



Rockwood School District



Benefit Enrollment Guide Standard Benefits – Active Employees

Plan Year November 1, 2026 – October 31, 2027

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A Message to Our Employees



Welcome to Your 2026-2027 Benefits Enrollment Guide!

Dear Rockwood School District Employees,

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 CaredonRx. 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, as well as our life and long-term disability insurance with Hartford. Best of all, there will be no plan design changes 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 are pleased to report that vision premiums will remain completely unchanged, and this will be the first premium increase for our dental plan since November 2022. We also want to assure you that the District remains fully committed to supporting you; Rockwood will continue to pay 100% of employee premiums and 50% of dependent premiums. Additionally, the District has budgeted an extra \$4.6 million contribution this year to help cover the remaining gap between costs and premiums.

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 One Rockwood Benefits pages. Please contact Benefits 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: Blue Access Choice		1-844-995-1751	www.anthem.com
Pharmacy	CarelonRx	1-833-396-0309	www.anthem.com
Dental		1-800-335-8266	www.deltadentalmo.com
Vision: Advantage Network		1-866-939-3633	www.eyemed.com
Life and AD&D Voluntary Life and AD&D		Customer Service: 1-866-294-7987 To file a claim: 1-888-563-1124	Email: GBDCustomerService@thehartford.com Member Portal to file a claim: www.thehartford.com/employee-benefits/claims
Long Term Disability (LTD)		Customer Service: 1-866-294-7987 To file a claim: 1-888-277-4767	Email: GBDCustomerService@thehartford.com Member Portal to file a claim: www.thehartford.com/employee-benefits/claims
Voluntary Benefits: Universal & Term Life Accident Insurance Critical Illness Hospital Indemnity		Customer Service: 1-800-396-2960 To file a claim: 1-800-396-2960	Email: Claims & Customer service ClaimContactVB@Trustmarkbenefits.com Member Portal: www.trustmarkbenefits.com/logging/individuals
Employee Assistance Program (EAP)		1-800-356-0845	www.MyPASEAP.com
Flexible Spending Account		1-800-727-0182 Option 1	www.FSA.help/login

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. **This is a mandatory open enrollment.** All benefits eligible employees must complete enrollment.

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. Rockwood has a Spousal Exclusion Policy. They cannot be covered by Rockwood if they are **offered** coverage elsewhere.

Flexible Spending Accounts (FSA)

Administration for FSA Healthcare and Dependent Care is administered through Tri-Star Systems.

Employees must ALWAYS reenroll in a Flexible Spending Account (FSA) every year. Flex accounts do NOT roll over. Enrollment must be made by 4:30 p.m. September 10, 2026.

Debit cards are valid for 5 years. Each new year, the new funds are loaded onto the same card. The only time new cards are issued is if the current card is close to expiring or if new cards are requested by the employee.

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 31-35.

Earn Gift Cards!!

Rockwood wants employees to stay healthy and offers a \$25 gift card for those who complete their annual preventative exam. See pages 31-35 for more information.

HSA Update

Employees who elect the Tan Plan will receive a \$1,698.96 district contribution to their HSA in early November. If you changed your contribution amount during the 2026-27 plan year, that is the annual amount that will be spread out over 24 paychecks starting January 1, 2027.

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 16

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, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. 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 Selerix. Listed below are the Rockwood School District benefits available during open enrollment:

- Medical
- Dental
- Vision
- Life and AD&D (can only designate and/or update beneficiary)
- Supplemental Life and AD&D
- Voluntary Universal & Term Life
- Voluntary Critical Illness
- Voluntary Accident Insurance
- Voluntary Hospital indemnity
- Health Savings Account (HSA) - Tan plan only
- FSA Plan

Who is Eligible?

Full-Time employees working at least 35 hours per Week and 187 days or more and their eligible dependents may participate in the Rockwood School District Standard Benefit Program.

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

- Dependent “child” up to age 26. (Child means the employee’s natural child or adopted child and any other child as defined in the certificate of coverage)
- Your lawful spouse (*Please note, 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 employee must enroll to continue to receive coverages

New Plan Year Changes

Any medical, dental and vision changes for the 2026-27 plan year will start with your first October paycheck.

