



**Annual Enrollment**  
**2024-2025**  
**Hazelwood School District**

# OUR BENEFIT PLANS

- Annual Enrollment for coverage from October 1, 2024 through September 30, 2025
- As you prepare to participate in our Annual Enrollment period from August 7 to August 23;
  - Consider your benefit coverage needs for the upcoming year
  - Consider other available coverage
  - If you are covering dependents, you will need their dates of birth, birth certificates and social security numbers

# OUR BENEFIT PLANS cont.

- Click on the following link to listen to a full presentation of this year's Annual Enrollment:
- URL: [https://www.brainshark.com/willis/CSD2024\\_25HazelwoodAE](https://www.brainshark.com/willis/CSD2024_25HazelwoodAE)
- Or you can go to the QR code shown on this page



# BENEFIT ELIGIBILITY

You are eligible for Benefits if you work at least 30 hours per week

Eligible dependents include your legal spouse and children up to age 26

You may only make or change your benefits as a new hire or during the annual open enrollment period unless 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
- Eligibility for Medicare or Medicaid

# BENEFIT COSTS

| BENEFIT  | WHO PAYS             | TAX TREATMENT |
|--|----------------------|---------------|
| Medical and Pharmacy   | The District and You | Pre-tax       |
| Dental   | The District and You | Pre-tax       |
| Vision   | The District and You | Pre-tax       |
| Basic Life and Accidental Death & Dismemberment (AD&D) Insurance     | The District         | NA            |
| Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance | You                  | After-tax     |
| Short-term Disability  | You                  | After-tax     |
| Long-term Disability   | You                  | After-tax     |
| Flexible Spending Accounts   | You                  | Pre-tax       |

# MEDICAL PLAN OVERVIEW

## 1: YOUR DEDUCTIBLE

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.

## 2: YOUR COVERAGE

Under the **Premium & Standard HRA plans**, your claims will automatically be paid with the Health Reimbursement Arrangement (HRA). If you use up all your HRA funds, you are responsible for the remainder of the non-preventive expenses until you reach your out-of-pocket maximum. If there is a copay for the service, you pay that amount and it does not count toward your deductible or out-of-pocket maximums

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 **Standard HRA plan**, once you have reached the out-of-pocket maximum, you are covered in full for the remainder of the plan year.

There is an Example of how the Deductible, District HRA Contribution and Corridor work on the following pages.

# SAVINGS AND REIMBURSEMENT ACCOUNTS

- **Health Reimbursement Arrangement (HRA)** – This is a reimbursement arrangement only; you cannot contribute to this account
- **Health Care Flexible Spending Account (FSA)** – If you are not enrolled in an HSA plan, you can use this account for medical, pharmacy, dental, vision and other eligible over the counter expenses
- **Dependent Care FSA** – Use for eligible childcare expenses for dependents under age 13 or elder care

# UNDERSTANDING THE CORRIDOR

## All Premium PPO Plans have:

- Annual Deductible of \$3,000 single / \$6,000 family
- Health Reimbursement Accounts (HRA) – pays a portion of the Deductible first
- Next is the Employee Corridor – Employee portion or responsibility of the Deductible

| In-Network Example     | Premium Plan w/\$1,000 Corridor       |                                       |
|------------------------|---------------------------------------|---------------------------------------|
| Annual Deductible      | \$3,000 (Single)                      | \$6,000 (Family)                      |
| CSD – HRA Contribution | \$2,000 (pays first)                  | \$4,000 (pays first)                  |
| Employee (EE) Corridor | \$1,000 (your portion)                | \$2,000 (your portion)                |
| Co-pays                | EX: Ofc. Visit, Rx's, Urgent Care, ER | EX: Ofc. Visit, Rx's, Urgent Care, ER |
| Co-Insurance           | 0% after EE Corridor                  | 0% after EE Corridor                  |
| Out of pocket maximum  | \$1,000 Single + copays               | \$2,000 Family + copays               |



