



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

2019-2020
ANNUAL
ENROLLMENT

April 23, 2019 to
May 8, 2019 5:00 pm



Secretaries
Table J



Benefits Compass

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



BENEFIT OPTIONS

Benefit Type	Details
<p data-bbox="110 319 506 401">Medical with Prescription Insurance</p> 	<p data-bbox="576 275 706 306">Eligibility:</p> <ul data-bbox="673 317 1526 384" style="list-style-type: none"> You must be regularly scheduled to work at least 30 hours per week <p data-bbox="576 394 933 426">Effective Date of Coverage:</p> <ul data-bbox="673 436 868 468" style="list-style-type: none"> July 1, 2019 <p data-bbox="576 478 860 510">Plans to choose from:</p> <ul data-bbox="673 520 1039 667" style="list-style-type: none"> Wellmark HMO Basic Wellmark HMO Essential Wellmark PPO Choice Wellmark PPO Premier <p data-bbox="576 678 1518 783">NOTE: For the 2019-20 plan year, there will be a one-time opportunity to enroll in any of the four medical plans offered even if you are not currently participating in a medical plan.</p> <p data-bbox="576 793 1031 825">Levels of coverage to choose from:</p> <ul data-bbox="673 835 1144 982" style="list-style-type: none"> Employee Only Employee + Spouse Employee + Children Employee + Spouse and Children <p data-bbox="576 993 852 1024">District Contribution:</p> <ul data-bbox="673 1035 1534 1224" style="list-style-type: none"> Up to \$650 per month towards the cost of coverage no matter which level of coverage you choose You pay the monthly amount that exceeds \$650 You do not receive an opt out credit if you do not elect medical
<p data-bbox="235 1285 381 1367">Dental Insurance</p> 	<p data-bbox="576 1241 706 1272">Eligibility:</p> <ul data-bbox="673 1283 1526 1350" style="list-style-type: none"> You must be regularly scheduled to work at least 30 hours per week <p data-bbox="576 1360 771 1392">Effective Date:</p> <ul data-bbox="673 1402 868 1434" style="list-style-type: none"> July 1, 2019 <p data-bbox="576 1444 852 1476">Plan to choose from:</p> <ul data-bbox="625 1486 933 1518" style="list-style-type: none"> Delta Dental of Iowa <p data-bbox="576 1528 1031 1560">Levels of coverage to choose from:</p> <ul data-bbox="673 1570 1144 1717" style="list-style-type: none"> Employee Only Employee + Spouse Employee + Children Employee + Spouse and Children <p data-bbox="576 1728 852 1759">District Contribution:</p> <ul data-bbox="673 1770 1307 1801" style="list-style-type: none"> None, you pay the full monthly rate if elected

<p>Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance</p> 	<p>Eligibility:</p> <ul style="list-style-type: none"> You must be regularly scheduled to work at least 30 hours per week <p>Effective Date:</p> <ul style="list-style-type: none"> Date of hire, auto enrolled Consider updating your beneficiary designation, forms available online and at the Annual Enrollment meetings <p>Benefit Amount:</p> <ul style="list-style-type: none"> \$25,000 Life/\$25,000 AD&D Term life policy – no cash value Age reductions apply <p>District Contribution:</p> <ul style="list-style-type: none"> 100% of the cost of this benefit is paid by the District; no cost to you
<p>Voluntary Supplemental Life</p> <ul style="list-style-type: none"> Employee Spouse Child 	<p>Eligibility:</p> <ul style="list-style-type: none"> You must be regularly scheduled to work at least 24 hours per week <p>Effective Date:</p> <ul style="list-style-type: none"> The later of July 1st or date of approval if elected during Annual Enrollment (subject to proof of good health rules) <p>Levels of coverage to choose from:</p> <ul style="list-style-type: none"> See page 6 <p>District Contribution:</p> <ul style="list-style-type: none"> No District contribution; You pay the full monthly rate if elected See page 6 for rates
<p>Pre-tax Flexible Spending Accounts</p> <p>If you wish to participate, you MUST login to BluesEnroll to enroll for 2019-20.</p> <p>Elections DO NOT roll over from year to year.</p> <p>Continued on next page...</p>	<p>Eligibility:</p> <ul style="list-style-type: none"> You must be regularly scheduled to work at least 30 hours per week <p>Effective Date:</p> <ul style="list-style-type: none"> July 1, 2019 <p>(Enrollment does not roll-over from year to year; you must login to BluesEnroll and make your election if you wish to participate.)</p> <p>Plans to choose from:</p> <ul style="list-style-type: none"> Health Care Spending Account - elect up to \$2,700 annually for eligible medical, dental and vision expenses for you and tax eligible dependents with reimbursement You can use a Flex Debit Card or sign up for Automatic Reimbursement for eligible claim expenses Dependent Care Spending Account – elect up to \$5,000 annually (\$2,500 if married and filing jointly) for eligible dependent day care expenses that are incurred while you are at work You can sign up for direct deposit of eligible reimbursements

Pre-tax Flexible Spending Accounts (CONTINUED)



District Contribution:

- 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).

