



**Cedar Rapids  
Community School District**  
*Every Learner: Future Ready*

# Benefits Compass

The following guide will assist you in navigating through **BENEFITS ENROLLMENT** including the benefits for which you are eligible, the cost of coverage, and how to complete enrollment.







2018-2019  
BENEFITS  
GUIDE



Welcome  
to the  
Cedar  
Rapids  
Community  
School  
District  
Benefits for

**ADMINISTRATOR**  
**Table Z**

# BENEFIT OPTIONS

Benefit Type	Details
<p style="text-align: center;"><b>Medical with Prescription Insurance</b></p> <div style="text-align: center; margin-top: 20px;">  </div>	<p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>There are no minimum number of hours that you must work to be eligible for this benefit.</li> </ul> <p><b>Effective Date of Coverage:</b></p> <ul style="list-style-type: none"> <li>July 1, 2018 or date of hire, whichever is later</li> </ul> <p><b>Plans to choose from:</b></p> <ul style="list-style-type: none"> <li>Wellmark HMO Basic</li> <li>Wellmark HMO Essential</li> <li>Wellmark PPO Choice</li> <li>Wellmark PPO Premier</li> </ul> <p><b>Levels of coverage to choose from:</b></p> <ul style="list-style-type: none"> <li>Employee Only</li> <li>Employee + Spouse</li> <li>Employee + Children</li> <li>Employee + Spouse and Children</li> </ul> <p><b>District Contribution:</b></p> <ul style="list-style-type: none"> <li><b>\$300</b> per month towards the cost of coverage no matter which level of coverage you choose</li> <li>You pay the monthly amount that exceeds <b>\$300</b></li> <li>You do not receive an opt out credit if you do not elect medical</li> </ul> <p><b><u><a href="#">Click on this link to the MIIP Plan Comparison: 2018-2019 MIIP Health Plan Comparison</a></u></b></p>
<p style="text-align: center;"><b>Dental Insurance</b></p> <div style="text-align: center; margin-top: 20px;">  </div>	<p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>There are no minimum number of hours that you must work to be eligible for this benefit.</li> </ul> <p><b>Effective Date:</b></p> <ul style="list-style-type: none"> <li>July 1, 2018 or date of hire, whichever is later</li> </ul> <p><b>Plan to choose from:</b></p> <ul style="list-style-type: none"> <li>Delta Dental of Iowa</li> </ul> <p><b>Levels of coverage to choose from:</b></p> <ul style="list-style-type: none"> <li>Employee Only</li> <li>Employee + Spouse</li> <li>Employee + Children</li> <li>Employee + Spouse and Children</li> </ul> <p><b>District Contribution:</b></p> <ul style="list-style-type: none"> <li>None, you pay the full monthly rate if elected</li> </ul> <p><b><u><a href="#">Click on this link to see plan details: Dental Plan Summary</a></u></b></p>

<p style="text-align: center;"><b>Group Term Life and Accidental Death and Dismemberment (AD&amp;D) Insurance</b></p> 	<p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>You must be regularly scheduled to work at least 20 hours per week.</li> </ul> <p><b>Effective Date:</b></p> <ul style="list-style-type: none"> <li>Date of hire, auto enrolled</li> <li><b>Complete a beneficiary form</b></li> </ul> <p><b>Benefit Amount:</b></p> <ul style="list-style-type: none"> <li><b>\$200,000 Life/\$200,000 AD&amp;D</b></li> <li>Term life policy – no cash value</li> <li>Age reductions apply</li> </ul> <p><b>District Contribution:</b></p> <ul style="list-style-type: none"> <li>100% of the cost of this benefit is paid by the District; no cost to you</li> </ul>
<p style="text-align: center;"><b>Voluntary Supplemental Life</b></p> <ul style="list-style-type: none"> <li>Employee</li> <li>Spouse</li> <li>Child</li> </ul> 	<p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>You must be regularly scheduled to work at least <b>24</b> hours per week</li> </ul> <p><b>Effective Date:</b></p> <ul style="list-style-type: none"> <li>July 1, 2018 or the date of hire, whichever is later. If you are applying for an amount above the guarantee issue amount, the effective date is the date of approval by Voya.</li> </ul> <p><b>Levels of coverage to choose from:</b></p> <ul style="list-style-type: none"> <li>See page 6</li> </ul> <p><b>District Contribution:</b></p> <ul style="list-style-type: none"> <li>No District contribution; You pay the full monthly rate if elected</li> <li>See page 6 for rates</li> </ul>
<p style="text-align: center;"><b>Pre-tax Flexible Spending Accounts</b></p> <p style="text-align: center;"><b>Continued next page...</b></p>	<p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>You must be regularly scheduled to work at least <b>30</b> hours per week</li> </ul> <p><b>Effective Date:</b></p> <ul style="list-style-type: none"> <li>July 1, 2018 or your date of hire, whichever is later.</li> </ul> <p><b>Plans to choose from:</b></p> <ul style="list-style-type: none"> <li><b>Health Care Spending Account</b> - elect up to <b>\$2,650</b> annually for eligible medical, dental and vision expenses for you and tax eligible dependents with reimbursement</li> <li>You can use a Flex Debit Card or sign up for Automatic Reimbursement for eligible claim expenses</li> <li><b>Dependent Care Spending Account</b> – elect up to <b>\$5,000</b> annually (<b>\$2,500</b> if married and filing jointly) for eligible dependent day care expenses that are incurred while you are at work</li> <li>You can sign up for direct deposit of eligible reimbursements</li> </ul>