# UNDERSTANDING THE HRA

## The district funds it for you

- When you enroll in a medical plan with 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

## It helps you pay for medical expenses

- Once you reach the deductible, you'll cost share with the plan (coinsurance) until you reach the out-of-pocket maximum

## 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 roll over up to a maximum that varies by plan

# YOUR MEDICAL BENEFITS

| PLAN PROVISIONS                     | Premium Plan<br>\$1,000 Corridor      | Premium Plan<br>\$2,000 Corridor      | Standard Plan<br>\$2,500 Corridor     |
|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
|                                     | In-Network                            | In-Network                            | In-Network                            |
| Deductible – Individual             | \$3,000                               | \$3,000                               | \$3,000                               |
| Deductible – Family                 | \$6,000                               | \$6,000                               | \$6,000                               |
| Out-of-Pocket Maximum – Individual* | \$3,000                               | \$3,000                               | \$3,000                               |
| Out-of-Pocket Maximum – Family*     | \$6,000                               | \$6,000                               | \$6,000                               |
| HRA District Contribution**         | \$2,000 individual;<br>\$4,000 family | \$1,000 individual;<br>\$2,000 family | \$500 individual;<br>\$1,000 family   |
| Employee Corridor                   | \$1,000 individual;<br>\$2,000 family | \$2,000 individual;<br>\$4,000 family | \$2,500 individual;<br>\$5,000 family |

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

\*\*The HRA pays first, then the employee pays the corridor amount to meet the full in-network deductible.

# YOUR MEDICAL BENEFITS

| PLAN PROVISIONS                           | Premium Plan<br>\$1,000 Corridor | Premium Plan<br>\$2,000 Corridor | Standard Plan<br>\$2,500 Corridor       |
|---|----------------------------------|----------------------------------|---|
|   | In-Network                       | In-Network                       | In-Network                              |
| Preventive Care                           | No Charge                        | No Charge                        | No Charge                               |
| Primary Care Physician<br>Office Visit    | \$25 Copay                       | \$25 Copay                       | 20% Coinsurance<br>(after the corridor) |
| Specialist Care Physician<br>Office Visit | \$40 Copay                       | \$40 Copay                       | 20% Coinsurance<br>(after the corridor) |
| Urgent Care                               | \$50 Copay                       | \$50 Copay                       | 20% Coinsurance<br>(after the corridor) |
| Emergency Room                            | \$250 Copay*                     | \$250 Copay*                     | 20% Coinsurance<br>(after the corridor) |
| Diagnostic Test &<br>Imaging              | 0% Coinsurance                   | 0% Coinsurance                   | 20% Coinsurance<br>(after the corridor) |

\* Plus, a \$250 penalty for non-emergent use of the Emergency Room (applies to age 15 and over)

# YOUR PRESCRIPTION DRUG BENEFITS

|                                    | Premium Plan<br>\$1,000 Corridor | Premium Plan<br>\$2,000 Corridor | Standard Plan<br>\$2,500 Corridor |
|------------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| PLAN PROVISIONS                    | In-Network                       | In-Network                       | In-Network                        |
| Retail                             |                                  |                                  |                                   |
| Tier 1 - Generic Drugs             | \$5                              | \$5                              | \$10                              |
| Tier 2 - Brand Preferred Drugs     | \$30                             | \$30                             | \$25                              |
| Tier 3 - Brand Non-Preferred Drugs | \$60                             | \$60                             | \$75                              |
| Mail Order                         |                                  |                                  |                                   |
| Tier 1 - Generic Drugs             | \$10                             | \$10                             | \$25                              |
| Tier 2 - Brand Preferred Drugs     | \$60                             | \$60                             | \$62                              |
| Tier 3 - Brand Non-Preferred Drugs | \$120                            | \$120                            | \$187                             |

# YOUR VISION BENEFITS

**You have access to a vision plan through Anthem**

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

\*The network will remain the same: Blue View Vision. However, you will have a lower copay on exam/materials (moving from \$25 to \$10).

