



MISSION: To ensure learning occurs in a supportive environment that enables every student to think critically, solve problems and develop the knowledge and skills necessary for success in our diverse, global society.

TO: All Eligible Employees

FROM: Phil Pusateri, CFO

DATE: August 14, 2026

SUBJECT: Annual Benefits Open Enrollment (Aug. 17 – Aug. 31, 2026)

Mandatory open enrollment for district group insurance plans and other district-sponsored benefits **begins on Aug. 17, 2026 and ends on Aug. 31, 2026**. The coverage for these benefits you are choosing begins on **October 1, 2026**.

It is extremely important that all employees log in and choose their insurance benefits during the mandatory active enrollment period. This year is an Active Enrollment, which means that every employee must log in and select their benefits. Please make it a priority to do this. **Employees who do not enroll will not receive insurance from the district for the whole plan year.**

Starting Monday, August 17, all employees must log in through *BenefitsGO* by going to <https://web.benefitsgo.me> or by scanning the following QR Code and downloading the



BenefitsGO app:

and complete your registration.

Enter the employer code 740595. Then select sign up,

The 2026-2027 Benefits Guide is attached, and included on the district website under Business Office, Employee Benefits. Included in the benefit guide is a step-by-step enrollment process. Please review and use this guide prior to enrolling for important information to help you plan your selections. **It is important to look over your selections carefully before you press submit. Please make sure you do not accidentally decline your insurance.**

You will have until **11:59 p.m. on Monday Aug. 31, 2026** to enroll through this online process. **If you choose not to enroll, you will not receive insurance from the district for the plan year unless you experience a Qualifying Life Event.**

YOU ARE STRONGLY ENCOURAGED TO COMPLETE THE ENROLLMENT PROCESS AS EARLY AS POSSIBLE. DO NOT WAIT UNTIL THE DEADLINE. AVOID LAST-MINUTE QUESTIONS, TECHNOLOGY PROBLEMS, OR OTHER STRESSFUL CIRCUMSTANCES.

During your *BenefitsGO* enrollment process, you will select your medical, dental, and vision coverage for yourself and your dependents. The district pays the premiums for all eligible employee coverage. Any employee deductions for these coverages will default to a pre-tax deduction. Pre-tax deductions are taken from your paycheck before Federal, State, Social Security (FICA), and Medicare taxes are calculated. Pre-tax contributions lower your current taxable income, so you end up reducing your federal and state withholding taxes.

PLEASE REMEMBER that all elections except disability insurance and the supplemental retirement 403(b)/457(b) plans are **effective as of Oct. 1, 2026** and **may not** be changed during the plan year unless you experience a Qualifying Life Event as defined by the Internal Revenue Service, process the qualifying event through *BenefitsGO* within 30 days of said event, and upload the necessary documentation within 30 days of said event to *BenefitsGO*. Qualifying events are birth, death, adoption, marriage, divorce, or a spouse or dependent child gaining or losing insurance coverage.

Ritenour will continue to offer the same corridors and the same benefits for medical as the 2025-26 plan year. You can choose between the \$1,500 corridor, the \$2,500 corridor, or the HSA, or Health Savings Account, for medical. Coverage for spouse, family, or Kidz will also continue to be available as an option, at additional cost. Ritenour will continue to cover the increased cost for Premium plans for all employees at no charge to you. While a Premium plan may be a fit for some employees, the Health Savings Account may be a better fit for others.

The HSA, or Health Savings Account, plan is best for employees who do not anticipate many doctor visits outside of normal preventive care. HSA plan members receive an HSA debit card that receives a \$151.86 deposit every pay period. That deposit can be used by the employee at any time for qualified medical expenses for the rest of your life, even after retirement. That money can also be invested to grow on its own if you don't spend it.

In addition to health insurance, dental and vision options will remain the same for all employee coverage. There will be minor changes to the supplemental insurance coverage options that you can choose to purchase. The attached document outlines the changes to these optional plans.

