Ritenour School District

Every Student, Every Day

Benefit Enrollment Guide

2026 – 2027

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A Message from Ritenour School District

At Ritenour School District we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Dr. Chris Kilbride
Superintendent

Eligibility

Eligible Employees:

You may enroll in the Ritenour School District Employee Benefits Program if you are a Full-Time employee working 30 or more hours a week, you and your eligible dependents may enroll in the benefits described in this guide.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship.

Note: Dependent children will be automatically terminated at the end of the month in which they turn 26. This may affect your monthly premium cost.

When Coverage Begins:

The effective date for your benefits is October 1, 2026. All elections are in effect through September 30, 2027, and can only be changed during Open Enrollment unless you experience a family status event.

Active Open Enrollment (August 16, 2026, to August 31, 2026):

This year will be an Active Open Enrollment, meaning everyone **must** complete the online enrollment process between August 16, 2026, and August 31, 2026, for the 2026-2027 Plan year. Steps on how to enroll are included in this guide and please note the online enrollment portal will **not** be open to employees prior to August 16th.

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the Plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage

If you do not make your 2026 benefit elections during this open enrollment period, you will automatically lose coverage.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

What's new for 2026?

Medical Insurance

All benefit plan options will be offered through Anthem for the 2026-27 school year. This year's benefit plan year will run from October 1, 2026, through September 30, 2027. Here are a few items to note:

- The Ritenour School District will offer 4 medical plan options to choose from, a base HRA plan, a buy-up HRA plan option and a KIDZ plan as well as a HDHP that qualifies as a Health Savings Account (HSA).
  - ✓ The in-network deductible on the Health Savings Account (HSA) option will increase from $3,300 to $3,400 for individuals, and from $6,600 to $6,800 for family effective 10/1/2026.
  - ✓ Health Savings Account will continue to be administered through Anthem.
  - ✓ Everyone will receive new medical ID cards this year.

Dental Insurance

Dental moving to Anthem effective October 1, 2026.

- Rates changed slightly.

Vision Insurance

Vision moving to Anthem effective October 1, 2026

- Offering one plan option utilizing the Blue View Vision network.

All Other Insurance

- Basic Life and AD&D, Voluntary Life/AD&D, Short-Term Disability, Long-Term Disability are moving to The Standard effective October 1, 2026.
- Accident, Critical Illness, and Hospital Indemnity are moving to Anthem effective October 1, 2026.

The new way to manage you benefits

Say hello to your new benefits portal, simpler to use and built around your needs.

With BenefitsGo, you can:

- View your current benefits
- Enroll & make benefit changes
- Get help with benefits questions

Get BenefitsGo in the App Store

It's available for iOS and Android.
Get it now in 3 easy steps:

1. Scan the QR code or search BenefitsGo in your device's app store
2. Enter your employer's code: 740595
3. Select sign up, then complete your registration

One-time registration gives you secure access to your new benefits portal.

Download the app today

Download on the App Store

GET IT ON Google Play

BenefitsGo Login Assistance

Please call Empyrean/BenefitsGo at 1-800-479-1034 for login assistance. See below for prompts and options.

Prompt #	Option	Call Route
1	For support with registering or resetting your credentials, please press 1.	Empyrean Service Center (App Support Team)
2	To make your Annual Enrollment elections for the new plan year, please press 2.	Empyrean Service Center
3	For Questions regarding COBRA, please press 3.	CDB Billing Services

Medical Insurance

Ritenour School District will continue to offer medical coverage. The charts below are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

