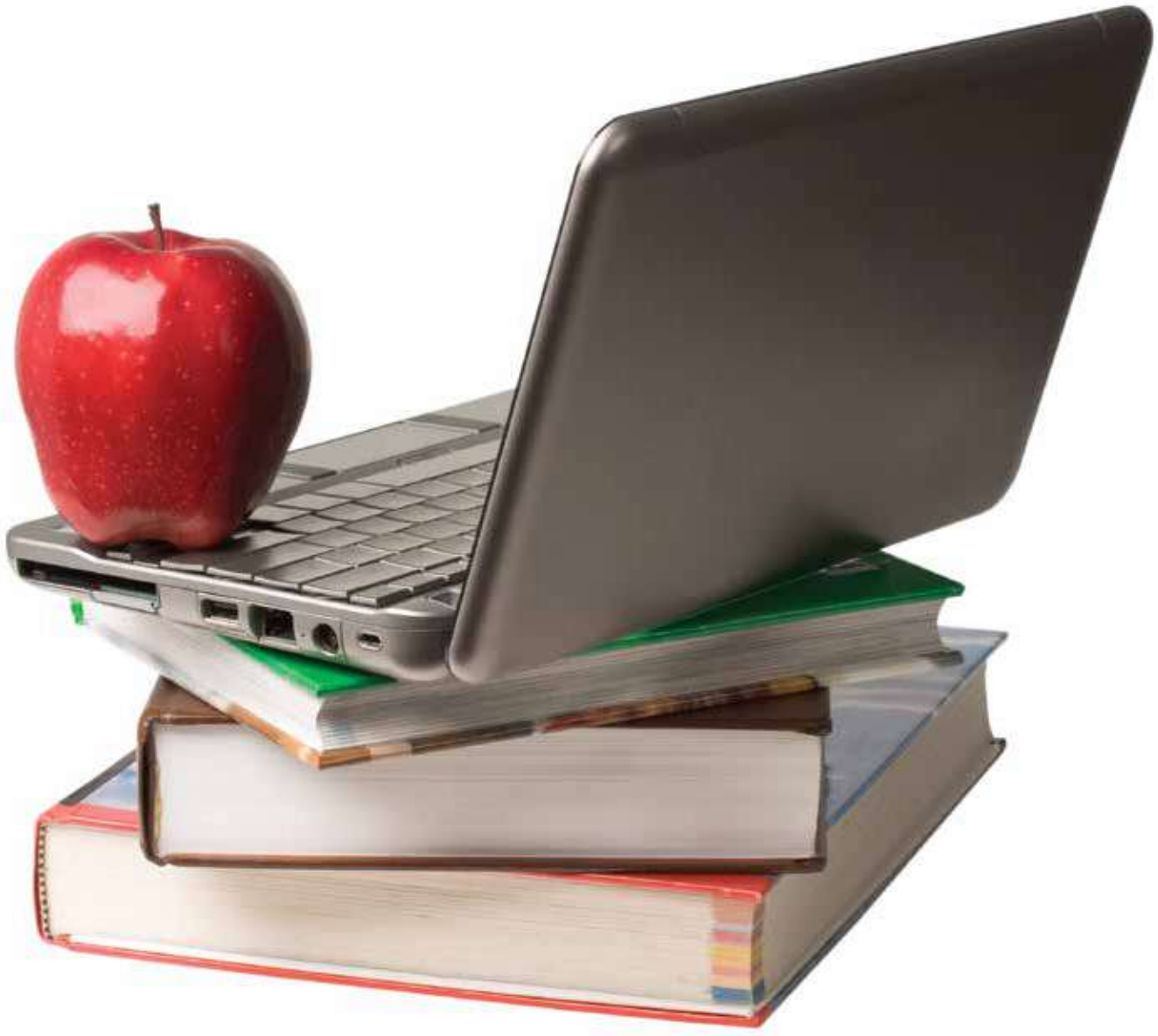
WENTZVILLE SCHOOL DISTRICT
LEARNING TODAY, LEADING TOMORROW

YOUR 2020-2021 BENEFITS



Wentzville School District

WELCOME TO YOUR BENEFITS

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Understanding your benefit options

We understand the important role that benefits play in the lives of you and your family. **Most benefits renew on October 1 (unless otherwise noted) and continue through September 30.** As a new hire and then annually during open enrollment in August, you have an opportunity to make changes to your benefits package to ensure you and your family have the right coverage.