Our insurance carrier for health, dental, and vision insurance will be Anthem. For about 20% of our staff, the dentist you had through our prior carrier, Delta Dental, will become out-of-network. For about 20% of our staff, the vision care provider you had through our prior carrier, VSP, will become out-of-network. **Attached to this email are lists of dentists and eye-care providers used by Ritenour staff and whether they are in-network or not. Please check this list. If your provider becomes out-of-network on October 1, we encourage you to either change to an in-network provider or ask your provider if they can join the Anthem network.** Out-of-network care is still possible, but it carries potential additional cost. Anthem

and the in-network provider have agreed upon pricing for covered services. Dentists and eye care providers who are out of network have not agreed to pricing, and they may bill you for the difference between what Anthem pays and what the provider usually charges.

If you have questions about these changes to our insurance, I will have office hours to talk this through with employees from 11 a.m. to 1 p.m. on Tuesdays, Wednesdays, and Thursdays during open enrollment for the rest of August. You may also email or call me or Bonnie Lessnau for help. Bonnie's contact info is Bonnie Lessnau (314) 493-6011, or extension 8122, or lessnaub@ritenourschools.org.

Below is a summary of available employee benefits **effective Oct. 1, 2026**. Please review the Employee Benefit Guide for more information. There are also informative videos providing general descriptions of the different types of plans on *BenefitsGO*.

MEDICAL PLANS

Ritenour employees will continue to have the ability to make a choice regarding their medical coverage. The three medical options allow you to choose how your district-paid premium dollars are spent and how much medical coverage you and your family need and can afford.

If you are enrolling dependents for medical coverage, they must be enrolled in the same plan as the plan you choose for yourself, unless you choose the KIDZ Plan for your child(ren).

A plan summary comparison sheet and rate sheet for all three plans are included on pages 11-12. While this summary is included, employees should refer to the 2026-2027 Benefit Guide.

IMPORTANT: Newborn babies must be added in *BenefitsGO* within 30 days from the date of birth to obtain coverage. Having family coverage does NOT mean newborns are covered, they are only covered by insurance when they are added through Ritenour School District, not the spouse's insurance or any other medical plans.

Health Reimbursement Account (HRA) (Premium plans only):

Both Premium plans have a deductible of \$3,500. The employee pays the first portion of the deductible, either \$1,500 or \$2,500, depending on the chosen corridor. Then the plans utilize a Health Reimbursement Account (HRA) to cover the remaining portion of the deductible: the remaining \$2,000 for the \$1,500 corridor or the remaining \$1,000 for the \$2,500 corridor.

First Payment → Corridor: The employee's portion of the deductible

After Corridor is paid → HRA: Pays the deductible after the employee paid their portion

Your HRA balance information can now be accessed by logging into your account at Anthem.com. The amount of your unused Health Reimbursement Account (HRA) will **not** be carried forward to your next year's coverage.

1. **Premium Plan with the \$1,500 corridor:**

Ritenour School District pays 100% of the employee premium. A summary of benefits is included in the 2026-27 Benefit Guide.

Coverage	Monthly Premiums
Employee (District Paid)	\$ 1,101
Spouse	\$ 1,018
Children	\$ 893
Family	\$1,702
KIDZ Plan 1 Child	\$ 356
KIDZ Plan 2 or more children	\$ 711

2. **Premium Plan with the \$2,500 corridor:**

If you elect coverage under the \$2,500 plan, Ritenour pays the employee premium, and will contribute \$42.03 per pay period (\$84.07/month x 12 = \$1,008.84 annually) to a Healthcare Flexible Spending Account (FSA). A summary of benefits is included in the 26-27 Benefit Guide.

If you elect to cover spouse/dependents under the \$2,500 plan or the KIDZ plan, Ritenour will first apply the same savings of \$42.03 per pay against your cost of spouse/dependent coverage.

