



**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: Dwight Lindhorst, CFO

DATE: August 2, 2022

SUBJECT: Annual Benefits Open Enrollment (Aug. 15 – Aug. 31, 2022)

Open enrollment for district group insurance plans and other district-sponsored benefits **begins on Aug. 15, 2022 and ends on Aug. 31, 2022**. The coverage for these benefits you are electing begins on *October 1, 2022*.

**If you are NOT making changes to medical, dental, vision or life insurance for yourself or dependents, you need to do nothing. Your current selections will roll over. EXCEPTIONS: all flexible spending accounts for either medical expenditures or dependent care expenses must be selected every year; employee contributions to a Health Savings Account (HSA) must be selected every year.**

**If you are making changes to any benefits, these elections must be made** through *Compass* at <https://compass.empyreanbenefits.com/CSDTRUST> (The link is also on the district website under Business Office). If you have forgotten your user ID and/or password, call 833-269-2142. There is a 2022-2023 Benefit Guide 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 these prior to enrolling for important information to help you plan your selections. You should keep a copy of this guide for future reference. *Note: New Hires for this 2022-2023 school year, you must enroll for benefits covering 8/1/22-9/30/22 and again for the next benefit plan year of 10/1/22-9/30/23.*

You will have until **11:59 p.m. on Wednesday Aug. 31, 2022** to enroll through this online process. **If you choose not to enroll, your benefit choices will then default (“passive” enrollment) to your current elections except for any Flexible Spending Account (FSA). You must specifically elect FSA plans every year.**

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

During your *Compass* 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.

You will also select life insurance coverage, which is a post-tax deduction.

**PLEASE REMEMBER** that all elections except disability insurance and the supplemental retirement plans are **effective as of Oct. 1, 2022** and **may not** be changed during the plan year unless you experience a Qualifying Event as defined by the Internal Revenue Service, process the qualifying event through *Compass* within 30 days of said event, and supply the Business Office with the necessary documentation within 30 days of said event. Qualifying events are birth, death, adoption, marriage, divorce, or a spouse or dependent child gaining or losing insurance coverage.

**There are no changes in coverage or co-payments for medical, dental, vision or life insurance for this plan year.**

Below is a summary of available employee benefits **effective Oct. 1, 2022**. Please review the Employee Benefit Guide for more information. There are also informative videos providing general descriptions of the different types of plans on *Compass*.

If you have any questions, please contact Bonnie Lessnau in the Business Office at (314) 493-6011, or extension 8122, or at lessnaub@ritenourschools.org.

## **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 2023 Benefit Guide.

**IMPORTANT:** Newborn babies must be added in *Compass* 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 \$3,000. Then the plans utilize a Health Reimbursement Account (HRA) to cover either the first \$2,000 of related costs (\$1,000 corridor) or the first \$1,000 of related costs (\$2,000 corridor).

HRA: Pays the first portion of the deductible  
Corridor: The employee's portion of the deductible

Your HRA balance information can now be accessed by calling Anthem directly at 1-855-272-4938 or by visiting Anthem.com and registering. The amount of your unused Health Reimbursement Account (HRA) will be carried forward to your next year's coverage. This carry-forward amount is limited to the amount of your selected corridor (see plan summary for limits) or the amount remaining in your HRA. You must be enrolled in the Anthem Premium Plan prior to July 1, 2019 to be eligible for the HRA carry over.

As an example, let's assume you selected the district-paid Premium Plan with the \$1,000 corridor and you had a healthy year with some doctor office visits and a few drug charges through the year, but no costs covered by the HRA. In this scenario, you have the entire \$1,000 remaining in your HRA and therefore the next year the \$1,000 is carried forward to the next plan year reducing your corridor to \$0.

As a second example, let's assume you selected the district-paid Premium Plan with the \$1,000 corridor, but had an out-patient procedure with a cost of \$700 that was covered by the HRA. The \$300 balance would be carried over to the next year, reducing your corridor to \$700.

### **1. Premium Plan with the \$1,000 corridor:**

Ritenour School District pays 100% of the employee premium. A summary of benefits is on page 12 and included in the 22-23 Benefit Guide.