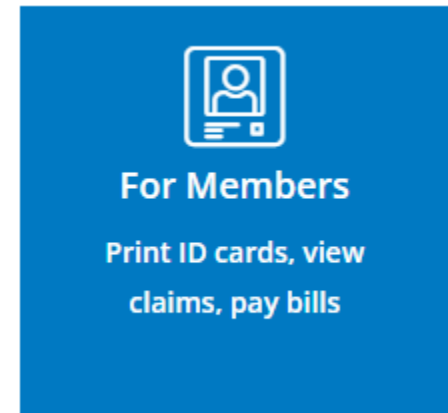
Your Anthem medical ID card includes your vision plan.  
You do not receive a separate ID card for vision.

# Anthem's website

Go to the Anthem website: <https://www.anthem.com/account-login/>

Use the drop-down menu "For Members" to:

- Find Care (provider search)
- Manage your Prescriptions
- Check your benefits
- Get an ID Card
- Submit or Track a claim
- Live Chat



## Going mobile

Search for doctors, hospitals and more on your smartphone or mobile device, and don't forget that going mobile keeps everything you need to know about your plan – including medical, pharmacy, dental, vision, life insurance – in one place. It's simple, personal and all about you. Simply download the Anthem Sydney app to get started.

# ANTHEM SYDNEY APP



**A single health and wellness hub driven by meaningful data.**

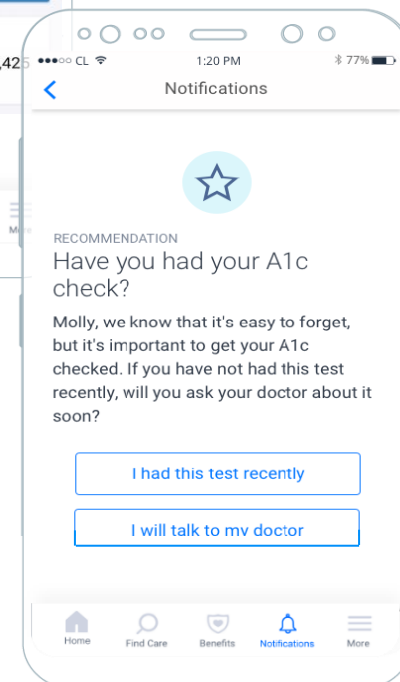
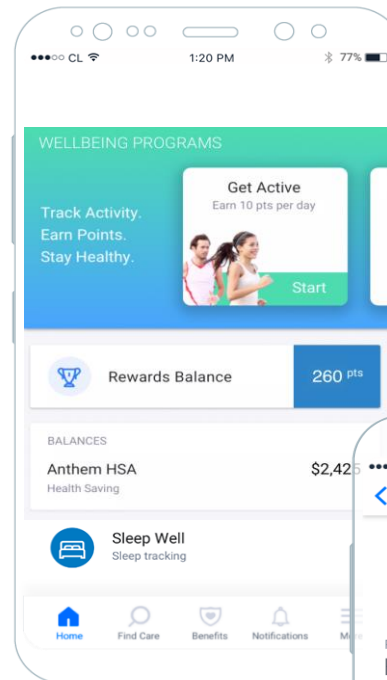
**Show what's most important to members, in real time, such as:**

- Wellbeing programs
- Health recommendations
- Personal health information
- Care-based alerts
- Healthy living tips

**Sydney connects you to everything you need to know about your health plan — all in one place.**

**You can:**

- Find care and check costs
- View claims & benefits
- View and use digital ID cards
- Sync with your fitness tracker



# Anthem's LiveHealth Online

- Live, on-demand video doctor visits 24/7/365
- Accessible by smart phone, tablet or computer
- Cost is less than or equal to your office visit
- Available in all states with an average wait time of 10 minutes
- Choice of board certified, Anthem network doctors
- Secure and private, HIPAA compliant video visit
- E-prescribing to your pharmacy of choice
- Available to Anthem members and non-members

## Commonly treated medical conditions:

- Asthma
- Allergies/allergic rhinitis
- Cough/Cold
- Depression
- Diarrhea
- Ear pain
- Fever/Influenza/flu
- Headache/migraine
- Hypertension
- Nausea/Vomiting
- Pinkeye and other eye infections
- Rashes/skin disturbances
- Sinus infection
- Sore throat/pharyngitis
- Sprains and strains
- Urinary tract infection

LiveHealth Online requires pre-registration, so please use your ID card to register in advance for this service. There is no charge to register.