Coverage	Monthly Premiums
Employee (District Paid)	\$ 1,017
Spouse	\$939 (\$844 w/ contribution)
Children	\$817 (\$733 w/ contribution)
Family	\$1,614 (\$1,530 w/ contribution)
KIDZ Plan 1 Child	\$ 356
KIDZ Plan 2 or more children	\$ 711

3. **Health Savings Account (HSA) Plan:**

If you elect coverage under the HSA plan, Ritenour will contribute \$151.86 per pay period (\$303.72/month x 12 = \$3,644.64 annually) to your HSA account set up through Anthem. A summary of benefits is included in the 26-27 Benefit Guide.

If you elect to cover spouse/dependents under the HSA plan or the KIDZ plan, Ritenour will

first apply the same savings of \$151.86 per pay period against your cost of spouse/dependent medical coverage.

Coverage	Monthly Premiums
Employee (District Paid)	\$797
Spouse	\$430
Children	\$338
Family	\$952
KIDZ Plan 1 Child	\$356
KIDZ Plan 2 or more children	\$711

This plan has a \$3,400 individual/\$6,800 family deductible, medical co-pays and prescription drug co-pays only after the deductible is met. This means that the first \$3,400 of all covered medical and prescription expenses incurred under the plan are the employee's responsibility. After the deductible is met, the plan will pay 100% of your in-network medical expenses, with the exception of prescription drugs, for which copays will apply.

To offset the cost of the deductible or any other health care related expenses, the plan offers a Health Savings Account (HSA). This account is owned by you, is portable, and both you and the district can make pre-tax contributions into this account. **If you choose to make employee contributions to an HSA account beyond what the District is contributing, you must select this every year during open enrollment.**

This HSA plan is unique in that: (a) You always own the money in your HSA; this includes the employer-paid contributions; (b) You will be given a debit card and/or checkbook to pay for eligible medical expenses from this account; (c) The entire amount of unused funds roll over into the next year and continue to accumulate interest and grow over time; and (d) Both you and Ritenour may contribute pre-tax dollars into this account.

- However, there are contribution limits are set by the IRS each year.
- IRS Maximum Contribution for 2026 (includes both district and employee contribution): Individual \$4,400, Family \$8,750. Employees are responsible for tracking calendar year contributions.
- If you are age 55 or over, you may contribute an additional \$1,000 over the limit.
- **If you have elected employee-only coverage**, Ritenour will automatically contribute \$151.86 per-pay period or \$3,644.64 annually, to your HSA. When calculating your annual maximum contribution, make sure you are figuring in Ritenour's contributions based on your maximum contribution limit shown above. Ex) for an individual, the maximum the employee could contribute is \$655.36 (\$4,300 - \$3,644.64).
- **If you elect to cover spouse/dependents under the HSA plan or the KIDZ plan**, Ritenour applies the cost savings of \$151.86 per pay period to reduce the medical deduction for your covered spouse/dependents. Savings will **NOT** be contributed to your HSA account.
- Once your HSA reaches a certain minimum balance, you can choose to invest in select mutual funds. Anthem will provide you with a list of funds available and help

you set up your HSA investments.

- If you use your HSA funds for non-qualified expenses, you will be charged an IRS penalty tax of 20%, and pay income tax on the amount. For full a list of qualified expenses please refer to IRS publication 502.
- In order to be eligible for this plan, ***you may not be enrolled in Medicare, TriCare or have other coverage through your spouse or participate in a health care FSA.***

4. The KIDZ Plan:

The KIDZ plan is designed to compete with other insurance purchased by our employees for their children outside of district offerings. The district offers two plan options:

(1) Cover one dependent child

- \$1,000 Deductible
- \$355.21 monthly premium

(2) Cover two or more dependent children

- Max \$3,000 family Deductible
- \$710.42 monthly premium

A summary of benefits is included in the 26-27 Benefit Guide.

The Out-of-Pocket Maximum is \$4,000 for In-Network medical and prescription expenses per child. All co-pays including drug co-pays will now apply to the Out-of-Pocket Maximums for the KIDZ plan.

