CSD Insurance Trust

Serving MO Public Education Employee Benefits Since 1991

YOUR 2026-2027 BENEFITS

Webster Groves

WELCOME TO YOUR BENEFITS

TABLE OF CONTENTS

4 Benefit Basics

5 Medical Plan Overview

6 Medical Plan

8 Health Reimbursement Arrangement (HRA)

9 Savings and Reimbursement Accounts

10 Manage Your Spending Account Online

11 Medical Plan Resources

12 Dental Plan

13 Vision Plan

14 Life Insurance and Disability

15 Additional Resources

17 Voluntary Benefits

18 Cost Example #1

19 Cost Example #2

20 Contact Information

Understanding your benefit options

We understand the important role that benefits play for you and your family. **Most benefits renew on October 1 (unless otherwise noted) and continue through September 30.** You have an opportunity to make changes to your benefits package as a new hire and during Open Enrollment in August to ensure you and your family have the right coverage.

This benefits guide is an important tool to help you get familiarized with your benefit options. It provides useful tips, tools and resources to help you think through your options and make decisions. As you prepare to enroll:

- Consider your benefit coverage needs for the upcoming year.
- Consider other available coverage.
- Gather information you'll need. If you are covering dependents, you will need their dates of birth and Social Security numbers.

Getting the most value from your benefits depends on how well you understand the plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.

Getting Started with

BENEFITS GO

BY EMPYREAN

How to create a BenefitsGO account and access your benefits portal.

1. Access BenefitsGO

- **Computer:** Visit: https://web.benefitsgo.me/organization/752968.
- **Smartphone:** Download the BenefitsGO app from your app store or scan the QR code in the guide. Enable notifications and enter **Employer Code: 752968**.

2. Register Your Account

- On your employer's Welcome page, select **Let's Go**.
- Choose **Sign Up** if this is your first time using the portal.
- Enter your email address and create a password that meets the on-screen requirements.

3. Verify Your Identity

Provide:

- First name
- Last name
- Date of birth
- Unique ID (SSN or equivalent)

4. Accept Terms of Use

- Read and agree to the Terms of Use to complete account setup and access your benefits portal.

Need Help?

Contact the **CSD Insurance Trust Benefit Center**:

- **Phone:** 1-833-269-2142
- **Option 1**

Key information: Employer Code **752968.**

BENEFIT BASICS

Your 2026-2027 benefits are effective October 1 through September 30 (unless otherwise noted).

Covering yourself and your family

You are eligible for benefits if you work at least 30 hours per week. Benefits are effective on the first day of hire. If your employment ends, your benefits will terminate at the end of the month following your last day of employment. The following dependents are also eligible:

- Your legal spouse
- Your children up to age 26*

You may be asked to provide documentation to verify eligibility for each family member you cover.

*Age limits may vary by coverage. Please refer to your district plan document or carrier to confirm dependent age limits.

Making changes during the plan year

Generally, you may only make or change your existing benefit elections as a new hire or during the annual Open Enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by the employee or dependent
- Eligibility for Medicare or Medicaid

Depending on the type of event, you may need to provide proof of the event, such as a marriage license. If you do not make the changes within 31 days of the qualified event, you have to wait until the next Open Enrollment period to make changes (unless you experience another qualified life event).

When your benefit plans reset

Your annual deductible and out-of-pocket maximums for your medical plan reset at the beginning of the plan year on October 1, 2026. The deductibles and annual maximums for the dental and vision plans reset at the beginning of the calendar year on January 1, 2027.

ELECT YOUR BENEFITS WITHIN 31 DAYS

You have 31 days from your date of hire or a qualified life event to make changes to your coverage.

ENROLL ONLINE

Enroll in your benefits at https://web.benefitsgo.me/login. If you have any questions, contact the Benefits Service Center at 833-269-2142.

MEDICAL PLAN OVERVIEW

We offer a choice of three medical plans through Anthem. All medical plan options include coverage for prescription drugs. To select the plan that best suits your family, you should consider the key differences between the plans, the cost of coverage (including payroll deductions) and how the plan covers services throughout the year.

