



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

2019-2020  
ANNUAL  
ENROLLMENT

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



Transportation  
Table Y



# 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="110 317 506 401"><b>Medical with Prescription Insurance</b></p> 	<p data-bbox="578 275 708 306"><b>Eligibility:</b></p> <ul data-bbox="672 317 1523 380" style="list-style-type: none"> <li>• You must be regularly scheduled to work at least <b>30</b> hours per week</li> </ul> <p data-bbox="578 394 935 426"><b>Effective Date of Coverage:</b></p> <ul data-bbox="672 436 870 468" style="list-style-type: none"> <li>• July 1, 2019</li> </ul> <p data-bbox="578 478 862 510"><b>Plans to choose from:</b></p> <ul data-bbox="672 520 1040 667" 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 data-bbox="578 678 1511 783"><b>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.</b></p> <p data-bbox="578 793 1032 825"><b>Levels of coverage to choose from:</b></p> <ul data-bbox="672 835 1141 982" 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 data-bbox="578 993 854 1024"><b>District Contribution:</b></p> <ul data-bbox="672 1035 1531 1224" style="list-style-type: none"> <li>• <b>Up to \$650</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>\$650</b></li> <li>• <b>You do not receive an opt out credit if you do not elect medical</b></li> </ul>
<p data-bbox="233 1283 383 1367"><b>Dental Insurance</b></p> 	<p data-bbox="578 1241 708 1272"><b>Eligibility:</b></p> <ul data-bbox="672 1283 1523 1346" style="list-style-type: none"> <li>• You must be regularly scheduled to work at least <b>30</b> hours per week</li> </ul> <p data-bbox="578 1356 773 1388"><b>Effective Date:</b></p> <ul data-bbox="672 1398 870 1430" style="list-style-type: none"> <li>• July 1, 2019</li> </ul> <p data-bbox="578 1440 854 1472"><b>Plan to choose from:</b></p> <ul data-bbox="623 1482 935 1514" style="list-style-type: none"> <li>- Delta Dental of Iowa</li> </ul> <p data-bbox="578 1524 1032 1556"><b>Levels of coverage to choose from:</b></p> <ul data-bbox="672 1566 1141 1713" 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 data-bbox="578 1724 854 1755"><b>District Contribution:</b></p> <ul data-bbox="672 1766 1304 1797" style="list-style-type: none"> <li>• None, you pay the full monthly rate if elected</li> </ul>

<p><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 <b>30</b> 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>Consider updating your beneficiary designation, forms available online and at the Annual Enrollment meetings</b></li> </ul> <p><b>Benefit Amount:</b></p> <ul style="list-style-type: none"> <li><b>\$20,000 Life/\$20,000 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><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>The later of July 1<sup>st</sup> or date of approval if elected during Annual Enrollment (subject to proof of good health rules)</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><b>Pre-tax Flexible Spending Accounts</b></p> <p>If you wish to participate, you <b>MUST</b> login to BluesEnroll to enroll for 2019-20.</p> <p><b>Elections DO NOT roll over from year to year.</b></p> <p><b>Continued on 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, 2019</li> </ul> <p><b>(Enrollment does not roll-over from year to year; you must login to BluesEnroll and make your election if you wish to participate.)</b></p> <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>\$2,700</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>

**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
- Click here for more details: [Vision Discount Program](#)

**District Contribution:**

- No cost to you or the District

# EMPLOYEE COSTS AND RATES

## MEDICAL WITH PRESCRIPTION INSURANCE

The following chart reflects your **per paycheck** deduction:

19 Deductions	Wellmark HMO Basic	Wellmark HMO Essential	Wellmark PPO Choice	Wellmark PPO Premier
	Employee's Pre-tax <b>Per Paycheck</b> 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

The following chart reflects your **per paycheck** deduction:

19 Deductions	DELTA DENTAL PPO PLUS PREMIER
	Employee's Pre-tax <b>Per Paycheck</b> 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+
<b>Benefit Amount</b>											
\$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><b>ANNUAL ENROLLMENT</b></p> <p>This is your once-a-year opportunity to review your benefit elections and make changes. <b>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.</b></p> <p>Your current medical and dental elections <b>WILL</b> roll-over if you do nothing.</p> <p>Flexible Spending Account elections <b>DO NOT ROLL OVER</b> from year to year. You <b>MUST</b> login to BluesEnroll and make an election if you wish to participate in an FSA for 2019-20.</p>	<p><b>April 23, 2019 (12:01 AM CST) TO May 8, 2019 (5:00 PM CST)</b></p>	<p>Complete enrollment by logging into <a href="http://www.BluesEnroll.com">www.BluesEnroll.com</a></p> <p><b>UserID:</b> Your first full name, last initial and last 4 of your SSN</p> <p><b>ALL PASSWORDS HAVE BEEN RESET TO THE FOLLOWING:</b></p> <p><b>PW:</b> 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><b>ANNUAL ENROLLMENT</b> <b>Voluntary Supplemental Life Insurance</b></p>	<p><b>April 23, 2019 (12:01 AM CST) TO May 8, 2019 (5:00 PM CST)</b></p>	<p>Complete the following 2 forms, print them and submit them to the <b>CRCSD BENEFITS DEPARTMENT</b> by the <b>deadline:</b></p> <ol style="list-style-type: none"> <li>1) Proof of good health (Required if you are not currently enrolled or are increasing coverage more than \$10,000 (CLICK THIS LINK): <a href="#">PROOF OF GOOD HEALTH</a>)</li> <li>2) Enrollment form (CLICK THIS LINK): <a href="#">VOLUNTARY SUPPLEMENTAL LIFE ENROLLMENT FORM</a></li> </ol>

## 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 Email: 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 Rates: 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.