# HELPING EMPLOYEES BE HEALTHY

## Programs for every stage of life and health



### **24/7 NurseLine**

Round-the-clock answers to health questions



### **ConditionCare**

Support for employees with a chronic condition



### **Building Healthy Families**

Education and support throughout pregnancy



### **Cost & Care Finder**

Find doctors and compare costs, quality metrics and more for a true picture of what an employee will pay



### **LiveHealth Online**

24/7 doctor care from computer or mobile device



### **Learn to Live**

Personalized programs and coaching for stress, depression, anxiety, substance abuse and more

# YOUR DENTAL BENEFITS

You have a choice of two dental plans through Delta Dental of Missouri

| PLAN PROVISIONS              | Standard Plan                                  |                 |                | PPO High Plan                    |                 |                |
|------------------------------|--|-----------------|----------------|----------------------------------|-----------------|----------------|
|                              | PPO NETWORK                                    | PREMIER NETWORK | OUT-OF-NETWORK | PPO NETWORK                      | PREMIER NETWORK | OUT-OF-NETWORK |
| Deductible                   | N/A  |                 |                | \$25                             |                 |                |
| Per Visit Copay              | \$10   |                 |                | N/A                              |                 |                |
| Annual Benefit Maximum       | \$1,000  |                 |                | \$1,500                          |                 |                |
| Orthodontic Lifetime Maximum | \$1,500  |                 |                | \$1,500                          |                 |                |
| Services                     | Plan Coverage                                  |                 |                |                                  |                 |                |
| Diagnostic and Preventive    | 100%   | 100%            | 10%            | 100%                             | 100%            |                |
| Basic Services               | 80%  | 70%             | 10%            | 90%                              | 80%             |                |
| Major Services               | 50%  | 40%             | 10%            | 60%                              | 50%             |                |
| Orthodontia Services         | 50%  | 50%             | 10%            | 50%                              |                 |                |
| Orthodontia                  | Both adults and<br>Dependent children under 19 |                 |                | Dependent children up to 19 only |                 |                |

# YOUR DENTAL BENEFITS

## Using in-network dental providers

While you have the option of choosing any provider, you will save money when you use in-network dentists. You will pay more if you use out-of-network dental providers, and you might receive a bill for the difference between the providers charge and the amount your plan pays (balance billing) because the provider has not agreed to charge you a negotiated rate. To find an in-network provider, visit [DeltaDentalMO.com](https://DeltaDentalMO.com) and click on "Find a Provider" in menu bar at the top of the page.

## Late Enrollment Penalty

A participant that does not enroll when first eligible cannot enroll until the next annual enrollment or until a qualifying life event, whichever occurs first. If the late participant does enroll at the next or any subsequent annual enrollment, then the benefits for the late participant are limited to the covered services listed under Diagnostic and Preventive services during the first 12 months of the participant's coverage. Dependents enrolled prior to their third birthday are not subject to the late entrant penalty.

## DELTA DENTAL - VIRTUAL VISITS TELEDENTISTRY

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

[TeleDentistry.com](https://TeleDentistry.com) dentists provide initial consultation services and can write prescriptions when appropriate. Get started by logging in to the Delta Dental - Virtual Visits patient portal at [VirtualVisits.DeltaDentalMO.com](https://VirtualVisits.DeltaDentalMO.com).