<p><b>Pre-tax Flexible Spending Accounts (CONTINUED)</b></p> 	<p><b>District Contribution:</b></p> <ul style="list-style-type: none"> <li>• None, you are required to pay the amount you elect. The Annual election will be divided equally over the number of paychecks remaining in the fiscal year at the time of your enrollment (July through June).</li> </ul> <p><b>Plan Dates and Deadlines:</b></p> <ul style="list-style-type: none"> <li>• Plan year: July 1, 2018 through June 30, 2019</li> <li>• Grace Period to continue to Incur Claims: through September 15, 2019</li> <li>• Deadline to make a claim for funds: October 31, 2019</li> <li>• <b>If you do not use all the funds in the account and claim it by the deadline, you do not get it back. This is an IRS rule.</b></li> </ul>
<p><b>Vision Discount Program (This is not Insurance)</b></p> 	<p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>• All active employee</li> </ul> <p><b>Effective Date:</b></p> <ul style="list-style-type: none"> <li>• No election required</li> </ul> <p><b>Discount Plan:</b></p> <ul style="list-style-type: none"> <li>• EyeMed Vision Care through Delta Dental</li> <li>• For details click here: <a href="#">Vision Discount Program</a></li> </ul> <p><b>District Contribution:</b></p> <ul style="list-style-type: none"> <li>• No cost to you or the District</li> </ul>
<p><b>Wellness Incentive</b></p>	<p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>• You are eligible for this program if you are an Administrator under the Table Z workgroup.</li> </ul> <p><b>Effective date:</b></p> <ul style="list-style-type: none"> <li>• Upon enrollment in the program after your date of hire</li> </ul> <p><b>Benefit Amount:</b></p> <ul style="list-style-type: none"> <li>• Receive a one-time free Virgin Pulse activity tracker</li> <li>• Track your activity through the Virgin Pulse phone app and synch with certain other devices</li> <li>• Earn up to \$75 per quarter by earning points for Activity, Measurements, Tracking Health Habits, Cards, Challenges and more</li> </ul> <p><b>District Contribution:</b></p> <ul style="list-style-type: none"> <li>• 100% of the cost is paid by the District; the benefit is taxable</li> </ul>
<p><b>Flex Benefit</b></p>	<p><b>Eligibility</b></p> <ul style="list-style-type: none"> <li>• Full-time Administrators (1.0 FTE) receive \$4,200 annually (\$350 monthly) added to their Gross Pay; Administrators who work less than 1.0 FTE, the benefit is pro-rated to their FTE. The benefit is also prorated to the number of contract days worked if less than 260.</li> <li>• This benefit is added to your gross pay no matter if you elect District Health Insurance</li> </ul> <p><b>Effective Date</b></p> <ul style="list-style-type: none"> <li>• 9/1/2018</li> </ul>

## EMPLOYEE COSTS AND RATES

The following charts reflect your **monthly** portion (your monthly portion will be multiplied by the number of months left in the fiscal year upon your hire and divided by the remaining paychecks left in the year to determine your per paycheck amount):

### MEDICAL WITH PRESCRIPTION INSURANCE

MONTHLY EMPLOYEE PORTION	Wellmark HMO Basic	Wellmark HMO Essential	Wellmark PPO Choice	Wellmark PPO Premier
	Employee's Pre-tax <b>Monthly</b> Cost After District Contribution			
Employee	\$85	\$215	\$331	\$394
Employee + Spouse	\$487	\$751	\$991	\$1,117
Employee + Child(ren)	\$432	\$677	\$899	\$1,017
Employee + Spouse and Child(ren)	\$878	\$1,276	\$1,632	\$1,823

### DENTAL INSURANCE

MONTHLY EMPLOYEE PORTION	DELTA DENTAL PPO PLUS PREMIER
	Employee's Pre-tax <b>MONTHLY</b> Cost
Employee	\$33
Employee + Spouse	\$65
Employee + Child(ren)	\$70
Employee + Spouse and Child(ren)	\$117

## SUPPLEMENTAL LIFE INSURANCE

### Employee/Spouse Supplemental Life Insurance (Coverage is subject to limits and may be subject to proof of good health)

#### Portable Term Life Insurance Quick Reference Charts *Cedar Rapids Community Schools* (Life Only Rates)

The following premium rates for **Employee and/or Spouse** portable term insurance coverage are based on current age and are shown below. Premiums will be deducted according to the schedule set forth by Cedar Rapids Community Schools.

