

Employee Benefits Presentation



Effective

January 1, 2023 – December 31, 2023



Service



AssuredPartners (AP) is a resource for all employees regarding your benefits package.

Your Assured Partners Team:



Kari Unterbrink

Consultant

P: 618.391.1028

F: 618.391.1029

kari.unterbrink@assuredpartners.com



Ashley Peterson

Account Executive

P: 618.391.1046

F: 618.391.1047

ashley.peterson@assuredpartners.com



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Employee Benefits Summary



BlueCross BlueShield

Effective January 1, 2023

Medical Insurance → *renew coverage with BlueCross BlueShield (BCBS)*

- *Challenging renewal – implement slight HRA benefit changes to avoid a substantial increase*
- *Continue to offer 3 medical plan options (HRA & H.S.A.)*

Dental & Vision Insurance → *renew coverage with Guardian*

- *No change in cost or coverage*

Life Insurance → *Employer provided & voluntary options*



Medical Insurance – 3 Plan Options

Plan 1 – Traditional PPO Plan with Copays & HRA

- District sponsored Health Reimbursement Arrangement (HRA) to provide lower deductible & out-of-pocket option for major medical situations.
- Traditional plan with first dollar copays for medical and pharmacy

Plan 2 – Higher Deductible PPO Plan with Copays – No HRA

- Traditional plan with first dollar copays for medical and pharmacy (same as Plan 1)
- Higher deductible with no reimbursement
- Lower premium option
- *Good for those who do not have ongoing or expected major medical deductible expenses*

Plan 3 – High Deductible Plan - Health Savings Account (H.S.A.)

- QHDHP – No first dollar copays
- Lower premium option
- Opportunity for H.S.A. banking and tax savings
- With District sponsored annual contribution of **\$750** (\$62.50 deposited monthly) – Free Money
- *Good for those who do not have ongoing or expected major medical or pharmacy expenses.*

2023 – Medical Insurance – 3 Plan Options

OPTION 1 - HRA PLAN Traditional PPO with Reimbursement			OPTION 2 - HIGH DED PLAN Traditional PPO - NO Reimbursement			OPTION 3 - H.S.A. PLAN QHDHP with District Contribution		
	BCBS Plan Purchased	NET Benefit AFTER Reimbursement (HRA)		BCBS Plan - No HRA			BCBS H.S.A	
Deductible (Ind/Fam)	\$3,000/\$6,000	Member pays first \$500 (\$0-500) District reimburses next (\$501-2,500) up to \$2,000 per member Member pays last \$500 per member (\$2,501-3,000)	Deductible (Ind/Fam)	\$3,000/\$6,000 No reimbursement		Deductible Aggregate	\$2,500 Individual or \$5,000 Family	
Coinsurance (Ind/Fam)	\$2,000/\$4,000 90/10%	\$800 Individual / \$1,600 Family Member pays 1st \$800 coinsurance per member District reimburses up to \$1,200 per member	Coinsurance (Ind/Fam)	90/10% \$2,000/\$4,000 No reimbursement		District Contribution	\$750 Annual Deposited Monthly \$62.50	
Net Major Medical OOP (Ded + Coinsurance)	\$5,000/\$10,000	\$1,800 Individual / \$3,600 Family **Does NOT include Copays**	Major Medical OOP	\$5,000/\$10,000		Coinsurance (Ind/Fam)	\$2,500/\$5,000 80% / 20%	
Preventative Care	100% - NO Copay	100% - NO Copay	Preventative Care	100% - NO Copay		Major Medical OOP Aggregate	\$5,000 Individual or \$6,850 Family	
Primary Doctor Copay	\$25	\$25	Primary Doctor Copay	\$25		Preventative Care	100% - NO Deductible	
Specialist Copay	\$50	\$50	Specialist Copay	\$50		Primary Doctor Copay	Ded + Coins	
Pharmacy Copays	\$12/\$30/\$50	\$12/\$30/\$50	Pharmacy Copays	\$12/\$30/\$50		Specialist Copay	Ded + Coins	
ER Copay	\$300	\$300	ER Copay	\$300		Pharmacy Copays	Ded + Coins	
Urgent Care	\$50	\$50	Urgent Care	\$50		ER Copay	Ded + Coins	
						Urgent Care	Ded + Coins	



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2023 – Medical Insurance – PAYROLL

