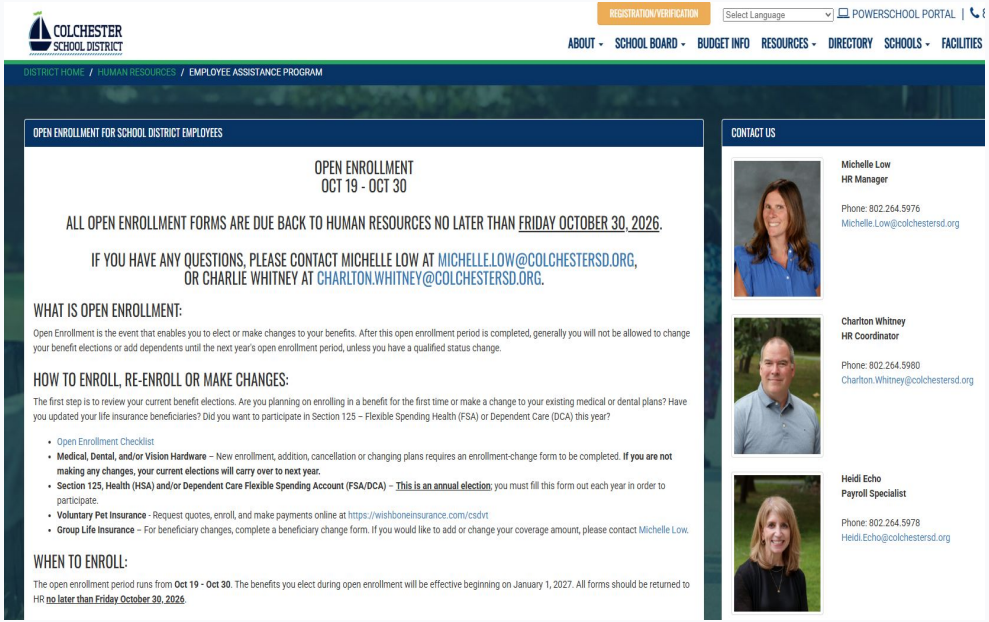
OPEN ENROLLMENT 2027

YOUR GUIDE TO MAKING BENEFIT ELECTIONS



CSD Human Resources Webpage

Visit CSD Open Enrollment Web Page for full information, policy details and forms





Open Enrollment Window

Oct 19 – Oct 30

All forms due back to HR no later than **Friday, Oct 30**

HR Team Contacts

Michelle Low — HR Manager
michelle.low@colchestersd.org • 802.264.5976

Charlton Whitney — HR Coordinator
charlton.whitney@colchestersd.org • 802.264.5980

Heidi Echo — Payroll Specialist
heidi.echo@colchestersd.org • 802.264.5978

Not sure what YOU need to do for open enrollment? Use the checklist to the right (found on the open enrollment site) to guide you.



Print Name:_____ Building_____

REQUIRED HEALTH CARE COVERAGE ANNUAL FORMS:

If you are continuing with your FSA, DCA, or HSA, the forms need to be completed annually.

- ☐ Flexible Spending (FSA)
- ☐ Dependent Care (DCA)
- ☐ Health Savings Accounts Extra Contribution (HSA)

OR I AM NEWLY ENROLLING/ MAKING CHANGES TO MY HEALTH/DENTAL COVERAGE:

- ☐ Platinum plan with Health Reimbursement Arrangement (HRA)
  - ☐ *I am switching to/enrolling in this plan. I have attached the BCBS Enrollment Form & Healthy Dollars HRA Form*
- ☐ Gold Plan with the Health Health Reimbursement Arrangement (HRA)
  - ☐ *I am switching to/enrolling in this plan. I have attached the BCBS Enrollment Form & Healthy Dollars HRA Form*
- ☐ Gold CDHP Plan with the Health Health Reimbursement Arrangement (HRA)
  - ☐ *I am switching to/enrolling in this plan. I have attached the BCBS Enrollment Form & Healthy Dollars HRA Form*
- ☐ Silver CDHP Plan with the Health Health Reimbursement Arrangement (HRA) or the Health Savings Account (HSA)
  - ☐ *I am switching to/enrolling in this plan. I have attached the BCBS Enrollment Form & Healthy Dollars HRA Form of HSA Form*
- ☐ Delta Dental
  - ☐ *I am making a change to my dental enrollment and have attached the change form*

I would like to enroll in an optional plan(s):

- ☐ Delta Vision Plan
  - ☐ *I am enrolling in this plan. I have attached the Form*
- ☐ Wishbone Pet Plan
  - ☐ *I am enrolling in this plan and understand enrollment and payments are handled directly on the Wishbone website.*

What's New in 2027?