Anthem	Base HRA $2,500 Corridor Blue Access Choice PPO		Buy-Up HRA $1,500 Corridor Blue Access Choice PPO		$3,400 Corridor Blue Access Choice HSA	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible						
Individual	Employee pays 1st $2500 / District pays next $1,000	$3,500	Employee pays 1st $1500 / District pays next $2,000	$3,500	$3,400	$5,500
Family	Employee pays 1st $5,000 / District pays 2nd $2,000	$7,000	Employee pays 1st $3,000 / District pays 2nd $4,000	$7,000	$6,800	$11,000
Embedded or Aggregate	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance	100%	80%	100%	80%	100%	80%
Maximum Out-of-Pocket						
Individual	$3,500	$7,000	$3,500	$7,000	$4,500	$9,000
Family	$7,000	$14,000	$7,000	$14,000	$9,000	$18,000
Physician Office Visit						
Primary Care	$25 copay	80% after deductible	$25 copay	80% after deductible	100% after deductible	80% after deductible
Specialty Care	$45 copay	80% after deductible	$45 copay	80% after deductible	100% after deductible	80% after deductible
Preventive Care						
Adult Periodic Exams	100%	80% after deductible	100%	80% after deductible	100% after deductible	80% after deductible
Well-Child Care	100%	80% after deductible	100%	80% after deductible	100% after deductible	80% after deductible
Diagnostic Services						
X-ray and Lab Tests	Office: 100% Outpatient Facility: 100% after deductible	80% after deductible	Office: 100% Outpatient Facility 100% after deductible	80% after deductible	100% after deductible	80% after deductible
Complex Radiology	100% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Urgent Care Facility	$75 copay	80% after deductible	$75 copay	80% after deductible	100% after deductible	80% after deductible
Emergency Room Facility Charges	$300 copay after deductible; waived if admitted	$300 copay after deductible; waived if admitted	$300 copay after deductible; waived if admitted	$300 copay after deductible; waived if admitted	100% after deductible	100% after deductible
Inpatient Facility Charges	100% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient Facility and Surgical Charges	100% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Mental Health and Substance Abuse						
Inpatient	100% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient	100% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible

Anthem	Base HRA $2,500 Corridor Blue Access Choice PPO		Buy-Up HRA $1,500 Corridor Blue Access Choice PPO		$3,400 Corridor Blue Access Choice HSA	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Other Services						
Chiropractic	50% after deductible , 26 visits	Not Covered	50% after deductible , 26 visits	Not Covered	50% after deductible	Not Covered
Retail Pharmacy (30 Day Supply)						
Generic (Tier 1)	$10 copay	50% Coinsurance	$10 copay	50% Coinsurance	$10 copay after deductible	50% after deductible
Preferred (Tier 2)	$30 copay	50% Coinsurance	$30 copay	50% Coinsurance	$30 copay after deductible	50% after deductible
Non-Preferred (Tier 3)	$75 copay	50% Coinsurance	$75 copay	50% Coinsurance	$50 copay after deductible	50% after deductible
Preferred Specialty (Tier 4)	25% coinsurance up to a $350 maximum	50% Coinsurance	25% coinsurance up to a $350 maximum	50% Coinsurance	25% after deductible up to $350	50% after deductible
Mail Order Pharmacy (90 Day Supply)						
Generic (Tier 1)	$15 copay	Not covered	$15 copay	Not covered	$25 copay after deductible	Not covered
Preferred (Tier 2)	$60 copay	Not covered	$60 copay	Not covered	$75 copay after deductible	Not covered
Non-Preferred (Tier 3)	$150 copay	Not covered	$150 copay	Not covered	$125 copay after deductible	Not covered
Preferred Specialty (Tier 4)	25% up to $350 per prescription	Not covered	25% up to $350 per prescription	Not covered	25% after deductible up to $350	Not covered

Medical Insurance (continued)

	Blue Access Choice KIDZ PPO	
	In-Network Benefits	**Out-of-Network Benefits**
Annual Deductible		
Individual	**$1,000**	$2,000
Family	**$3,000**	$4,000
Embedded or Aggregate	Embedded	Embedded
Coinsurance	80%	60%
Maximum Out-of-Pocket (Includes Deductibles)		
Individual	**$4,000**	$8,000
Family	**$8,000**	$16,000
Physician Office Visit		
Primary Care	$30 copay	60% after deductible
Specialty Care	$70 copay	60% after deductible
Preventive Care		
Adult Periodic Exams	100%	60% after deductible
Well-Child Care	100%	60% after deductible
Diagnostic Services		
X-ray and Lab Tests	100%	60% after deductible
Complex Radiology	80% after deductible	60% after deductible
Urgent Care Facility	$75 copay	60% after deductible
Emergency Room Facility	$150 copay after deductible; waived if admitted	$150 copay after deductible; waived if admitted
Inpatient Facility Charges	80% after deductible	60% after deductible
Outpatient Facility and Surgical Charges	80% after deductible	60% after deductible
Mental Health and Substance Abuse		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Other Services		
Chiropractic	50%, 26 visits	Not Covered
Retail Pharmacy (30-Day Supply)		
Tier 1 (Lowest Cost Option)	$10 copay	50% coinsurance
Tier 2 (Mid-Range Option)	$25 copay	50% coinsurance
Tier 3 (Mid Range Option)	$45 copay	50% coinsurance
Tier 4 (Highest Cost Option)	25% coinsurance up to a $350	50% coinsurance
Mail Order Pharmacy (90-Day Supply)		
Tier 1 (Lowest Cost Option)	$25 copay	Not covered
Tier 2 (Mid-Range Option)	$63 copay	Not covered
Tier 3 (Mid Range Option)	$113 copay	Not covered
Tier 4 (Highest Cost Option)	25% coinsurance up to a $350 maximum	Not covered

