



BENEFITS GUIDE

2023 - 2024



ROCHESTER
Community School Corporation

WELCOME

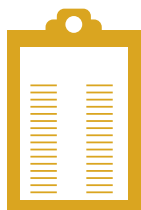
to your

BENEFITS



At Rochester Community School Corporation, we understand the important role that our benefit programs play in the lives of our employees and their families.

Rochester Community School Corporation would not be the success it is today without the dedication of our hard-working employees. We are proud to offer a comprehensive benefits package that is designed to insure and protect you and your family against financial hardship and loss.



ROCHESTER
Community School Corporation

COVERING YOU AND YOUR FAMILY

Who is Eligible

EMPLOYEES

Rochester Community School Corporation is proud to offer a comprehensive benefits package to eligible, full-time employees who work at least 17.5 hours per week and/or meet the requirements for continuing eligibility during an approved leave of absence.

This guide provides information about the options available to you as a benefits eligible employee.

Please take time to learn about these benefits so you can make an informed decision. When you make well informed decisions, you can best manage your out-of-pocket costs and also help control the rising cost of healthcare.

DEPENDENTS

Many of the plans allow you to cover your eligible dependents, which include:

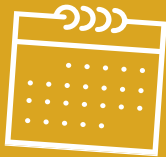
- Legally married spouse
- Legally adopted children
- Children up to age 26
- Stepchildren
- Children of any age that are totally disabled due to a physical or mental handicap

Who Pays

	CARRIER / VENDOR	RSC PAYS	YOU PAY	FIND IT ON PAGE
HEALTH BENEFITS				
Medical & Pharmacy	Anthem	✓	✓	6
Health Savings Account (HSA)	<i>Your choice of vendor</i>		✓	7
Telehealth	LiveHealth Online	✓	✓	10
Dental	Anthem	✓	✓	11 - 12
Vision	VSP		✓	13
FINANCIAL BENEFITS				
Basic Life and AD&D Insurance	Lincoln Financial Group	✓		15
Voluntary Life and AD&D Insurance	Lincoln Financial Group		✓	15
Long-Term Disability	Lincoln Financial Group	✓		16
Short-Term Disability	Lincoln Financial Group		✓	16
ADDITIONAL BENEFITS				
Employee Assistance Program	Lincoln Financial Group	✓		18



OPEN ENROLLMENT



JULY 25 – AUG. 4, 2023

NEED A HELPING HAND?

Steele Benefits has you covered! Give them a call during your Open Enrollment window and they can answer your benefit and enrollment questions.

Call | 463-999-2957

Hours | Mon.–Fri. 8:30 a.m. to 4:30 p.m. ET



VIRTUAL OPEN ENROLLMENT

Open enrollment will be held **July 25 – Aug. 4, 2023.**

HOW TO ENROLL

STEP 1 | LOG IN TO STEELE BENEFITS

- Visit steele.benselect.com/enroll
- Enter User ID
For your User ID, enter your Social Security Number (SSN) without dashes or spaces.
- Enter PIN
Your PIN is the last four digits of your SSN and the last two digits of your birth year. For example, if the last four digits of your SSN are 1234 and you were born in 1980, your PIN would be 123480.

STEP 2 | ENROLL

- Click [Next](#) to move from one benefit screen to the next
- Add your dependent and beneficiary information
- Choose an election for every benefit by selecting [Enroll](#) or [Waive](#)

STEP 3 | CONFIRM

- Review your benefit elections
- Verify your enrollment status shows **100% complete**
- Sign by re-entering your six-digit PIN

All employees must finalize Open Enrollment elections by 11:59 p.m. ET on Aug. 4, 2023.

HEALTH BENEFITS



MEDICAL INSURANCE *Anthem*



HSA PLAN

IN-NETWORK*

HOW DOES IT WORK AT THE HOSPITAL?

Deductible Individual Family	\$5,000 \$10,000**
In-patient Surgery	After deductible, you pay 30% coinsurance until OOPM has been met
Out-patient Surgery	

WHAT IS THE MOST I WILL PAY?