Updated contribution limits and benefit rollover details

FSA
Flexible Spending Account

Rollover Limit from 2026 into 2027
$680
(waiting for IRS confirmation)

Projected Contribution
(waiting for IRS confirmation)
$3,500

DCA
Dependent Care Account

Single & Joint Filing
$7,500

Married Filing Separately
$3,750

HSA
Health Savings Account

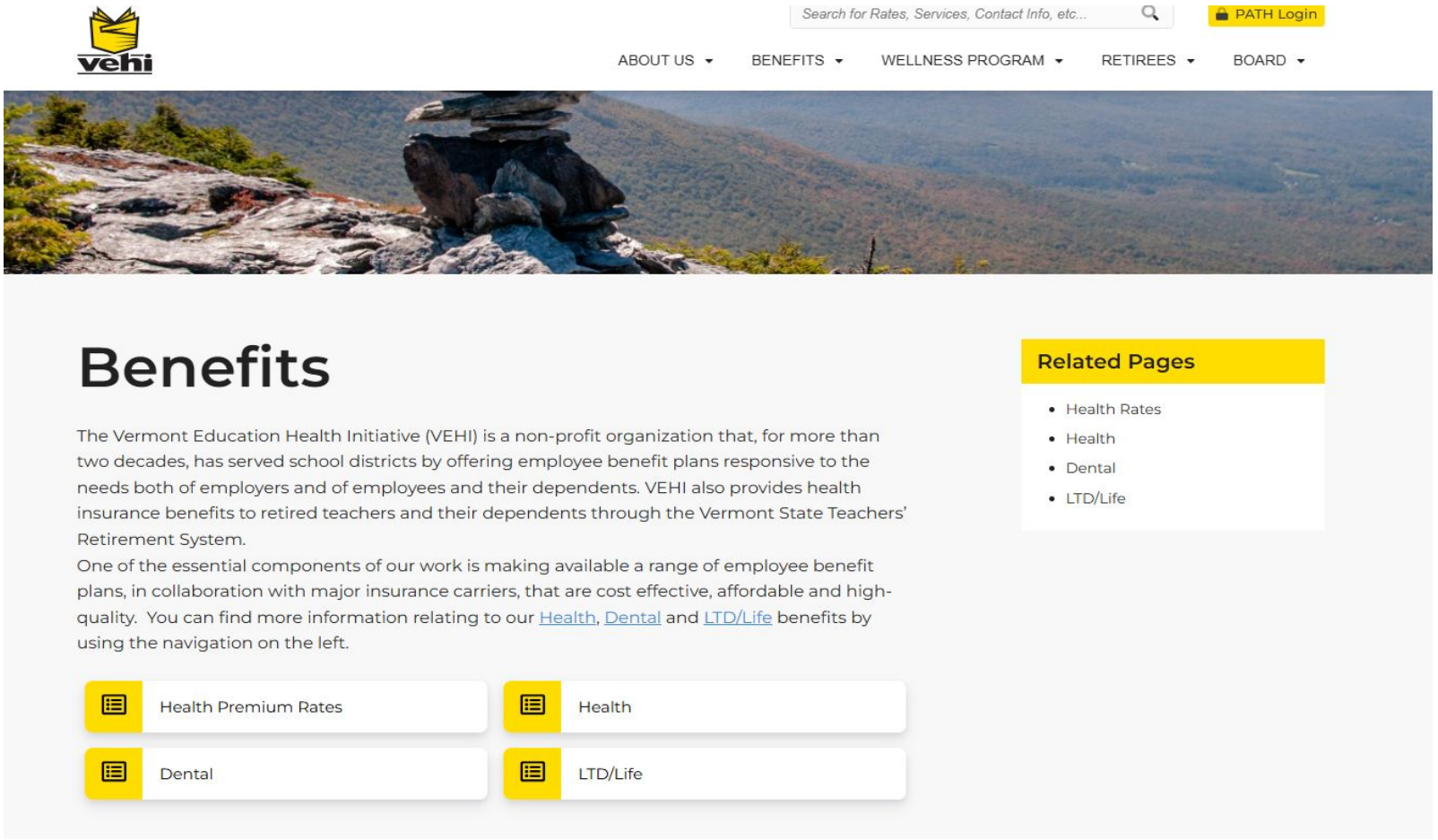
Single Coverage
$4,500

Family Coverage
$9,000

Catch-up (Age 55+)
+$1,000

Silver CDHP deductible increase to $3,500/$7,000 to meet the minimum requirements of the HSA compatibility set by the IRS. **The out of pocket maximums remain the same.**