Medical Insurance Cost per Pay – Effective January 1, 2023

OPTION 1 - HRA PLAN					OPTION 2 – HIGH DED PLAN				
HRA	Current 26 pays	Renewal 26 pays	Current 20 pays	Renewal 20 pays	NO HRA	Current 26 pays	Renewal 26 pays	Current 20 pays	Renewal 20 pays
Employee Only	\$0.00	\$2.98	\$0.00	\$3.87	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$226.19	\$300.09	\$294.05	\$390.12	Employee & Spouse	\$182.27	\$268.71	\$236.95	\$349.32
Employee & Children	\$203.02	\$283.01	\$263.93	\$367.91	Employee & Children	\$160.59	\$243.78	\$208.76	\$316.91
Family	\$243.14	\$336.75	\$316.08	\$437.77	Family	\$195.80	\$289.67	\$254.54	\$376.57

OPTION 3 – HSA PLAN				
H.S.A.	Current 26 pays	Renewal 26 pays	Current 20 pays	Renewal 20 pays
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$60.68	\$139.21	\$78.89	\$180.97
Employee & Children	\$43.14	\$118.69	\$56.09	\$154.30
Family	\$64.78	\$150.12	\$84.21	\$195.16

NOTE: Opt 3 also receives \$750 Annual Contribution into H.S.A.

2023 District Contribution:

Monthly:

EE: \$799

EE+SP: \$1,007

EE+CH: \$1,007

EE+FAM: \$1,085

(contribution figured into payroll)

*Employee Only
No premium cost options:
Plan 2 & 3*



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Review: What is an HRA?

- Health Reimbursement Arrangement
 - Purchase a higher deductible plan from the insurance company and reimburse certain expenses if incurred
 - AssuredPartners administers HRA, HIPAA compliant to protect privacy.
 - District Administration will NOT have access to claims and/or reimbursement details.
 - Claims processed by insurance company and reimbursement checks are issues to EMPLOYEE for HRA eligible expenses

Review: What's eligible for reimbursement?

Plan 1: Traditional PPO with HRA

2022 - CURRENT

- Member is responsible for the first **\$400** of deductible expenses per calendar year.
- The company will reimburse deductible expenses from **\$401-\$3,000**.
- Maximum reimbursement is **\$2,600** per individual.
- Member is responsible for the first **\$800** of coinsurance expenses per calendar year.
- Your employer will reimburse coinsurance expenses up to **\$1,200** per individual
- Maximum out-of-pocket is **\$1,200** per individual / **\$2,400** per family

2023 – RENEWAL - Changes

- Member is responsible for the first **\$500** of deductible expenses per calendar year.
- The company will reimburse deductible expenses from **\$501-\$2,500**.
- Maximum reimbursement is **\$2,000** per individual
- Member is responsible for the last **\$500** of deductible expenses **\$2,501-\$3,000**.
- Member is responsible for the first **\$800** of coinsurance expenses per calendar year.
- Your employer will reimburse coinsurance expenses up to **\$1,200** per individual
- Maximum out-of-pocket is **\$1,800** per individual / **\$3,600** per family

Reminder – All 2022 claims need to be submitted by March 31, 2023 (90 days after the end of the year)



O'Fallon CCSD#90
Section 105 Employer Provided Deductible Reimbursement Plan
Reimbursement Request

Employee's Name:	Social Security No:
Mailing Address: _____	Telephone No. or Email Address: _____

Instructions:

- Complete the necessary information below for qualifying expenses incurred by you or your eligible dependents for which you request reimbursement.
- Expenses covered by your medical care plan must be submitted under that Plan first, even if it will be applied to the deductible or otherwise unpaid by the medical care plan, and the resulting EOB must be submitted with your reimbursement request. (2021 claims must be submitted by March 31, 2022.)
- Claims incurred during a Plan Year may be filed up to 90 days after the end of the Plan Year or within 90 days after your termination in this plan.
- You are responsible for the first \$400 of deductible expenses per covered individual. Your employer will provide reimbursement up to \$2,600 per covered individual.
- You are responsible for the first \$800 of coinsurance expenses per covered individual. Your employer will provide reimbursement up to \$1,200 per covered individual.
- Your maximum out-of-pocket is \$1,200 per individual / \$2,400 per family.