<b>Coverage</b>	<b>Monthly Premiums</b>
Employee (District Paid)	\$ 804
Spouse	\$ 744
Children	\$ 652
Family	\$1,244
KIDZ Plan 1 Child	\$ 248
KIDZ Plan 2 or more children	\$ 496

2. **Premium Plan with the \$2,000 corridor:**

If you elect coverage under the \$2,000 plan, Ritenour pays the employee premium, and will contribute \$31 per pay period (\$62/month x 12 = \$744 annually) to a Healthcare Flexible Spending Account (FSA). A summary of benefits is on page 11 and included in the 22-23 Benefit Guide.

If you elect to cover spouse/dependents under the \$2,000 plan or the KIDZ plan, Ritenour will first apply the same savings of \$31 per pay against your cost of spouse/dependent coverage.

Coverage	Monthly Premiums
Employee (District Paid)	\$ 742.00
Spouse	\$ 687.00
Children	\$ 598.00
Family	\$1,181.00
KIDZ Plan 1 Child	\$ 248.00
KIDZ Plan 2 or more children	\$ 496.00

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

If you elect coverage under the HSA plan, Ritenour will contribute \$111.50 per pay period (\$223/month x 12 = \$2,676 annually) to your HSA account set up through Anthem. A summary of benefits is on page 12 and included in the 22-23 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 \$111.50 per pay period against your cost of spouse/dependent medical coverage.

Coverage	Monthly Premiums
Employee (District Paid)	\$581
Spouse	\$537
Children	\$469
Family	\$919
KIDZ Plan 1 Child	\$248
KIDZ Plan 2 or more children	\$496

This plan has a \$3,000 individual/\$6,000 family deductible, medical co-pays and prescription drug co-pays only after the deductible is met. This means that the first \$3,000 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 medical expenses, with the exception of prescription drugs, in 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. **Employee contributions to an HSA must be selected every year.**

This 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 2022 (includes both district and employee contribution): Individual \$3,650, Family \$7,300. 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 \$111.50 per-pay period or \$2,676 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 \$974 (\$3,650-\$2,676).
- **If you elect to cover spouse/dependents under the HSA plan or the KIDZ plan**, Ritenour applies the cost savings of \$111.50 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
  - \$248 monthly premium
- (2) Cover two or more dependent children
  - Max \$2,250 family Deductible
  - \$496 monthly premium

A summary of benefits is on page 11 and included in the 22-23 Benefit Guide.

The Out-of-Pocket Maximum is \$3,500 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 Penalty:** \$250 copay, + \$250 penalty for non-emergency use (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 most 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 IngenioRX
  - Copays are 3 times the 30 day supply at a retail pharmacy.
  - Mail order copay will continue to be at 2 times the 30 day supply.

### **DENTAL PLAN**

Coverage continues to be provided through Delta Dental. The dental insurance rates have decreased slightly again for 2022-2023 plan year.

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.

<b>Service</b>	<b>In Network/Out of Network</b>	<b>Benefit Category Descriptions</b>
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 18 (1x/year)
Basic	80%	Restorative Services (i.e. fillings)

		Periodontal and Endodontic Services (i.e. root canals) Extraction and Oral Surgery
Major	50%	Prosthetics: Bridges and Dentures Crowns, Jackets, Inlays, Onlays Other Oral Surgery
Orthodontics (Dependent Children Only)	50% - No deductible	
Orthodontics Maximum Covered	\$1,000 Lifetime	

Coverage	Monthly Premiums
Employee (District Paid)	\$32.78
Spouse	\$30.82
Children	\$44.48
Family	\$75.26

## **VISION PLAN**

Coverage continues to be provided through Vision Service Plan (VSP). The vision insurance premium rates are the same as last year.

### **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 or Trifocal
- Extra Discounted Services
  - Laser Vision Correction
  - Sunglasses
  - Amounts over the above allowances

Coverage	Monthly Premiums
Employee (District Paid)	\$ 9.23
Spouse	\$ 6.16
Children	\$ 6.16
Family	\$11.94

## **FLEXIBLE SPENDING ACCOUNTS**

- ❖ These benefits MUST be chosen EVERY year.

### **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 \$2,850 annually to a HCFSAs. (\$5,700 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, you may not participate in the HealthCare FSA.
- 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, 2022 – Sept. 30, 2023) and must be submitted to Anthem, the plan administrator. For more detailed information, please access <https://myaccounts.hsabank.com/Login.aspx>.

### **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 2021 when planning your contribution. It is your responsibility to make sure you do not exceed the maximum.