Visit VEHI for detailed benefit information



HEALTH PLAN COMPARISON

All plans have an HRA except for the Silver CDHP plan, which offers your choice of an HRA or an HSA.

Licensed Employees

HRA Funding Allocations

Single HRA

$1,900

All Other Tiers

$4,000

Non-Licensed Employees

HRA Funding Allocations

Single HRA

$2,200

All Other Tiers

$4,400

***HRA pays first dollar out of pocket!**

OUT OF POCKET MAX COMPARISON

All plans offer the same coverage! The difference is in who pays what first.

GOLD CDHP pays the most!



LICENSED

Out of Pocket Maximums

Platinum
$900 / $1,600

Gold
$1,200 / $2,200

★ Gold CDHP (Lowest Out-of-Pocket!)
$600 / $1,000

Silver CDHP
$2,100 / $4,000

NON-LICENSED

Out of Pocket Maximums

Platinum
$600 / $1,200

Gold
$900 / $1,800

★ Gold CDHP (Lowest Out-of-Pocket!)
$300 / $600

Silver CDHP
$1,800 / $3,600

2027 Health Plans for **LICENSED** Employees

Health Plans for Licensed Employees Calendar Year 2027	VEHI Platinum Member Cost Share	VEHI Gold Member Cost Share	VEHI Gold CDHP Member Cost Share	VEHI Silver CDHP Member Cost Share
HRA or HSA Funding for Licensed Employees	**HRA $1,900 Single/ $4,000 All other tiers**	**HRA $1,900 Single/ $4,000 All other tiers**	**HRA $1,900 Single/ $4,000 All other tiers**	**HRA or HSA $1,900 Single/ $4,000 All other tiers**
Medical Deductible	$500 Single/ $1,000 All other tiers	$1,200 Single/ $2,400 All other tiers	$1,800 Single/ $3,600 (aggregate) All other tiers	$3,500 Single/ $7,000 All other tiers
Medical Out of Pocket Maximum	$1,500 Single/ $3,000 All other tiers	$1,800 Single/ $3,600 All other tiers	$2,500 Single/ $5,000 (aggregate) All other tiers	$4,000 Single/ $8,000 All other tiers
Prescription Deductible	$0	$0	Included in medical deductible	Included in medical deductible
Prescription Out of Pocket Maximum	$1,300 Single/ $2,600 All other tiers	$1,300 Single/ $2,600 All other tiers	$1,750 Single/ $3,500 (aggregate) All other tiers (included in Medical OOPM)	$1,750 Single/ $3,500 (aggregate) All other tiers (included in Medical OOPM)
Total Health Plan Out of Pocket Exposure before HRA or HSA (Medical and Rx Combined)	**$2,800 Single/ $5,600 All other tiers**	**$3,100 Single/ $6,200 All other tiers**	**$2,500 Single/ $5,000 (aggregate) All other tiers**	**$4,000 Single/ $8,000 All other tiers**
Total Out of Pocket Exposure **AFTER** HRA or HSA (Medical and Rx Combined)	**$900 Single/ $1,600 All other tiers**	**$1,200 Single/ $2,200 All other tiers**	**$600 Single/ $1,000 All other tiers**	**$2,100 Single/ $4,000 All other tiers**
Benefit Specifics by Plan				
Preventive PCP Visit	$0	$0	$0	$0
Primary Care Physician / Mental Health or Substance Abuse Visit	$25	$25	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Specialist Visit	$35	$35	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent Care Facility	$75	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency Room	$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Inpatient, Outpatient, Radiology, DME, Ambulance, etc.	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Generic tier 1 / tier 2 / Brand / NP Brand	$4 / $10 / $20 / 50%	$4 / $10 / $20 / 50%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Wellness Prescriptions	$4 / $10 / $20 / 50%	$4 / $10 / $20 / 50%	No member cost	No member cost