Health Savings Account (HSA)

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don’t pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates so your unused funds grow over time.

Important Note Regarding Additional HSA Contributions

If you want to make additional contributions to your health savings account via payroll deduction, **you will need to re-enroll and elect your new contribution amount for the 2026-2027 plan year.**

Are you eligible to open a Health Savings Account (HSA)?

Although everyone is able to enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse’s PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person’s tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse’s FSA. (Enrollment in a limited purpose health care FSA is allowed).

2026 HSA Contributions

The IRS has established the following maximum HSA contributions:

- FOR THE 2026 TAX YEAR:
- $4,400 Individual
- $ 8,750 Family
- If you are age 55 and over, you may contribute an extra $1,000 catch up contribution.

Scan the below QR Code to learn more about how to optimize your HSA.

QR Code

Health Reimbursement Arrangement (HRA)

Ritenour School District offers two Health Reimbursement Arrangement options in conjunction with the PPO Plan. The HRA is district owned money that has been budgeted and set aside to help employees in this plan pay for in-network medical costs. This account is managed by Anthem.

Understanding how your HRA plan works

Your health reimbursement account (HRA) will help you pay for healthcare deductible costs. Think of it like a bank account owned and funded by your employer. Because the funds in the account are owned by the Ritenour School District, if you leave the Ritenour School District, you cannot take the funds with you.

Simply show your Anthem ID card when you visit the doctor/provider, and eligible services will be paid directly from your HRA to the provider so there is no further action needed from you. Always review your Explanation of Benefits (EOB) before paying balances owed.

Important Note

Other than office visit copays and pharmacy expenses, please remember not to provide payment to providers up front. Providers should submit claims through Anthem for the HRA funds to be applied appropriately.

Base Plan HRA Option:

1. **Individual** – Employee pays the first $2,500 of $3,500 in-network deductible. The plan reimburses the last $1,000.
    - Total Reimbursement maximum is $1,000.
2. **Family –** Employee pays first $5,000 of the in-network family deductible. The plan reimburses the last $2,000 for the employee and dependent(s) combined.
    - Total Reimbursement maximum is $2,000.
3. **Ineligible Expenses -** Qualified long-term care services, copay expense amounts, prescription copay/out-of-network amounts, out-of-network expenses, non-covered expense amounts.

Buy-Up Plan HRA Option:

4. **Individual** – Employee pays the first $1,500 of $3,500 in-network deductible. The plan reimburses the last $2,000.
    - Total Reimbursement maximum is $2,000.
5. **Family –** Employee pays first $3,000 of the in-network family deductible. The plan reimburses the last $4,000 for the employee and dependent(s) combined.
    - Total Reimbursement maximum is $4,000.

Ineligible Expenses - Qualified long-term care services, copay expense amounts, prescription copay/out-of-network amounts, out-of-network expenses, non-covered expense amounts.

Scan the below QR Code to learn more about HRA's.

QR Code

Flexible Spending Accounts (FSA)

The Flexible Spending Account (FSA) plan allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

Employees who enroll in the HSA are not eligible for the medical portion of the FSA but could still elect to have a Dependent Care Reimbursement Account (DCRA).

This account will continue to be managed by Anthem for the school district.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. **Re-enrollment is required each year.** If you want to make a contribution to a Flex Spending Account, you will need to re-enroll and elect your new contribution amount for the 2026-2027 plan year via the online enrollment portal by August 31, 2026

Maximum Annual Election	
Health Care FSA	$3,400
Dependent Care FSA	$7,500

Scan the below QR Code to learn more about how to optimize your FSA.