Understanding how your plan works

YOUR DEDUCTIBLE	YOUR COVERAGE OPTIONS
You are responsible for most medical and pharmacy expenses until you reach your annual deductible. Note that all plans cover in-network preventive care at 100% (no cost to you), even if you haven't met your deductible. Once you reach your out-of-pocket maximum, eligible expenses are covered in full for the remainder of the year.	Under the **Standard HRA Plans**, you will pay your portion of the annual deductible first and the HRA will pay the remaining portion of your full annual deductible. Once the deductible is met, you are responsible for the coinsurance until the out-of-pocket max is met. Then you are covered in full. Under the **HSA Plan**, you are responsible for all non-preventive expenses until you reach your annual deductible. Once you reach your annual deductible, the plan will cover a portion of the costs until you reach your annual out of pocket maximum. You can use your tax-free Health Savings Account (HSA) to pay for your expenses. Under the **KIDZ Plan**, you are responsible for all non-preventive expenses until you reach your deductible. Once you reach your deductible, the plan will cover a portion of the costs until you reach your out-of-pocket maximum. If there is a copay for the service, you pay that amount and it will count toward your out-of-pocket maximum.

Making the most of your plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan:

- **In-network providers and pharmacies:** You always pay less if you see a provider within the medical and pharmacy network.
- **Out-of-Network Balance Billing:** Out-of-network balance billing is when an out-of-network provider bills a patient for the difference between what the health plan agreed to pay and the full amount charged to the plan for a service. A member could be responsible for their out-of-network out-of-pocket max in addition to the balance billed amount.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.
- **Pharmacy coverage:** Medications are placed in categories based on drug cost, safety and effectiveness. These tiers also affect your coverage:
  - **Generic** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
  - **Brand preferred** – A drug with a patent and trademark name that is considered "preferred" because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
  - **Brand non-preferred** – A drug with a patent and trademark name. This type of drug is "not preferred" and is usually more expensive than alternative generic and preferred brand drugs.
  - **Specialty** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.
- **Mail order pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the mail order pharmacy to save on a 90-day supply of your medication.

MEDICAL PLAN

PLAN PROVISIONS	Standard HRA Plan $1,500 Blue Access Choice		Standard HRA Plan $2,500 Blue Access Choice	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible - Individual **	$3,500	$4,000	$3,500	$4,000
Deductible - Family **	$7,000	$8,000	$7,000	$8,000
Out-of-Pocket Maximum - Individual*	$5,000	$9,500	$5,000	$9,500
Out-of-Pocket Maximum - Family*	$10,000	$19,000	$10,000	$19,000
HRA Contribution (Pays 2nd)	$2,000 Individual/$4,000 Family		$1,000 Individual/$2,000 Family	
	Amount you pay (you must meet your deductible before the coinsurance applies)			
Primary Care Physician Office Visit	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Specialist Care Physician Office Visit	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Preventive Care	No Charge	40% Coinsurance	No Charge	40% Coinsurance
Urgent Care	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Emergency Room	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Diagnostic Test and Imaging	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Chiropractic (limit of 26 services per plan year)	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Rehabilitation Services	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Acupuncture	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Hospice Services	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Inpatient Stay	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Outpatient Surgery	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Mental Health and Substance Abuse	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Pharmacy	**Amount you pay**			
Retail				
Tier 1 - Generic Drugs	$10 Copay	50% Coinsurance	$10 Copay	50% Coinsurance
Tier 2 - Brand Preferred Drugs	$25 Copay	50% Coinsurance	$25 Copay	50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	$75 Copay	50% Coinsurance	$75 Copay	50% Coinsurance
Mail Order				
Tier 1 - Generic Drugs	$25 Copay	Not Covered	$25 Copay	Not Covered
Tier 2 - Brand Preferred Drugs	$62 Copay	Not Covered	$62 Copay	Not Covered
Tier 3 - Brand Non-Preferred Drugs	$187 Copay	Not Covered	$187 Copay	Not Covered

*The deductible counts toward the out-of-pocket maximum.
**You pay your portion of the Annual Deductible first, then the HRA pays the remaining amount to meet the full in-network deductible.
***Check that your preferred provider is in-network. Visit Anthem.com to find and verify participating providers.