2027 Health Plans for **NON-LICENSED** Employees

Health Plans for Non-Licensed Employees Calendar Year 2027	VEHI Platinum Member Cost Share	VEHI Gold Member Cost Share	VEHI Gold CDHP Member Cost Share	VEHI Silver CDHP Member Cost Share
HRA or HSA Funding for Non-Licensed	**HRA $2,200 Single/ $4,400 All other tiers**	**HRA $2,200 Single/ $4,400 All other tiers**	**HRA $2,200 Single/ $4,400 All other tiers**	**HRA or HSA $2,200 Single/ $4,400 All other tiers**
Medical Deductible	$500 Single/ $1,000 All other tiers	$1,200 Single/ $2,400 All other tiers	$1,800 Single/ $3,600 (aggregate) All other tiers	$3,500 Single/ $7,000 All other tiers
Medical Out of Pocket Maximum	$1,500 Single/ $3,000 All other tiers	$1,800 Single/ $3,600 All other tiers	$2,500 Single/ $5,000 (aggregate) All other tiers	$4,000 Single/ $8,000 All other tiers
Prescription Deductible	$0	$0	Included in medical deductible	Included in medical deductible
Prescription Out of Pocket Maximum	$1,300 Single/ $2,600 All other tiers	$1,300 Single/ $2,600 All other tiers	$1,750 Single/ $3,500 (aggregate) All other tiers (included in Medical OOPM)	$1,750 Single/ $3,500 (aggregate) All other tiers (included in Medical OOPM)
Total Health Plan Out of Pocket Exposure before HRA or HSA (Medical and Rx Combined)	**$2,800 Single/ $5,600 All other tiers**	**$3,100 Single/ $6,200 All other tiers**	**$2,500 Single/ $5,000 (aggregate) All other tiers**	**$4,000 Single/ $8,000 All other tiers**
Total Out of Pocket Exposure **AFTER** HRA or HSA (Medical and Rx Combined)	**$600 Single/ $1,200 All other tiers**	**$900 Single/ $1,800 All other tiers**	**$300 Single/ $600 All other tiers**	**$1,800 Single/ $3,600 All other tiers**
Benefit Specifics by Plan				
Preventive PCP Visit	$0	$0	$0	$0
Primary Care Physician / Mental Health or Substance Abuse Visit	$25	$25	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Specialist Visit	$35	$35	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent Care Facility	$75	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency Room	$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Inpatient, Outpatient, Radiology, DME, Ambulance, etc.	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Generic tier 1 / tier 2 / Brand / NP Brand	$4 / $10 / $20 / 50%	$4 / $10 / $20 / 50%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Wellness Prescriptions	$4 / $10 / $20 / 50%	$4 / $10 / $20 / 50%	No member cost	No member cost