Out-of-Pocket Maximum Individual Family	\$6,250 \$12,500
Coinsurance Member Pays Plan Pays	30% 70%

HOW DOES IT WORK AT THE DOCTOR'S OFFICE?

Preventive Care	No Charge
Telehealth	After deductible, you pay 30% coinsurance until OOPM has been met
Primary Care Physician	
Specialist	

WHAT IS MY COST FOR TESTS AND LABS?

Minor Labs and Blood Work (ex: X-rays, routine blood work)	After deductible, you pay 30% coinsurance until OOPM has been met
Major Diagnostic (ex: MRI, CT, PET scan)	

WHAT IF I NEED EMERGENCY CARE?

Urgent Care	After deductible, you pay 30% coinsurance until OOPM has been met
Emergency Room	

HOW MUCH DOES IT COST FOR PRESCRIPTIONS?

Retail and Mail Order	After deductible, you pay 30% coinsurance until OOPM has been met
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MEDICAL COSTS

	Total Yearly Cost	Yearly Corp. Cost	Yearly Employee Cost	Retiree, Board Member Monthly Cost	Per 16 Pays Employee Cost	Per 25 Pays Employee Cost
Employee	\$9,309.00	\$7,953	\$1,356	\$775.75	\$84.78	\$54.26
Employee + Child	\$15,825.36	\$13,155	\$2,670	\$1,318.78	\$166.88	\$106.80
Employee + Spouse	\$18,618.12	\$15,094	\$3,524	\$1,551.51	\$220.25	\$140.96
Family	\$29,788.92	\$25,914	\$3,875	\$2,482.41	\$242.19	\$155.00

*Out-of-network care is also available. See plan document for details.

**All charges applied to the individual deductible and OOPM amount will be applied towards the Family amount. Once a person meets their individual deductible and OOPM, no more out-of-pocket is required for that individual. When the Family OOPM is reached, no further out-of-pocket cost will have to be satisfied for the remainder of that calendar year.

HEALTH SAVINGS ACCOUNT

By enrolling in our medical plan, you get access to a Health Savings Account (HSA), which can be used to pay for qualified healthcare expenses.

WHO IS ELIGIBLE?

Anyone who fits **all** of the following conditions is eligible for our HSA:

- ✓ **IS** enrolled in our medical plan.
- x **IS NOT** enrolled (and not planning to enroll) in: any other medical plan that has copays, Medicare, Tri-Care, or Medicaid.
- x **IS NOT** eligible to be claimed as a dependent on someone else’s tax return.

ANNUAL CONTRIBUTIONS

ANNUAL CONTRIBUTION LIMITS

2023 (Individual Family)	\$3,850 \$7,750	Individuals age 55 and older are eligible to make catch-up contributions of an additional \$1,000 annually.
2024 (Individual Family)	\$4,150 \$8,300	

HSA FACTS

YOU HAVE CONTROL

- You can use the funds on medical, dental and vision expenses for you and your family.
- There is no “use it or lose it” rule.

YOU SAVE ON TAXES

- All money deposited is tax free.
- Withdrawals for eligible expenses are exempt from federal income tax.
- You can earn interest tax free.

EXAMPLES OF ELIGIBLE EXPENSES

- Office Visit Copays, Prescription Copays, Orthodontia, Acupuncture, Hearing Aids and Batteries, Infertility Treatment and Feminine Hygiene Products

LEARN MORE!

Why you might choose an HSA:
<http://bit.ly/HSAfacts>

HSA-eligible expenses:
<http://bit.ly/HSAeligibleexpenses>

HSA advantages:
<http://bit.ly/HSAadvantages>



THE IMPORTANCE OF PREVENTIVE CARE

WHY DO YOU NEED PREVENTIVE CARE?

Your health coverage covers specific preventive care services at no out-of-pocket cost when completed by an in-network provider. Even when you're feeling fine, a serious condition with no symptoms may put your health at risk.