Any Life or FSA changes for the 2026-27 plan year will start with your first November paycheck.

Any HSA changes for the 2026-27 plan year will start with your first January 2027 paycheck.

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 Human Resources 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 the Benefits page on One Rockwood and click on “Benefits Election and Changes” 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 pays 100% of employee insurance premiums for the Standard Plan. This includes medical, dental, vision, basic life, long term disability, and EAP (Employee Assistance Program).
- RSD pays 50% of the premium for medical, dental, and vision for employees who elect to have their children, spouse, or both on their plans.
- 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 and manages online trainings.	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	lovendahlaura@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

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

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

TIP

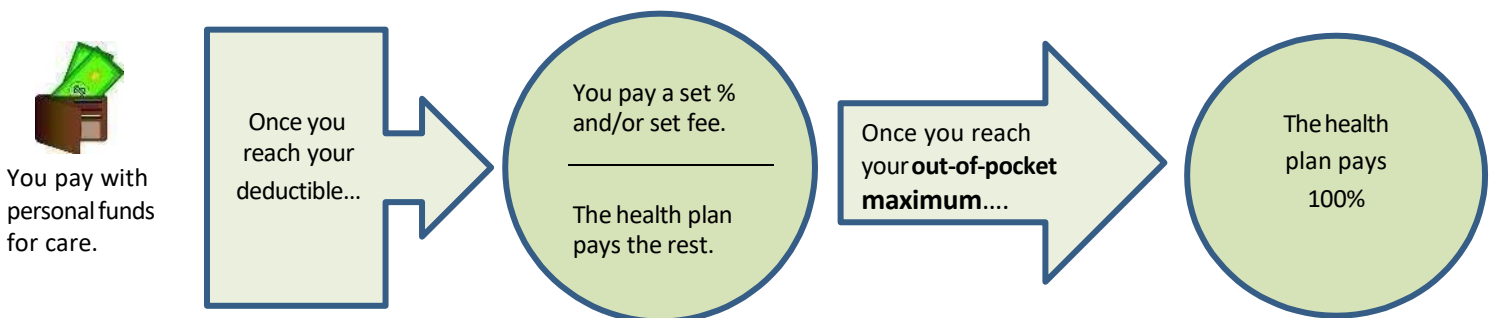
Look over your family's previous medical expenses to determine which plan will be best for you.

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.

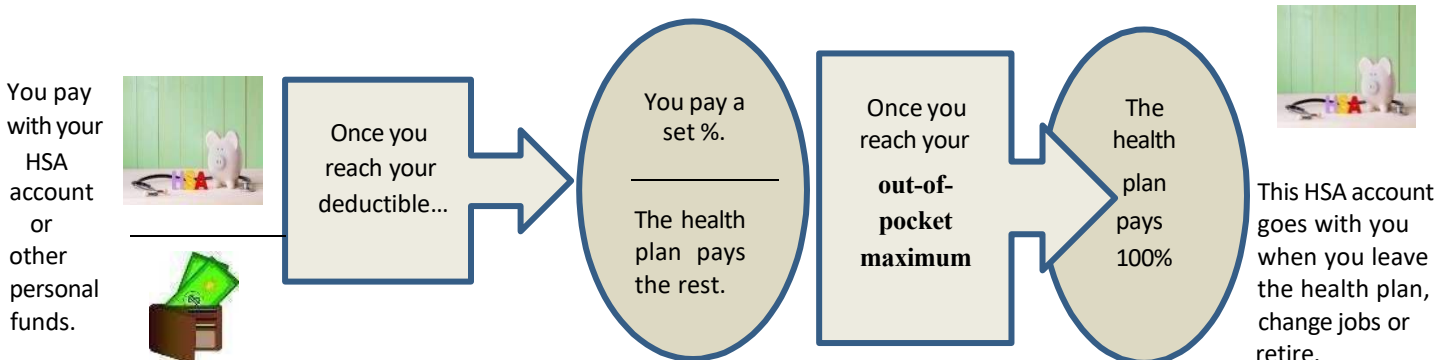


2. High Deductible Tan Plan

How your Tan Plan works

How your account is funded: Your contribution and money from your employer.