Teachers, Administrators & Full-Year Support Staff

Jan 2027 - June 2027						Cost Per Check	Cost Per Check	Cost Per Check
Platinum (ER pays 80% of Gold CDHP)	100% Monthly	100% Annual	80% ER Contribution	EE Annual	EE Jan-June	Teachers/SY-Indiv Cont (26) - Jan-June	Teachers (22) - Jan-June	All Full-Year Jan-June
						17	13	13
EE	$1,435.18	$17,222.16	$12,684.58	$4,537.59	$2,268.80	$133.46	$174.53	$174.53
EE+Child(ren)	$2,399.84	$28,798.08	$19,610.78	$9,187.30	$4,593.65	$270.22	$353.36	$353.36
Two Person	$2,870.38	$34,444.56	$23,822.21	$10,622.36	$5,311.18	$312.43	$408.56	$408.56
Family	$4,060.11	$48,721.32	$35,136.38	$13,584.94	$6,792.47	$399.56	$522.50	$522.50
						Teachers/SY-Indiv Cont (26) - Jan-June	Teachers (22) - Jan-June	Full-Year Jan-June
Gold (ER pays 80% of Gold CDHP)	100% Monthly	100% Annual		EE Annual	EE Jan-June	17	13	13
EE	$1,407.39	$16,888.68	$12,684.58	$4,204.11	$2,102.06	$123.66	$161.70	$161.70
EE+Child(ren)	$2,355.35	$28,264.20	$19,610.78	$8,653.42	$4,326.71	$254.52	$332.83	$332.83
Two Person	$2,814.79	$33,777.48	$23,822.21	$9,955.28	$4,977.64	$292.81	$382.90	$382.90
Family	$3,983.95	$47,807.40	$35,136.38	$12,671.02	$6,335.51	$372.68	$487.35	$487.35
						Teachers/SY-Indiv Cont (26) - Jan-June	Teachers (22) - Jan-June	Full-Year Jan-June
Gold CDHP (ER pays 80%)	100% Monthly	100% Annual		EE Annual	EE Jan-June	17	13	13
EE	$1,321.31	$15,855.72	$12,684.58	$3,171.15	$1,585.58	$93.27	$121.97	$121.97
EE+Child(ren)	$2,042.79	$24,513.48	$19,610.78	$4,902.70	$2,451.35	$144.20	$188.57	$188.57
Two Person	$2,481.48	$29,777.76	$23,822.21	$5,955.56	$2,977.78	$175.17	$229.06	$229.06
Family	$3,660.04	$43,920.48	$35,136.38	$8,784.10	$4,392.05	$258.36	$337.85	$337.85
						Teachers/SY-Indiv Cont (26) - Jan-June	Teachers (22) - Jan-June	Full-Year Jan-June
Silver CDHP (ER pays 80%)	100% Monthly	100% Annual		EE Annual	EE Jan-June	17	13	13
EE	$1,209.57	$14,514.84	$11,611.87	$2,902.97	$1,451.49	$85.39	$111.66	$111.66
EE+Child(ren)	$2,039.02	$24,468.24	$19,574.59	$4,893.65	$2,446.83	$143.94	$188.22	$188.22
Two Person	$2,419.17	$29,030.04	$23,224.03	$5,806.01	$2,903.01	$170.77	$223.31	$223.31
Family	$3,442.08	$41,304.96	$33,043.97	$8,261.00	$4,130.50	$242.98	$317.74	$317.74

School Year Union (21 pays)

Jan 2027 - June 2027

Platinum (ER pays 80% of Gold CDHP)	100% Monthly	100% Annual	80% ER Gold CDHP Contribution	EE Annual	EE Jan-June	Cost Per Check 12
EE	$1,435.18	$17,222.16	$12,684.58	$4,537.59	$2,268.80	$189.07
EE+Child(ren)	$2,399.84	$28,798.08	$19,610.78	$9,187.30	$4,593.65	$382.81
Two Person	$2,870.38	$34,444.56	$23,822.21	$10,622.36	$5,311.18	$442.60
Family	$4,060.11	$48,721.32	$35,136.38	$13,584.94	$6,792.47	$566.04

Gold (ER pays 80% of Gold CDHP)	100% Monthly	100% Annual	80% ER Gold CDHP Contribution	EE Annual	EE Jan-June	12
EE	$1,407.39	$16,888.68	$12,684.58	$4,204.11	$2,102.06	$175.18
EE+Child(ren)	$2,355.35	$28,264.20	$19,610.78	$8,653.42	$4,326.71	$360.56
Two Person	$2,814.79	$33,777.48	$23,822.21	$9,955.28	$4,977.64	$414.81
Family	$3,983.95	$47,807.40	$35,136.38	$12,671.02	$6,335.51	$527.96

Gold CDHP (ER pays 80%)	100% Monthly	100% Annual	80% ER Gold CDHP Contribution	EE Annual	EE Jan-June	12
EE	$1,321.31	$15,855.72	$12,684.58	$3,171.15	$1,585.58	$132.14
EE+Child(ren)	$2,042.79	$24,513.48	$19,610.78	$4,902.70	$2,451.35	$204.28
Two Person	$2,481.48	$29,777.76	$23,822.21	$5,955.56	$2,977.78	$248.15
Family	$3,660.04	$43,920.48	$35,136.38	$8,784.10	$4,392.05	$366.01

Silver CDHP (ER pays 80%)	100% Monthly	100% Annual	80% ER Silver CDHP Contribution	EE Annual	EE Jan-June	12
EE	$1,209.57	$14,514.84	$11,611.87	$2,902.97	$1,451.49	$120.96
EE+Child(ren)	$2,039.02	$24,468.24	$19,574.59	$4,893.65	$2,446.83	$203.91
Two Person	$2,419.17	$29,030.04	$23,224.03	$5,806.01	$2,903.01	$241.92
Family	$3,442.08	$41,304.96	$33,043.97	$8,261.00	$4,130.50	$344.21

NO changes to Delta Dental!