MEDICAL PLAN (cont'd)

PLAN PROVISIONS	HSA Plan $3,400 HSA Blue Access Choice Network		KIDZ Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HSA District Contribution	$170/month		-	
Deductible - Individual	$3,400	$5,500	$1,000	$2,000
Deductible - Family	$6,800	$11,000	$3,000	$6,000
Out-of-Pocket Maximum - Individual*	$4,500	$9,000	$4,000	$8,000
Out-of-Pocket Maximum - Family*	$9,000	$18,000	$12,000	$24,000
Amount you pay (you must meet your deductible before the coinsurance applies)				
Primary Care Physician Office Visit	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Specialist Care Physician Office Visit	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Preventive Care	No Charge	20% Coinsurance	No Charge	40% Coinsurance
Urgent Care	0% Coinsurance	20% Coinsurance	$75 Copay	40% Coinsurance
Emergency Room	0% Coinsurance	0% Coinsurance	$150 Copay	$150 Copay
Diagnostic Test and Imaging	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Chiropractic (limit of 26 services per plan year)	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Rehabilitation Services	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Acupuncture	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Hospice Services	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Inpatient Stay	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Outpatient Surgery	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Mental Health and Substance Abuse	0% Coinsurance	20% Coinsurance	20% Coinsurance	40% Coinsurance
Pharmacy	**Amount you pay**			
Retail				
Tier 1 - Generic Drugs	$10 Copay	50% Coinsurance	$10 Copay	50% Coinsurance
Tier 2 - Brand Preferred Drugs	$30 Copay	50% Coinsurance	$25 Copay	50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	$50 Copay	50% Coinsurance	$45 Copay	50% Coinsurance
Mail Order				
Tier 1 - Generic Drugs	$25 Copay	Not Covered	$25 Copay	Not Covered
Tier 2 - Brand Preferred Drugs	$75 Copay	Not Covered	$62 Copay	Not Covered
Tier 3 - Brand Non-Preferred Drugs	$125 Copay	Not Covered	$112 Copay	Not Covered

*The deductible counts toward the out-of-pocket maximum.

HEALTH REIMBURSEMENT ARRANGEMENT

A Health Reimbursement Arrangement (HRA) is an account the district funds that you can use to pay for qualified health care expenses.

It helps you pay for medical expenses

If you are enrolled in an HRA plan, you will pay the first part of the annual deductible and the HRA will automatically pay the remaining portion of your annual deductible.

HOW THE HRA WORKS

- For services with a copay listed, you pay the copay amount, and then the rest of the services are covered and are not subject to the deductible.
- You will pay your portion of the Annual Deductible first, then the HRA will automatically cover claims until you reach your deductible and/or out-of-pocket maximum.

AVAILABLE ANTHEM NETWORKS:

Blue Access Choice

To find out if your doctor or facility is in-network go to anthem.com, use your Sydney Health App or call the Anthem Customer Service number on the back of your ID Card.

SAVINGS AND REIMBURSEMENT ACCOUNTS

We offer the Standard Plans with a Health Reimbursement Arrangement (HRA). This is a reimbursement arrangement only. You cannot contribute to this account; it is funded and owned exclusively by the district.

Flexible Spending Accounts enable you to pay for eligible expenses **tax-free**.

- **Health Savings Account (HSA)** – Available to those enrolled in the HSA Plan as long as you are not enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.
- **Health Care Flexible Spending Account (FSA)** – If you are not enrolled in an HSA plan you can use this account for medical, pharmacy, dental, vision and approved over-the-counter expenses.
- **Dependent Care FSA** – Use for eligible childcare expenses for dependents under age 13 or elder care.

COMPARISON OF ACCOUNTS	HSA	HRA	FSA
Does the district contribute? *Amount for full-year*	✓ $170/month	Varies by plan	X
Can I contribute my own savings?	✓	X	✓
Is there an IRS maximum annual contribution?	✓ Employee: $4,400/Family $8,750 Those 55 and older can contribute an additional $1,000 annually	X	✓ Health Care: $3,400 Dependent Care: $5,000
Will my savings roll over each year?	✓	X	X
Are the savings tax-free? *In most states*	✓	✓	✓
Do I keep the money if I leave the district?	✓	X Option to continue through COBRA	X Option to continue Health Care only through COBRA
Plan year for contributions	Effective October 1 to September 30	Effective October 1 to September 30	Effective October 1 to September 30

*Savings must be over a certain limit to begin accruing interest.