Plan Dates and Deadlines:

- Plan year: July 1, 2019 through June 30, 2020
- Grace Period to continue to Incur Claims: through September 15, 2020
- Deadline to make a claim for funds: October 31, 2020
- **If you do not use all the funds in the account and claim it by the deadlines, you do not get it back. This is an IRS rule.**

Vision Discount Program (This is not Insurance)



Eligibility:

- All active employee

Effective Date:

- No election required

Discount Plan:

- EyeMed Vision Care through Delta Dental
- For details click here: [Vision Discount Program](#)

District Contribution:

- No cost to you or the District

EMPLOYEE COSTS AND RATES

MEDICAL WITH PRESCRIPTION INSURANCE

If you work a full 12 months of the year, the following chart reflects your **per paycheck** deduction:

26 Deductions Employees who work a full 12 months	Wellmark HMO Basic	Wellmark HMO Essential	Wellmark PPO Choice	Wellmark PPO Premier
	Employee's Pre-tax Per Paycheck Cost After District Contribution			
Employee	\$0	\$0	\$0	\$20.31
Employee + Spouse	\$63.23	\$185.08	\$295.85	\$354.00
Employee + Child(ren)	\$37.85	\$150.92	\$253.38	\$307.85
Employee + Spouse and Child(ren)	\$243.69	\$427.38	\$591.69	\$679.85

If you work less than 12 months of the year, the following chart reflects your **per paycheck** deductions:

19 Deductions Employees who work less than a full 12-months	Wellmark HMO Basic	Wellmark HMO Essential	Wellmark PPO Choice	Wellmark PPO Premier
	Employee's Pre-tax Per Paycheck Cost After District Contribution			
Employee	\$0	\$0	\$0	\$27.79
Employee + Spouse	\$86.53	\$253.26	\$404.84	\$484.42
Employee + Child(ren)	\$51.79	\$206.53	\$346.74	\$421.26
Employee + Spouse and Child(ren)	\$333.47	\$584.84	\$809.68	\$930.32

[Click on this link to the MIIP Plan Comparison: 2019-20 MIIP Plan Comparison](#)

DENTAL INSURANCE

If you work a full 12 months of the year, the following chart reflects your **per paycheck** deduction:

26 Deductions	DELTA DENTAL PPO PLUS PREMIER
Employees who work a full 12 months	Employee's Pre-tax Per Paycheck Cost
Employee	\$16.15
Employee + Spouse	\$32.31
Employee + Child(ren)	\$36.00
Employee + Spouse and Child(ren)	\$58.62

If you work less than 12 months of the year, the following chart reflects your **per paycheck** deductions:

19 Deductions	DELTA DENTAL PPO PLUS PREMIER
Employees who work less than a full 12 months	Employee's Pre-tax Per Paycheck Cost
Employee	\$22.11
Employee + Spouse	\$44.21
Employee + Child(ren)	\$49.26
Employee + Spouse and Child(ren)	\$80.21

[Click on this link to see plan details: Dental Plan Summary](#)

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.

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

EVENT	TIMING	PROCEDURE
<p style="text-align: center;">ANNUAL ENROLLMENT</p> <p>This is your once-a-year opportunity to review your benefit elections and make changes. Outside of Annual Enrollment, you are not permitted to enroll, change or drop your coverage unless you have a Qualified Life Event and notify the Benefits Department within 30 days (60 days for birth of a baby) of the event.</p> <p>Your current medical and dental elections WILL roll-over if you do nothing.</p> <p>Flexible Spending Account elections DO NOT ROLL OVER from year to year. You MUST login to BluesEnroll and make an election if you wish to participate in an FSA for 2019-20.</p>	<p style="text-align: center;">April 23, 2019 (12:01 AM CST) TO May 8, 2019 (5:00 PM CST)</p>	<p>Complete enrollment by logging into www.BluesEnroll.com</p> <p>UserID: Your first full name, last initial and last 4 of your SSN</p> <p>ALL PASSWORDS HAVE BEEN RESET TO THE FOLLOWING:</p> <p>PW: Your full SSN, no dashes or spaces. You will be prompted to change your password upon your initial login during Annual Enrollment.</p> <p>If you need assistance with your BluesEnroll login, please contact the CRCSD Benefits Department at: 319-558-CRHR (2747), option 2</p>

HOW TO ENROLL FOR **SUPPLEMENTAL LIFE INSURANCE**

EVENT	TIMING	PROCEDURE
<p style="text-align: center;">ANNUAL ENROLLMENT Voluntary Supplemental Life Insurance</p>	<p style="text-align: center;">April 23, 2019 (12:01 AM CST) TO May 8, 2019 (5:00 PM CST)</p>	<p>Complete the following 2 forms, print them and submit them to the CRCSD BENEFITS DEPARTMENT by the deadline:</p> <ol style="list-style-type: none"> 1) Proof of good health (Required if you are not currently enrolled or are increasing coverage more than \$10,000 (CLICK THIS LINK): PROOF OF GOOD HEALTH 2) Enrollment form (CLICK THIS LINK): VOLUNTARY SUPPLEMENTAL LIFE ENROLLMENT FORM

CONTACTS AND RESOURCES

What are you looking for?	Who to Contact?	What assistance will you receive/find?
CRCSD BENEFITS DEPARTMENT	Phone: 319-558-CRHR (2747), option 2 Email: Benefits BeneDL@cr.k12.ia.us	Assistance with all CRCSD benefits questions and enrollment
DOCUMENTS AND RESOURCES TO LEARN ABOUT THE BENEFITS THAT ARE AVAILABLE TO YOU	www.cr.k12.ia.us 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
WELLMARK Blue Cross Blue Shield	1-800-277-8380	General medical plan information, assistance with claims
DELTA DENTAL OF IA	1-800-544-0718	General dental plan information, assistance with claims
WAGE WORKS	1-877-924-3967	Claim assistance, what to do if you lost your FSA debit card, how to file a claim.
IPERS Rates: Employee: 6.29% Employer: 9.44%	Website: www.ipers.org E-mail: info@ipers.org 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.