QR Code

Dental Insurance

Dental Benefits (moving to Anthem)

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. Ritenour School District will continue to offer a dental program. The chart below is a brief outline of the plans. Please refer to the summary plan description for complete plan details.

	Anthem Blue Cross and Blue Shield Dental Complete Network	
	In-Network Benefits	Out-of-Network Benefits
Individual	$25	$25
Family	$75	$75
Waived for Preventive Care?	Yes	Yes
Per Person / Family	$1,500	$1,500
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Ortho Dependent Child(ren)	Covered thru age 25	Covered thru age 25
Ortho Lifetime Maximum	$1,000	$1,000
Benefit Waiting Periods	None	None

Waiting Period Penalty for Late Entrants:

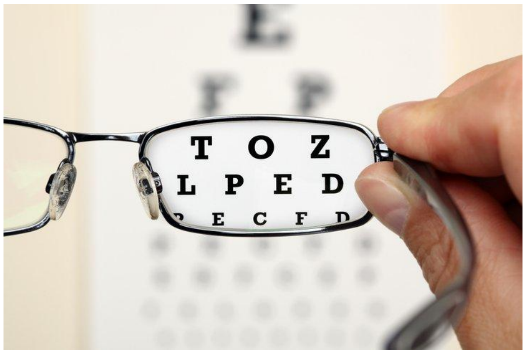
- If coverage is elected during open enrollment for a 10/1 effective date, there are no waiting periods.

Visit www.Anthem.com to locate Dental providers in the Essential Choice and Complete Network and view more detailed benefit information.

Vision Insurance

Vision Benefits (moving to Anthem)

Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol.



- ✓ If you do not elect Vision during the annual open enrollment period or when you first become eligible, you will have to wait until the next annual open enrollment period to enroll, unless you have a qualifying event.
- ✓ Visit **www.Anthem.com to locate Vision providers.**
- ✓ Dependent Age Limit is to Age 26

	Anthem Blue View Vision (Anthem Vision Network)	
	In-Network	**Out-of-Network (Before Copay)**
Annual Eye Exam - Once every 12 months	$10 Copay	$36 Max
Lenses (Single, Bifocal, Trifocal, Lenticular) - Once every 12 months	$0 Copay	Single Lenses - $28 Max Bifocal Lenses - $45 Max Trifocal Lenses - $56 Max Lenticular Lenses - $80 Max
Contact Lenses (Elective) - Once every 12 months	$150 Allowance, 15% off any balance	Up to $105 reimbursement
Contact Lenses (Medically Necessary) - Once every 12 months	$150 allowance	Up to $210 reimbursement
Frames - Once every 12 months	$150 allowance, then 20% off any balance	Up to $45 reimbursement

Visit www.Anthem.com to locate Vison providers in the Blue View Network.

Life and AD&D Insurance

Ritenour School District provides employer-paid Basic Life and AD&D benefits to eligible employees. You must work 30+ hours per week to be eligible for this employer-paid benefit. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Basic Life and AD&D	
Benefit Schedule	1 x annul earnings
Rounding	Up to next $1,000
Maximum Benefit	$200,000
Guaerantee Issue	$200,000
AD&D Benefit	$200,000
Age Reduction Schedule	None

IMPORTANT REMINDER

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Additional Plan Details

- Accelerated Death Benefit
- Right to Convert
- Life Service Tool Kit
- Standard Secure Access account payment option
- Portability of Insurance
- Travel Assistance
- Repatriation Benefit
- Waiver of Premium

Voluntary Offerings

You have the option to purchase voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

Voluntary Life Insurance

You may purchase additional Life insurance with Anthem if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect. Coverage is paid for by you through payroll deduction. Accidental Death and Dismemberment (AD&D) is included in this coverage.