MANAGE YOUR SPENDING ACCOUNT ONLINE

You're in control of your spending account dollars. Take advantage of online tools to keep track of your spending and manage your account.

Start at anthem.com or in the Sydney Health app

On your desktop

Go to anthem.com to register. Under the *My Plans* tab, choose **Spending Accounts** to view your balance(s). Then, select **Manage My Account** to go to your Benefit Account Summary.

On your smartphone

Go to the Sydney℠ Health mobile app to register. Under the *Menu* tab, choose **Spending Accounts** under *My Plans* to view your balance(s). Select your account, then choose **Manage My Account** to view your Benefit Account Summary.

Direct deposit

Setting up direct deposit for reimbursement ensures you receive your funds fast.

Order a debit card for your dependent

You can request an additional debit card online so your dependent can access your spending account dollars or funds.

Submit reimbursement request

Flexible spending account (FSA), Limited-purpose FSA (LPFSA), Dependent care FSA (DCFSA), and Commuter benefits.

Managing your healthcare expenses is easier online

If you have questions, send us an email through the Message Center at anthem.com, or call us at the Member Services number on your ID card.

Anthem

MEDICAL PLAN RESOURCES

Anthem is available to help manage your health care with a team of professionals dedicated to being your advocate and helping you make the best use of your medical plan.

NEW for 10/01/2026 Anthem's Custom Care Management Unit or CCMU

Anthem is here to make it easier to live your healthiest life. You have access to personalized and confidential support from a dedicated Anthem nurse, at no extra cost to you.

To speak with your Anthem nurse, call 877-529-1693 24/7 and answer a few prompts.

NEW for 10/01/2026 Anthem's SmartShopper

SmartShopper helps you earn cash rewards for choosing a low-cost, quality care provider, while also helping lower your out-of-pocket cost for a covered medical procedure or screening.

24/7 NurseLine

Get instant access to registered nurses who can answer questions, provide guidance and help you access the health resources available to you. Need health care right away? A nurse can help you decide where to go if your doctor isn't available. Going to the right place can save you time and money. Call 800-337-4770 to connect with 24/7 NurseLine today.

LiveHealth Online

- Live, on-demand video doctor visits 24/7/365
- Accessible by smart phone, tablet or computer
- Cost is less than or equal to your office visit
- Available in all states with an average wait time of 10 minutes

To sign up, visit livehealthonline.com.

You can also download the free LiveHealth Online app on the App Store or Google Play.

ConditionCare

Use ConditionCare to get the care support you need for chronic conditions and manage expenses associated with asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease and heart failure. Call 866-962-1069 to connect with 24/7 ConditionCare today.

Building Healthy Families

Through Building Healthy Families, parents-to-be can receive special support and education, including 24/7 registered nurse access, that promotes healthy pregnancies, deliveries and babies. You can connect with Building Healthy Families by visiting anthem.com. Then find "Featured Programs" at the bottom of the homepage. Select "View All" and then choose the "Building Healthy Families" tile.

ComplexCare

Get the help you need for complex medical conditions or surgeries, including understanding treatment plans, medications and how to access special health care providers and community resources. Call 866-962-1069 to connect 24/7 with ComplexCare today.

Learn to Live

Your emotional health is an important part of your overall health. Learn to Live offers proven online programs and personalized one-on-one coaching for stress, depression, social anxiety, sleep issues and substance use. To get started, log in to anthem.com, go to "My Health Dashboard", choose "Programs", and select "Emotional Wellbeing Resources".

MORE INFORMATION ONLINE

Find everything you need to know about your Anthem benefits – personalized and all in one place.

- Find care and check costs
- See claims
- Check all benefits
- View and use digital ID cards
- Interactive chat feature to get answers quickly

Scan the QR code to download Anthem's Sydney App. You can also visit anthem.com.

YOU MAY RECEIVE A CALL

To ensure access to these valuable resources when you need them, Anthem may need to call you to check in with you. These calls are always confidential. You can always learn more by calling the helplines for each of Anthem's services:

- **24/7 NurseLine:** 800-337-4770
- **ConditionCare or ComplexCare:** 866-962-1069

DENTAL PLAN

Regular dental care is an important part of caring for your overall health. You have access to a dental plan through Delta Dental of Missouri.

