



## Health Benefits Summary: **EMPLOYEES with 12 Month Payroll Deductions** Calendar Year 2024

Medical Insurance - CIGNA. Coverage begins first day of Employment.												
	CIGNA Choice Fund HSA (Note 1)				Open Access In (OAPIN)				Open Access Plus (OAP)			
	Employee (EE)	EE/Spouse	EE/Child	Family	Employee (EE)	EE/Spouse	EE/Child	Family	Employee (EE)	EE/Spouse	EE/Child	Family
Monthly Premium*	\$ -	\$ 730	\$ 289	\$ 1,019	\$ 30	\$ 873	\$ 357	\$ 1,200	\$ 82	\$ 977	\$ 496	\$ 1,391
	*Cost employee pays for dependent coverage				*Cost employee pays for self or self and dependents				*Cost employee pays for self or self and dependents			
Deductible	\$ 5,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 2,500	\$ 5,000	\$ 5,000	\$ 5,000	\$ 1,750	\$ 3,500	\$ 3,500	\$ 3,500
	<i>Services are applied against the deductible.</i>				<i>Non-copay costs are first applied against the deductible.</i>				<i>Non-copay costs are first applied against the deductible.</i>			
Co-insurance	100%	100%	100%	100%	50%	50%	50%	50%	70%	70%	70%	70%
	<i>After the deductible is met, non-copay costs are applied to co-insurance until the OOP Maximum is met.</i>				<i>After the deductible is met, non-copay costs are applied to co-insurance until the OOP Maximum is met.</i>				<i>After the deductible is met, non-copay costs are applied to co-insurance until the OOP Maximum is met.</i>			
OOP Maximum	\$ 5,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 4,750	\$ 9,500	\$ 9,500	\$ 9,500	\$ 3,500	\$ 7,000	\$ 7,000	\$ 7,000
	<i>OOP Maximum represents deductible + co-insurance + copay costs, but excludes monthly premiums.</i>				<i>OOP Maximum represents deductible + co-insurance + copay costs, but excludes monthly premiums.</i>				<i>OOP Maximum represents deductible + co-insurance + copay costs, but excludes monthly premiums.</i>			
HSA Reimbursed	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	-	-	-	-	-	-	-	-
Employee Max Cost	\$ 4,000	\$ 17,760	\$ 12,468	\$ 21,228	\$ 5,110	\$ 19,976	\$ 13,784	\$ 23,900	\$ 4,484	\$ 18,724	\$ 12,952	\$ 23,692
	<i>Employee Max Cost = the OOP Maximum - HSA reimbursements + monthly premiums. This is the maximum cost Employees can incur.</i>				<i>Employee Max Cost = the OOP Maximum + monthly premiums. This is the maximum cost Employees can incur.</i>				<i>Employee Max Cost = the OOP Maximum + monthly premiums. This is the maximum cost Employees can incur.</i>			
Copays:	<i>Copays are applied directly against the OOP Maximum and are not applied against the deductible or co-insurance.</i>				<i>Copays are applied directly against the OOP Maximum and are not applied against the deductible or co-insurance.</i>				<i>Copays are applied directly against the OOP Maximum and are not applied against the deductible or co-insurance.</i>			
Primary/Specialist	\$0 after deductible				\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60
Urgent Care	\$0 after deductible				\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Emergency Room	\$0 after deductible				\$400 per visit	\$400 per visit	\$400 per visit	\$400 per visit	\$400 per visit	\$400 per visit	\$400 per visit	\$400 per visit
Preventive Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Chiro Copay	\$0 after deductible				\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
Chiro # visits	26	26	26	26	26	26	26	26	26	26	26	26
Prescription Tiers	\$0 after deductible				\$20/\$50/\$90/\$200 after \$100/\$200 deductible				\$20/\$50/\$90/\$200 after \$100/\$200 deductible			
Mail Order Drugs	\$0 after deductible				\$50/\$125/\$225/\$500				\$50/\$125/\$225/\$500			
Dependent Age	Covered until 26th birthday - to end of month				Covered until 26th birthday - to end of month				Covered until 26th birthday - to end of month			
HSA limits (1)	\$ 3,650	\$ 7,300	\$ 7,300	\$ 7,300								
	<b>Note:</b> (1) HSA plan contributes \$1,000 to Employee HSA accounts. Also, additional HSA contributions can be made through payroll deductions up to \$3,850 individual or \$7,750 family (if 55 or older then \$4,850 individual or \$8,750 family)  HSA Bank Member Services 800-244-6224.											
	All data shown above is based on IN NETWORK rates, NOT out of network rates which are much higher.				All data shown above is based on IN NETWORK rates, NOT out of network rates which are much higher.				All data shown above is based on IN NETWORK rates, NOT out of network rates which are much higher.			
Dental Insurance - Delta Dental. Employee coverage is free. Coverage begins first day of Employment.												
	Employee (EE)	EE/Spouse	EE/Child	Family								
Monthly Premium	\$0	\$ 36	\$ 55	\$ 86								
Max Coverage	\$ 1,500 per person per year											
Deductible	\$ 50	\$ 150	\$ 150	\$ 150								
Prevent/Diagnostic	100% per person (PPO network)											
Basic Services	90% per person (PPO network)											
Major Services	60% per person (PPO network)											
Orthodontia	50% per person (PPO network) (\$1,500 limit, age 19 limit)											
Dependent Age	Covered until 26th birthday - to end of month											
Vision Insurance - Vision Benefits of America. Employee coverage is free. Coverage begins first day of Employment.												
	Employee	Emp + 1	Family									
Monthly Premium	\$0	\$ 5.50	\$ 9.50	(Dependent is eligible until 26th birthday and covered through the day of their 26th birthday)								
Frequency of Service	Vision Exam	12 months										
	Lenses	12 months										
	Frames	24 months										
Life Insurance - Prudential. \$25,000 basic term life insurance, and AD&D (accidental death and dismemberment) provided at no cost to Employee.												
New Employees must complete the enrollment form and beneficiary form.												
Personal Assistance Services - confidential counseling services for personal concerns that affect your work or home life. Call 800-356-0845.												