This benefits guide is an important tool to familiarize you with your benefit options. It also provides useful tips, tools and resources to help you think through your options and make wise 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 your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.

STEPS TO ENROLL

Go to https://compass.empyreanbenefits.com/CSDTRUST. You only register once. Return and log in with your user ID and password. The system recognizes you.

Register

Enter your:

- First, Last Name (as filed with the district)
- Date of Birth
- Social Security Number

Then add a new User ID (personal email address, for example) and create a new password with at least:

- eight characters
- one letter
- one number
- one symbol (i.e., * & + # $).
- one capitalized letter

Follow the rest of the instructions to complete your account set-up.

Elect the benefits you want. Be prepared to provide eligible dependents' and beneficiaries':

- Full names
- Dates of birth
- Social security numbers

Have the documents required to upload for dependent verification ready as well.

NOTE: Your Plan may require you to complete an Evidence of Insurability (EOI) for life and disability insurance plans during the enrollment process.

Save or submit your elections. To know if you completed enrollment, look for a green check mark and message that says your benefits are confirmed and ready to take effect when Open Enrollment closes.

Print a copy of the final confirmation summary and confirmation number for your records.

If you have any questions, contact the Benefits Service Center at 833-269-2142.

BENEFIT BASICS

Your 2020-2021 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 25 hours per week. Benefits are effective on the first of the month following your date of hire for non-contracted employees and on the first of the month for the first month of their contract for contracted employees. 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 30 days of the qualified event, you will have to wait until the next open enrollment period to make changes (unless you experience another qualified life event).

ELECT YOUR BENEFITS WITHIN 30 DAYS

You have 30 days from your date of hire or a qualified life event to make changes to your coverage.

Note: Effective October 1, there is no longer a free 30 day period for newborns under the mother's plan.

When your benefit plans reset

Your annual deductible and out of pocket maximums for your medical plan will reset at the beginning of the plan year on October 1, 2020. The deductibles and annual maximums for the dental plans will reset at the beginning of the calendar year on January 1, 2021.

ENROLL ONLINE

Enroll in your benefits at https://compass.empyreanbenefits.com/CSDTRUST. If you have any questions, contact the Benefits Service Center at 833-269-2142.

MEDICAL PLAN OVERVIEW

We offer the choice of five medical plans through Anthem. All of the 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