EXPENSE DETAIL: (or you may attach a spreadsheet)

Date expense incurred	Type of expense	Name and Relationship of Person Incurring Expense	Name of Provider	Amount Requested
Total Requested				

I certify that the requested amounts are not reimbursable by any form of insurance or other benefit plan, and that I have not, nor will not, deduct these expenses on my personal income tax return. I further certify that I have read and understand the limitations on reimbursements as explained in the Summary Plan Description, and I have determined that the submitted expenses are eligible for reimbursement. I hereby agree to indemnify my Employer for any taxes, interest, or penalties imposed due to the failure of my requested expense reimbursements to qualify as eligible expenses under the Deductible Reimbursement Plan.

Signature _____ Date _____

How do I submit?



Claim form looks like this!

Where do I find the claim form?

- Email HR or AssuredPartners to request
- Employee website

Where do I send the form?

Email, Mail or Fax to:

AssuredPartners, Admin Department
12645 Olive Blvd., Suite 300
St. Louis, MO 63141

Phone – 314.373.2930 / Fax – 314.373.2931

APCS-STLTPA@assuredpartners.com


Secure Consumer portal - <https://cigpart.lh1ondemand.com>



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What is an EOB?

Where do I find it?

**BlueCross BlueShield of Illinois**

CLAIM DETAIL (1 of 1)
PATIENT: [REDACTED]
PROVIDER: [REDACTED]
CLAIM #: [REDACTED]
DATE PROCESSED: 05/19/2022

SUBSCRIBER INFORMATION
Member ID#: XXXXXXXX Group #: [REDACTED]
Customer Advocates are here to help! 1-800-541-2767

YOUR BENEFITS APPLIED						YOUR RESPONSIBILITY				
Service Description	Service Dates	Amount Billed	Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	Your Total Costs
Medical Visits	05/18/2022	266.00	(1) 139.13	126.87	106.87		20.00			20.00
CLAIM TOTALS		\$266.00	\$139.13	\$126.87	\$106.87	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00

Total covered benefits approved for this claim: \$106.87 to OSF MEDICAL GROUP on 05-19-22.

Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

(1) Your health care plan covers eligible services up to an allowed amount for services ordered or provided by a participating provider. Since this amount has been paid, no further payment can be made. You are not responsible for the charges over the allowed amount.

For your up-to-date Medical Spending summary, visit Blue Access for MembersSM on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card.

[REDACTED] Benefit Period: 01-01-22 Through 12-31-22 To date this patient has met \$290.32 of her/his \$3,500.00 Out-of-pocket Expense.

Benefit Period: 01-01-22 Through 12-31-22 To date \$310.32 of your family Out-of-pocket Expense has been met.

This is an example of An Explanation of Benefit (EOB).

You will want to look for any deductible expenses and/or coinsurance expenses as this is what can be sent in for possible reimbursement.

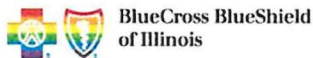
Blue Cross Blue Shield (BCBS) Website (www.bcbsil.com)

bcbsil.com

BCBS of IL Cigna Guardian Principal MetLife CIG HRA delta dental Dearborn National Lincoln Financial Hartford AssuredPartners Inc... Employee Navigato... AskAlex.A

Welcome Employers Producers Providers

Company Information Feedback Language Assistance En español



SEARCH

Find Care Our Plans Prescription Drugs Insurance Basics Shop Plans Member Services

When Your Life
Changes, Let Us Help

Learn more about special enrollment.

Get Started >

Member Login

Log In to Your Account

Returning Shopper?
Log In to the Shopping Cart

Need to Make a Payment?
Access Your Payment Options

Click on Log In
to create your
account

**If you are 1st time
user, you will need
to click on "Register Now"
On the next page*


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Blue Cross Blue Shield (BCBS)

Printing off an EOB

mybam.bcbsil.com

BCBS of IL Cigna Guardian Principal MetLife CIG HRA delta dental Dearborn National Lincoln Financial Hartford AssuredPartners Inc... Employee Navigato... AskAle

Blue Cross Blue Shield of Illinois

Español Language Assistance Messages My Account

Dashboard Claims Coverage Spending Find Care Wellness

Hello, [Redacted]

Member ID Card Contact Us

Recent Claims

Paid as of May 26, 2022

WALGREENS #01996 1996 Member [Redacted]

Claim Number	Total Allowed	You May Owe
[Redacted]	\$9.35	\$9.35

Visited on May 26, 2022

Paid as of May 19, 2022

OSF MEDICAL GROUP Member [Redacted]

Find Care

Medical
Doctors and hospitals, nurseline, hearing aids

Pharmacies
Find in-network pharmacies

Find All Care >

Once you Log In, you will come to this screen.