PLAN PROVISIONS	PPO NETWORK	PREMIER NETWORK	OUT-OF-NETWORK
Deductible - Individual	$50	$50	$50
Deductible - Family	$150	$150	$150
Annual Benefit Maximum	$1,250	$1,250	$1,250
Orthodontic Lifetime Maximum	$1,250	$1,250	$1,250
Amount you pay (you must meet your deductible before the coinsurance applies)			
Diagnostic and Preventive	No Charge	No Charge	No Charge
Basic Services	10%	15%	15%
Major Services	40%	50%	50%
Orthodontia Services	50%	50%	50%
Orthodontia	All Eligible participants, excluding dependent children over age 19		

Using in-network dental providers

While you have the option of choosing any provider, you will save money when you use in-network dentists. When using out-of-network dental providers, you will pay more because the provider has not agreed to charge you a negotiated rate. To find an in-network provider, visit deltadentalmo.com and click on "Find a Provider."

Late enrollment penalty

If you are not enrolled in the dental plan when you are first eligible, your benefits are limited to the services listed under Diagnostic and Preventive during the first 12 months of your coverage. Dependents enrolled prior to their third birthday are not subject to the late entrant penalty.

VIRTUAL VISITS TELEDENTISTRY

Virtual Visits delivered by TeleDentistry.com, provide 24/7 access to a dentist. Use Virtual Visits when having a dental emergency or needing access to a dentist after hours or without leaving your home. Virtual Visits are covered as an oral exam.

TeleDentistry.com dentists provide initial consultation services and can write prescriptions when appropriate. Get started by logging in to the Delta Dental - Virtual Visits patient portal.

VISION PLAN

Getting your eyes checked every year can help maintain your vision and identify the early signs of certain health conditions. You have access to a vision plan through Anthem.

PLAN PROVISIONS	BLUE VIEW VISION NETWORK
Exam (Every 12 months)	$10 Copay
Frames (Every 24 months)	Plan covers up to $150
Lenses (Every 12 months)	$10 Copay; Plan covers up to $150
Contacts (Every 12 months)	Plan covers up to $150
Medically necessary contact lenses (Non-elective lenses are provided for reasons that are not cosmetic in nature)	Covered in full

Your Anthem Medical ID card includes your vision plan, no separate ID card needed for your vision coverage.

LIFE INSURANCE AND DISABILITY

Life and AD&D Insurance

Life insurance is an important part of your financial wellbeing, especially if others depend on you for support. We provide basic life and Accidental Death and Dismemberment (AD&D) insurance through Lincoln Financial for employees and offer voluntary insurance options for employees and their dependents.

Basic Life and AD&D Insurance

The district provides basic life and AD&D insurance of $10,000 to all eligible employees at no cost (eligible administrators receive one times their annual salary plus $10,000). Coverage is automatic; you do not need to enroll.

Voluntary Life and AD&D Insurance

You may choose to purchase additional life and AD&D coverage for yourself and your dependents at affordable group rates. Rates are based on age and the coverage level chosen.

For amounts over the Guarantee Issue amount, you will typically need to complete the Evidence of Insurability form. A link to the form is provided on the enrollment site.

VOLUNTARY LIFE AND AD&D INSURANCE FOR YOU	VOLUNTARY LIFE AND AD&D INSURANCE FOR YOUR ELIGIBLE DEPENDENTS	
Employee	**Spouse**	**Child(ren)**
▪ Increments of $10,000 ▪ Up to a maximum issue amount of 5 times salary up to $500,000 ▪ Guarantee issue of $300,000	▪ Increments of $10,000 ▪ Up to a maximum of $50,000, not to exceed 100% of the employee insured amount ▪ Guarantee issue is $50,000	▪ Option of either $5,000 per child or $10,000 per child ▪ Coverage is guarantee issue if enrolled within 31 days of becoming eligible for coverage ▪ Child Life does not include AD&D insurance

Disability Insurance

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. You have the option of purchasing disability coverage through Lincoln Financial as shown below.

COVERAGE	BENEFITS
Short-Term Disability	▪ 60% of your weekly pay, up to $2,000 per week for the first 13 weeks of a disability after a one-week waiting period.
Long-Term Disability	▪ 60% of your monthly pay, to a maximum of $10,000 per month if you are disabled and are unable to work for more than 90 days. ▪ Benefits are offset with other sources of income, such as Social Security and Workers' Compensation.