If you are covering your spouse, and choose to enroll a child in the KIDZ plan, any district-paid employee savings can only be applied once and it is applied to the spouse coverage for consistency.

Medical Plan & Prescription Drug Reminders:

1. **Emergency Room:** \$300 copay (does not apply to children 14 years of age and under).
-For non-emergency care, use Urgent Care, LiveHealth Online or convenience care clinics in some Walgreens or CVS pharmacies.
2. Prescription Drugs: You can get a 90-day supply at a retail pharmacy or through Anthem's mail order prescription service called CarelonRX Pharmacy (www.carelonrx.com 833-293-0659).

DENTAL PLAN

Coverage will be provided through Anthem.

If you choose not to elect dental coverage when you are first eligible, you will be considered a late entrant when you elect coverage later. A late entrant will receive only preventive services for the first 12 months. Children must be enrolled prior to their 3rd birthday to avoid being considered a late entrant.

Service	In Network/Out of Network	Benefit Category Descriptions
Deductible	\$25 Individual \$75 Family	
Annual Maximum Covered	\$1,500 Per Person	
Preventive & Diagnostic	100% - No deductible	Routing Cleanings and X-Rays (2x/year); Fluoride through age 19 (2x/year)
Basic	80%	Restorative Services (i.e. fillings) Periodontal and Endodontic Services (i.e. root canals) Extraction, Simple Oral Surgery
Major	50%	Prosthetics: Bridges and Dentures Crowns, Jackets, Inlays, Onlays Complex Oral Surgery
Orthodontics (Children Only up to age 26)	50% - No deductible	
Orthodontics Maximum Covered	50%, \$1,000 lifetime limit per child	

Coverage	Monthly Premiums
Employee (District Paid)	\$38.41
Spouse	\$36.10
Children	\$52.11
Family	\$99.86

VISION PLAN

Coverage will be provided through Anthem Blue View Vision.

Vision Plan Design

- Annual Well Vision Exam: \$10 Copay (In-Network)
- Annual Benefit Allowance (In-Network)

- Contact Lens: \$150 per year
- Eye Glass Frames: \$150 per year
- Lens: Single, Bifocal, Trifocal, or Lenticular
- Extra Discounted Services
 - Sunglasses, Transitions Lenses (in-network)
 - 20% off retail lens cleaning supplies, eyeglass cases, accessories, etc.

Coverage	Monthly Premiums
Employee (District Paid)	\$ 9.00
Employee plus 1	\$ 6.02
Employee plus 2	\$11.66

FLEXIBLE SPENDING ACCOUNTS

- ❖ Estimate carefully as the funds are deposited on a **use-it or lose-it basis**.

HEALTHCARE FLEXIBLE SPENDING ACCOUNTS (HCFSAs):

A HealthCare Flexible Spending Account (HCFSAs) allows you to save money on your eligible healthcare expenses every year by using pre-tax dollars. Eligible expenses are reimbursed to you. You may contribute up to \$3,400 annually to a HCFSAs. (\$6,800 per family).

Examples of eligible expenses are: co-pays, annual deductibles associated with your health and dental plan, co-insurance portions of health insurance, dental expenses, orthodontic expenses, prescriptions, eyeglasses, and out-of-pocket medical expenses not covered by insurance.

- Please be aware that if you participate in the Health Savings Account (HSA), you may not participate in the HealthCare FSAs.
- This program is completely separate from the Health Reimbursement Account (HRA) under the two Premium Plans.

Reimbursements from this program are only for eligible expenses incurred during the plan year (Oct. 1, 2026 – Sept. 30, 2027) and must be submitted to Anthem, the plan administrator.

FLEXIBLE SPENDING DEPENDENT CARE ACCOUNT

A Flexible Spending Dependent Care Account allows you to save money on eligible dependent care expenses every year by using pre-tax dollars. Eligible expenses are reimbursed to you.

The annual maximum contribution limit is \$2,500 if you are single, or married and file a separate tax return, or \$5,000 if you are married and file a joint tax return or file as single/head of household.