You will need to click on **"Claims"** to pull up all your claims that have been processed through BCBS.

Blue Cross Blue Shield (BCBS)

Printing off an EOB

mybam.bcbsil.com

Cigna Guardian Principal MetLife CIG HRA delta dental Dearborn National Lincoln Financial Hartford AssuredPartners Inc... Employee Navigato...

Blue Cross Blue Shield of Illinois Español Language Assistance Messages My Account

Dashboard Claims Coverage Spending Find Care Wellness

Hello, [redacted] Member ID Card Contact Us

Recent Claims

WALGREENS #01996 1996 Member [redacted]

Paid as of May 26, 2022

Claim Number [redacted] Total Allowed \$9.35 You May Owe \$9.35

Visited on May 26, 2022

OSF MEDICAL GROUP Member [redacted]

Paid as of May 19, 2022

Claim Number [redacted] Total Billed \$266.00 You May Owe \$20.00

Visited on May 18, 2022

Explanation of Benefits (EOB) [redacted]

Find Care

Medical
Doctors and hospitals, nurseline, hearing aids

Pharmacies
Find in-network pharmacies

Find All Care >

You have the option to download your Explanation of Benefit (EOB) from either the **DASHBOARD** Tab or the **CLAIMS** Tab.

If you click on the link, you will be directed to your EOB (this is what we need to reimburse your claims)



Secure Consumer Portal

<https://cigpart.lh1ondemand.com>



AssuredPartners

Login

Existing Users

New User?

Username

[Forgot Username?](#)

New users can create a new account to get started.

Next

Get Started

Need Help with Login? Contact Us
Call AssuredPartners at (314) 373-2930 or

Email us at APCS-STLTPA@assuredpartners.com

Portal gives you access to view information & manage your HRA claims

- File a claim online
- View your account activity, claims & reimbursement history
- Update personal profile, login and password
- Download plan information, forms & notifications
- Direct Deposit Options
- Mobile App for smart phones



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What is an HSA?

A health savings account (HSA) is an account that you can use to pay medical expenses

- Must be used in conjunction with a high deductible health plan (HDHP)
- You own the account, but both you and your employer can contribute funds
- Tax-advantages: Contribute pre-tax money, funds accrue tax-free and withdraw funds tax-free (if used for eligible medical expenses) Triple Tax Advantage!

Benefits of an HSA

- Funds rollover each year, so you can use your HSA to save tax-free money for retirement
- You own the account, even if you leave the company
- Lower monthly premiums than a traditional health plan

NOTE: You are not eligible for H.S.A. if you are also covered under another Non-HDHP or enrolled in Medicare



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HSA Contribution Limits

Each year, the IRS sets contribution limits

- 2023 limits:
 - **\$3,850** for individual coverage (\$3,650 in 2022)
 - **\$7,750** for family coverage (\$7,300 in 2022)
- Catch-up Contributions
 - For individuals ages 55-plus, the IRS allows additional “catch-up contributions”
 - Eligible individuals may contribute an extra \$1,000 for the year
 - This rule is meant to help save additional money for retirement

HSA Distribution Rules

- Distributions from your HSA are tax-free if they are taken for “qualified medical expenses”
- Your HSA can only be used for expenses that are incurred on or after the date the HSA was established
- HSA distributions can be taken for qualified medical expenses for the following people:
 - The account holder (person covered by the HDHP)
 - Spouse or child of that individual (even if not covered by the HDHP)

Health Savings Account (H.S.A.) – Plan 3 only

- Administered by Bank of O'Fallon
- ***District Contribution*** - \$750 annual (deposited \$62.50 monthly)
- ***Employee Contribution*** - allowed up to IRS max (less District \$)
- Personal bank account – must set up account to receive contributions
- You own the account, take it with you if you leave or retire.
- Do NOT lose money at the end of the year
- Use to pay for qualified medical expenses

Which plan is best for me?