Outline of Benefits
COLCHESTER SCHOOL DISTRICT
Group Number: 7777-27

For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

Benefit Period: July 1 through June 30

Eligibility Period: Determined by the Employer.

Benefit percentages paid by Northeast Delta Dental after any applicable Waiting Periods and/or Copayments:

Diagnostic & Preventive (Coverage A)	100%
Basic (Coverage B) - includes posterior resin restorations	80%
Major (Coverage C)	50%
Orthodontics (Coverage D)	50%

Maximum Benefits: $1,000 per person per benefit period excluding Orthodontics.
Orthodontic benefits have a separate lifetime maximum of $750 per adult and child

Deductibles: $50/$150 benefit period deductible per person/family (applies to Basic and Major benefits only).

Office Visit Copayments: None

Waiting Periods:
Basic Benefits: No waiting period.
Major Benefits: No waiting period.
Orthodontic Benefits: No waiting period.

Dependent Age Limits:
Dependent Children are covered up to age 26.



DeltaVision®

Partner with EyeMed℠ Vision Care

1-866-723-0513

www.eyemedvisioncare.com



Hardware (glasses, contacts) plan ONLY

(For those on CSD health benefits, you get one vision exam/year for $20 - contact Blue Cross Blue Shield)

Hardware Plan

DeltaVision Plan Summary	Network Benefits	Non-Network Reimbursement
*Frames every 24 months:		
Any available frame at provider location	$180 allowance, then 20% off balance	Up to $90
Standard Plastic Lenses every 12 months		
Single vision / Bifocal / Trifocal	Member copay $20, plan pays balance	Up to $25 / $40 / $55
Lens Options (in addition to copay for Standard Plastic Lenses)		
UV coating / Tint / Standard scratch resistance	Member pays $15 each	None
Standard polycarbonate	Member pays $40	None
Standard anti-reflective coating	Member pays $45	None
Standard progressive	Member pays $65	None
Premium progressive	Member pays $65, 80% of charge less $120 allowance	None
Other add-ons and services	20% off retail price	None
*Contact Lenses every 12 months: In lieu of spectacle lenses. Allowance covers materials only.		
Conventional	$180 allowance, then 15% off balance	Up to $144
Disposable	$180 allowance, member pays balance	Up to $144
Medically necessary	Paid in full	Up to $200
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None

*Frame and Contact allowance are one-time-use benefits

DeltaVision®
Partner with EyeMed℠ Vision Care

Monthly Premiums

Employee Only	Employee & Spouse	Employee & Child	Employee & Family
$5.18	$8.89	$8.89	$15.89
per month	per month	per month	per month


WISHBONE
INSURANCE & WELLNESS
pbs

Wishbone Advantage

ACCIDENT & ILLNESS INSURANCE PLAN

for dogs & cats

starting at $12/month

SEE LESS

- ✓ 70% out-of-network/ 80% in-network reimbursement
- ✓ $250 deductible
- ✓ $10k annual limit
- ✓ Instant 25% discount on eligible in-house medical services at in-network vets
- ✓ Office visits and exam fees
- ✓ Take-home Rx medications
- ✓ Rehab, Acupuncture & Chiropractic
- ✓ Visit any licensed U.S. based veterinarian
- ✓ Show your in-network ID card at an in-network vet to receive the in-network reimbursement rate
- ✓ Lost pet recovery and 24/7 vet support

WISHBONE WELLNESS PLANS
SCHEDULE OF BENEFITS

ESSENTIAL $14/month	
Wellness Exam	1 per year, up to $50
Vaccination/Titer	2 per year, up to $50
Routine Bloodwork	1 per year, up to $100
Fecal Test	1 per year, up to $50
Urinalysis	1 per year, up to $50
Preventatives	-
Dental Cleaning	-
TOTAL ANNUAL BENEFITS	$300

PREMIUM $25/month	
Wellness Exam	2 per year, up to $100
Vaccination/Titer	3 per year, up to $75
Routine Bloodwork	1 per year, up to $100
Fecal Test	1 per year, up to $50
Urinalysis	1 per year, up to $50
Preventatives	$100
Dental Cleaning	$100
TOTAL ANNUAL BENEFITS	$575



SAMPLE MEMBER SAVINGS



Charlie is an active 2-year-old Goldendoodle with a bad habit of chewing on things he's not supposed to.

