

INSURANCE and CAFETERIA PLAN INFORMATION 2021-2022

You MUST COMPLETE a SEPARATE enrollment/waiver form for Health, Life, Dental and Vision Insurance benefits offered below.

Details on all plans may be found at www.ecusd7.org under Departments, then Business Operations. <http://ecusd7.org/departments/business-operations/> There is a waiting period for all life, health, vision and dental insurance through the district. Your insurance will start on the first of the month following your active hire date according to the Board agenda. (Example: Hire Date September 1-----insurance starts October 1) **Benefit plan booklets and summaries can be found online at <http://ecusd7.org/departments/business-operations/>**

LIFE INSURANCE :

July 1, 2021-June 30, 2023 American United Life Insurance Company

You MUST COMPLETE the Life insurance enrollment/waiver form, available in your packet or through the Personnel Office.

- a. The **DISTRICT WILL PAY** the premium for \$20,000 Basic Group Term Life and AD&D insurance (\$2.86) for active **full-time** certified, classified or exempt employee. <http://ecusd7.org/departments/business-operations/#tab-id-8>
(Part-time certified and classified employees may purchase if scheduled to work over 10 hours, but less than 37.5 hours per week)
- b. You may, **AT THIS TIME ONLY**, purchase an additional \$30,000 Voluntary and AD&D or \$80,000 Voluntary and AD&D life insurance on yourself. Please indicate your choice on the enrollment form <http://ecusd7.org/departments/business-operations/#tab-id-9>
- c. You may, **AT THIS TIME ONLY**, purchase \$5,000 Dependent life on your spouse (subject to age requirements) and \$2,000 life on each child, (under age 19) at a total cost to you of \$1.39 per month.
- d. **If you decline participation in the health insurance coverage:**
 - **CERTIFIED:** You may elect to have \$60,000 Basic Group Term Life and AD&D insurance coverage premiums paid by the District **IN LIEU** of health insurance (proportional for part-time certified).
 - **CLASSIFIED:** You may elect to have \$50,000 Basic Group Term Life and AD&D insurance coverage premiums paid by the District **IN LIEU** of health insurance for full-time employee.
 - If you do elect the additional life insurance coverage **IN LIEU** of health insurance, you may, **AT THIS TIME ONLY**, purchase an additional \$50,000 Voluntary Life and AD&D insurance on yourself.

HEALTH INSURANCE-District 7 offers two health insurance plans

You must complete and return the enrollment/waiver form for health insurance, available in your packet or through the Personnel Office.

July 1, 2021-June 30, 2022 United Health Care Point of Service (POS) Choice Plus Plan

This plan offers your choice of providers, but you receive the most benefits when you visit the network providers and pharmacies, etc.

Effective July 1, 2021, monthly health insurance premiums will be as follows:

FULL TIME EMPLOYEES (scheduled to work at least 37.5 hours per week)

Single Coverage	\$ 743.00 per month less contract amount paid by District 7 (\$743.00)
Classified Employees with Family Coverage	\$1,513.00 per month less contract amount paid by District 7 (\$743.00)
Certified Employees with Family Coverage	\$1,513.00 per month less contract amount paid by District 7 (\$793.00)
Employees with Family who pay all of premium	\$1,513.00 per month

July 1, 2021-June 30, 2022 United HealthCare Health Savings Account (H S A) Plan

This plan includes a Qualified High Deductible health insurance plan and the portable Health Savings Account.

Effective July 1, 2021, monthly health insurance premiums will be as follows:

Single Coverage	\$ 621.00 per month less contract amount paid by District 7 (\$621.00)	• \$100.00 monthly contribution to H S A account by District 7 for full time certified, classified & exempt employees
Classified Employees with Family Coverage	\$1,252.00 per month less contract amount paid by District 7 (\$621.00)	• \$100.00 monthly contribution to H S A account by District 7 for full time certified, classified & exempt employees
Certified Employees with Family Coverage	\$1,252.00 per month less contract amount paid by District 7 (\$671.00)	• \$100.00 monthly contribution to H S A account by District 7 for full time certified, classified & exempt employees
Employees with Family who pay all of premium	\$1,252.00 per month	

PART TIME EMPLOYEES (scheduled to work over 10 hours a week, but less than 37.5 hours may be eligible to enroll for health insurance) (If at the time of hire, Edwardsville Community Unit School District #7 reasonably expects you to be a variable hour employee or seasonal employee, your hours will be measured over 12 months starting with your the first of the month following your date of hire, consult District 7 SPD for further details)

- Certified Employees pay premiums proportional to hours scheduled
- Classified Employees (2021-2022) scheduled to work over 35 hours per week, District 7 will pay 75% per month of the full single premium.