## Health Benefits Summary: **EMPLOYEES with 12 Month Payroll Deductions** Calendar Year 2024

<b>FSA (Flex Spending Account) pre-tax payroll deductions to pay for qualified medical expenses and dependent care expenses.</b>
<p>Plan year is January 1 through December 31. New employees cannot start the plan until January 1st.</p> <p>The claim run-out period allows you to submit claims after the end of the plan year.</p> <p>Carryover allows participants to roll over up to \$610 from the 2023 plan year to 2024. Any funds above the threshold would be forfeited.(carryover limit TBD each year)</p> <p>2024 plan year Jan 1 - Dec 31 allows \$3,200 limit for medical/dental/vision expenses, and \$5,000 for dependent care. (Dependent Care includes a run-out period only)</p>
<b>Retirement Pension for Certified/Classified Employees - Public School Retirement System of Missouri</b>
<p>PSRS plan (Certified Teachers) - deduct 14.5% (no FICA deduction), 2.50% of salary/benefits earned per service year</p> <p>PEERS plan (non-certified staff) - deduct 6.86% (plus 6.2% FICA deducted), 1.61% of salary/benefits earned per service year</p> <p>Full benefits eligible when reach age 60 or rule of 80 (age + service years), full vesting after 5 service years</p> <p>Income basis = average of 3 highest consecutive salary years</p>
<b>403(b) and 457(b) Tax Deferred Employer Retirement Plan - Valic Retirement Services Company</b>
<p>Contact David Ernst - Valic at 314-439-4850 or 314-440-8911 for enrollment or investment advisor questions.</p> <p>403(b) Pre-Tax - contributions reduce taxable wages, penalty if withdraw before age 59.5</p> <p>403(b) After-tax Roth - contributions do NOT reduce taxable wages, but all future investment income is not taxable</p> <p>457(b) Deferred Comp - contributions reduce taxable wages, no penalty if withdraw before age 59.5, not allowed to withdraw while employed</p> <p>2023 maximum contribution allowed is \$22,500 to both 403(b) and to 457(b) plans (\$45,000 total). If age 50 or older, \$7,500 catch-up contributions are also allowed to both plans (\$15,000 total). IRS has not updated 2024 limits.</p> <p>Eligibility starts first day of employment.</p>