Examples of eligible expenses are: daycare, before and after school programs, nursery or

preschool, summer day care and even adult day care.

- Please note that contributions to dependent care flexible spending are figured on a ***January-December*** basis. Make sure you are considering what you have contributed for 2026 when planning your contribution. It is your responsibility to make sure you do not exceed the maximum.

Reimbursements must be submitted to Anthem, the plan administrator.

LIFE INSURANCE PLAN

Coverage changes from Lincoln Financial to The Standard. There is no benefit change; the district will continue to pay for life coverage in the amount of 1x your annual salary (max. \$200,000). The Standard also offers additional programs for our employees. For more information on these added benefits, please contact The Standard directly at the following number 888-937-4783. In addition, the following coverages also move from Lincoln Financial to The Standard:

- Employee Assistance Program: You and your family have access to 3 free consultations with a licensed clinician per issue, per individual, per calendar year. Contact at 888-293-6948 or www.healthadvocate.com/standard3). Services include:
 - Counseling Services
 - Legal Services
 - Financial Services
 - Childcare & Eldercare Assistance
 - Identity Theft Recovery Services
 - Marital/Family Support
 - Grief Support
 - Online Will Preparation
 - Stress, Anxiety Support
 - Daily Living Services (referrals)

SUPPLEMENTAL PLANS

1. Supplemental Life Insurance:

Coverage provided through The Standard, with no benefit changes for employees. Premiums are dependent upon age and coverage amount.

You have the option to purchase additional life insurance beyond the one-time (1x) your annual salary life insurance the district provides for you. The optional life insurance coverage must be purchased in increments of your salary from one-time (1x) to five-times (5x) your salary with a maximum amount of \$500,000 in total life insurance coverage. Supplemental life insurance rates are the same as last year for employees. This coverage is portable and may be taken with you if you leave the district. (1-800-628-8600 or <https://www.standard.com/individuals-families/workplace-benefits/life-and-add>)

You are required to upload Evidence of Insurability (EOI) documents to BenefitsGO. Coverage will default to 1x salary until the EOI form has been submitted and reviewed.

2. Supplemental Retirement Plans:

Contributions may still be made through the CSD Retirement Trust, administered by CoreBridge.

The district offers IRS sections 403(b) and 457(b) retirement plans through CoreBridge. These plans are designed to supplement your PSRS or PEERS retirement programs. The district offers both traditional (pre-tax) and Roth (post-tax) programs.

For more information, contact Robert Palmer at (636) 222-8600, robert.palmer@corebridgefinancial.com or call the Corebridge office at (314) 439-4850. Information is also available on the district website.

3. Voluntary Benefits:

Ritenour is glad to offer numerous additional, optional coverages for District employees through Anthem. These plans and premiums have been vetted and bid to provide the best coverage at the lowest cost. Contact Anthem at 844-995-1751 or online at www.anthem.com. Coverages include the following:

- Accident Insurance
- Hospital Indemnity Insurance
- Critical Illness Insurance

4. Disability Insurance:

Ritenour is glad to offer both short-term and long-term disability insurance coverage through The Standard. Rates and coverage vary. For more information, contact The Standard at 800-368-2859 or online at <https://www.standard.com/individuals-families/workplace-benefits/disability>.

REMEMBER that all elections except disability insurance and the supplemental retirement plans are effective as of Oct. 1, 2026 and may not be changed during the plan year unless you experience a *Qualifying Life Event* as defined by the Internal Revenue Service and supply the Business Office with the necessary documentation within 30 days of said event.