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



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 40 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 14 for more information)	In-Network Benefits (Blue Access Choice Network)	Out-of-Network Benefits (see page 14 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 40 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 14 for more information)	In-Network Benefits (Blue Access Choice Network)	Out-of-Network Benefits (see page 14 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 Medical	Employee Cost	District Cost	Total Cost
Employee Only	\$ 0.00	\$ 773.50	\$ 773.50
Employee & Spouse	\$ 441.84	\$ 1,215.34	\$ 1,657.18
Employee & Child(ren)	\$ 333.82	\$ 1,107.32	\$ 1,441.14
Employee & Family	\$ 775.76	\$ 1,549.26	\$ 2,325.02

Tan* Medical	Employee Cost	District Cost	Total Cost
Employee Only	\$ 0.00	\$ 631.92	\$ 631.92
Employee & Spouse	\$ 265.10	\$ 1,073.76	\$ 1,338.86
Employee & Child(ren)	\$ 200.30	\$ 965.74	\$ 1,166.04
Employee & Family	\$ 465.50	\$ 1,407.68	\$ 1,873.18

Employees who elect the Tan Plan will receive a yearly contribution to their HSA for 2026-27 = **\$1,698.96. Employees who enroll in the tan plan mid plan year will receive the yearly HSA prorated based on the months enrolled at **\$141.58** per month.*

Premiums are paid a month in advance.

For spouses who both work for the district, please contact Kelly Norrid, Coordinator of Benefits and ask about the Dual Spouse Plan.

When you enroll in either the Green or Tan Plan, you will use your Anthem ID card for medical and pharmacy visits or download the Sydney Health app to your phone for secure, digital access and your digital ID cards.

Impacted wisdom teeth are covered under our medical plan through Anthem.

**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.

Salary Deductions

The following is the disclaimer provided during new hire benefit enrollment.

Failure to provide appropriate documentation can result in loss of coverage.

By submitting the coverage selections for my listed dependents and myself, employees agree to the following:

- Deductions of the required contributions toward the cost of coverage, if any, may be automatically taken from my pay.
- Medical, dental and vision premiums will be deducted on a pre-tax basis unless you submit a written request to the Benefits Department to deduct the premiums on a post-tax basis.
- 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, the IRS, 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.

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](https://www.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](https://www.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](https://www.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

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.

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

Cost with Anthem PPO 1000 Medical (Green Plan): \$250 copay; waived if admitted

Cost with Anthem PPO HSA 3000 Medical (Tan Plan): 10% After Deductible is met

Urgent Care

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.**

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): \$50 copay

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

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 14

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.

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 <i>This means you will pay Copay's from day one for prescriptions</i>			
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. <i>This mean you will pay full cost for your prescriptions until you reach your deductible.</i>			
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

Dental Insurance

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

If your dentist recommends services other than 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.

TIP

Wisdom teeth are covered under our dental if they are not impacted. Wisdom teeth are covered under our medical plan if they are impacted.

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	Employee Cost	District Cost
Employee Only	\$0	\$40.94
Employee + Spouse	\$19.88	\$60.82
Employee + Child(ren)	\$24.14	\$65.08
Employee + Family	\$44.06	\$85.00

Rockwood School District Group # 9127	Delta Dental PPOSM Network Based on applicable PPO Maximum Plan Allowance - No balance billing	Delta Dental Premier[®] Network Based on applicable Premier Maximum Plan Allowance - No balance billing	Out-of-Network 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 MAXAdvantage: 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.	Dentists Nationwide  Dentists in Missouri 		

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:

Eye Med: Advantage Network

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? Employees can enroll in employee only, employee + one dependent, or employee + two or more dependents.

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 employees 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	Employee Cost	District Cost
Employee Only	\$0	\$4.78
Employee + 1	\$1.86	\$6.66
Employee + 2 or more	\$3.98	\$8.78



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

TIP

If you are on the **green** plan, your medical plan will cover one annual eye exam at 100%. Make sure your provider codes your eye exam as preventive.

