



# Colchester School District OPEN ENROLLMENT



**January 2019 – December 2019**

## What is Open Enrollment

Open Enrollment is the event that enables you to elect or make changes to your benefits. Please read through this Open Enrollment Guide carefully to understand the benefit plans available to you. After this open enrollment period is completed, generally you will not be allowed to change your benefit elections or add dependents until the next open enrollment period, unless you have a qualified status change.

## Who is Eligible to Participate

Employee plan eligibility varies based on your status within the appropriate agreement i.e. Teacher Agreement, Support Staff Agreement or Handbook. Please review the employee eligibility section under each plan. If you have any questions regarding your employment status, please contact Katie Roth or Erin Dye.

Dependents – Due to IRS regulations, dependent spouse and child(ren) coverage eligibility varies with each plan. Please review the dependent eligibility information under each plan.

## How to Enroll, Re-Enroll or Make Changes

The first step is to review your current benefit elections. Are you planning on enrolling in a benefit for the first time or make a change to your existing medical or dental plans? Have you updated your life insurance beneficiaries? Did you want to participate in Section 125 – Flexible Spending Health or Dependent Care (FSA) or Insurance Buyout this year?

**Medical and/or Dental** – New enrollment, addition, cancellation or changing plans requires an enrollment-change form to be completed. **If you are not making any changes, your current elections will carry over to next year.**

**Medical Buyout** – **This is an annual election**; you must fill this form out each year in order to participate.

**Section 125, Health and/or Dependent Care Flexible Spending Account (FSA)** – **This is an annual election**; you must fill this form out each year in order to participate.

**Group Life Insurance** – For beneficiary changes, complete a beneficiary change form.

## Where to Find Enrollment/Change Forms

In an effort to reduce unnecessary paper, enrollment/change forms can be found on the CSD website <http://www.csdvt.org/openenrollment> . If you do not have access to a printer, please contact Human Resources so we can send the forms you may need.

## When to Enroll

The open enrollment period runs from **November 5, 2018 – November 20, 2018**. The benefits you elect during open enrollment will be effective beginning on January 1, 2019. All forms should be returned to HR **no later than Tuesday, November 20, 2018**.

## How to Contact Human Resources (HR)

Should you have any questions, please contact Katie Roth at 264-5978, [katie.roth@colchestersd.org](mailto:katie.roth@colchestersd.org), Erin Dye at 264-5976, [erin.dye@colchestersd.org](mailto:erin.dye@colchestersd.org) or [HR@colchestersd.org](mailto:HR@colchestersd.org) will email both at once.

# Medical Insurance – BlueCross BlueShield of Vermont

## Who is Eligible to Participate

Administrators, Teachers whose FTE is .50 or greater, Full-Year/Full-Time Support Staff and School-Year/Full-Time Support Staff and Part-Time Support Staff who work 30 hrs or more. Part-time support staff, who work between 20 but less than 30 hours per week, are eligible to participate in the medical plan; however, the entire premium cost is paid by the employee.

Dependents of the staff listed above are eligible to enroll under your medical plan. Dependent children are eligible up to age 26. For school-year employees, who work between 30 & 40 hours per week, the district pays a percentage towards your insurance. If you enroll a dependent(s), you will pay the full premium amount for their coverage.

## Medical Plan Summary

These plans allow you the freedom to use any physician or other health care professional from the BlueCross BlueShield Network, including specialists, without a referral. Deductibles and out-of-pocket limits are based on the calendar year.