- Individual decision...make informed decision based on personal situation
- Consider:
 - Medical Cost → Quantify known/expected expenses – estimate out of pocket
 - Ongoing doctor visits, upcoming procedures, planned events, maintenance prescriptions, etc.
 - Premium difference → how much do you pay for each plan?
 - HRA or H.S.A. contributions → how does that impact the out of pocket?
 - Tax savings for H.S.A. → how are you paying for those medical expenses?
- Use www.bcbsil.com website to view claims history or prescriptions to help estimate costs
- Use pharmacy websites/apps or call them to inquire about discounted/full price without copays for H.S.A. plan
- AssuredPartners can assist in evaluation!

Your dental coverage

Option 1 or 2: Low Plan or High Plan plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan

Option 1: Low Plan

Option 2: High Plan

Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Your Monthly premium	\$21.31		\$47.91	
You and 1 dependent (Spouse or Child)	\$39.14		\$87.95	
You, Spouse/Domestic Partner and Child(ren)	\$74.16		\$127.77	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	80%	80%	100%	100%
Basic Care	70%	70%	80%	80%
Major Care	0%	0%	50%	50%
Orthodontia	Not Covered (applies to all levels)		50%	50%
Annual Maximum Benefit	\$750		\$1,500	
Maximum Rollover	No		Yes	
Rollover Threshold			\$700	
Rollover Amount			\$350	
Rollover In-network Amount			\$500	
Rollover Account Limit			\$1,250	
Lifetime Orthodontia Maximum	Not Applicable		\$1,000	
Dependent Age Limits(Non-Student/Student)	26/30 ‡		26/30 ‡	

‡**Family coverage** for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.



Cost per Pay

LOW PLAN	Renewal 26 pays	Renewal 20 pays
Employee Only	\$9.84	\$12.79
Employee +1	\$18.06	\$23.48
Employee + 2 (Family)	\$34.23	\$44.50

HIGH PLAN	Renewal 26 pays	Renewal 20 pays
Employee Only	\$22.11	\$28.75
Employee +1	\$40.59	\$52.77
Employee + 2 (Family)	\$58.97	\$76.66



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Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations.

Option 2: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Target®, Sam's Club®, Pearle®, Visionworks®, You can also use your network benefits online at Visionworks®, glasses®, WarbyParker®, or 1800contacts®.

Your Vision Plan	Option 1: VSP		Option 2: Davis	
Your Network is	VSP Choice Network		Davis Vision	
Your Monthly premium	\$ 8.22		\$ 8.22	
You and 1 dependent	\$ 12.47		\$ 12.47	
You, Spouse/Domestic partner and Child(ren)	\$ 21.90		\$ 21.90	
Copay				
Exams Copay	\$ 10		\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 25		\$ 25	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>		<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$39	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$23	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$37	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$49	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$64	\$0	Amount over \$126
Frames	80% of amount over \$130 ¹	Amount over \$46	80% of amount over \$130 ²	Amount over \$48
Contact Lenses (Elective)	Amount over \$130	Amount over \$100	N/A	N/A
Contact Lenses (Elective and conventional)	N/A	N/A	85% of amount over \$130 ³	Amount over \$105
Contact Lenses (Planned replacement and disposable)	N/A	N/A	85% of amount over \$130 ⁴	Amount over \$105
Contact Lenses (Medically Necessary)	\$0	Amount over \$210	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	15% off UCR	No discounts	No discounts	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts	Avg. 40-60% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	20% off retail price**	No discounts	50% at Visionworks and 30% at other in network providers	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts	Savings of 40-50% off national average price thru Davis laser vision network	No discounts
Service Frequencies				
Exams	Every calendar year		Every calendar year	



Vision

Choose your Network

Option 1 – VSP Network

Option 2 – Davis Network

Rates are the same for each plan!

VISION	Renewal 26 pays	Renewal 20 pays
Employee Only	\$3.79	\$4.93
Employee +1	\$5.76	\$7.48
Employee + 2 (Family)	\$10.11	\$13.14



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Life Insurance



- Basic Term & Accidental Death & Dismemberment
 - Employee -\$10,000 – District Provided
- Voluntary Term Life – Employee paid
 - Coverage for Employee, Spouse and/or Children
 - Requires evidence of insurability if you want to increase or add coverage now or at a later date.
 - Age based rate chart included on portal



AssuredPartners (AP) is a resource for all employees regarding your benefits package.

AP representatives are available
for questions, individual consultation, assistance with open enrollment, etc.

Ashley Peterson – ashley.peterson@assuredpartners.com 618.391.1046

Kari Unterbrink - kari.unterbrink@assuredpartners.com 618.391.1028

Questions? We look forward to serving you!