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 – Plan is on a Calendar year Jan 1 – Dec 31

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. HSAs are also portable. This means that if you were to change jobs or health plans, the money in your account stays with you.

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 receive a card linked to your account to pay for qualified expenses. 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 – Open enrollment contributions start on January 1

- 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.

2027 IRS CALENDAR YEAR CONTRIBUTION LIMITS

Individual	Family	Age 55+ Catch Up	RSD Contribution Early November
\$4,500*	\$9,000*	\$1,000	\$1,698.96

*This includes the **district** contribution. Make sure to subtract the **district** contribution before determining your annual contribution. ...

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

Flexible Spending Accounts

FSA

Administration: Tri-Star Systems

[FSA.help/login](#) or 1-800-727-0182, Option 1

A Flexible Spending Account, or FSA, is an account set-up by your employer that allows you to pay for medical and dependent care expenses on a pre-tax basis. Pre-tax means before federal, state, and social security taxes are deducted from your paycheck. Refer to the IRS website for a full list of qualified and unqualified expenses.

Remember, health care and dependent care FSA plans are “use it or lose it”. This means that you forfeit any money remaining in the account at the end of the plan year.

If you leave Rockwood mid-year, for the Health Care FSA, you can incur expenses through the end of your benefit termination month and will have 30 days after to submit claims. For the Dependent Care FSA, you can incur expenses through the end of the plan year and you have 30 days afterwards to be reimbursed.

TIP

Budget wisely. FSA accounts have a “use it or lose it” rule. Any money left over in the account at the end of the plan year grace period must be forfeited.

Health Care FSA (Green Plan)

- Access to the entire amount of money you elect for the plan year on the first day of the plan.
- You will receive a debit card that can be used at your doctor’s office or pharmacy for qualified expenses.

Limited Purpose FSA (Tan Plan)

- For dental and vision expenses only.
- Available if you have an HSA.
- Receive a debit card that can be used for dental and vision expenses only and will likely require substantiation.

Dependent Care FSA (Green Plan or Tan Plan)

- Use pre-tax income for dependent care for children under the age of 13 who are being cared for while you and your spouse are working or seeking employment.
- Eligible dependents could also include a spouse or other IRS dependent who is mentally or physically disabled and incapable of self-care.
- Qualified expenses include daycare and at-home care services. Ineligible expenses include tuition for kindergarten or private schools, sport camps, or overnight camps.
- For your Dependent Care FSA, funds become available as they are deducted from your paycheck and posted to your account.
- You can reimburse yourself from your account for services received by filing a claim with Tri-Star Systems. This means you do not receive a debit card for expenses. You will pay for the claim and then request a reimbursement on their portal or by completing a reimbursement form.

Flexible Spending Accounts

2027 IRS Contribution Limits



2027 Maximum IRS Contribution Limits	
Health Care FSA	2026 Limit was \$3,400, 2027 TBD by IRS in fall
Limited Purpose FSA	2026 Limit was \$3,400, 2027 TBD by IRS in fall
Dependent Care FSA	\$7,500 (per household)

According to IRS guidelines, Tri-Star is required to verify that all purchases made with your new blue debit card you received from Tri-Star are eligible expenses. If you receive a Request for Documentation letter from Tri-Star, you must provide documentation for the transactions listed in the letter. The following are a few common scenarios when substantiation may be required:

- You used your card at a merchant without an inventory information approval system (IIAS).
- The amount of the expense does not match your copay.
- The merchant description from the card swipe does not clarify the type of expense. This generally occurs with dental or hospital expenses.

Important Note: Use It or Lose It

Claims for all Flexible Spending Accounts must be incurred during the eligible period of coverage AND submitted in a timely manner. IRS regulations require that any unclaimed dollars remaining in your account are forfeited after the end of the plan year grace period.