# Convenient access to quality dental care

| Nationwide                    | Percentage of practicing dentists participating in network | Number of practicing dentists participating in network | Number of locations - access points for care |
|-------------------------------|--|--|--|
| Delta Dental Premier® network | 76%  | 154,397  | 465,898                                      |
| Delta Dental PPO™ network     | 57%  | 115,735  | 402,496                                      |

*\*as of September 2023*

# Innovation – making it easy

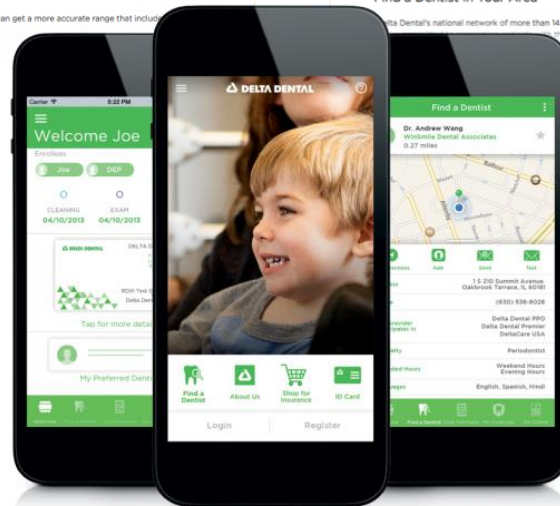
Video for  
easy  
reference

A screenshot of the Delta Dental website's 'Dental Care Cost Estimator' tool. The page features a navigation bar with links like 'Home', 'Patients', 'Dentists', 'Employers', 'Producers', 'Shop for Insurance', and 'Oral Health'. Below the navigation bar, there's a section titled 'Dental Care Cost Estimator' with a brief description. It includes input fields for 'ZIP Code' and 'Treatment Category', a 'Get Cost Estimate' button, and a 'Disclaimer' section. At the bottom, there are links for 'About Delta Dental', 'Tools and Resources', and 'Oral Health and Wellness'.

Cost estimator

A screenshot of the Delta Dental website's 'Find a Dentist' tool. The page features a navigation bar with links like 'Home', 'Patients', 'Dentists', 'Employers', 'Producers', 'Shop for Insurance', and 'Oral Health'. Below the navigation bar, there's a section titled 'Find a Dentist in Your Area' with a brief description. It includes a map showing the location of a dentist, a list of search results, and a 'Results' section. At the bottom, there are links for 'About Delta Dental', 'Tools and Resources', and 'Oral Health and Wellness'.

Dentist search



Mobile app

# Delivering on our promises - customer service



Calls answered  
< 30 seconds

---

91.3%



1<sup>st</sup> contact resolution

---

95%

Voted best Customer Service – 10<sup>th</sup> year in a row

Contact Customer Service at 800-335-8266 or 314-656-3001  
or via email at [service@deltadentalmo.com](mailto:service@deltadentalmo.com)

# LIFE INSURANCE

- The district provides Basic life and AD&D insurance to all eligible employees at no cost equal of \$20,000 to \$50,000. (depending on job classification)
- Coverage is automatic; you do not need to enroll
- You do need to provide beneficiary information
- You may choose to purchase additional life and AD&D coverage for yourself and your dependents at affordable group rates

| Voluntary Life and AD&D Insurance for You  |  | Voluntary Life and AD&D Insurance for your Dependents   |  |
|--|--|---|--|
| Employee   |  | Spouse  | Child(ren)   |
| <ul style="list-style-type: none"><li>• Maximum issue amount is up to 5x salary</li><li>• Up to maximum of \$500,000</li><li>• Guarantee issue amount is \$300,000</li></ul> |  | <ul style="list-style-type: none"><li>• Increments of \$10,000</li><li>• Up to a maximum of \$50,000</li><li>• Guarantee issue amount is \$50,000</li></ul> | <ul style="list-style-type: none"><li>• Option 1 \$10,000 per child</li><li>• Option 2 \$5,000 per child</li><li>• Must be added within 31 days of birth</li><li>• Child Life does not include AD&amp;D coverage</li></ul> |