Charlie is enrolled in a **Wishbone** accident & illness plan to avoid large, unforeseen vet bills.

Emergency hospital visit due to a foreign body ingestion:
(exam fee, x-rays, pre-surgical bloodwork, IV fluids, anesthesia, surgery, hospitalization, and medications)

Total Claimed: **$3,182.32**

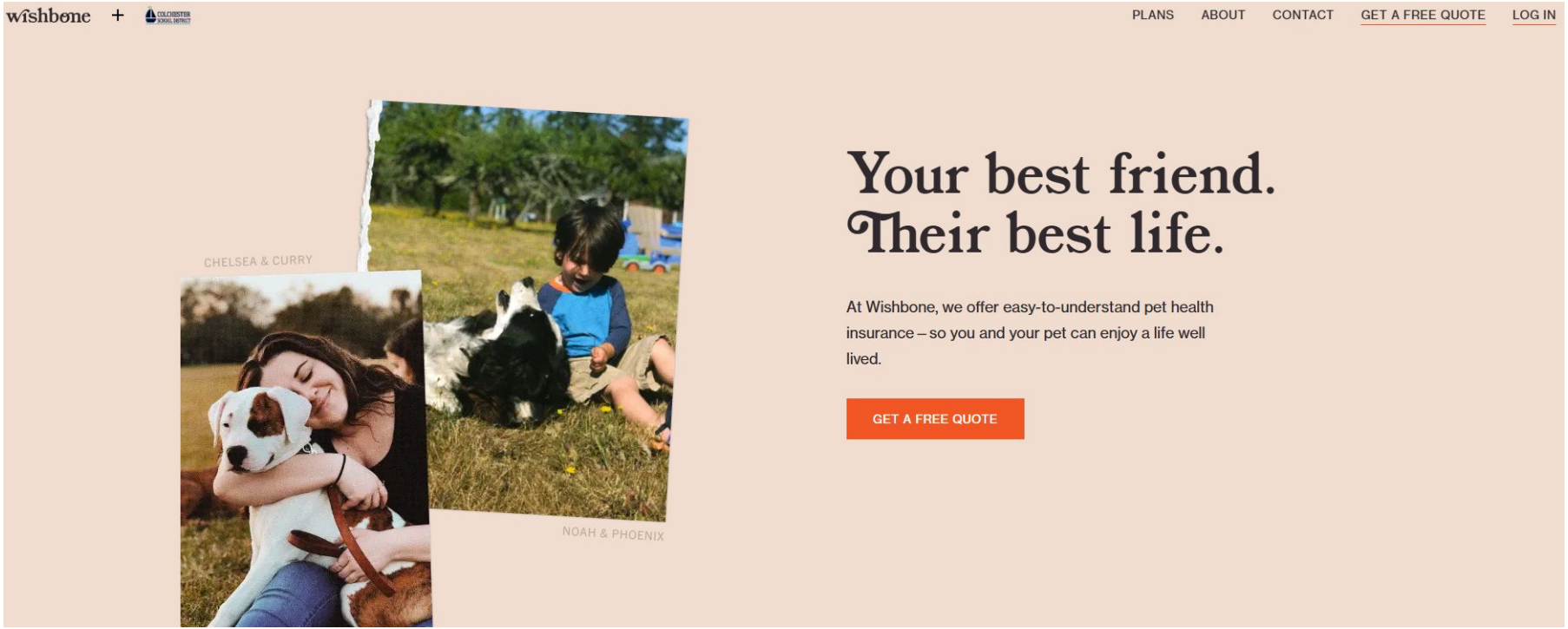
Reimbursed:
20% coinsurance deductible already met
$2,545.86

Financial protection + unlimited veterinary support via 24/7 pet telehealth

wishbone

WISHBONE ENROLLMENT

Contact Wishbone for a free quote and enrollment. Payments are made through Wishbone, **NOT** CSD payroll.



School Visit Schedule

Monday, October 19 – Friday, October 30

Malletts Bay School	Tuesday, Oct. 20	**2:30 PM - 3:30 PM**
Colchester High	Monday, Oct. 26	**2:00 PM - 3:00 PM**
Colchester Middle School	Tuesday, Oct. 27	**2:00 PM - 3:00 PM**
Union Memorial School	Wednesday, Oct. 28	**2:45 PM - 3:45 PM**
Porters Point School	Thursday, Oct. 29	**2:30 PM - 3:30 PM**