The grace period is as follows:

- January 15, 2028 is the last day to incur expenses
- January 29, 2028 is the last day to file claims

After November 1, you can't use your debit card to pay for previous year expenses. For expenses that need to be paid out of the 2026-27 plan year, but after November 1, you will need to pay for the expense and file a reimbursement form to Tri-Star or request the reimbursement on their website.

Eligibility

- Do not need to participate in medical, dental, or vision plans sponsored by RSD.

FSA's are different from HSAs

HSA	FSA
Health Savings Account	Flexible Spending Account
Tax Deferred Payroll Deductions	Tax Deferred Payroll Deductions
Higher IRS Limits	IRS 2026 limit \$3,400 Medical FSA \$7,500 Dependent Care FSA
You have funds year after year	Use it or lose it IRS provision
Must be in Tan Plan to enroll in an HSA	Medical FSA: Either Green or Tan plan can have a Medical FSA, however, dollars elected on the Tan plan will be for Limited Purpose (dental and vision only) Dependent FSA: Either Green or Tan plan can have a Dependent Care FSA
Rockwood District Contribution: \$1,698.96	No District Contribution
January 1 – December 31 (calendar year)	November 1 – October 31 (plan year)

Life and Accidental Death & Dismemberment Insurance

Life Insurance Carrier: **The Hartford**

1-888-563-1124 or email at GBFCustomerService@thehartford.com for claims related questions.

If the unthinkable happens, you want to know your family is covered. RSD provides full-time employees with life and accidental death and dismemberment (AD&D) insurance through The Hartford and pays the full cost of this benefit. You also have the option to purchase supplemental life insurance through The Hartford.

Basic Life Insurance

Life insurance provides you with the peace of mind knowing that if you are no longer able to financially provide for your family due to death, they will receive some financial benefit.

TIP

Make sure your beneficiary is clearly identified on all survivor benefit insurance documents.

You can update at:
benselect.com/rsd

Accidental Death & Dismemberment

If you pass away as the direct result of an accident, your beneficiary will receive both the life and AD&D portion of the benefit.

If you suffer a covered accidental injury such as loss of speech and hearing, quadriplegia, paraplegia, loss of limb, or thumb and index finger, you would be the beneficiary of a benefit (based on the type of loss).

Supplemental Life Insurance

For this Open Enrollment, you can elect in increments of \$10,000 up to \$30,000 without having to complete EOI (evidence of insurability) as long as you don't go over the guaranteed amount (\$300,000 for employees and \$250,000 for spouses). If you go over \$30,000 or increasing it causes you to go over the guaranteed amount, you will be required to complete EOI for approval.

Per check amount for Each \$10,000 of Supplemental Life and AD&D Insurance Coverage

Benefit	EE Only Supplemental Life	EE Only Supplemental Life with AD&D	Supplemental Life with Family AD&D	Spouse Supplemental Life	Child Supplemental Life (\$10,000 Limit)
Rate	\$1.06	\$1.13	\$1.185	\$1.06	\$0.50

Supplemental Life Insurance

Employee Only Supplemental Life with no AD&D (\$1.06 per \$10,000 elected per paycheck)

- With this benefit, if you die, your basic life beneficiary will receive this life insurance amount in addition to your basic life insurance amount.
- Employees who first become eligible for standard benefits can elect up to \$300,000 without completing EOI. They can increase it by \$30,000 during Open Enrollment without completing Evidence of Insurability (EOI) up to the Guarantee Issue amount of \$300,000. If you elect more than \$30,000 at one time, or an amount over \$300,00, EOI is needed. Coverage can never exceed the Guarantee Issue amount of \$500,000.

Employee Only Supplemental Life with AD&D (\$1.13 per \$10,000 elected per paycheck)

- AD&D stands for Accidental Death & Dismemberment. With this benefit, if you die from natural causes, your beneficiary will receive this amount along with your basic life insurance amount. If you die as a result of a qualifying accident, your beneficiary will receive this amount doubled in addition to your basic life insurance amount. In addition, if you suffer a qualifying loss or dismemberment (example eyesight, speech, hearing or a limb), the associated percentage of the AD&D benefit will be paid to you. Please see the life certificate for the schedule of coverage on Selerix.com/rockwoodschoools.
- Employees can elect the same amount as Employee Only with no AD&D.