<b>VEHI Medical Plans</b>	<b>PLATINUM</b>	<b>GOLD</b>	<b>GOLD CDHP*</b>	<b>SILVER CDHP*</b>
<b>Types of Services</b>	<b>Deductible/Maximum</b>	<b>Deductible/Maximum</b>	<b>Deductible/Maximum</b>	<b>Deductible/Maximum</b>
medical deductible (individual/family)	\$500 / \$1,000 stacked <sup>^</sup>	\$1,200 / \$2,400 stacked <sup>^</sup>	\$1,800 / \$3,600 aggregate**	\$3,000 / \$6,000 stacked <sup>^</sup>
prescription drug deductible	\$0	\$0	included in medical	included in medical
medical out-of-pocket limit (individual/family)	\$1,500 / \$3,000 <sup>^</sup>	\$1,800 / \$3,600 <sup>^</sup>	\$2,500 / \$5,000**	\$4,000 / \$8,000 <sup>^</sup>
prescription drug out-of-pocket limit (individual/family)	\$1,300 / \$2,600 <sup>^</sup>	\$1,300 / \$2,600 <sup>^</sup>	\$1,350 / \$2,700**	\$1,350 / \$2,700**
TOTAL out-of-pocket exposure for both medical and prescription drug benefits (individual/family)	\$2,800 / \$5,600	\$3,100 / \$6,200	\$2,500 / \$5,000	\$4,000 / \$8,000
<b>Service Categories</b>	<b>Co-payment/Co-insurance</b>	<b>Co-payment/Co-insurance</b>	<b>Co-payment/Co-insurance</b>	<b>Co-payment/Co-insurance</b>
preventive care	\$0	\$0	\$0	\$0
primary care office visit	\$25	\$25	Deductible, then 20% co-insurance until you met the out-of-pocket-maximum. Plan pays 100% after out-of-pocket has been met.	Deductible, then 20% co-insurance until you met the out-of-pocket-maximum. Plan pays 100% after out-of-pocket has been met.
mental health/substance abuse office visit	\$25	\$25		
specialist office visit	\$35	\$35		
urgent care	\$75			
emergency room	\$250	Deductible, then 20% co-insurance until you met the out-of-pocket-maximum. Plan pays 100% after out-of-pocket has been met.		
ambulance				
durable medical equipment				
radiology (MRI, CT, PET)				
outpatient				
inpatient				
vision exam	\$20	\$20	\$20	\$20
<b>Service Categories</b>	<b>Co-payment/Co-insurance</b>	<b>Co-payment/Co-insurance</b>	<b>Co-insurance</b>	<b>Co-insurance</b>
wellness drugs	n/a	n/a	0%	0%
generic tier 1	\$4	\$4	Deductible, then 20% co-insurance until you met the out-of-pocket-maximum. Plan pays 100% after out-of-pocket has been met.	Deductible, then 20% co-insurance until you met the out-of-pocket-maximum. Plan pays 100% after out-of-pocket has been met.
generic tier 2	\$10	\$10		
preferred brand	\$20	\$20		
non-preferred brand	50%	50%		

## Health Reimbursement Arrangement (HRA) with the Gold CHDP

The Gold CDHP has a deductible amount and coinsurance percentages that you pay before Blue Cross pays for any of your claim expenses. In order to help with these costs, the district has established a Health Reimbursement Arrangement (HRA) through DataPath Administrative Services to help assist with these costs. You pay the first dollar claims, the district HRA plan reimburses second, then you pay the remaining out-of-pocket amount for your medical services.

Gold CDHP	Employee Pays First Dollar Responsibility	→	District Pays Next Amount from the HRA	→	Employee Pays Remaining Out-of-Pocket	→	Maximum Calendar Out-of-Pocket Met	BlueCross BlueShield Pays
Employee Only Plan	\$200	+	\$2,100	+	\$200	=	\$2,500	All claim expenses after \$2,500
Employee + Child(ren), Spouse, or Family Plan	\$400	+	\$4,200	+	\$400	=	\$5,000	All claims expenses after \$5,000

Claims that run through BlueCross will automatically be sent to DataPath. You will not need to submit these claims.

The *mySource* debit card is available to pay for prescriptions while your claims fall under the employee first dollar responsibility or the HRA reimbursement amount.

### Blue Cross Member Services Online

**Register to Log in to Your Account at [www.bcbsvt.com](http://www.bcbsvt.com)**

The Member Resource Center allows you to **access your personalized health plan details** and **information most relevant to you**, like:

- **benefit details** - covered services and what you'll pay for those services
- **claims** - view your claims and how Blue Cross paid them
- **plan materials** - order replacement ID card, print proof of coverage, view certificate of coverage

For more detailed information, please visit the CSD website <http://www.csdvt.org/openenrollment>, or contact HR for a BlueCross BlueShield Benefit Guide. You can also visit [www.bcbsvt.com](http://www.bcbsvt.com) or [www.vehi.org](http://www.vehi.org).

### How to Enroll, Re-Enroll or Make Changes

If you would like to enroll for the first time or make changes to your existing plan, please complete the Medical Enrollment-Change Form, otherwise, your current election will carry over to next year.