1: YOUR DEDUCTIBLE	2: YOUR COVERAGE
After the Health Reimbursement Arrangement (HRA) amount has been met, you pay the corridor amount until you reach the deductible, unless there is a copay for the service. For Health Savings Account (HSA) plans, you pay the full deductible. You can use your HSA to pay for these expenses.	Under the **Premium HRA plans**, once your deductible is met, you are covered in full for the remainder of the plan year (excluding copays), unless you go to an out-of-network provider or facility. Under the **HSA plan**, once the deductible is met it is 100% except copays for Rx up to an additional $1,000 until you reach the out-of-pocket maximum. Once you reach your out-of-pocket maximum, you will be covered in full for the remainder of the plan year. Under the **KIDZ plan**, once your deductible is met, you will cost-share with the plan (coinsurance and copays) until you reach the out-of-pocket maximum. Once you reach your out-of-pocket maximum, you will be covered in full for the remainder of the plan year with the exception of providers and facilities that are out-of-network. Copays will apply to the 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 will always pay less if you see a provider within the medical and pharmacy network.
- **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	Premium Plan $0 Corridor		Premium Plan $1,000 Corridor		Premium Plan $2,000 Corridor	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible - Individual	$3,000	$3,500	$3,000	$3,500	$3,000	$3,500
Deductible - Family	$6,000	$7,000	$6,000	$7,000	$6,000	$7,000
Out-of-Pocket Maximum – Individual*	Copays	$6,500	$1,000 + copays	$6,500	$2,000 + copays	$6,500
Out-of-Pocket Maximum – Family*	Copays	$13,000	$2,000 + copays	$13,000	$4,000 + copays	$13,000
HRA District Contribution	$3,000 Individual/ $6,000 Family		$2,000 Individual/ $4,000 Family		$1,000 Individual/ $2,000 Family	
Employee Corridor	N/A		$1,000 Individual/ $2,000 Family		$2,000 Individual/ $4,000 Family	
Maximum HRA Carryover	N/A		$1,000 Single/$2,000 Family		$1,000 Single/$2,000 Family	
Amount you pay (you must meet your deductible before the coinsurance applies)						
Primary Care Physician Office Visit	$25 Copay	20% Coinsurance	$25 Copay	20% Coinsurance	$25 Copay	20% Coinsurance
Specialist Care Physician Office Visit	$40 Copay	20% Coinsurance	$40 Copay	20% Coinsurance	$40 Copay	20% Coinsurance
Preventive Care	No charge	20% Coinsurance	No charge	20% Coinsurance	No charge	20% Coinsurance
Urgent Care	$50 Copay	0% Coinsurance	$50 Copay	0% Coinsurance	$50 Copay	0% Coinsurance
Emergency Room**	$250 Copay	$250 Copay	$250 Copay	$250 Copay	$250 Copay	$250 Copay
Diagnostic Test and Imaging	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Chiropractic (limit of 26 services per plan year)	$40 Copay	20% Coinsurance	$40 Copay	20% Coinsurance	$40 Copay	20% Coinsurance
Rehabilitation Services	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Acupuncture	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Durable Medical Equipment	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Hospice Services	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Inpatient Stay	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Outpatient Surgery	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Mental Health and Substance Abuse	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance	0% Coinsurance	20% Coinsurance
Pharmacy						
Retail						
Tier 1 - Generic Drugs	$5	50% Coinsurance	$5	50% Coinsurance	$5	50% Coinsurance
Tier 2 - Brand Preferred Drugs	$30	50% Coinsurance	$30	50% Coinsurance	$30	50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	$60	50% Coinsurance	$60	50% Coinsurance	$60	50% Coinsurance
Mail Order						
Tier 1 - Generic Drugs	$10	Not covered	$10	Not covered	$10	Not covered
Tier 2 - Brand Preferred Drugs	$60	Not covered	$60	Not covered	$60	Not covered
Tier 3 - Brand Non-Preferred Drugs	$120	Not covered	$120	Not covered	$120	Not covered
Specialty Drugs	N/A	N/A	N/A	N/A	N/A	N/A

* Out-of-pocket maximum includes the deductible.

** $250 Emergency room penalty for non-emergent use. Does not apply to children age 14 and under.

MEDICAL PLAN (cont'd)

PLAN PROVISIONS	HSA Plan $3,000 Deductible		KIDZ Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible - Individual	$3,000	$5,500	$750	$1,500
Deductible - Family	$6,000	$11,000	$2,250	$4,500
Out-of-Pocket Maximum – Individual*	$4,000 after Deductible + Rx Copays	$7,000	$3,500	$6,500
Out-of-Pocket Maximum – Family*	$8,000 after Deductible + Rx Copays	$14,000	$10,500	$19,500
HSA District Contribution	$2,436	N/A	N/A	N/A
Amount you pay (you must meet your deductible before the coinsurance applies)				
Primary Care Physician Office Visit	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
Specialist Care Physician Office Visit	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
Preventive Care	No charge	20% Coinsurance	No charge	40% Coinsurance
Urgent Care	0% After Deductible	20% Coinsurance	$75 Copay	40% Coinsurance
Emergency Room**	0% After Deductible	0% Coinsurance	$150 Copay	$150 Copay
Diagnostic Test and Imaging	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
Chiropractic (limit of 26 services per plan year)	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
Rehabilitation Services	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
Acupuncture	Not covered	Not covered	Not covered	Not covered
Durable Medical Equipment	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
Hospice Services	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
Inpatient Stay	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
Outpatient Surgery	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
Mental Health and Substance Abuse	0% After Deductible	20% Coinsurance	20% Coinsurance	40% Coinsurance
Pharmacy				
Retail				
Tier 1 - Generic Drugs	$10 After Deductible	50% Coinsurance	$10	50% Coinsurance
Tier 2 - Brand Preferred Drugs	$30 After Deductible	50% Coinsurance	$25	50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	$50 After Deductible	50% Coinsurance	$45	50% Coinsurance
Mail Order				
Tier 1 - Generic Drugs	$25 After Deductible	Not covered	$25	Not covered
Tier 2 - Brand Preferred Drugs	$75 After Deductible	Not covered	$62	Not covered
Tier 3 - Brand Non-Preferred Drugs	$125 After Deductible	Not covered	$112	Not covered
Specialty Drugs	N/A	N/A	N/A	N/A