# VOLUNTARY DISABILITY INSURANCE

- Disability insurance provides income replacement should you become disabled and unable to work due to non-work-related illness or injury
- You have the option to purchase Short-term and or Long-term disability coverage through Lincoln Financial for yourself

| Coverage              | Benefits  |
|-----------------------|---|
| Short-Term Disability | <ul style="list-style-type: none"><li>• 60% of your weekly pay, up to \$1,000 per week for the first 13 weeks of a disability</li></ul>   |
| Long-Term Disability  | <ul style="list-style-type: none"><li>• 60% of your monthly pay, to a maximum of \$6,000 per month if you are disabled and are unable to work for more than 90 days</li><li>• Benefits are offset with other sources of income, such as Social Security and Workers' Compensation</li></ul> |

**Please note:** If you did not enroll when first eligible pre-existing limits may apply.



# LINCOLN FINANCIAL VALUE-ADD PROGRAMS

**Lincoln Financial offers additional value-add programs at no cost to you.**

## LifeKeys

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

Visit [GuidanceResources.com](https://www.guidanceresources.com) (Enter Web ID: LifeKeys) or call 855-891-3684.

## TravelConnect

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

Visit [mysearchlightportal.com](https://mysearchlightportal.com) (Enter Group ID #: LFGTravel123) for more information.

## Lincoln WellnessPATH

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

Visit <https://bit.ly/CSDWellnessPATH> to get started.

# VOLUNTARY BENEFITS

## Accident Insurance

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

### Examples of covered injuries:

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

## Hospital Indemnity Insurance

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

## Critical Illness Insurance

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

### Examples of covered illnesses:

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

For more information about Lincoln's Voluntary Benefits:  
Website: [Individuals](#) | [Lincoln Financial](#) or by calling Lincoln at 800-423-2765

# HEALTH MANAGEMENT PROGRAMS

## (effective 10/01/24)

### Virta Health



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

To enroll: [www.virtahealth.com/join/csd](https://www.virtahealth.com/join/csd)

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

# HEALTH MANAGEMENT PROGRAMS

cont. (effective 10/01/24)

## Sword Health



Sword is a digital physical therapy program designed to help you overcome your joint, back, or muscle pain all from home. Every member is matched with a Doctor of Physical Therapy to provide expert guidance. Musculoskeletal (MSK) pain is a top healthcare cost and leads to absenteeism and low productivity.

## Noom Weight

NOOM

Noom Weight uses evidence-based techniques to empower behavior change. Personalized, mind-first approach that combines technology and human support to create healthier daily habits that lead to long-lasting results.

- Enroll at: [go.noom.com/csdtrust](https://go.noom.com/csdtrust)
- Email [partnersupport@noom.com](mailto:partnersupport@noom.com) for enrollment questions

# 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.**



## **Our goals include:**

- To provide creative and fun ways to integrate healthier lifestyle choices in your everyday routine
- To help you effectively manage your health care
- 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
- Noom Weight
- Stress Management Challenge
- Virta Health
- Spring on-site chair massage
- Healthier Lifestyle program (nutrition coaching program)
- TrustWellness Monthly eNewsletter
- TrustWellness website: [csdinsurancetrust.com](http://csdinsurancetrust.com)
- And much more!



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!

**HAZELWOOD SCHOOL DISTRICT**  
**Monthly Premiums for Group Health Plans**  
**2024-2025 Active Monthly RATES**

| <b>MEDICAL - BOARD PAYS EMPLOYEE \$2,000 CORRIDOR PLAN</b> |                      |                   |                     |                   |
|--|----------------------|-------------------|---------------------|-------------------|
| <b>ANTHEM BC/BS</b>  | <b>Employee only</b> | <b>Add Spouse</b> | <b>Add Children</b> | <b>Add Family</b> |
| \$1,000 Premium Corridor Plan (Buy-up Plan)                | \$1,000.00           | \$781.00          | \$549.00            | \$1,149.00        |
| <b>\$2,000 Premium Corridor Plan (Board Paid)</b>          | <b>\$910.00</b>      | <b>\$709.00</b>   | <b>\$499.00</b>     | <b>\$1,045.00</b> |
| \$2,500 Standard Corridor Plan (Buy-Down Plan)             | \$841.00             | \$587.00          | \$392.00            | \$897.00          |