Please visit https://www.lincolnfinancial.com/public/microsite/enrollment/CSD/welcome to assist with enrollment and for more information on your Lincoln Financial coverage.

ADDITIONAL RESOURCES

EmployeeConnect: Employee Assistance Program

With the Employee Assistance Program (EAP) through Guidance Resources, you have access to confidential assistance with nearly any personal matter you may be experiencing at no cost. You and your family have access to five free consultations with a licensed clinician per incident, individual and calendar year. Services include:

- **Legal Services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more
- **Financial Services:** Budgeting, credit and financial guidance, retirement planning and assistance with tax issues
- **Childcare and Eldercare Assistance:** Needs assessment along with referrals to childcare and eldercare providers
- **Identity Theft Recovery Services:** Information on identity theft prevention, an identity theft emergency response kit and help if you are victimized
- **Daily Living Services:** Referrals to help with event planning, transportation services, pet services and more

Confidential assistance is available any time by calling 888-628-4824 or logging on to guidanceresources.com (**Username**: LFGSupport, **Password**: LFGSupport1).

LifeKeys

LifeKeys services from Lincoln Financial can be a useful resource to deal with the stresses of losing a loved one. LifeKeys services include:

- Protection against Identity Theft
- Online Will Preparation
- Guidance and support for your beneficiaries – Services available for up to one year after a loss and includes 10 in-person sessions for grief counseling, legal or financial information and unlimited phone counseling

Visit guidanceresources.com (**Web ID:** LifeKeys) or call 855-891-3684.

TravelConnect

TravelConnect® services offer help to make travel less stressful. TravelConnect provides services you can count on:

- 24/7 support if you face an emergency when 100 or more miles from home
- Medical, dental and pharmacy referrals
- Arranging travel if injured and need emergency evacuation
- Arranging transportation of a deceased traveler
- Securing emergency pet boarding
- Legal consultation, recovering lost or stolen document or luggage, and ID recovery assistance

Visit https://myoncallportal.com/ (**Group ID:** LFGTravel123) for more information.

Lincoln Wellness*PATH*

Meeting your everyday financial goals is hard, especially when managing credit card debt, paying off student loans, saving for retirement or building a vacation fund. Get your financial life in order with help from Lincoln Financial. Lincoln WellnessPATH is an online tool that offers personalized action steps to help you manage your financial life.

Complete a quick quiz to receive a wellness score and steps for improving your score. Whether you want to create a budget, determine if you have enough life insurance or plan your savings for your dream vacation, you can do it using Lincoln WellnessPATH.

- **See all your accounts in one place:** Lincoln WellnessPATH allows you to link all your account information — including checking, savings, investment and student loans — so you have a full financial picture
- **Get your financial house in order:** Featuring a breakdown of expenses and incomes by category, Lincoln WellnessPATH makes it easy to identify spending trends and create budgets
- **Set goals and track your progress:** Lincoln WellnessPATH helps you set and track your progress toward your short- and long-term goals

Visit Lincoln WellnessPath online to get started.

ADDITIONAL RESOURCES (cont'd)

COLOR HEALTH

Color Health focuses on prevention and early detection which means a more treatable stage. Color Health brings screenings to members for convenience.

- At-home screenings for certain cancers (colorectal, cervical and prostate cancers)
- At-home genetic testing for high-risk individuals
- Color Health can schedule in-person, in-network screening on your behalf

Visit color.com/csd to take a 5-minute assessment for Color to help understand your screenings needs.

Sword Health

Sword is a digital physical therapy program designed to help you overcome your joint, back, or muscle pain all from home. Every member is matched with a Doctor of Physical Therapy to provide expert guidance. To enroll in Sword Health, visit, www.swordhealth.com. For any enrollment questions, you can call 888-492-1860 or email help@swordhealth.com.

Noom Weight

Noom Weight uses evidence-based techniques to empower behavior change. Personalized, mind-first approach that combines technology and human support to create healthier daily habits that lead to long-lasting results. Please note that Noom will be replacing Wondr Health as of October 1, 2025. To enroll in Noom, please visit go.noom.com/csdtrust. For any enrollment questions, you can also email partnersupport@noom.com.