* Out-of-pocket maximum includes the deductible and copays.

** $250 Emergency room penalty for non-emergent use. Does not apply to children age 14 and under.

SAVINGS AND REIMBURSEMENT ACCOUNTS

There are several account options that enable you to pay for eligible expenses **tax-free**.

- **Health Savings Account (HSA) –** Available to those enrolled in the HSA Plan ($3,000 Deductible) 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 and vision expenses.
- **Dependent Care FSA –** Use for eligible childcare expenses for dependents under age 13 or elder care.

We also offer the Premium 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.

IRS Publication 502 provides a list of eligible expenses for each account at irs.gov.

COMPARISON OF ACCOUNTS	HSA	HRA	FSA
Does the district contribute? *Amount for full-year*	✓ $2,436.00 per year	✓	X
Can I contribute my own savings?	✓	X	✓
Is there an IRS maximum annual contribution?	✓ Employee: $3,600 for 2021 Family: $7,200 for 2021 Those 55 and older can contribute an additional $1,000 annually.	X	✓ Health Care: $2,750 Dependent Care: $5,000
Will my savings roll over each year?	✓	! Maximums apply	X
Will I earn interest on my savings?*	✓	X	X
Are the savings tax-free? *In most states*	✓	✓	✓
Do I keep the money if I leave the district?	✓	✓ Option to continue through COBRA	✓ Option to continue Health Care only through COBRA
Can I also have a FSA?	✓ Dependent Care FSA only	✓	N/A
Plan year for contributions	Effective October 1 to September 30	Effective October 1 to September 30	Effective January 1 to December 31

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

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

This includes out-of-pocket expenses to meet your deductible. Your eligible health care expenses are automatically deducted from your HRA and paid to your health care provider.

When you enroll in a medical plan that is attached to an HRA, the district funds the HRA up to the corridor amount, then you are responsible for the corridor amount until you satisfy the deductible. Once you reach the deductible, your plan covers in-network costs for the remainder of the year. You are not able to make contributions to the HRA.

Unused funds roll over

If you have HRA credits left over at the end of the year, and you're still enrolled in the HRA medical plan the following year, your funds will rollover up to $1,000 in the $1,000 and $2000 Corridor. The $0 Corridor does not rollover. You must be enrolled in the plan prior to July 1 to be eligible to rollover unused funds up to $1,000.

You can use HRAs with an FSA

If you have an HRA, you can also contribute to a Health Care Flexible Spending Account (FSA), to give yourself even more pretax dollars to pay for out-of-pocket medical, dental and vision expenses. Remember that unused FSA funds are forfeited from one program year to the next, due to IRS rules.

HOW THE PREMIUM PLAN HRA WORKS

- Copay services are covered with no deductible.
- The HRA applies to hospitalization, surgery, diagnostic x-ray and lab testing.
- The HRA pays claims up to the corridor.
- Once the HRA amount has been paid, you are responsible for the corridor amount until you reach the deductible, then you will have 100% coverage in network.

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the HSA Plan ($3,000 Deductible). It allows you to make tax-free contributions to a savings account to pay for current and future medical expenses for you and your dependents.

Start It

- Contributions to the HSA are tax-free for you — whether they come from you or the district. The district contributes $2,436 per year (contributions are pro-rated per pay period).
- Plans with an HSA typically cost less than other plans so the money you save on premiums can be put into your HSA. You save money on taxes and have more flexibility and control over your health care dollars.

Build It

- All of the money in your HSA is yours (including any contributions deposited by the district) even if you leave your job, change plans or retire.
- For 2021, the total of your contributions and the district can be up to $3,600 for individual coverage and $7,200 for family coverage.