NOTE: Employees may elect up to the Guarantee Issue (GI) amount on yourself, a spouse, or child with no proof of evidence of insurability. *However, if you apply for coverage over the GI amount, you will be subject to providing EOI by answering a few questions and could be denied coverage. If EOI is approved, your effective date will be the first of the month following approval.*

Plan Highlights	Carrier: Standard
Coverage	
Premiums **(Note: The enrollment portal will calculate your premiums at the time of enrollment and will be based on age.** ***Premium for spouse is based on age of employee. Premiums increase every five years).***	• Employee Paid
Employee Benefit	• 1,2,3,4 or 5 times not to exceed $500,000.
Spouse Benefit	• $10,000 to $50,000 in $10,000 increments.
Child Benefit	• $5,000 or $10,000.
Guarantee Issue	• $300,000 for Employees. • $50,000 for Spouse. • $10,000 for Child(ren)

Disability Insurance (Short-Term and Long-Term)

One of the most important assets to you as an employee is the ability to earn an income. Disability insurance provides income protection in the event you become unable to work due to a non-work-related illness or injury. Please note that disability plans are subject to reduction if you receive disability payments from other sources, such as state or federal programs.

Short-Term Disability Insurance

Ritenour School District offers a short-term disability option through Anthem. This benefit covers 60% of your weekly base salary up to $1,000/week. The benefit begins on the 8th day of injury or illness and lasts up to 90 Days. There is a pre-existing condition limitation, which means there is a 2-month look back period (anything that has been treated or diagnosed 2 months prior to effective date) and would not be covered for the first 12 months of the plan.

Please see the summary plan description on the online enrollment system for complete plan details and rates.

Long-Term Disability Insurance

You may purchase voluntary long-term income protection through Anthem in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to $6,000. Benefit payments begin after 90 days of disability. Please see the summary plan description on the online enrollment system for complete plan details and rates.

This benefit is a very inexpensive way to “insure” your paycheck in the event of extended sick time away from your job.

Worksite Products and Costs

Your voluntary worksite benefit offerings effective October 1, 2026, for the 2026-2027 school years are being offered through Anthem. **NOTE: Anthem is offering a true Open Enrollment on all lines of coverage this year. This means employees may elect coverage even if previously waived without having to provide evidence of insurability.**

Accident & Injury - There is no pre-existing limitation (guaranteed acceptance). Helps with out-of-pocket costs that arise when you have a covered accident, including: Hospital Admission, Hospital Confinement, Physical Therapy, Lacerations, Major Injuries (Fractures and Dislocations). Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs. Includes $50 wellness benefit per year.

Critical Illness - The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Anthem group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness. Employees may choose lump sum benefit of $10,000; $20,000; or $30,000. All amounts are Guarantee Issue with annual open enrollment each year. Spouse's benefit would be up to 100% of employee's benefit and dependent child benefit amount of 50% of employee's benefit. The plan includes a $50 per year benefit for completing certain wellness screenings for the covered employee, spouse, and child.
NOTE: No coverage/benefit if illness was diagnosed prior to the plan's issue date.

Hospital Indemnity - Group Hospital Indemnity Insurance from Anthem helps with the out-of-pocket costs associated with a covered hospital stay, including benefits for hospital admission, confinement, and intensive care. Guaranteed acceptance.

What Your Benefits Will Cost

Your total monthly Employee insurance premium costs for medical, dental, and vision are shown below for plan period October 1, 2026 – September 30, 2027.

Anthem Medical			
	Base HRA	Buy Up HRA	HSA
Employee	$0.00	$0	$0.00
Employee & Spouse	$854.39	$1,017.29	$429.82
Employee & Child(ren)	$732.49	$892.23	$337.34
Employee & Family	$1,530.13	$1,701.43	$952.13

Anthem Medical – Kidz Plan	
Child	$355.21
Children	710.42

Anthem Dental Plan	
Employee	$0
Employee & Spouse	$36.10
Employee & Child(ren)	$52.11
Employee & Family	$99.86

Anthem Vision	
Employee	$0
Employee + 1	$6.02
Employee + Family	$11.66

Anthem Accident		
	Low Plan	High Plan
Employee	$3.66	$5.55
Employee & Spouse	$5.83	$8.83
Employee & Child(ren)	$6.55	$9.77
Employee & Family	$10.16	$15.21

Anthem Hospital Indemnity		
	Low Plan	High Plan
Employee	$12.41	$23.39
Employee & Spouse	$25.60	$48.32
Employee & Child(ren)	$23.26	$44.19
Employee & Family	$38.09	$72.27