Employee Only Supplemental Life with Family AD&D (\$1.185 per \$10,000 elected per paycheck)

- This benefit is similar to the previous benefit except that your named immediate family members are covered for an accidental death or dismemberment only. Each family member is given a percentage that will be paid upon their death. Refer to the SPD on Selerix.com/rockwoodschoools.
- Employees can elect the same amount as Employee Only with no AD&D.
- Your spouse coverage ends when the spouse turns age 70. Dependent coverage ends when the dependent turns 26.

Spouse Life Insurance (\$1.06 per \$10,000 elected per paycheck)

- This is life insurance for your spouse. If you elect this benefit, you would receive the life insurance amount if your spouse dies. The spouse voluntary life benefit may be purchased in 1, 2 or 3 increments of \$10,000 (\$30,000 total) without completing EOI up to the Guarantee Issue amount of \$50,000. If you elect more than \$30,000 at one time or go over the \$50,000, EOI is needed. Coverage can never exceed the Guarantee Issue amount of \$250,000.
- Employees can elect up to \$250,000 when first eligible for Standard benefits and increase by \$30,000 during Open Enrollment without complete EOI as long as the increase doesn't go over \$250,000.
- This coverage ends when the spouse turns age 70.

Child Life Insurance (\$0.50 per paycheck)

- This is life insurance for your child. With this benefit, you will receive the life insurance amount if your child dies. The only option is \$10,000 and does not require EOI. Dependents will be covered until the end of the month they turn 26. **Please notify us when your dependent reaches this age so we can update your coverage and your premium.** Failure to do so could result in your overpayment.

Other Information Regarding Life Insurance

- You can only purchase voluntary life for your spouse/dependents if you purchase voluntary life for yourself in at least the same amount.
- If you make a change during Open Enrollment that requires Evidence of Insurability (EOI), The Hartford will email you a link. You will complete your EOI online and will get a real time answer. The Hartford then notifies Rockwood of the decision.
- If you leave employment, you can convert your basic and supplemental life insurance, provided you make the request for conversion within 30 days of leaving employment (or benefit eligibility).
- For some employee groups, the life insurance benefit has an age reduction at 65, 70, 75, and age 80. See your confirmation statement or contact the Benefits Office if you have questions.
- If both spouses work for the district, they cannot elect to cover each other and only 1 can cover their children.

Income Protection

Long Term Disability

Carrier: **The Hartford (same carrier as we have for life insurance)**

thehartford.com/employee-benefits/claims or 1-888-277-4767

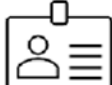
Rockwood School District provides Long Term Disability (LTD) protection at no cost to eligible employees. In the event you become unable to work due to a non-work-related illness or injury the benefit pays a portion of your salary. Benefit payments begin after 75 days of disability. See the Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Even if you have enough sick leave to cover a long-term medical leave, we advise you to contact the Benefit Office and The Hartford to file a claim if you think you might miss work for three months or more.

Employees who need to file a claim can call 1-866-294-7987. The Hartford will walk employees through the process.

How to Submit a Claim

Submitting a disability claim is as simple as 1-2-3:

 1 Visit thehartford.com/employee-benefits/claims to submit a claim. You can also contact Hartford at 888-277-4767.	 2 Employees should have their physician's contact information ready.	 3 Answer some questions about the claim – the whole process takes just minutes!
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What Happens Next

A Hartford claims specialist will be in touch within 1-2 business days to develop an action plan and explain next steps.

Voluntary Trustmark Benefits Overview

Trustmark Voluntary insurance policies pay **cash benefits directly to you**, regardless of any other medical coverage you have. Use the payout however you need – for medical bills, daily expenses, or family care. Rates based on age and plan chosen and can be viewed during Open Enrollment in the Selerix Benefit system.