Use It

- When you visit a medical a provider:
  - Typically you pay nothing at the time of service. Your provider will file a claim with Anthem.
  - You will receive a claim recap showing the total cost and "allowed" cost. Your provider will then bill you for the "allowed" cost of the service(s).
  - If you have funds in your HSA you can pay your provider using your HSA checkbook or debit card.
- When you visit a pharmacy:
  - Show your ID card at the pharmacy (or may order by mail).
  - You will pay the full discounted cost for the prescription at the time if your deductible has not been met.
  - Use your HSA checkbook or debit card to pay your prescription (provided you have the funds available).
- You can also save this money and hold onto it for future eligible health care expenses.

Grow It

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free.

ELIGIBILITY DETAILS

- If you are age 55 or older, you can contribute an additional $1,000 per year.
- You are not allowed to be enrolled in any other health coverage, and cannot have an HSA if you are enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.
- You or your spouse cannot participate in the Health Care Flexible Spending Account (FSA) if you have an HSA.

Check out the Benefit Wallet website at mybenefitwallet.com or download the app for more helpful information on the tax forms and qualified expenses.

Opening Your HSA

If you enroll in the HSA Plan, you must open your HSA with Benefit Wallet to receive the district's contribution.

Enroll in the HSA Plan by the last day of open enrollment ▶ Open your HSA with Benefit Wallet by September 9 ▶ Manage your HSA with Benefit Wallet online at www.mybenefitwallet.com or through the app ▶ Use HSA funds for qualified medical, dental and vision expenses ▶ Investment options available at $1,000 balance

MEDICAL PLAN RESOURCES

Anthem is available to help you manage your health care with a team of professionals that can partner with you to be your advocate and help you make the best use of your medical plan.

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.

LiveHealth Online

Using LiveHealth Online, you can have a private and secure video visit with a board-certified doctor 24/7 on your smartphone, tablet or computer. It's a quick and easy way to get the care you need with no appointments or long wait times – all for less than most other treatment options. When your doctor isn't available, use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or other common health conditions. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if needed. To sign up, visit livehealthonline.com or download the free LiveHealth Online app.

ConditionCare

Take control of your chronic condition and better manage expenses associated with asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease and heart failure.

Future Moms

Mommies-to-be receive special support and education, including 24/7 registered nurse access, that promotes healthy pregnancies, deliveries and babies.

ComplexCare

Get the help you need to handle complex medical conditions or surgeries, including understanding treatment plans, medications, and how to access special health care providers and community resources.

myStrength

Life gets busy. And sometimes it's hard to keep up. That's why as a part of your health care benefits you have access to myStrength, a free online and mobile program that supports emotional health and wellbeing. Think of myStrength as a private, 24/7 health club for your mind.

YOU MAY RECEIVE A CALL

To ensure you can access these valuable services when you need them, Anthem may need to call you from time to time. These calls are always confidential. You can always learn more by calling Anthem directly as well:

- 24/7 NurseLine: 800-337-4770
- ConditionCare or ComplexCare: 866-962-1069
- Future Moms: 800-828-5891

MORE INFORMATION ONLINE

The Anthem Sydney Health app allows you to manage your benefits anytime and anywhere you go. You can conveniently find a doctor or urgent care center nearby and get directions, view your medical benefits, get your ID card, and much more all in the palm of your hand. Download the app today from Google Play or the Apple Store, or visit anthem.com.