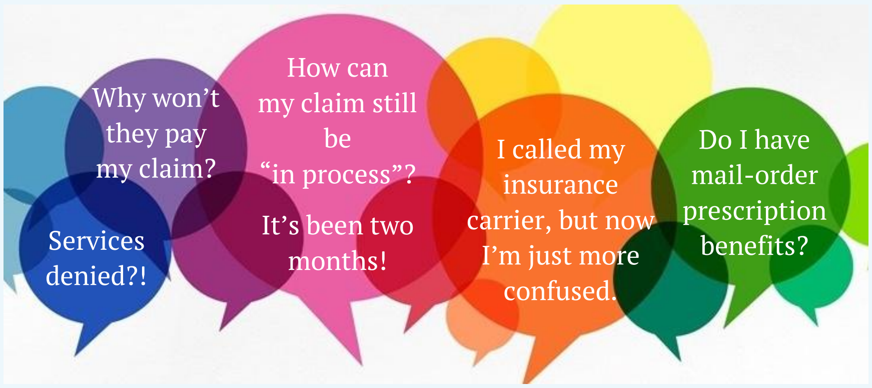
Anthem Critical Illness												
	$10,000 Benefit Plan				$20,000 Benefit Plan				$30,000 Benefit Plan			
Age	EE	ES	EC	F	EE	ES	EC	F	EE	ES	EC	F
18-24	$1.36	$2.71	$1.36	$2.71	$2.71	$5.43	$2.71	$5.43	$4.07	$8.14	$4.07	$8.14
25-29	$2.04	$4.08	$2.04	$4.08	$4.08	$8.16	$4.08	$8.16	$6.12	$12.24	$6.12	$12.24
30-34	$2.99	$5.98	$2.99	$5.98	$5.98	$11.95	$5.98	$11.95	$8.97	$17.93	$8.97	$17.93
35-39	$4.79	$9.59	$4.79	$9.59	$9.59	$19.18	$9.59	$19.18	$14.38	$28.76	$14.38	$28.76
40-44	$7.27	$14.55	$7.27	$14.55	$14.55	$29.09	$14.55	$29.09	$21.82	$43.64	$21.82	$43.64
45-49	$10.67	$21.34	$10.67	$21.34	$21.34	$42.68	$21.34	$42.68	$32.01	$64.02	$32.01	$64.02
50-54	$15.63	$31.25	$15.63	$31.25	$31.25	$62.51	$31.25	$62.51	$46.88	$93.76	$46.88	$93.76
55-59	$21.80	$43.59	$21.80	$43.59	$43.59	$87.19	$43.59	$87.19	$65.39	$130.78	$65.39	$130.78
60-64	$32.34	$64.69	$32.34	$64.69	$64.69	$129.38	$64.69	$129.38	$97.03	$194.07	$97.03	$194.07
65-69	$46.99	$93.98	$46.99	$93.98	$93.98	$187.97	$93.98	$187.97	$140.97	$281.95	$140.97	$281.95
70-84	$78.69	$157.39	$78.69	$157.39	$157.39	$314.77	$157.39	$314.77	$236.08	$472.16	$236.08	$472.16

Benefit Resources

USI Benefit Resource Center

Have Questions? Need Help?

Ritenour School District is excited 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

BRCCentral@usi.com

Carrier Contacts

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical	Anthem (Policy #L17697)	844-995-1751	www.anthem.com
Health Reimbursement Arrangement (HRA)	Anthem (Policy #L17697)	844-995-1751	www.anthem.com
Health Savings Account	Anthem (Policy #L17697)	844-995-1751	www.anthem.com
Flexible Spending Account	Anthem (Policy #L17697)	844-995-1751	www.anthem.com
Dental PPO	Anthem (Policy # L17697)	844-995-1751	www.anthem.com
Vision	Anthem (Policy # L17697)	844-995-1751	www.anthem.com
Employer Paid Life	The Standard (Policy #175669)	800-628-8600	www.standard.com
Voluntary Life/AD&D	The Standard (Policy #175669)	800-628-8600	www.standard.com
Long-Term Disability	The Standard (Policy #175669)	800-628-8600	www.standard.com
Short-Term Disability	The Standard (Policy #175669)	800-628-8600	www.standard.com
Accident, Cancer, Critical Illness, and Hospital Indemnity	Anthem (Policy # L17697)	844-995-1751	www.anthem.com

This brochure summarizes the benefit plans that are available to Ritenour 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.