

# Fayette R-III Benefits Overview

## ELIGIBILITY

The district pays \$425/month towards the full-time employee's medical insurance. Coverage begins the first day of the month following the first day of employment.

## DENTAL/VISION

Employees can choose to purchase dental and/or vision insurance. The district's voluntary dental and vision plans are administered through Assurant.

## LIFE INSURANCE

The district provides a \$25,000 term life insurance policy to all full-time employees. Coverage is provided through Assurant. Coverage terminates when employment terminates with the district.

## SUPPLEMENTAL LIFE INSURANCE

Employees can purchase short term and long term disability as a means to supplement income in the event of covered total disability injury or illness. You may contact American Fidelity representatives for the enrollment process.

## CONTACT INFORMATION

**Medical-** Group 00172649 1-888-224-4902 Anthem member services  
-Forrest T. Jones 1-800-821-7303 Forrest T. Jones  
[www.ftjconnect.com](http://www.ftjconnect.com)

**Vision/  
Dental/Life-** Group 5471410 1-888-546-5677  
-Assurant [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com)

**Short/Long-term  
Disability/Cancer/  
Accident/Life** 1-888-890-4909 Michael Stradford  
-American Fidelity [www.americanfidelity.com](http://www.americanfidelity.com)

**Flexible Benefits Plan** 1-800-821-7303  
-Forrest T. Jones

**403(b) Plan** 1-800-821-7303 Ed Tritschler  
-Forrest T. Jones

**State Retirement** 1-800-392-6848  
- PSRS/PEERS [www.psr-peers.org](http://www.psr-peers.org)

## **HSA ELIGIBILITY**

You must be eligible to open an HSA. The Internal Revenue Service requires that you meet these requirements:

- You cannot be covered by another plan that has a deductible lower than \$1,300 for single coverage or \$2,600 for family coverage.
- You cannot be covered by another health plan with first-dollar coverage or benefits such as prescription co-pays or office visit co-pays.
- You cannot be covered by Medicare now, and will not be covered by Medicare in 2016.
- In 2016, you will not be claimed by your parents as a tax dependent.
- Your spouse is not enrolled in a traditional flex plan for 2016.

*HSA accounts for Fayette R-III are established through Exchange Bank.*

*Contact information:  
Megan Dougherty  
248-3388*

## **DEPENDENT COVERAGE**

Dependent coverage is available at the employee's expense. Dependent children may be covered up to age 26. You may add dependents with 31 days of a qualifying event- birth, marriage, or loss of coverage through spouse's employer.

## **SAVING IN THE HSA**

You can make additional pre-tax contributions to your HSA through payroll deduction. HSA contribution maximums in 2016 are \$3,350 for single coverage and \$6,750 for family coverage. Additional catch-up contributions up to \$1,000 are allowed for those age 55 and older. At your discretion, you may use the money in your HSA to reimburse yourself for eligible medical expenses, including, but not limited to, plan deductible and coinsurance. If you anticipate having very little health care costs, you may even be able to save enough in your HSA over time to cover more than the entire amount of your deductible and/or out-of-pocket limit. HSAs generally earn a competitive interest rate and offer a triple tax advantage to you- contributions are tax-free, earnings are tax-free, and payments from the HSA are tax-exempt if you use them for qualified medical expenses.

## **CHANGING PLANS**

You will be allowed to choose between the plans each year during open enrollment and/or when there is a qualifying event.

## **WORKERS' COMPENSATION**

Employees injured on the job are covered by workers' compensation insurance. Employees are required to immediately report the injury to their supervisor and complete an injury report.

## **TEACHER RETIREMENT**

All full-time certified employees are required by state law to participate in the Public School Retirement System of Missouri (PSRS). You pay 14.5% of your salary plus insurance costs to the retirement system, and the district matches your contribution. If hired after April 1, 1986, you also pay 1.45% in Medicare taxes.

## **NON-TEACHER RETIREMENT**

All non-certified staff working 20 hours a week or more, and eligible part-time staff members not participating in the Teacher Retirement program, are required by state law to participate in the Public Education Employee Retirement System (PEERS). You pay 6.86% of your salary plus insurance costs to the retirement system, and the district matches your contribution. You pay 7.65% for Social Security and Medicare taxes.