DENTAL PLAN

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

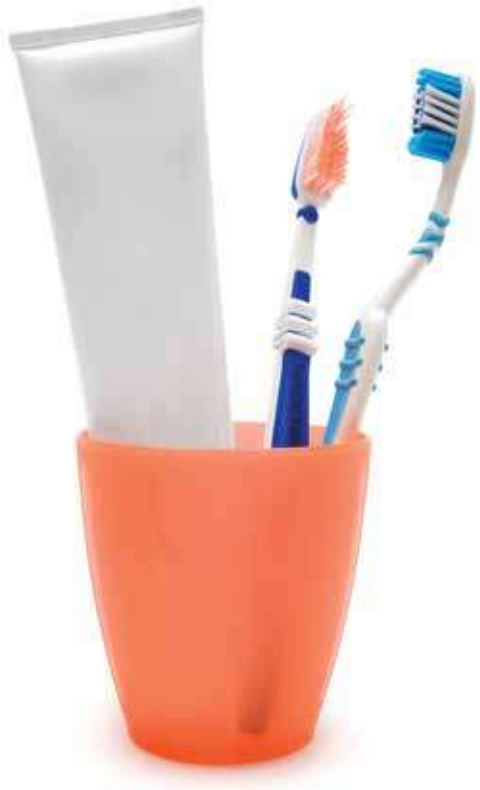
PLAN PROVISIONS	PPO NETWORK	PREMIER NETWORK	OUT-OF-NETWORK
Dental Deductible - Individual	$25	$25	$25
Dental Deductible - Family	$75	$75	$75
Annual Benefit Maximum	$2,000	$2,000	$2,000
Orthodontic Lifetime Maximum	$2,000	$2,000	$2,000
SERVICES	**Coverage Amount**		
Diagnostic and Preventive	100%	100%	100%
Basic Services	80%	80%	80%
Major Services	60%	60%	60%
Orthodontia (dependents up to age 19 only)	50%	50%	50%

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 an out-of-network dental provider, 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" in menu bar at the top of the page.

Late enrollment

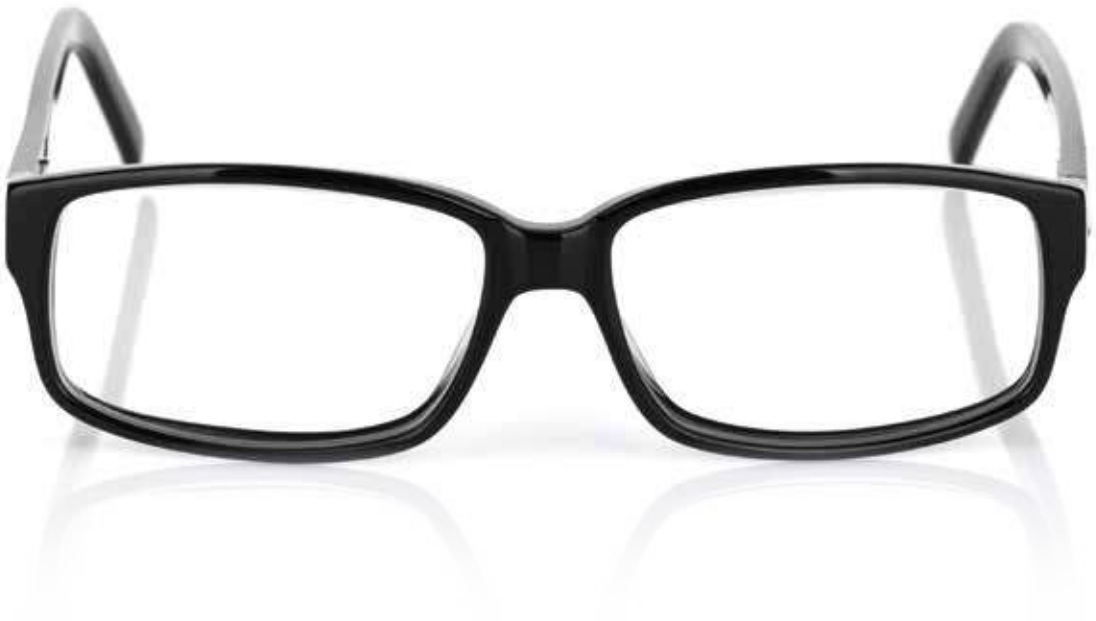
A participant that does not enroll when first eligible will only receive benefits for preventive services for the first 12 months of coverage. Dependents enrolled prior to their third birthday are not subject to the late entrant penalty.



VISION PLAN

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

PLAN PROVISIONS	IN-NETWORK
Exam	$0 copay in-network
Frequency ▪ Exam ▪ Lenses ▪ Frame	Exam - Every 12 months Lenses - Every 12 months Frames - Every 24 months
Frames	Up to $150 allowance (every other year)
Lenses	$0 copay iin-network
Contacts (in lieu of all eyeglasses benefits listed above)	Up to $141.00
Medically necessary contact lenses	100% in-network



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 AD&D insurance for employees and offer voluntary insurance options for employees and their dependents.