Virta Health

Virta is a leading telehealth provider clinically proven to reverse type 2 diabetes. Reversal is possible through nutritional therapy and fully virtual, provider-led medical group.

To enroll, virtahealth.com/join/csd. Once initial enrollment is complete, Virta will send you a no-cost welcome kit including an-app-connected glucose meter and test strips, a digital scale, and more. Download the free Virta app, which will serve as your diabetes dashboard and provide access to a team of dedicated Virta Health coaches.

Anthem Cancer Care Navigators

Anthem's Cancer Care Navigators help manage a member's care, so the member can focus on well-being. The Navigators are health educators specially trained to understand your diagnosis and unique needs. They can:

- Coordinate care and act as a single point of contact.
- Support both your emotional and physical health.
- Connect members and loved ones to community resources.
- Answer questions about treatment, medication, side effects, as well as Anthem benefits.
- Help prevent unnecessary procedures, tests, and emergency room or hospital visits.

Log in to anthem.com to get started with get connected with Cancer Care Navigators.

Oshi Health

Oshi Health is a virtual GI center of Excellence providing care across the full spectrum of GI needs. Multidisciplinary team of medical, dietary, and behavioral health specialists work with members. Symptom control within 4 months with dramatic improvements in quality of life and significant reductions in Emergency Room visits.

MORE INFORMATION ONLINE

My Health Check-in is a short assessment to provide customized recommendations about ways to improve your health. Complete the assessment through the Sydney Health app or anthem.com.

Rx Savings Solutions

RxSS helps members reduce prescription drug cost by analyzing Pharmacy Benefit Manager data to identify where members or the plan can save. RxSS will find lower cost medication options that treat your condition.

VOLUNTARY BENEFITS

Accident Insurance

Accident Insurance provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have. If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like.

Examples of covered injuries:

- Broken bones
- Burns
- Torn ligaments
- Cuts repaired by stitches
- Eye injuries
- Ruptured discs
- Concussion

Hospital Indemnity Insurance

Hospital Indemnity Insurance provides a fixed lump-sum payment that can help you cover expenses not covered by insurance while you, your spouse and/or dependents are in the hospital. The plan provides a daily payment for each day you are hospitalized.

Critical Illness Insurance

Critical Illness Insurance provides cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up — like rent, mortgage, car payments, etc. — while you are ill. With Critical Illness Insurance, if you are diagnosed with a covered illness, you get a lump-sum cash benefit, even if you receive other insurance benefits.

Examples of covered illnesses:

- Cancer
- Heart attack
- Major organ failure
- End-stage renal (kidney) failure
- Coronary artery bypass graft surgery
- Stroke

To learn more about Critical Illness, Accident and Hospital Indemnity Insurance, visit lincolnfinancial.com.

COST EXAMPLE #1

Choosing Your Medical Plan

During enrollment, you can choose between two types of medical plan: plans that are paired with an HRA and plans that are paired with an HSA. The two types of plans differ in how they pay for your medical expenses and how the district helps you offset your costs, but all plans include prescription drug coverage, preventive care covered at 100%, and protection from very high medical costs through out-of-pocket maximums.

HRA Plans

With an HRA Plan, you'll first pay your portion of the annual deductible, and then the district will fund an HRA for your expenses up to the $3,500 deductible. After you hit the deductible, you'll pay copays for your prescriptions and 20% for all other services, until you reach the out-of-pocket maximum. After you hit the out-of-pocket max, all services are covered at 100%. Only the district can contribute to your HRA, but you may be able to save for healthcare expenses tax-free by pairing the plan with a Flexible Spending Account.

An HRA Plan might be a good fit for you if:

- You prefer to pay more out of your paycheck to have more predictable costs at the doctor's office
- You're expecting a big medical procedure or life event this year, like having a baby
- You manage a chronic condition

HSA Plans

With an HSA Plan, you'll pay for services up to your annual deductible, and then you'll pay either Coinsurance or Copays (for prescriptions) to your out-of-pocket maximum. The district may help offset the deductible with a contribution to your HSA and you can contribute, too. Plus, HSA contributions are yours to keep, even if you get a new job, and you can choose to spend them on immediate healthcare needs or save them for the future.