Taking advantage of available services at the right time can help you stay healthier by:

- Identifying minor issues now before they develop into a major issue later
- Preventing certain illnesses and conditions
- Proactively detecting health problems at early stages, when treatments may be more successful

WHAT IS PREVENTIVE CARE?

Services are considered preventive when you don't have any symptoms or diagnosed health issues connected with the preventive service. These services are often provided as part of your wellness exam.

You and your doctor will determine what services are right for you based on your:

Age | Gender | Personal health history | Current health

WHAT IS NOT PREVENTIVE CARE?

If you have been diagnosed by a doctor with a health issue, the additional screenings and tests following this diagnosis are no longer considered preventive.

Your health coverage still provides coverage for these services, but they are not covered under your preventive benefit.





WHAT'S YOUR SHARE OF COST?

Our medical plan covers preventive care services at 100% – no additional cost to you – when you go to an in-network provider. Check your plan materials for details about your specific medical plan's coverage and the provider directory for a list of healthcare professionals and facilities in your plan's network.



FIND OUT WHERE TO GO FOR CARE

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a healthcare provider. Use the chart below to help you choose where to go for care.

 USE TELEHEALTH WHEN...	 GO TO YOUR PRIMARY CARE DOCTOR...	 GO TO AN URGENT CARE CENTER...	 GO TO THE EMERGENCY ROOM...
<p>Your primary care doctor isn't available, and you have a routine issue such as a sinus problem, rash, or pink eye.</p> <p>An appointment with a physician is available from your mobile app or computer.</p> <p>Visit livehealthonline.com to get started!</p>	<p>If you do not have a life or limb threatening emergency medical, then go to your primary care doctor (PCP) if available.</p> <p>For care during normal office hours, it's usually best to go to your primary care doctor. He or she can provide follow-up care and refer you to a specialist, if needed.</p>	<p>If you do not have a life or limb threatening emergency medical, nor have a PCP available, and don't have a routine issue, then visit a local urgent care center.</p> <p>Urgent care centers typically don't require an appointment and are often open in the evenings and on weekends. Plus, in-network urgent care centers are faster and much less expensive than the ER.</p>	<p>If you do have a life or limb threatening emergency medical then go to the emergency room.</p> <p>In the case of a true medical emergency, go to the ER. At the ER, true emergencies are treated first, and other cases must wait—sometimes for hours. If you get care at the ER your costs will be higher than at other providers.</p>
\$	\$\$	\$\$\$	\$\$\$\$

TELEHEALTH

LIVEHEALTH ONLINE

AN AFFORDABLE OPTION - FOR QUALITY MEDICAL CARE

LiveHealth Online gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video, or mobile app visits. All members on the medical plan have access to a medical provider over the phone or online. This healthcare allows you to seek medical advice and be treated right from the comfort of your own home.

LiveHealth[®]
O N L I N E

GET THE CARE YOU NEED

Many medical conditions doctors can treat include:

- Cold & Flu symptoms
- Allergies
- Pink eye
- Bronchitis
- Sinus problems
- Stomachache
- Bladder infection
- Sore throat
- Rash

HOW MUCH DOES IT COST?

Your Anthem plan includes benefits for video visits using LiveHealth Online. Most medical visits will cost you \$59 and will apply to your medical deductible.

There is no difference in cost for weekends, holidays or late night visits.

GET STARTED TODAY!

Register online at livehealthonline.com or download the mobile app.



DENTAL INSURANCE

Rochester Community School Corporation offers two dental plan options through Anthem. The plans are almost exactly the same, with the exception of the lifetime maximum for orthodontics.