Reimbursements must be submitted to HSA Bank, the new plan administrator. For more detailed information, please access HSA Bank through COMPASS or visit <https://myaccounts.hsabank.com/Login.aspx>



## **LIFE INSURANCE PLAN**

Coverage continues through Lincoln Financial. There is no benefit change; the district will continue to pay for life coverage in the amount of 1x your annual salary. Lincoln also offers additional programs for our employees. For more information on these added benefits, please contact Lincoln directly at the following number 866-783-2255. In addition, the following coverages continue through Lincoln Financial:

- Employee Assistance Program: You and your family have access to 5 free consultations with a licensed clinician per incident, per individual, per calendar year. Contact at 888-628-4824 or [www.GuidanceResources.com](http://www.GuidanceResources.com) (username: LFGSupport password: LFGSupport1).  
Services include:
  - Legal Services
  - Financial Services
  - Childcare & Eldercare Assistance
  - Identity Theft Recovery Services
  - Daily Living Services (referrals)
  
- LifeKeys (social/emotional support)
  - Protection against Identity Theft
  - Online Will Preparation
  - Guidance & support for you & your beneficiaries available for up to 1 year after the loss of a loved one, and includes up to 10 in-person sessions for grief counseling, legal or financial information, and unlimited phone counseling
  - Contact at 855-891-3684 or [www.GuidanceResources.com](http://www.GuidanceResources.com) (username: LFGSupport password: LFGSupport1).

## **SUPPLEMENTAL PLANS**

### **1. Supplemental Life Insurance:**

Coverage provided through Lincoln, with no benefit changes. 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. This coverage is portable and may be taken with you if you leave the district.

<https://compass.empyreanbenefits.com/CSDTRUST>

You are required to download, complete, print, sign, and forward the Evidence of Insurability (EOI) form to Bonnie Lessnau in the Business Office via email [lessnaub@ritenourschools.org](mailto:lessnaub@ritenourschools.org) or via interoffice mail. 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 VALIC.

The district offers IRS sections 403(b) and 457(b) retirement plans through VALIC. 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 David Arns at (314) 223-4720, [david.arns@aig.com](mailto:david.arns@aig.com), or the VALIC Office (314) 439-4850. Information is also available on the district website.

## 3. **Voluntary Benefits:**

The CSD Insurance Trust is excited to offer numerous additional, optional coverages for District employees through The Hartford. These plans and premiums have been vetted and bid to provide the best coverage at the lowest cost. Contact Hartford at 800-523-2233 or online at [www.thehartford.com/employee-benefits/employees](http://www.thehartford.com/employee-benefits/employees). Coverages include the following:

- Accident Insurance
- Hospital Indemnity Insurance
- Critical Illness Insurance

## 4. **Disability Insurance:**

The CSD Insurance Trust is excited to offer both short-term and long-term disability insurance coverage through Lincoln Financial. Rates and coverage vary. For more information, contact Lincoln at 866-783-2255 or online at [www.thehartford.com/employee-benefits/employees](http://www.thehartford.com/employee-benefits/employees).

Coverage for disability and voluntary benefits is also still available through AFLAC. If you are interested in purchasing disability insurance or changing your current plan, please contact our AFLAC representative, David Schmidt at 314-598-3972. He will set up an individual appointment with you to establish a customized plan to meet your needs. The District no longer offers payroll deduction for AFLAC policies.

**REMEMBER** that all elections except disability insurance and the supplemental retirement plans are effective as of Oct. 1, 2022 and may not be changed during the plan year unless you experience a *Qualifying 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, 2022