Medical Plan Benefit Comparison: Effective Oct. 1, 2026

Benefits	Premium Plan \$1,500 Corridor	Premium Plan \$2,500 Corridor	HSA Plan	KIDZ Plan
In-Network Benefits				
Plan Deductible	\$3,500 \$7,000/family	\$3,500 \$7,000/family	\$3,400 \$6,800/family	\$1,000 \$3,000/family
Health Reimbursement Account (HRA)	\$2,000 \$4,000/family	\$1,000 \$2,000/family	n/a	n/a
Annual Preventative Benefit	100%	100%	100%	100%
Office Visit	\$25/\$45 Copay	\$25/\$45 Copay	100% after deductible	80% after deductible
Lab, X-ray (wellness)	100%	100%	100%	100%
Diagnostic Lab, X-ray	100% after corridor	100% after corridor	100% after deductible	80% after deductible
Ambulance	100% after corridor	100% after corridor	100% after deductible	80% after deductible
Hospital	100% after corridor	100% after corridor	100% after deductible	80% after deductible
Outpatient Surgery	100% after corridor	100% after corridor	100% after deductible	80% after deductible
Emergency Room	\$300 Copay + \$300 penalty for non-emergent care	\$300 Copay + \$300 penalty for non-emergent care	100% after deductible Copay + \$300 penalty for non-emergent care	\$150 Copay + \$300 penalty for non-emergent care (children 15 & over)
Urgent Care	\$75 Copay	\$75 Copay	100% after deductible	\$75 Copay
Out-of-Pocket Limit	\$1,500 Corridor \$3,500 indiv, \$7,000 family + Copays	\$1,500 Corridor \$3,500 indiv, \$7,000 family + Copays	\$4,500 \$9,000/family deductible + \$1,000 Rx Copays	\$4,000 \$12,000/family
Prescription Drug Coverage	\$10/\$35/\$75 Mail order: 2x copay; Retail 90: 3x copay	\$10/\$35/\$75 Mail order: 2x copay; Retail 90: 3x copay	After deductible \$10/\$30/\$50 Until \$1,000 in copays	\$10/\$25/\$45 Mail order: 2.5x copay; Retail 90: 3x copay
Out-of-Network Benefits				
Deductible	\$3,500 \$7,000/family	\$4,000 \$8,000/family	\$5,500 \$11,000/family	\$2,000 \$6,000/family
Coinsurance	80/20%	80/20%	80/20%	60/40%
Out-of-Pocket Limit	\$6,500 \$13,000/family + corridor	\$7,000 \$14,000/family + corridor	\$9,000 \$18,000/family	\$8,000 \$24,000/family

Insurance Premiums

The premium rates shown are monthly premiums; half the amount is deducted from each pay check. The coverage for any selected coverage becomes effective on October 1, 2026. The costs listed are for full-time employees who regularly work at least 30 hours per week and Bus Drivers. If you are classified as a part-time employee, please contact the Business Office for rates.

Medical			
Coverage	Premium \$1,500 corridor	Premium \$2,500 corridor	HSA -\$3,400 deductible
Employee (District paid)	\$ 1,101	\$ 1,017	\$797
Spouse	\$ 1,018	\$ 855	\$430
Children	\$ 893	\$ 733	\$338
Family	\$1,702	\$1,531	\$953

KIDZ Plan			
Coverage	w/ \$1,000 corridor	w/ \$2,000 Corridor	w/HSA
1 Child	\$356	\$356	\$356
2 + Children	\$711	\$711	\$711

Dental		Vision	
Coverage		Coverage	
Employee (District paid)	\$38.41	Employee (District paid)	\$ 9.00
Spouse	\$36.10	1 Dependent	\$ 6.02
Children	\$52.11	Family	\$11.66
Family	\$99.86		

For life insurance rates, and premiums on the new voluntary benefits, see the separate tables.

USI Benefit Resource Center

Ritenour School District is glad to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

Toll Free: 855-874-0742 Monday – Friday 8:00am to 5:00pm CST
BRCentral@usi.com

OTHER HELPFUL WEBSITES

- ❖ Anthem Medical: www.anthem.com
Plan: Blue Access Choice PPO
- ❖ Anthem Blue View Vision: www.anthem.com
- ❖ Anthem Dental: www.anthem.com
- ❖ Flexible Spending Accounts: www.anthem.com
- ❖ Ritenour employee benefits web page:
<https://www.ritenourschools.org/departments/business-office/employee-benefits>