(Your premium contribution will be **PRE-TAX** for health insurance—see Susi Miller in the Business Office within 30 days of eligibility date with any questions.)

(CONTINUED ON THE REVERSE SIDE)

DENTAL INSURANCE: 2020-2021 Delta Dental of Illinois Preferred Plan

This plan offers your choice of providers, but you receive the most benefits when you visit the network providers and pharmacies, etc.

You must complete the enrollment/waiver form for dental insurance, available through the Personnel Office

Full time Certified and/or Classified employees (scheduled to work 30 hours or more a week) may purchase dental insurance by paying the monthly premium listed below. **(premium effective October 1, 2020 through September 31, 2021)**

- 1. Single: \$27.39 2. Family: \$85.77

(Your premium will be **PRE-TAX** for dental insurance—see Susi Miller in the Business Office within 30 days of eligibility date with any questions.)

VISION INSURANCE: 2021-2022 Eyemed Select Plan

This plan offers your choice of providers, but you receive the most benefits when you visit the network providers and pharmacies, etc.

You must complete the enrollment/waiver form for dental insurance, available through the Personnel Office

Full time Certified and/or Classified employees (scheduled to work 10 hours or more a week) may purchase vision insurance by paying the monthly premium listed below. **(premium effective July 1, 2021 through June 30, 2022)**

- 1. Single: \$5.90 2. Family: \$12.69

(Your premium will be **PRE-TAX** for vision insurance—see Susi Miller in the Business Office within 30 days of eligibility date with any questions.)

HEALTH CARE REIMBURSEMENT ACCOUNT

The District offers a Flexible Spending account for Health Care Reimbursement to full time employees (sometimes referred to as a cafeteria plan). This account lets you set aside a designated amount of your paycheck into an account—before paying taxes. During the year, participants have access to this account for reimbursement of certain expenses that insurance does not cover. For more information, go to www.tri-starsystems.com You must be scheduled to work 20 hours per week and complete an enrollment form to participate.

DEPENDENT CARE REIMBURSEMENT ACCOUNT

The District offers a Flexible Spending account for Dependent Care Reimbursement to full time employees (sometimes referred to as a cafeteria plan). This account lets you set aside a certain amount of your paycheck into an account—before paying taxes. Participants have access to this account for reimbursement of qualifying dependent care expenses incurred during the plan year. For more information, go to www.tri-starsystems.com You must be scheduled to work 20 hours per week and complete an enrollment form to participate.

IMPORTANT NOTE: YOU MUST ENROLL FOR ANY OR ALL OF THESE PLANS WITHIN 30 DAYS OF YOUR EFFECTIVE DATE. YOUR EFFECTIVE DATE FOR INSURANCE WITH A COMPLETED, RETURNED APPLICATION IS THE FIRST OF THE MONTH FOLLOWING THE DATE OF HIRE (according to the Board Agenda) or ACTIVE EMPLOYMENT.

YOU MUST INITIAL AND SIGN THE BOX BELOW AND RETURN THIS COMPLETED FORM (with enrollment/waiver forms) TO THE PERSONNEL OFFICE WITHIN 30 DAYS OF YOUR DATE OF HIRE.

Please initial below the items that apply:

_____ I **DO NOT** wish to enroll in the POS HEALTH insurance plan offered by District 7.

_____ I **DO NOT** wish to enroll in the H S A HEALTH insurance plan offered by District 7.

_____ I **DO NOT** wish to enroll in the LIFE insurance plan offered by District 7.

_____ I **DO NOT** wish to enroll in the DENTAL insurance plan offered by District 7.

_____ I **DO NOT** wish to enroll in the VISION insurance plan offered by District 7.

_____ I **DO NOT** wish to participate in the Health Care Reimbursement Plan offered by District 7.

_____ I **DO NOT** wish to participate in the Dependent Care Reimbursement Plan offered by District 7.

_____ I acknowledge receipt of the COBRA Rights, Marketplace Coverage and Privacy Policy forms.

_____ I understand that completion of this form **DOES NOT ENROLL ME** in any coverage.

_____ I understand that if I wish to **CHANGE** my decision on any of these benefits, or if I have a qualifying event that would affect my benefits, I must notify Susi Miller within 30 days of the qualifying event.

Signed _____

Date _____

Please print name _____

School _____