Benefits	Premium Plan \$1,000 Corridor	Premium Plan \$2,000 Corridor	HSA Plan	KIDZ Plan
<b>In-Network Benefits</b>				
<b>Plan Deductible</b>	\$3,000 \$6,000/family	\$3,000 \$6,000/family	\$3,000 \$6,000/family	\$1,000 \$3,000/family
<b>Health Reimbursement Account (HRA)</b>	\$2,000 \$4,000/family	\$1,000 \$2,000/family	n/a	n/a
<b>Employee Corridor</b>	\$1,000 \$2,000/family	\$2,000 \$4,000/family	n/a	n/a
<b>Annual Preventative Benefit</b>	100%	100%	100%	100%
<b>Office Visit</b>	\$25/\$40 Copay	\$25/\$40 Copay	100% after deductible	80% after deductible
<b>LiveHealth Online</b>	\$10 Copay	\$10 Copay	100% after deductible	80% after deductible
<b>Lab, X-ray (wellness)</b>	100%	100%	100%	100%
<b>Diagnostic Lab, X-ray</b>	100% after corridor	100% after corridor	100% after deductible	80% after deductible
<b>Ambulance</b>	100% after corridor	100% after corridor	100% after deductible	80% after deductible
<b>Hospital</b>	100% after corridor	100% after corridor	100% after deductible	80% after deductible
<b>Outpatient Surgery</b>	100% after corridor	100% after corridor	100% after deductible	80% after deductible
<b>Emergency Room</b>	\$250 Copay + \$250 penalty for non-emergent care	\$250 Copay + \$250 penalty for non-emergent care	100% after deductible Copay + \$250 penalty for non-emergent care	\$150 Copay + \$250 penalty for non-emergent care (children 15 & over)
<b>Urgent Care</b>	\$50 Copay	\$50 Copay	100% after deductible	\$75 Copay
<b>Out-of-Pocket Limit</b>	\$1,000 Corridor \$2,000/family + Copays	\$2,000 Corridor \$4,000/family + Copays	\$4,000 \$8,000/family deductible + \$1000 Rx Copays	\$4,000 \$12,000/family
<b>Prescription Drug Coverage</b>	\$5/\$30/\$60 Mail order: 2x copay; Retail 90: 3x copay	\$5/\$30/\$60 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
<b>Out-of-Network Benefits</b>				
<b>Deductible</b>	\$3,500 \$7,000/family	\$3,500 \$7,000/family	\$5,500 \$11,000/family	\$2,000 \$6,000/family
<b>Coinsurance</b>	80/20%	80/20%	80/20%	60/40%
<b>Out-of-Pocket Limit</b>	\$6,500 \$13,000/family + corridor	\$6,500 \$13,000/family + corridor	\$7,000 \$14,000/family	\$8,000 \$24,000/family
<b>Health Reimbursement Account (HRA) Carryover</b>				
<b>Maximum HRA Carryover</b>	\$1,000 Individual \$2,000/family	\$2,000 Individual \$4,000/family	n/a	n/a

## 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, 2022. 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 Business Office for rates.

Medical			
Coverage	Premium \$1,000 corridor	Premium \$2,000 corridor	HSA -\$3,000 deductible
Employee (District paid)	\$ 804	\$ 742	\$581
Spouse	\$ 744	\$ 687	\$537
Children	\$ 652	\$ 598	\$469
Family	\$1,244	\$1,181	\$919

KIDZ Plan			
Coverage	w/ \$1,000 corridor	w/ \$2,000 Corridor	w/HSA
1 Child	\$248	\$248	\$248
2 + Children	\$496	\$496	\$496

Dental		Vision	
Coverage		Coverage	
Employee (District paid)	\$32.78	Employee (District paid)	\$ 9.23
Spouse	\$30.82	1 Dependent	\$ 6.16
Children	\$44.48	Family	\$11.94
Family	\$75.26		

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

## OTHER HELPFUL WEBSITES

- ❖ Anthem: [www.anthem.com](http://www.anthem.com)  
Plan: Blue Access Choice PPO
- ❖ Delta Dental: [www.deltadental.com](http://www.deltadental.com)  
Plan: Delta Dental PPO or Delta Dental Premier
- ❖ Flexible Spending Accounts: [www.DiscoveryBenefits.com](http://www.DiscoveryBenefits.com)
- ❖ Vision Service Plan: [www.vsp.com](http://www.vsp.com)
- ❖ Ritenour website: [www.ritenour.k12.mo.us](http://www.ritenour.k12.mo.us)  
Under Departments, Business Office, Employee Benefits

### Summary

1. Making changes to any benefits? NO- do nothing Yes- log into *Compass* at <https://compass.empyreanbenefits.com/CSDTRUST>
2. Do you want a flexible spending account for medical expenses or dependent care expenses for 10/1/21-9/30/22? Yes- must select every year- log into *Compass* at <https://compass.empyreanbenefits.com/CSDTRUST>
3. Do you need to change your beneficiaries for life insurance? Yes- log into *Compass* at <https://compass.empyreanbenefits.com/CSDTRUST>
4. To change your address, phone number or email address, contact Jamie Sims or Wendy Jackson in the Human Resources department [simsj@ritenourschools.org](mailto:simsj@ritenourschools.org)  
[jacksonw@ritenourschools.org](mailto:jacksonw@ritenourschools.org)