# Medical Buyout

## Who is Eligible to Participate

Administrators, Teachers whose FTE is .50 or greater, Full-Year/Full-Time Support Staff and School-Year/Full-Time Support Staff who are enrolled in another comparable medical plan, are eligible to participate in the buyout program. Due to IRS rules, employees on an individual plan policy on Vermont Health Connect are not eligible.

Dependents of Administrators, Teachers whose FTE is .50 or greater and Full-Year/Full-Time Support Staff who are enrolled in another comparable medical plan, are eligible to participate in the buyout program if the employee is participating in it. Dependent children are eligible up to age 26. School-Year/Full-time employee dependents are not eligible for buyout.

## Medical Buyout Summary

If you are enrolled in comparable medical coverage under another plan, you can participate in the medical buyout. You will be paid a lump sum amount equal to 25% of the Gold CDHP premium. This payment is made twice a year. In June for enrollment Jan – Jun and in December for Jul - Dec. Please note, per IRS rules, this is taxed at a higher supplemental tax rate.

## How to Enroll or Re-Enroll

**You must re-enroll each year to participate in the buyout program** by completing the Medical Buyout Election Form.

# Medical Rates & Buyout Amounts

## Teachers

The employee annual cost for health insurance will be equally divided amongst the pays in January – June and then July – December of each year. For eligible part-time teachers, medical rates and buyout amounts are prorated based on your FTE.

**Should you resign from your position over the summer, you will be responsible to reimburse the District for medical premiums for the months of July & August.**

## School-Year Support Staff

The employee annual cost for health insurance will be equally divided amongst the pays in January – June and then July – December of each year.

**Should you resign from your position over the summer, you will be responsible to reimburse the District for medical premiums for the months of July & August.**

## Full-Year Support Staff & Administrators

The employee annual cost for health insurance will be divided amongst the pays in January – June and then July – December of each year.

## Medical Deductions

Medical deductions come out pre-tax which lowers your taxable income. While this is preferable by most employees, you do have the option to have it come out after-tax. Should you wish for it to come out after-tax, please contact HR. Deductions for civil union spouses and the civil union's child(ren) will be after-tax per IRS guidelines.

## Cost of the Plans – Estimated 100% Annual Cost for Jan – Dec 2019

<u>Coverage Type</u>	<u>Platinum Plan</u>	<u>Gold</u>	<u>Gold CDHP</u>	<u>Silver CDHP</u>
Employee Only	\$8,528.88	\$8,185.20	\$7,319.82	\$6,538.32
EE + Child(ren)	\$14,261.58	\$13,698.42	\$11,316.66	\$11,021.88
Employee + Spouse	\$17,057.88	\$16,370.40	\$13,746.90	\$13,076.76
Family	\$24,128.16	\$23,170.14	\$20,275.92	\$18,606.06

## School-Year Union Support Staff Agreement

<u>Plan</u>	<u>Coverage Type</u>	<u>Bi-Weekly Amount Jan-Jun 12 Pays</u>	<u>Bi-Weekly Amount Jul-Dec* 9 Pays</u>	<u>Total Estimated Employee Amount for 2019*</u>
<b>Platinum</b>	Employee Only	\$119.23	\$138.04	\$2,673.04
	EE + Child(ren)	\$354.26	\$461.63	\$8,405.74
	EE + Spouse	\$468.91	\$619.47	\$11,202.04
	Family	\$758.78	\$1,018.57	\$18,272.32
<b>Gold</b>	Employee Only	\$105.23	\$118.52	\$2,329.36
	EE + Child(ren)	\$331.33	\$429.64	\$7,842.58
	EE + Spouse	\$440.90	\$580.43	\$10,514.56
	Family	\$719.76	\$964.15	\$17,314.30
<b>Gold CDHP</b>	Employee Only	\$57.62	\$85.85	\$1,463.98
	EE + Child(ren)	\$214.90	\$320.23	\$5,460.82
	EE + Spouse	\$310.54	\$462.75	\$7,891.06
	Family	\$567.47	\$845.61	\$14,420.08
<b>Silver CDHP</b>	Employee Only	\$36.89	\$26.66	\$682.48
	EE + Child(ren)	\$220.20	\$280.41	\$5,166.04
	EE + Spouse	\$304.22	\$396.71	\$7,220.92
	Family	\$530.29	\$709.65	\$12,750.22

		<u>Buyout Jan-Jun</u>	<u>Estimated Buyout Jul-Dec*</u>	<u>Estimated Buyout Total for 2019*</u>
<b>Buyout</b>	Employee Only	\$691.33	\$772.63	\$1,463.96

\*The rates listed for July – December are estimated based on the projected VEHI increase.