1. Universal Life Events® Insurance

Permanent Life Insurance with Long-Term Care (LTC) Benefits

- **Life Protection During Working Years:** Provides a higher death benefit during your working years when financial obligations are highest. The death benefit reduces to one-third at age 70 or the 15th policy anniversary (whichever is later).
- **Long-Term Care (LTC) Benefit:** Collect **4% of your death benefit per month for up to 25 months** to pay for LTC services at any age. The LTC benefit stays full and level throughout your life.
- **Double Your Benefit Value:** Collecting LTC benefits does not eliminate your life benefit; a full death benefit remains available for your beneficiaries.
- **Terminal Illness Access:** Accelerate a portion of your death benefit upon a terminal illness diagnosis.
- **Locked-In Rates:** Premiums are locked in based on your age at purchase and **never increase due to age**.

2. Critical HealthEvents® Insurance

Comprehensive Financial Cushion for Serious Illnesses

- **Tiered Cash Payouts:** Pays cash based on diagnosis severity—**100%, 50%, or 10%** of your selected benefit amount:
 - **100%:** Advanced cancers, heart attack, major stroke, end-stage kidney/organ failure, blindness, or paralysis.
 - **50%:** Early-stage cancers, milder strokes, early coronary obstruction, or neurological disorders (e.g., MS, Parkinson's, Alzheimer's).
- **Expanded Coverage:** Includes coverage for specified illnesses, infectious diseases (including COVID-19, Lyme disease, malaria), and pediatric illnesses (e.g., autism spectrum disorder, congenital conditions).
- **Annually Restoring Benefit:** Your **full 100% benefit amount restores every January 1st** for a new diagnosis or a recurrence—no lifetime maximum!

3. Hospital StayPay® Insurance

Hospital Indemnity Coverage to Help Offset Deductibles & Out-of-Pocket Costs

- **First Day Stay Benefit:** Lump-sum cash payout the first day you are admitted to the hospital. Pays an additional benefit for Intensive Care Unit (ICU) admissions.
- **Daily Stay Benefit:** Daily cash payout for each day of your stay after the first day, with extra daily benefits for time spent in the ICU.
- **Broad Covered Stay Reasons:** Covers admissions for **illness, accidental injury, mental wellness, addiction recovery, or childbirth**.
- **HSA Compatible:** Designed to complement and work alongside Health Savings Accounts.

4. Accident Insurance

24-Hour Coverage for Unexpected Injuries and Treatments

- **Treatment & Service Payouts:** Pays direct cash for initial care (ER visits, ambulance, X-rays), accidental injuries (fractures, dislocations, burns, concussions), and follow-up care (physical therapy, follow-up visits, crutches/wheelchairs).
- **Injury Benefit Boosts:**
 - **Auto Injury Boost:** Extra benefit if an injury occurs in an automobile compliant with traffic laws.
 - **Organized Sports Boost:** Extra benefit if an injury occurs during formal organized sports.
- **Accidental Death & Catastrophic Loss:** Pays additional benefits for catastrophic losses (e.g., loss of limb use, blindness) or accidental death (doubles if on a common public carrier).

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



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 SydneySM 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 prescriptions¹ 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.

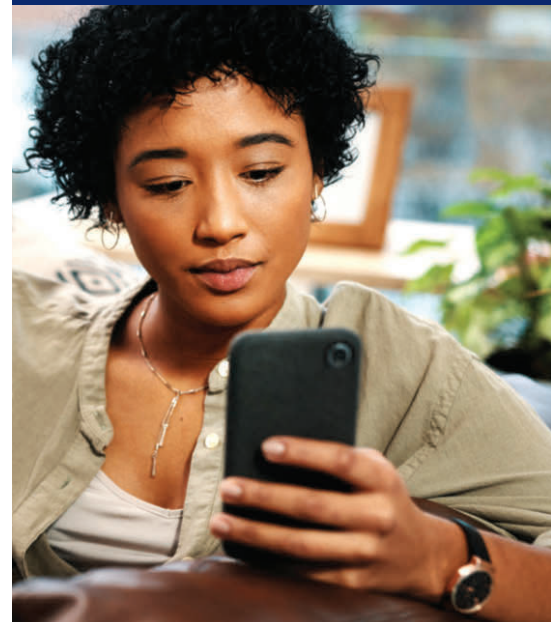
Save money and time with virtual care

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.



