



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

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.







2019-2020
ANNUAL
ENROLLMENT



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

Administrators
Table Z
(Hired prior to 7/1/2019)

BENEFIT OPTIONS

Benefit Type	Details
<p data-bbox="110 317 506 394">Medical with Prescription Insurance</p> 	<p data-bbox="574 275 708 302">Eligibility:</p> <ul data-bbox="672 317 1450 380" style="list-style-type: none"> • No minimum number of hours that you must work to be eligible for this benefit. <p data-bbox="574 394 935 422">Effective Date of Coverage:</p> <ul data-bbox="672 436 870 464" style="list-style-type: none"> • July 1, 2019 <p data-bbox="574 478 862 506">Plans to choose from:</p> <ul data-bbox="672 520 1040 659" style="list-style-type: none"> • Wellmark HMO Basic • Wellmark HMO Essential • Wellmark PPO Choice • Wellmark PPO Premier <p data-bbox="574 674 1511 779">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="574 793 1036 821">Levels of coverage to choose from:</p> <ul data-bbox="672 835 1143 974" style="list-style-type: none"> • Employee Only • Employee + Spouse • Employee + Children • Employee + Spouse and Children <p data-bbox="574 989 854 1016">District Contribution:</p> <ul data-bbox="672 1031 1533 1213" style="list-style-type: none"> • \$300 per month towards the cost of coverage no matter which level of coverage you choose • You pay the monthly amount that exceeds \$300 • You do not receive an opt out credit if you do not elect medical
<p data-bbox="233 1283 383 1360">Dental Insurance</p> 	<p data-bbox="574 1241 708 1268">Eligibility:</p> <ul data-bbox="672 1283 1500 1346" style="list-style-type: none"> • No minimum number of hours that you must work to be eligible for this benefit. <p data-bbox="574 1360 773 1388">Effective Date:</p> <ul data-bbox="672 1402 870 1430" style="list-style-type: none"> • July 1, 2019 <p data-bbox="574 1444 854 1472">Plan to choose from:</p> <ul data-bbox="672 1486 935 1514" style="list-style-type: none"> - Delta Dental of Iowa <p data-bbox="574 1528 1036 1556">Levels of coverage to choose from:</p> <ul data-bbox="672 1570 1143 1709" style="list-style-type: none"> • Employee Only • Employee + Spouse • Employee + Children • Employee + Spouse and Children <p data-bbox="574 1724 854 1751">District Contribution:</p> <ul data-bbox="672 1766 1305 1793" style="list-style-type: none"> • None, you pay the full monthly rate if elected

<p style="text-align: center;">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 20 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"> \$200,000 Life/\$200,000 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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">Continued on next page...</p>	<p>Eligibility:</p> <ul style="list-style-type: none"> There is not a minimum number of hours that you must work to be eligible for this benefit. <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

<p style="text-align: center;">Pre-tax Flexible Spending Accounts (CONTINUED)</p> 	<p>District Contribution:</p> <ul style="list-style-type: none"> • 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). <p>Plan Dates and Deadlines:</p> <ul style="list-style-type: none"> • 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.
<p style="text-align: center;">Vision Discount Program (This is not Insurance)</p> 	<p>Eligibility:</p> <ul style="list-style-type: none"> • All active employee <p>Effective Date:</p> <ul style="list-style-type: none"> • No election required <p>Discount Plan:</p> <ul style="list-style-type: none"> • EyeMed Vision Care through Delta Dental • For additional details click here: Vision Discount Program <p>District Contribution:</p> <ul style="list-style-type: none"> • No cost to you or the District
<p style="text-align: center;">Flex Benefit</p>	<p>Eligibility</p> <ul style="list-style-type: none"> • Full-time Administrators (1.0 FTE) hired prior to 7/1/2019 receive \$4,200 annually (\$350 monthly) added to their Gross Pay; Administrators hired prior to 7/1/2019 who work less than 1.0 FTE, the benefit is pro-rated to their FTE. • This benefit is added to your gross pay no matter if you elect District Health Insurance <p>Effective Date</p> <ul style="list-style-type: none"> • 7/1/2019 – 6/30/2020

EMPLOYEE COSTS AND RATES

MEDICAL WITH PRESCRIPTION INSURANCE

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

26 Deductions	Wellmark HMO Basic	Wellmark HMO Essential	Wellmark PPO Choice	Wellmark PPO Premier
	Employee's Pre-tax Per Paycheck Cost After District Contribution			
Employee	\$39.23	\$99.23	\$152.77	\$181.85
Employee + Spouse	\$224.77	\$346.62	\$457.38	\$515.54
Employee + Child(ren)	\$199.38	\$312.46	\$414.92	\$469.38
Employee + Spouse and Child(ren)	\$405.23	\$588.92	\$753.23	\$841.38

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

DENTAL INSURANCE

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

26 Deductions	DELTA DENTAL PPO PLUS PREMIER
	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

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.