	OPTION 1	OPTION 2
	IN-NETWORK & OUT-OF-NETWORK	IN-NETWORK & OUT-OF-NETWORK
BENEFITS		
In-Network Calendar Year Deductible (Individual Family)	\$50 \$150	\$50 \$150
Maximum Benefit (Per Person)	\$1,500	\$1,500
HOW DOES THE PLAN WORK?		
Preventive Services <i>Cleaning and X-rays</i>	These services are covered at 100%	These services are covered at 100%
Basic Services <i>Fillings, Extractions, Endodontics and Periodontics</i>	You pay 10% once you meet your deductible	You pay 10% once you meet your deductible
Major Services <i>Crowns and Bridgework</i>	You pay 40% once you meet your deductible	You pay 40% once you meet your deductible
ORTHODONTICS		
Lifetime Maximum	\$1,500	\$2,500
Age Limit	Dependent children only (Up to age 19)	
Orthodontic Services	You pay 50% once you meet your deductible	

View your dental costs on the next page.

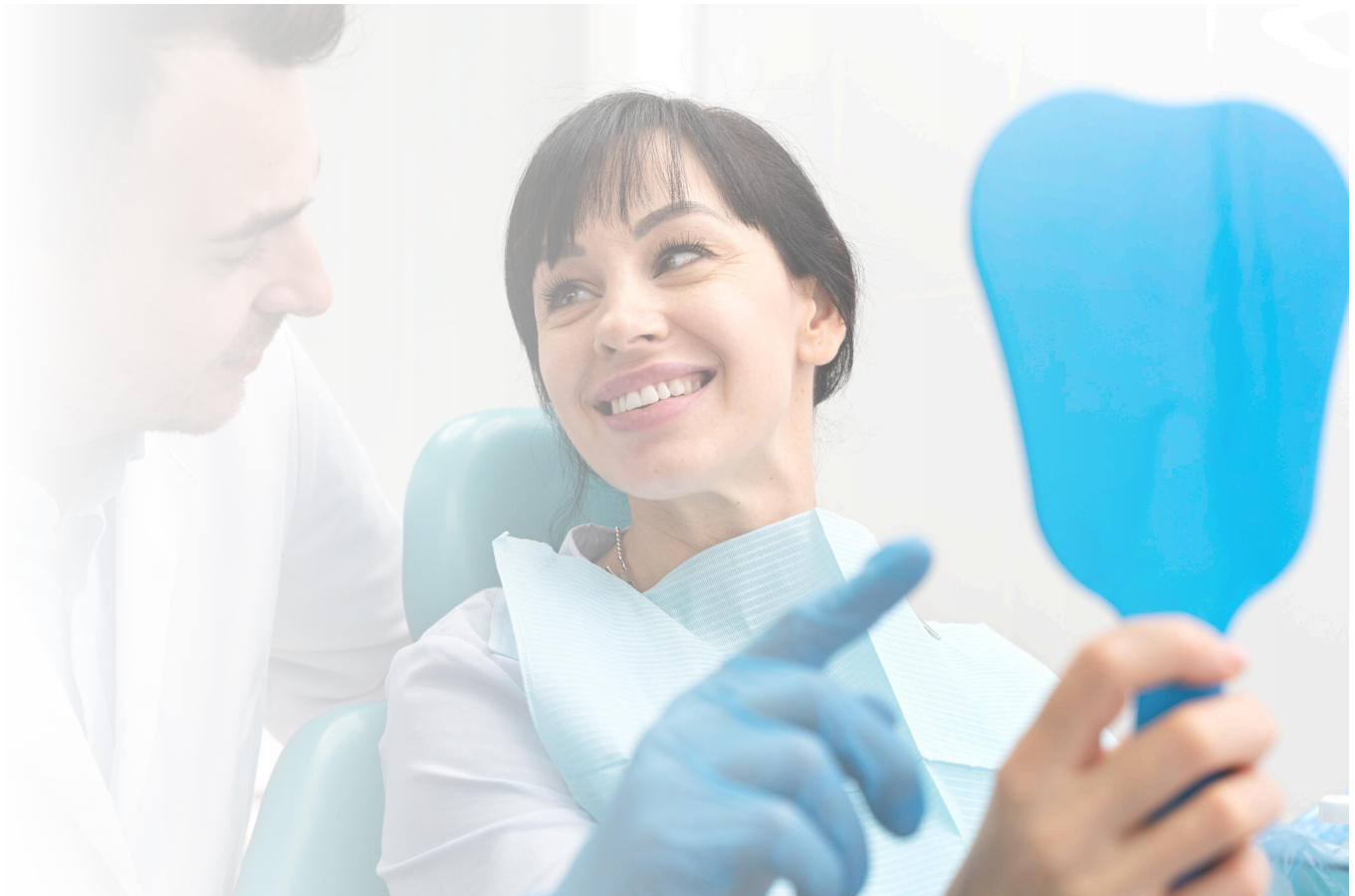
DENTAL COSTS

OPTION 1 (\$1,500 Ortho Max)

	Total Yearly Cost	Yearly Corp. Cost	Yearly Employee Cost	Retiree, Board Member Monthly Cost	Per 16 Pays Employee Cost	Per 25 Pays Employee Cost
Employee	\$371.04	\$185.60	\$185.44	\$30.92	\$11.59	\$7.42
Employee + Child	\$845.88	\$200.44	\$645.44	\$70.49	\$40.34	\$25.82
Employee + Spouse	\$760.68	\$197.80	\$562.88	\$63.39	\$35.18	\$22.52
Family	\$1,324.68	\$215.40	\$1,109.28	\$110.39	\$69.33	\$44.37

OPTION 2 (\$2,500 Ortho Max)

	Total Yearly Cost	Yearly Corp. Cost	Yearly Employee Cost	Retiree, Board Member Monthly Cost	Per 16 Pays Employee Cost	Per 25 Pays Employee Cost
Employee	\$409.68	\$186.80	\$222.88	\$34.14	\$13.93	\$8.91
Employee + Child	\$933.96	\$203.24	\$730.72	\$77.83	\$45.67	\$29.23
Employee + Spouse	\$839.76	\$200.24	\$639.52	\$69.98	\$39.97	\$25.58
Family	\$1,462.44	\$219.88	\$1,242.56	\$121.87	\$77.66	\$49.70



VISION INSURANCE