Basic Life and AD&D Insurance

The district provides basic life and accidental death and dismemberment insurance to all eligible employees at no cost equal to $50,000 (benefit is reduced beginning at age 65).

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.

Guaranteed coverage is only for new hires who apply within 31 days after you are eligible to elect coverage. During Open Enrollment an Evidence of Insurability (EOI) form needs to be completed and sent to underwriting.

VOLUNTARY LIFE AND AD&D INSURANCE FOR YOU	VOLUNTARY LIFE AND AD&D INSURANCE FOR YOUR DEPENDENTS	
Employee	**Spouse**	**Child(ren)**
▪ Guarantee issue amount is 2x annual salary up to $300,000 maximum. ▪ Maximum issue amount is up to 5x salary up to $500,000.	▪ You may elect either $10,000, $15,000, $20,000, $30,000, $40,000 or $50,000 of coverage for your spouse. The guaranteed coverage amount for your spouse is $50,000.	▪ $5,000 or $10,000 of coverage for your dependent children.

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 to purchase disability coverage as shown here.

Evidence of Insurability is required for employee-paid disability if you previously waived coverage.

COVERAGE	BENEFIT
Short-Term Disability	▪ Three options: 50%, 60% or 66.67% of your weekly pay, up to maximum of $1,000 per week for 12 weeks (following a seven day waiting period)
Long-Term Disability	▪ 60% of your pay, up to a maximum of $5,000 per month

Family Medical Leave Act (FMLA)

If you have been with the district for 12 months, you may be eligible for up to 12 work weeks of unpaid leave per year under the Family and Medical Leave Act (FMLA). FMLA can be used for an illness of your own, care needed for a family member, care for a newborn and certain other medical needs.

ADDITIONAL RESOURCES

Life can present complex challenges. As a district employee, you have access to additional resources to support you for no cost through The Hartford.

Employee Assistance Program (EAP)

Call the EAP 24/7 for unlimited confidential assistance for personal matters you are experiencing. Guidance Resources available when you are in need of counseling resources telephonically or in person. Under this program, you have up to five face-to-face visits with a counselor and unlimited telephonic counseling.

For more information, please register at GuidanceResources.com or call 844-242-6861. If you are a first time user, enter **HLF902** in the Web ID field and company name **ABILI**.

Travel Assistance and Identity Theft Protection Services

When you're traveling and the unexpected happens, take advantage of travel assistance. With a local presence in 200 countries and territories around the world and 24/7 assistance centers, Generali Global Assistance, Inc. is available to help you. Support for Identity Theft Protection is also available whether you're traveling or at home.

For more information, call 1-800-243-6108 (collect from other locations: 202-828-5885). Be sure to have your employer's name (CSD Insurance Trust), your phone number, the nature of your problem, the Travel Assistance Identification Number (GLD-09012) and your policy number 681374.

EstateGuidance® Will Services

Having a will is important to ensure that your intentions will be honored in the event of your death. As an employee with a Group Life insurance policy from The Hartford, you have access to EstateGuidance® Will Services. This free service helps you create a simple, legally binding will online, saving you the time and expense of a private legal consultation. Other advantages include:

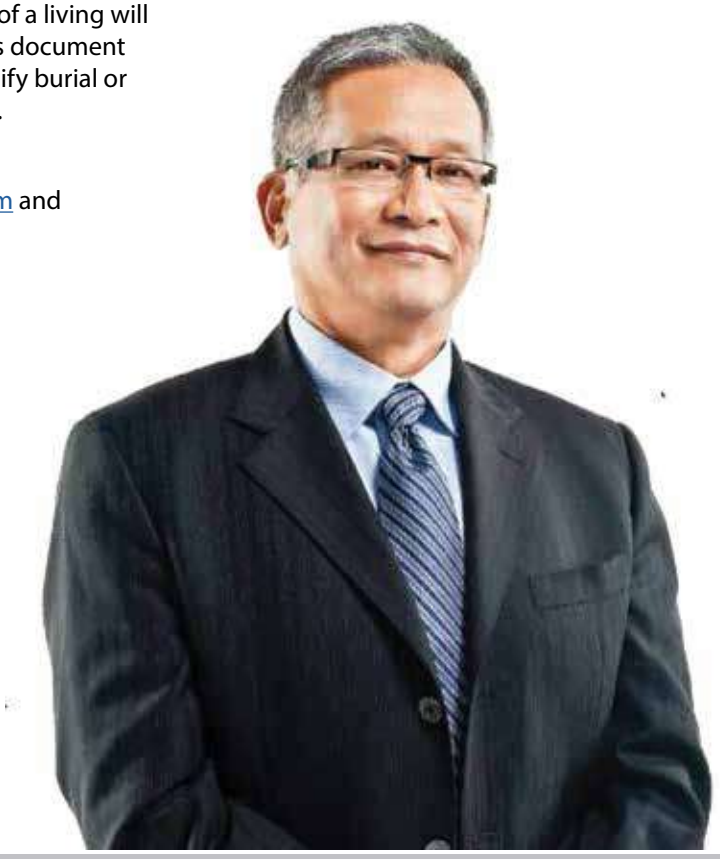
- Online assistance from licensed attorneys should you have questions.
- Unlimited revisions at no additional charge.
- Additional estate planning services are also available for purchase, including the creating of a living will or a final arrangements document that allows you to specify burial or cremation preferences.

To get started, visit www.estateguidance.com and use code: **WILLHLF**.

Funeral Concierge Services

Losing a loved one is one of life's most difficult experiences. To help you through this challenging time, the district offers The Hartford's Funeral Concierge Services to help you make informed decisions, understand your options and stay within budget at a difficult time.

To learn more about The Hartford's Funeral Concierge Services, call 1-866-854-5429 or visit everestfuneral.com/Hartford and use code: **HFEVLC**.



THE TRUST WELLNESS PROGRAM

The Trust Wellness program provides members the support, tools, resources, and programs to help you live a healthier life. . . at no cost to you.

TrustWellness
An Insurance Trust Program Promoting Employee Wellbeing

Our goals include:

- To provide creative and fun ways to integrate healthier lifestyle choices in your everyday routine
- To help you effectively manage your healthcare
- For you to have a great time in the process!

Annual resources available to you:

- Onsite health screenings and flu shots
- Activity District Challenge (fall, spring and summer)
- Nutrition Intuition Trivia Challenge
- Naturally Slim
- Stress Management Challenge
- Spring on-site chair massage
- Healthier Lifestyle program (nutrition coaching program)
- TrustWellness Monthly eNewsletter
- TrustWellness website at: www.csdinsurancetrust.com
- And much more!

FOR MORE INFORMATION ON UPCOMING EVENTS:

- www.csdinsurancetrust.com
- Look for TrustWellness emails
- Watch for event flyers and posters
- Read building Wellness Corner Boards
- Read the bathroom Wellness Splash
- Home mailers

Healthier choices don't have to be boring! We hope you agree and will join us as we promote positive change in overall health. It's your life and your health. Have fun with it!

CONTACT INFORMATION

PLAN	PROVIDER	PHONE NUMBER	WEBSITE
Medical	Anthem	855-272-4938	anthem.com
Pharmacy	Ingenio	1-833-219-4305	-
Health Reimbursement Arrangement (HRA)	Anthem	855-272-4938	anthem.com
Health Savings Account (HSA)	BenefitWallet	877-472-4200	mybenefitwallet.com
Dental	Delta Dental of Missouri	800-335-8266	deltadentalmo.com
Vision	Vision Benefits of America	800-432-4966	vbaplans.com
Flexible Spending Account (FSA)	TASC	800-422-4661	tasconline.com
Life insurance	The Hartford	800-523-2233	thehartford.com
Disability	The Hartford	800-523-2233	
Enrollment	Empyrean	833-269-2142	https://compass.empyreanbenefits.com/CSDTRUST
Wellness	CSD	-	csdinsurancetrust.com

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CSD Insurance Trust

Serving MO Public Education Employee Benefits Since 1991

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.