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, go to "Google Drive/Team Drives/All District Staff/Insurance and Payroll Information for Employees" for your employer's summary plan documents.  
If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

### 2024

### 2023

**Detail Rates Per Pay Period - 12 Month Employees (24 pay deductions)**

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CIGNA Choice Fund HSA	Per Payroll Cost			Cost Per Month	Cost Per Year
	Coverage	EE only	SP/Ch/Fam		
Employee (EE) Only	-	-	-	-	-
EE + Spouse	-	365.00	365.00	730.00	8,760.00
EE + Child(ren)	-	144.50	144.50	289.00	3,468.00
EE + Family	-	509.50	509.50	1,019.00	12,228.00

CIGNA Choice Fund HSA	Per Payroll Cost			Cost Per Month	Cost Per Year
	Coverage	EE only	SP/Ch/Fam		
Employee (EE) Only	-	-	-	-	-
EE + Spouse	-	342.00	342.00	684.00	8,208.00
EE + Child(ren)	-	144.50	144.50	289.00	3,468.00
EE + Family	-	486.50	486.50	973.00	11,676.00

CIGNA OAPIN	Per Payroll Cost			Cost Per Month	Cost Per Year
	Coverage	EE only	SP/Ch/Fam		
Employee (EE) Only	15.00	-	15.00	30.00	360.00
EE + Spouse	15.00	421.50	436.50	873.00	10,476.00
EE + Child(ren)	15.00	163.50	178.50	357.00	4,284.00
EE + Family	15.00	585.00	600.00	1,200.00	14,400.00

CIGNA OAPIN	Per Payroll Cost			Cost Per Month	Cost Per Year
	Coverage	EE only	SP/Ch/Fam		
Employee (EE) Only	15.00	-	15.00	30.00	360.00
EE + Spouse	15.00	398.50	413.50	827.00	9,924.00
EE + Child(ren)	15.00	163.50	178.50	357.00	4,284.00
EE + Family	15.00	562.00	577.00	1,154.00	13,848.00

CIGNA OAP	Per Payroll Cost			Cost Per Month	Cost Per Year
	Coverage	EE only	SP/Ch/Fam		
Employee (EE) Only	41.00	-	41.00	82.00	984.00
EE + Spouse	41.00	447.50	488.50	977.00	11,724.00
EE + Child(ren)	41.00	207.00	248.00	496.00	5,952.00
EE + Family	41.00	654.50	695.50	1,391.00	16,692.00

CIGNA OAP	Per Payroll Cost			Cost Per Month	Cost Per Year
	Coverage	EE only	SP/Ch/Fam		
Employee (EE) Only	41.00	-	41.00	82.00	984.00
EE + Spouse	41.00	424.50	465.50	931.00	11,172.00
EE + Child(ren)	41.00	207.00	248.00	496.00	5,952.00
EE + Family	41.00	631.50	672.50	1,345.00	16,140.00

Delta Dental	Per Payroll Cost			Cost Per Month	Cost Per Year
	Coverage	EE only	SP/Ch/Fam		
Employee (EE) Only	-	-	-	-	-
EE + Spouse	-	18.00	18.00	36.00	432.00
EE + Child(ren)	-	27.50	27.50	55.00	660.00
EE + Family	-	43.00	43.00	86.00	1,032.00

Delta Dental	Per Payroll Cost			Cost Per Month	Cost Per Year
	Coverage	EE only	SP/Ch/Fam		
Employee (EE) Only	-	-	-	-	-
EE + Spouse	-	18.00	18.00	36.00	432.00
EE + Child(ren)	-	27.50	27.50	55.00	660.00
EE + Family	-	43.00	43.00	86.00	1,032.00

Vision - VBA	Per Payroll Cost			Cost Per Month	Cost Per Year
	Coverage	EE only	SP/Ch/Fam		
Employee (EE) Only	-	-	-	-	-
EE + One	-	2.75	2.75	5.50	66.00
EE + Family	-	4.75	4.75	9.50	114.00

Vision - VBA	Per Payroll Cost			Cost Per Month	Cost Per Year
	Coverage	EE only	SP/Ch/Fam		
Employee (EE) Only	-	-	-	-	-
EE + One	-	2.75	2.75	5.50	66.00
EE + Family	-	4.75	4.75	9.50	114.00