Rochester Community School Corporation offers two voluntary vision plans, both of which are offered by VSP. The chart below offers a side by side comparison of the plans available.



	BASIC PLAN	PREMIER PLAN
	IN-NETWORK	IN-NETWORK
BENEFITS		
Eye Exam <i>(once every 12 months)</i>	\$20 copay for exam and glasses	
Eyeglass Lenses <i>(once every 12 months)</i> Single Bifocal Trifocal	\$20 copay + 20% savings on lens enhancements	
Frames	<i>Every 24 months</i> \$130 allowance for wide selection of frames \$150 allowance for featured frame brands 20% off amount over your allowance	<i>Every 12 months</i> \$130 allowance for wide selection of frames \$150 allowance for featured frame brands 20% off amount over your allowance
Elective Contacts <i>(once every 12 months)</i> <i>In lieu of Eyeglasses</i>	\$130 allowance for contacts Up to \$60 copay for contact lens exam (fitting and evaluation)	
Extra Savings!	Glasses and Sunglasses 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your WellVision Exam. Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.	

VISION COSTS

BASIC PLAN	Total Yearly Cost	Yearly Corp. Cost	Yearly Employee Cost	Retiree, Board Member Monthly Cost	Per 16 Pays Employee Cost	Per 25 Pays Employee Cost
Employee	\$92.64	\$0.00	\$92.64	\$7.72	\$5.79	\$3.71
Family	\$209.64	\$0.00	\$209.64	\$17.47	\$13.10	\$8.39
PREMIER PLAN	Total Yearly Cost	Yearly Corp. Cost	Yearly Employee Cost	Retiree, Board Member Monthly Cost	Per 16 Pays Employee Cost	Per 25 Pays Employee Cost
Employee	\$113.52	\$0.00	\$113.52	\$9.46	\$7.10	\$4.54
Family	\$257.04	\$0.00	\$257.04	\$21.42	\$16.07	\$10.28

FINANCIAL **BENEFITS**



LIFE AND AD&D INSURANCE

EMPLOYER-PAID LIFE AND AD&D

It's important that our employees have some level of financial protection. That's why we provide eligible full-time employees (minimum of 17.5 hours worked weekly) with Basic Life and AD&D coverage at no cost to you.