Fayette R-III  
 Effective: 7/1/2015

NETWORK  
 REGION  
 TIER

Blue Access  
 Central/St. Louis  
 3



Questions? Call: 800-821-7303 ext 1179

Enroll online at [www.ftjconnect.com](http://www.ftjconnect.com)  
 User Name:147firstnamelastname

Your initial password is the last 4 digits of your Social Security

		HSA 4000 Emb	HSA 3000 Non-Embedded*	PPO 1500	HMO COMPLETE
<b>MONTHLY PREMIUM - EMPLOYEE</b>		\$376.62	\$388.66	\$604.27	\$529.15
<b>DISTRICT PAYS</b>	What <i>YOUR DISTRICT</i> pays per employee per month	\$376.62	\$388.66	\$425.00	\$425.00
	What <i>YOUR DISTRICT</i> contributes to your personal HSA per month	\$48.38	\$36.34	N/A	N/A
<b>Employee: TOTAL AMOUNT YOU PAY PER MONTH</b>	Employee Only	\$0.00	\$0.00	\$179.27	\$104.15
	Employee + Spouse	\$414.28	\$427.53	\$843.97	\$686.22
	Employee + One child	\$188.31	\$194.33	\$481.41	\$368.73
	Employee + 2 or More Children	\$320.13	\$330.36	\$692.90	\$553.93
	Emp + Sp + One Child	\$602.59	\$621.86	\$1,146.11	\$950.80
	Emp + Sp + 2 or More Children	\$734.41	\$757.89	\$1,357.60	\$1,136.00
Is this plan Medicare Creditable? See Details		NO	NO	YES	YES

The MEUHP Plan Document is available at [www.meuhp.com](http://www.meuhp.com)

The MEUHP Summaries of Benefits and Coverage (SBCs) are available at [www.ftjconnect.com](http://www.ftjconnect.com) or [www.ftj.com/moed](http://www.ftj.com/moed) or from your Payroll Supervisor. See the SBCs for more plan details including out of network benefits.

**\*FOR EMPLOYEES WHO ARE COVERING THEIR SPOUSE AND/OR CHILDREN on a non-embedded HSA or HRA Plan:** The family deductible must be met before any coinsurance applies. The individual deductible does not apply to family coverage. The family out of pocket maximum must be satisfied for all family members' eligible expenses collectively. The individual out of pocket maximum does not apply to family coverage.

		HSA 4000 Emb	HSA 3000 Non-Embedded*	PPO 1500	HMO COMPLETE
<b>IN NETWORK BENEFITS</b>					
<b>Individual</b>	Calendar Year Deductible	\$4,000	\$3,000	\$1,500	\$0
	Out of Pocket Maximum (includes deductible)	\$5,000	\$6,000	\$5,000	\$2,000
<b>Family</b>	Calendar Year Deductible	\$8,000	\$6,000 NonEm*	\$4,500	\$0
	Out of Pocket Maximum (includes deductible)	\$10,000	\$12,000 NonEm*	\$12,700	\$4,000
<b>Benefit Highlights</b>					
	Office Visit	Deductible, then 0%	Deductible, then 20%	\$30 - Primary \$50 - Specialist	\$35 - Primary \$50 - Specialist
	Coinsurance (amount you pay after deductible)	0%	20%	20%	10% on select charges
	Emergency Room	Deductible, then 0%	Deductible, then 20%	\$250 copay	\$250 copay
	RX	Drug Card AT \$15/\$45/\$75/25% W \$400 max after deductible. Extra \$1,000 Ind. / \$2,000 Family	Deductible, then 20%	\$10/\$35/\$75/ 25% to \$150 max Tier 2 and Tier 3 Rx only: \$200 calendar year deductible	\$10/\$35/\$75/25% to \$150 max
	Preventive Care including (but not limited to) routine exams, mammogram, PSA test, immunizations.	No Deductible; No coinsurance	No Deductible; No coinsurance	No copayment; No coinsurance	No copayment; No coinsurance

\*If family coverage is elected for the non-embedded HSA or the HRA Plans only, the family deductible and FAMILY out-of-pocket maximum will apply to all covered plan expenses by all covered family members.