elementary School	3:30-6:00 PM
10/28/2026	Ridge Meadows Elementary School	4:00-6:00 PM
10/28/2026	Administrative Annex	7:00-10:00 AM

Required Notifications

Family Medical Leave (FML)

Family Medical Leave is the federal law that provides for leave for eligible employees. Employees who have worked for the district for the 12 months preceding the leave and who have worked 1,250 hours in the 12 months before their leave are eligible for Family Medical Leave (FML). The 12-week period is from July 1 to June 30 each year. Basically, FML allows you to take time off for a medical condition for yourself or to care for a family member with a medical condition without having to worry about losing your job.

FML can be unpaid leave, however, the district requires employees to use paid sick time during this leave. Employees who have vacation and comp time and have run out of sick days are also required to use this leave during FML.

You can find more information about FML on the Leaves page on One Rockwood Benefits page. To apply for FML, please call 636-733-2009.

COBRA

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. After a qualifying life event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

You will be offered the same medical, dental, vision and EAP plans you are enrolled in as an eligible employee, but you will pay 102% of the cost of the plans you elect to enroll in through COBRA. You will have 60 days from the date your benefits end to enroll. For more information, please call 636-733-2043.

Other Important Legal Notices

All other important legal notices can be found at rsdmo.org.

Glossary

Annual Open Enrollment – The one time per year when Retirees can make changes to their benefits (unless there is a qualifying life event).

Coinsurance – Typically in a percentage, this is the percentage of a cost of a service that you pay. The plan pays the other percentage of the cost. You will typically pay coinsurance after you meet the deductible.

Copay – The fixed dollar amount for certain services like a primary care visit or prescription.

Deductible – A health plan deductible is what you pay before the plan starts to pay.

Dependents – Children and spouses the Retiree chooses to cover on their insurance.

Embedded Deductible – In a health plan with an embedded deductible, no single individual on a family plan will have to pay a deductible higher than the individual deductible amount. Our Green Plan has an embedded deductible. That means if there are two on the plan, each person has to reach their individual deductible before the coinsurance kicks in. If there are more than two on the plan, at least one person has to meet the individual deductible. The others, together, need to reach the remaining deductible. Our Tan Plan does not have an embedded deductible. That means one person can reach the deductible for the whole family.

HSA – Health Savings Account. Established by the IRS, this benefit allows the use of pre-tax salary to be used for qualified medical expenses. The account owner must be in a high deductible health plan (i.e. the Tan Plan).

Life Event – A change in status or life event that could qualify a Retiree to request a special enrollment. Examples include marriage, birth, divorce, gaining or losing other coverage. Please see One Rockwood or contact the Benefits Office for more information if you think you might qualify.

Out-of-Pocket Max – This is the yearly maximum you would pay in medical expenses not including premiums.

Plan Year – The period between November 1 and October 31 each year is our plan year. Plan changes and premium changes can happen at the start of each plan year.

Premiums – The amount you and the district pay to have coverage.

Self-Funded Insurance – Type of plan usually present in larger companies where the employer itself collects premiums from enrollees and takes on the responsibility of paying Retirees' and dependents' medical claims. In RSD we contract with Anthem, CarelonRX, and Delta Dental for the use of their networks and for them to process, pay, and adjudicate claims.

Your cost of health care is the amount of premiums you pay and the amount you pay in out-of-pocket costs like your deductible and expenses up to your out-of-pocket maximum.

Retiree Enrollment Form 2026-27

Name: _____ Date of Birth: _____

Address: _____

Email Address: _____ Phone: _____

	PER MONTH	Total Cost of Coverage	If adding Dependent(s) List their name, SSN and DOB
Medical- Choose ONE option			
	Green		
	Retiree		
	Retiree + Spouse		
	Retiree + Child(ren)		
	Retiree + Family		
	Tan		
	Retiree		
	Retiree + Spouse		
	Retiree + Child(ren)		
	Retiree + Family		
	Medicare Advantage	I have contacted Anthem Medicare Advantage to enroll in that plan. Medical will be waived	
	Waive all Medical		
Dental- Choose ONE option			
	Retiree		
	Retiree + Spouse		
	Retiree + Child(ren)		
	Retiree + Family		
	Waive all Dental		
Vision- Choose ONE option			
	Retiree		
	Retiree +1		
	Retiree +2		
	Waive all Vision		
Employee Assistance Program (EAP)			
	Retiree		
	Waive EAP		

Signature _____ Date: _____

Return via email to gogelamber@rsdmo.org or via U.S Post at 111 E. North St. Eureka, MO 63025

Please return this form to:

111 E North Street
Eureka, MO 63025

Or email to
benefits@rsdmo.org

Failure to provide appropriate documentation can result in loss of coverage changes.
By submitting the coverage selections for my listed dependents and myself, I agree to the following:

- Payment is due the 7th of each month through electronic funds transfer from my designated account.
- Requested changes will become effective 1st of the month following receipt of request for change.
- Selections under the Plan can be changed or revoked by me only at each annual enrollment, on account of, and consistent with a Life Event (as defined by the Plan), or as otherwise permitted under federal law, including the HIPAA Special Enrollment regulations.
- The information I have furnished, to the best of my knowledge and belief, is correct and complete.
- I understand that any person who knowingly and with the intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.
- I understand all benefits are subject to conditions stated in the Plan Document.

Office use only:
Date received: _____
Date documents received: _____
Date conformation sent to retiree: _____

Notes

2026-27 Rockwood School District
Retiree Group Insurance Rates
November 1, 2026 to October 31, 2027

Green Medical Plan	Monthly Contribution
Retiree	$773.50
Retiree & Spouse	$1,657.18
Retiree & Child(ren)	$1,441.14
Retiree & Family	$2,325.02
Underage Dependent	$667.64
Spouse/Dep Only	$773.50

Tan Medical Plan	Monthly Contribution
Retiree	$631.92
Retiree & Spouse	$1,338.86
Retiree & Child(ren)	$1,166.04
Retiree & Family	$1,873.18
Underage Dependent	$534.12
Spouse/Dep Only	$631.92

Dental Plan	Monthly Contribution
Retiree	$40.94
Retiree & Spouse	$80.70
Retiree & Child(ren)	$89.22
Retiree & Family	$129.06

Vision Plan	Monthly Contribution
Retiree	$4.78
Retiree +1	$8.52
Retiree + 2	$12.76

Employee Assistance Program	Monthly Contribution
Retiree	$1.65

Once a line of coverage is discontinued, the retiree cannot return to that line of coverage.

Enrollment in each line of coverage is independent from the other lines of coverage.

*EAP Coverage must be elected for the entire plan year. If EAP enrollment is not elected at the initial offer of coverage, the retiree cannot elect EAP at future Open Enrollments.

This brochure summarizes the benefit plans that are available to Rockwood School District eligible Retirees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.