COVERAGE AMOUNT

There are six different classes. Please see your appropriate class for benefit details.

ACCELERATED BENEFIT

You may request up to 75% of the benefit amount. Minimum of \$10,000 and Maximum of \$500,000.

Waiver of Premium for Total Disability	Conversion	Air Bag Benefit	Repatriation Benefit	Seat Belt Benefit	Child Care Benefit
Included	Included	Lesser of 10% or \$5,000	Up to \$2,000	Lesser of 10% or \$25,000	Lesser of: The actual cost of child care, \$1,000, or 3% of the AD&D benefit.

VOLUNTARY LIFE AND AD&D

All eligible full-time employees (minimum of 17.5 hours worked weekly) have the option of purchasing Voluntary Life and AD&D insurance through Lincoln Financial Group. These benefits provide valuable peace of mind and give you the option of covering your dependents. If you elect coverage for yourself, you are eligible to elect coverage for your spouse or dependent children as well. You cannot elect Voluntary Life and AD&D for your spouse and dependent children unless you elect coverage for yourself.

EMPLOYEE BENEFIT

\$10,000 increments up to \$500,000
Not to exceed 5x annual salary
Guarantee Issue: \$200,000

SPOUSE BENEFIT

\$5,000 increments up to \$250,000
(not to exceed 100% of employee's earnings)
Guarantee Issue: \$25,000

CHILD BENEFIT

Choice of \$2,500, \$5,000, \$7,500, or \$10,000
Guarantee Issue: \$10,000

THINGS TO KNOW

1. A **"guarantee issue"** amount is the dollar amount of coverage you can be approved for without completing a health questionnaire. Guarantee issue amounts only apply during the 31 days following your initial eligibility period when hired.
2. If you wish to enroll in the Voluntary Life and AD&D plan or increase your coverage after your initial eligibility period, you will be required to complete the Evidence of Insurability Form, which contains questions about your health.

You must designate a beneficiary for Basic Life and AD&D and Voluntary Life and AD&D. You have the right to change the beneficiary at any time by written or electronic notice. You can change your beneficiary by contacting Human Resources.

MONTHLY EMPLOYEE PREMIUM RATE PER \$1,000 OF COVERAGE BY AGE

AGE	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
PRICE PER PERSON	\$.06	\$.07	\$.08	\$.13	\$.21	\$.31	\$.53	\$.65	\$.92	\$2.15	\$2.15

DISABILITY INSURANCE

We provide eligible employees with long-term disability (LTD) insurance at **no cost to you**. In addition, you have the option to purchase short-term disability (STD) benefits through Lincoln Financial Group. In the event you become disabled from a non-work related injury or sickness, disability income benefits provide a source of income while you are unable to work.

GOOD TO KNOW! These benefits work together to make sure you don't have a gap in coverage. When STD coverage is exhausted following 11 weeks of disability, LTD coverage takes effect if you are still unable to return to work.

LONG-TERM DISABILITY (LTD)

The employer-paid LTD plan provides income protection against a long-term injury or sickness that extends beyond the period covered by the STD plan. LTD is offered to eligible full-time employees (minimum of 17.5 hours worked weekly).

Benefit Amount	60% monthly earnings
When are Benefits Payable?	After 90 days of disability
Maximum Benefit	\$6,500 per month
Maximum Benefit Duration	Up to Social Security Normal Retirement Age (SSNRA)

SHORT-TERM DISABILITY (STD)

Voluntary STD provides income protection for disabilities that occur due to injury or sickness and last for a short period of time. You have the option to choose between five plans, each with a different maximum weekly benefit. STD is offered to eligible full-time employees (minimum of 17.5 hours worked weekly).