| <b>DENTAL - BOARD PAYS EMPLOYEE PREMIUM FOR EITHER STANDARD OR ENHANCED PLAN</b> |                      |                   |                     |                   |
|--|----------------------|-------------------|---------------------|-------------------|
| <b>DELTA DENTAL OF MO</b>  | <b>Employee only</b> | <b>Add Spouse</b> | <b>Add Children</b> | <b>Add Family</b> |
| Delta Dental Option 1 (Enhanced/High Plan)                                       | \$32.62              | \$38.56           | \$40.94             | \$79.48           |
| Delta Dental Option 2 (Standard/Low Plan)  | \$25.54              | \$14.50           | \$27.68             | \$49.22           |

| <b>VISION PLAN - BOARD PAYS EMPLOYEE PREMIUM</b> |                      |                   |                     |                   |
|--|----------------------|-------------------|---------------------|-------------------|
| <b>ANTHEM BLUE MEW VISION</b>                    | <b>Employee only</b> | <b>Add Spouse</b> | <b>Add Children</b> | <b>Add Family</b> |
| Vision - (Board Paid Employee only)              | \$4.38               | \$5.20            | \$6.88              | \$10.92           |

| <b>Lincoln Financial Group (LFG) LIFE INSURANCE</b>  | <b>Supplemental Life</b> |                         | <b>Child(ren) Life</b>                           |                    |
|--|--------------------------|-------------------------|--|--------------------|
| <b>Supplemental Life rates are age rated</b>         |                          | <b>Rate per \$1,000</b> | <b>Rate per \$1,000 regardless # of Children</b> |                    |
| Log onto online enrollment system for detailed rates | Employee Spouse          | Age Rated               | Basic Life AD&D                                  | \$0.115<br>\$0.020 |

**NOTE:** Currently enrolled EEs with no Open Enrollment election will be mapped over to the \$2K Premium Plan

# STEPS TO ENROLL



Go to [compass.empyreanbenefits.com/CSDTRUST](https://compass.empyreanbenefits.com/CSDTRUST) or download the EmpyreanGo App by following these 3 steps:

1. Download the app on your app store or by using the following QR codes below.

For Android



For iOS



2. Open the EmpyreanGO app and search for 'CSDTRUST'.
3. Log in using the same credentials you use for your desktop benefits portal. If you do not have credentials, register first, then log in.

You only need to register once. Once you have registered for your account, log in with your user ID and password.



## Register

Enter your:

- First and last name (as filed with the district)
- Date of birth
- Social Security number

Enter a User ID (personal email address, for example) and create a new password with all the following:

- Eight characters
- One letter
- One number
- One symbol (i.e., \* & + # \$).

Follow the rest of the instructions to create your account.



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

- First and last name
- Date of birth
- Social Security number

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) during the enrollment process.



**Save or submit your elections.** To know if you completed enrollment, look for a green checkmark and message that says your benefits are confirmed.



**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.

## IMPORTANT REMINDER!

REMEMBER to click "confirm" at end of enrollment for changes to take effect!

# NEXT STEPS TO ENROLL

The 2024-2025 Benefit Guides are available on the HSD website at  
<https://www.hazelwoodschools.org/Page/1697>

Enroll in your benefits beginning on August 7, 2024  
<https://compass.employeanbenefits.com/CSDTRUST>

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

## Additional Benefits Questions

Tamara Walker 314-953-5079 [twalker1@hazelwoodschools.org](mailto:twalker1@hazelwoodschools.org)

Kathy Jackson 314-953-5190 [kjackson1@hazelwoodschools.org](mailto:kjackson1@hazelwoodschools.org)

**About this presentation:** 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.