Monthly Rates –Portable Term Life Insurance*											
Age Band	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
<b>Benefit Amount</b>											
<b>\$10,000</b>	0.60	0.70	0.90	1.10	1.40	2.10	3.20	5.20	8.10	13.90	22.60
<b>\$20,000</b>	1.20	1.40	1.80	2.20	2.80	4.20	6.40	10.40	16.20	27.80	45.20
<b>\$30,000</b>	1.80	2.10	2.70	3.30	4.20	6.30	9.60	15.60	24.30	41.70	67.80
<b>\$40,000</b>	2.40	2.80	3.60	4.40	5.60	8.40	12.80	20.80	32.40	55.60	90.40
<b>\$50,000</b>	3.00	3.50	4.50	5.50	7.00	10.50	16.00	26.00	40.50	69.50	113.00
<b>\$60,000</b>	3.60	4.20	5.40	6.60	8.40	12.60	19.20	31.20	48.60	83.40	135.60
<b>\$70,000</b>	4.20	4.90	6.30	7.70	9.80	14.70	22.40	36.40	56.70	97.30	158.20
<b>\$80,000</b>	4.80	5.60	7.20	8.80	11.20	16.80	25.60	41.60	64.80	111.20	180.80
<b>\$90,000</b>	5.40	6.30	8.10	9.90	12.60	18.90	28.80	46.80	72.90	125.10	203.40
<b>\$100,000</b>	6.00	7.00	9.00	11.00	14.00	21.00	32.00	52.00	81.00	139.00	226.00
<b>\$110,000</b>	6.60	7.70	9.90	12.10	15.40	23.10	35.20	57.20	89.10	152.90	248.60
<b>\$120,000</b>	7.20	8.40	10.80	13.20	16.80	25.20	38.40	62.40	97.20	166.80	271.20
<b>\$130,000</b>	7.80	9.10	11.70	14.30	18.20	27.30	41.60	67.60	105.30	180.70	293.80
<b>\$140,000</b>	8.40	9.80	12.60	15.40	19.60	29.40	44.80	72.80	113.40	194.60	316.40
<b>\$150,000</b>	9.00	10.50	13.50	16.50	21.00	31.50	48.00	78.00	121.50	208.50	339.00
<b>\$170,000</b>	10.20	11.90	15.30	18.70	23.80	35.70	54.40	88.40	137.70	236.30	384.20
<b>\$200,000</b>	12.00	14.00	18.00	22.00	28.00	42.00	64.00	104.00	162.00	278.00	452.00
<b>\$250,000</b>	15.00	17.50	22.50	27.50	35.00	52.50	80.00	130.00	202.50	347.50	565.00
<b>\$300,000</b>	18.00	21.00	27.00	33.00	42.00	63.00	96.00	156.00	243.00	417.00	678.00
<b>\$350,000</b>	21.00	24.50	31.50	38.50	49.00	73.50	112.00	182.00	283.50	486.50	791.00
<b>\$400,000</b>	24.00	28.00	36.00	44.00	56.00	84.00	128.00	208.00	324.00	556.00	904.00
<b>\$450,000</b>	27.00	31.50	40.50	49.50	63.00	94.50	144.00	234.00	364.50	625.50	1017.00
<b>\$500,000</b>	30.00	35.00	45.00	55.00	70.00	105.00	160.00	260.00	405.00	695.00	1130.00

### Child Supplemental Life Insurance

#### Monthly Dependent Children Coverage\*

For all children age 6 months to 19 years (23 if full-time student)

Life Amount	Monthly Rates
\$2,000	\$ .50
\$5,000.....	\$1.25
\$10,000.....	\$2.50

## HOW AND WHEN TO ENROLL

The medical, dental and flexible spending account plans are administered on a pre-tax basis (meaning that you do not pay taxes on your payroll deductions) so you may only enroll, change or drop coverage during certain events and within certain timeframes based on IRS guidelines:

EVENT	TIMING	PROCEDURE
<p style="text-align: center;"><b>NEWLY HIRED CHANGE FROM PART-TIME TO FULL-TIME, OR CHANGE IN WORKGROUP</b></p>	<p>You have 30 days to complete your benefits enrollment.</p>	<p>Login to: <a href="http://www.bluesenroll.com">www.bluesenroll.com</a>  <b>User ID:</b> Your first name, last initial and last four digits of your SSN  <b>Password:</b> Your full SSN, no dashes or spaces</p>
<p style="text-align: center;"><b>QUALIFIED LIFE EVENTS (Marriage, birth, divorce, legal separation, death, reduction in hours, significant change in employer contributions for spouse or dependents, exhaustion of COBRA benefits, loss of eligibility from parent’s plan due to turning age 26, returning from a leave of absence, adoption, spouse loss of job, spouse has new job, gain or loss of Title XIX or Hawk-I benefits, spouse annual enrollment)</b></p>	<p>You have 30 days (60 days for birth of a baby or loss of Title XIX or Hawk-I benefits) to contact the Benefits Department to initiate an enrollment, change or cancellation of benefits.</p>	<p>You will be required to provide official documentation of your qualified life event to the Benefits Department. Upon collecting information from you, the Benefits Department will complete the enrollment, change or cancellation of benefits for you.</p>
<p style="text-align: center;"><b>ANNUAL ENROLLMENT</b></p>	<p>Held typically late April/early May with a July 1 effective date</p>	<p>Complete enrollment per the instructions that are e-mailed to all employees.</p>

## HOW TO ENROLL FOR SUPPLEMENTAL LIFE INSURANCE

EVENT	TIMING	PROCEDURE
<p style="text-align: center;"><b>NEW HIRE ENROLLMENT Voluntary Supplemental Life Insurance</b></p>	<p><b>Complete the Enrollment Form and return it to the Benefits Department within 30 days of hire.</b></p> <p>Find additional information here:</p>	<p>Employee/Child Voluntary Life Enrollment, complete this form: <a href="#">Employee/Child Voluntary Life Enrollment Form</a></p> <p>Spouse/Child Voluntary Life Enrollment, complete this form: <a href="#">Spouse/Child Voluntary Life Enrollment Form</a></p> <p>If you are applying for an amount greater than the Guaranteed Issue Amount, you must complete Proof of Good Health, complete this form: <a href="#">PROOF OF GOOD HEALTH</a></p>

## CONTACTS AND RESOURCES

What are you looking for?	Who to Contact?	What assistance will you receive/find?
<b>CRCSD BENEFITS DEPARTMENT</b>	Phone: 319-558-CRHR (2747), option 2 Outlook: Benefits <a href="mailto:BeneDL@cr.k12.ia.us">BeneDL@cr.k12.ia.us</a> )	Assistance with all CRCSD benefits questions and enrollment
<b>DOCUMENTS AND RESOURCES TO LEARN ABOUT THE BENEFITS THAT ARE AVAILABLE TO YOU</b>	<a href="http://www.cr.k12.ia.us">www.cr.k12.ia.us</a> Navigate to Departments and Services > Human Resources > Benefits, then select the topic you wish to explore	Detailed information concerning: Health Plans, Dental Plan Flexible Spending Accounts, Life Insurance, Disability Insurance, Qualifying Events Compliance Notices, Summary Plan Descriptions, Vision Discount, COBRA
<b>WELLMARK Blue Cross Blue Shield</b>	1-800-277-8380	General medical plan information, assistance with claims
<b>DELTA DENTAL OF IA</b>	1-800-544-0718	General dental plan information, assistance with claims
<b>WAGE WORKS</b>	1-877-924-3967	Claim assistance, what to do if you lost your FSA debit card, how to file a claim.
<b>IPERS Employee: 6.29% Employer: 9.44%</b>	Website: <a href="http://www.ipers.org">www.ipers.org</a> E-mail: <a href="mailto:info@ipers.org">info@ipers.org</a> Phone: 1-800-622-3849 Address: 7401 Register Drive, Des Moines IA 50321	Assistance with IPERS retirement questions, account vesting, distributions from the plan, verifying and updating beneficiaries.

### AVAILABILITY OF SUMMARY HEALTH INFORMATION

Your plan offers several health coverage options. To help you make an informed choice, you can review Summaries of Benefits and Coverage (SBCs), which summarize important information about the options in a standard format to help you compare across options. The SBCs can be found here: [HEALTH PLAN INFORMATION](#) under the Summaries of Benefits and Coverage section. Other important notices can be found under [HEALTH PLAN INFORMATION](#) such as: Medicare Creditable Coverage Notice, Medicaid & the Children’s Health Insurance Program (CHIP), Notice of Coverage Options – MARKET PLACE, Notice of Privacy Practices, Important MIIP Health Plan Notices (Women’s Health and Cancer Rights Act of 1998, Newborns’ and Mothers’ Health Protection Act of 1996, and Michelle’s Law).

This guide contains only a partial description of the benefits, limitations, exclusions and other provisions of the health care plan. It is not a contract or policy. It is a general overview only. It does not provide all the details of coverage, including benefits, exclusions, and policy limitations. In the event there are discrepancies between this document and the Coverage Manual, Certificate, or Policy, the terms and conditions of the Coverage Manual, Certificate, or Policy will govern.