	STD #1	STD #2	STD#3	STD #4	STD #5
Benefit Amount	66 2/3% of your weekly earnings				
When are Benefits Payable?	15 days after your disability begins				
Maximum Weekly Benefit	\$100	\$200	\$350	\$500	\$1,385
Maximum Benefit Duration	11 weeks				
Pre-existing Condition	Any treatment 3 months prior to the effective date is not covered until you have been insured for 12 months				

STD MONTHLY PREMIUM RATE PER \$10 OF WEEKLY BENEFIT

AGE	<29	30-34	35-39	40-44	45-49	50-54	55-59	60+
PRICE PER PERSON	\$.86	\$.79	\$.54	\$.41	\$.43	\$.49	\$.61	\$.61

FLEXIBLE SPENDING ACCOUNT

Increase your savings with a Limited Purpose Flexible Spending Account (LPFSA)! This account lets you pay for eligible dental and vision expenses with pre-tax dollars, which lowers your taxable income. You decide how much money to set aside on an annual basis and your contribution amount will be divided equally over each applicable pay period.

For 2023, the maximum contribution you can make to your LPFSA is \$2,850.

ELIGIBILITY

You may contribute to an LPFSA if you have a Health Savings Account (HSA).

USE IT OR LOSE IT RULE

Due to IRS regulations, any unused funds remaining in an LPFSA at the end of the plan year are forfeited. This is known as the “Use It or Lose It” rule. You must incur expenses by the end of the plan year.

Please be sure to choose your contribution amounts wisely so you don’t waste any of your hard-earned dollars!

A TAX-SAVING COMBINATION!

Using a Limited Purpose FSA along with your Health Savings Account gives you extra opportunities for tax savings.

- An LPFSA gives you the opportunity to use your HSA funds for bigger ticket medical expenses today, tomorrow, or even in retirement.
- Unlike the use-it-or-lose-it LPFSA, your HSA funds are yours, even if you leave your company.
- As long as you continue to be covered under a high-deductible health plan and have no other health coverage, you can keep contributing to your HSA year after year to pay for immediate healthcare needs or create a healthcare nest egg.
- The Limited Purpose FSA will reset at the end of the year and can only be used for dental and vision expenses.



EMPLOYEE ASSISTANCE PROGRAM

Provided by Lincoln

Life is full of challenges and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families.

The Employee Assistance Program (EAP) is provided at **NO COST** to you. You and your eligible dependents have access to 24/7 phone consultation with a licensed mental health professional and referrals to supportive resources. You also have access to in-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year).

AN EAP CAN ADDRESS THE FOLLOWING ISSUES:



WORK & CAREER



LEGAL ASSISTANCE



FAMILY & RELATIONSHIPS



FINANCIAL WELLNESS



SUBSTANCE ABUSE & ADDICTION



EMOTIONAL WELL-BEING

FOR 24/7 ASSISTANCE:

Call 888-628-4824 | Visit guidanceresources.com

Username: LFGsupport

Password: LFGsupport1



BENEFIT CONTACTS

BENEFIT	PROVIDER	PHONE	WEBSITE / EMAIL
Medical + Pharmacy	Anthem	800-295-4119	anthem.com
Telehealth	LiveHealth Online		livehealthonline.com
Dental	Anthem	877-604-2142	anthem.com
Vision	VSP	800-877-7195	vsp.com
Life and AD&D Voluntary Life and AD&D Long Term Disability Voluntary Short Term Disability	Lincoln Financial Group	800-423-2765	www.lincoln4benefits.com
Employee Assistance Program	Lincoln Financial Group	888-628-4824	guidanceresources.com
Online Benefits Enrollment	Steele Benefits	463-999-2957 (During OE only)	https://steele.benselect.com/enroll
Human Resources + Enrollment Support <i>Kathie Adams</i>	Rochester Community School Corporation	574-223-2159	kathie.adams@zebras.net



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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996.