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.
 Sydney Health is offered through an arrangement with Cerebral Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.
 In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.
 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 Georgia: Blue Cross Blue Shield Healthcare 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 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 Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.
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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 **SydneySM 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.

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.



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.



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**.

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 Illinois: 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.

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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 SM 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

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](https://www.anthem.com).



Earn and redeem your rewards

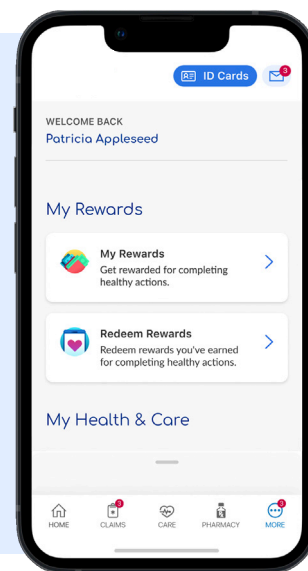
Start by logging in to Sydney Health and scroll down to *My Rewards*. From there you can:

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](https://www.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](https://www.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](https://www.anthem.com) or open the Sydney Health app to explore the electronic gift card options available to you.

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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 card 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](https://www.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](https://www.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 legal 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 next 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 under benefits tab

Glossary

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

Beneficiary – The person to whom the life insurance benefit is paid if the policy holder dies.

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 employee 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.

FSA – Flexible Spending Account. Established by IRS regulations, this benefit allows the use of pre-tax salary to be used for qualified expenses. Funds not used are forfeited at the end of the plan year grace period. See the FSA section for more details.

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 an employee or 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 employees' 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.

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

Monthly Contribution	Employee Dependent Contribution	District Dep Contribution	District EE Contribution	District total (District Dep + District EE)	Total to Ins Fund (Employee Dep + District Total)
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Green Medical Plan					
Employee Only	\$ 0.00	\$ 0.00	\$ 773.50	\$ 773.50	\$ 773.50
Employee & Spouse	\$ 441.84	\$ 441.84	\$ 773.50	\$ 1,215.34	\$ 1,657.18
Employee & Child(ren)	\$ 333.82	\$ 333.82	\$ 773.50	\$ 1,107.32	\$ 1,441.14
Employee & Family	\$ 775.76	\$ 775.76	\$ 773.50	\$ 1,549.26	\$ 2,325.02

Tan Medical Plan*

Employee Only	\$ 0.00	\$ 0.00	\$ 631.92	\$ 631.92	\$ 631.92
Employee & Spouse	\$ 265.10	\$ 441.84	\$ 631.92	\$ 1,073.76	\$ 1,338.86
Employee & Child(ren)	\$ 200.30	\$ 333.82	\$ 631.92	\$ 965.74	\$ 1,166.04
Employee & Family	\$ 465.50	\$ 775.76	\$ 631.92	\$ 1,407.68	\$ 1,873.18

Dental

Employee Only	\$ 0.00	\$ 0.00	\$40.94	\$40.94	\$40.94
Employee & Spouse	\$19.88	\$19.88	\$40.94	\$60.82	\$80.70
Employee & Child(ren)	\$24.14	\$24.14	\$40.94	\$65.08	\$89.22
Employee & Family	\$44.06	\$44.06	\$40.94	\$85.00	\$129.06

Vision

Employee Only	\$0.00	\$0.00	\$4.78	\$4.78	\$4.78
Employee & 1	\$1.86	\$1.88	\$4.78	\$6.66	\$8.52
Employee & 2 or more	\$3.98	\$4.00	\$4.78	\$8.78	\$12.76

*Employees who elect the Tan Plan will receive a yearly contribution to their HSA for 2026-27 = \$1,698.96. Employees who enroll mid- plan year will receive the yearly HSA prorated based on the months enrolled at \$141.58 per month.

Premiums are paid a month in advance.

For spouses who both work for the district, please contact the Benefit Office for additional information.

This brochure summarizes the benefit plans that are available to Rockwood School District eligible employees 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.