An HSA Plan might be a good fit for you if:

- You are generally healthy and don't anticipate significant healthcare needs this year
- You prefer to keep more money in your paycheck but pay more at the doctor's office
- You want a tax-advantaged way to save for healthcare expenses now or for your retirement

Choosing Your Medical Plan: Examples

Meet **Javier**

- Age: 27
- Coverage: Individual

Javier expects that he **won't use much healthcare** this year. He is relatively healthy, and for the last few years he's only had preventive care visits and the occasional trip to urgent care. He expects that his healthcare costs will be low again this year, but he wants to be protected in case of any surprises.

	$1,500 ($2,000 HRA) Plan	$2,500 ($1,000 HRA) Plan	$3,400 HSA Plan
Deductible	$3,500	$3,500	$3,400
Out-of-pocket maximum	$5,000	$5,000	$4,500
Annual Payroll contributions	$2,292	$732	$0
Medical expenses	$500	$500	$500
The trust contributes…	$0 via his HRA*	$0 via his HRA	$500 via his HSA
Total cost to Javier	$2,792	$1,232	$0, with $1,540 remaining in his HSA

*Since Javier's expenses do not exceed the deductible and reach the HRA threshold, the district does not contribute to the HRA.

COST EXAMPLE #2

Meet **Melissa**

- Age: 42
- Coverage: Family

Melissa expects **high healthcare expenses** this year: she manages a chronic condition, her husband needs several prescriptions to manage a minor health condition, and with two children, she expects several trips to their family doctor and urgent care this year. No matter which plan she chooses, Melissa expects to hit the out-of-pocket maximum.

	$1,500 ($2,000 HRA) Plan	$2,500 ($1,000 HRA) Plan	$3,400 HSA Plan
Deductible	$7,000	$7,000	$6,600
Out-of-pocket maximum	$10,000	$10,000	$9,000
Annual Payroll contributions	$29,736	$26,856	$22,044
Medical expenses	$10,000+	$10,000+	$9,000+
The trust contributes…	$4,000 via her HRA	$2,000 via her HRA	Up to $2,040 via her HSA
Total cost to Melissa	$35,736	$34,856	$29,004

What to know about these examples:

- The examples above are intended to illustrate the differences between the plans and do not reflect true costs for medical services.
- You may have more medical plan options available to you. Refer to the rest of this guide for full details on your plan options.
- All care described above is assumed to be in-network. Deductibles, out of pocket maximums, Copays and Coinsurance are different for out-of-network services.

CONTACT INFORMATION

PLAN	PROVIDER	PHONE NUMBER	WEBSITE
Medical	Anthem	855-272-4938	anthem.com
Custom Care Management Unit or CCMU	Anthem	877-529-1693	Anthem.com or Sydney app
SmartShopper	Anthem	–	Anthem.SmartShopper.com
Pharmacy	CarelonRX	833-219-4305	–
Health Reimbursement Arrangement (HRA)	Anthem	855-272-4938	anthem.com
Health Saving Account (HSA)	Anthem HSA	833-578-4436	anthem.com
Dental	Delta Dental of Missouri	800-335-8266	deltadentalmo.com
Vision	Blue View Vision	866-723-0515	anthem.com
Flexible Spending Account (FSA)	Anthem FSA	855-272-4938	anthem.com
Life Insurance	Lincoln Financial	800-790-7790	mylincolnportal.com
Disability	Lincoln Financial	800-790-7790	mylincolnportal.com
Voluntary Benefits	Lincoln Financial	800-423-2765	lincolnfinancial.com/public/individuals
Employee Assistance Program (EAP)	Personal Assistance Services	800-356-0845	paseap.com
Weight Management	Noom	–	go.noom.com/csdtrust
Musculoskeletal	Sword Health	888-492-1860	swordhealth.com help@swordhealth.com
Diabetes Management	Virta	–	virtahealth.com/join/csd
Virtual Cancer Prevention	Color Health	–	color.com/csd
Digestive Health	Oshi Health	–	oshihealth.com/csdtrust
Enrollment	Empyrean	833-269-2142	web.benefitsgo.me/organization/752968

About this Guide: This benefit summary provides selected highlights of the CSD Insurance Trust employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. CSD Insurance Trust reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.