# Teacher Agreement, School-Year Individual Contract, and Part-Year Administrator

Part-time amounts will be prorated to FTE

Plan	Coverage Type	26 Pay Election		22 Pay Election		All Elections
		<u>Bi-Weekly Amount Jan-Jun</u> 16 Pays	<u>Bi-Weekly Amount Jul-Dec*</u> 10 Pays	<u>Bi-Weekly Amount Jan-Jun</u> 12 Pays	<u>Bi-Weekly Amount Jul-Dec*</u> 10 Pays	<u>Total Estimated Employee Amount for 2019*</u>
<b>Platinum</b>	Employee Only	\$89.42	\$124.24	\$119.23	\$124.24	\$2,673.04
	EE + Child(ren)	\$171.33	\$246.72	\$228.43	\$246.72	\$5,208.26
	Employee + Spouse	\$199.93	\$286.16	\$266.57	\$286.16	\$6,060.36
	Family	\$263.17	\$369.68	\$350.89	\$369.68	\$7,907.43
<b>Gold</b>	Employee Only	\$78.92	\$106.67	\$105.23	\$106.67	\$2,329.36
	EE + Child(ren)	\$154.12	\$217.92	\$205.50	\$217.92	\$4,645.10
	Employee + Spouse	\$178.92	\$251.02	\$238.56	\$251.02	\$5,372.88
	Family	\$233.91	\$320.70	\$311.87	\$320.70	\$6,949.41
<b>Gold CDHP</b>	Employee Only	\$43.21	\$77.27	\$57.62	\$77.27	\$1,463.98
	EE + Child(ren)	\$66.81	\$119.46	\$89.07	\$119.46	\$2,263.34
	Employee + Spouse	\$81.15	\$145.11	\$108.20	\$145.11	\$2,749.38
	Family	\$119.69	\$214.02	\$159.59	\$214.02	\$4,055.19
<b>Silver CDHP</b>	Employee Only	\$27.67	\$23.99	\$36.89	\$23.99	\$682.48
	EE + Child(ren)	\$70.78	\$83.62	\$94.37	\$83.62	\$1,968.56
	Employee + Spouse	\$76.41	\$85.68	\$101.88	\$85.68	\$2,079.24
	Family	\$91.80	\$91.66	\$122.40	\$91.66	\$2,385.33

	Coverage Type	Buyout Jan-Jun	Estimated Buyout Jul-Dec*	Estimated Buyout Total for 2019*
<b>Buyout</b>	Employee Only	\$691.33	\$772.63	\$1,463.96
	EE + Child(ren)	\$1,068.82	\$1,194.52	\$2,263.34
	Employee + Spouse	\$1,298.34	\$1,451.04	\$2,749.38
	Family	\$1,914.99	\$2,140.20	\$4,055.19

\*The rates listed for July – December are estimated based on the projected VEHI increase.



# Full-Year - Union Support Staff, Handbook, and Administrators

<u>Plan</u>	<u>Coverage Type</u>	<u>Bi-Weekly Amount Jan-Jun 13 Pays</u>	<u>Bi-Weekly Amount Jul-Dec* 13 Pays</u>	<u>Total Estimated Employee Amount for 2019*</u>
<b>Platinum</b>	Employee Only	\$110.06	\$95.57	\$2,673.04
	EE + Child(ren)	\$210.86	\$189.78	\$5,208.26
	Employee + Spouse	\$246.06	\$220.13	\$6,060.36
	Family	\$323.90	\$284.37	\$7,907.43
<b>Gold</b>	Employee Only	\$97.14	\$82.05	\$2,329.36
	EE + Child(ren)	\$189.69	\$167.63	\$4,645.10
	Employee + Spouse	\$220.21	\$193.09	\$5,372.88
	Family	\$287.88	\$246.70	\$6,949.41
<b>Gold CDHP</b>	Employee Only	\$53.18	\$59.44	\$1,463.98
	EE + Child(ren)	\$82.22	\$91.89	\$2,263.34
	Employee + Spouse	\$99.88	\$111.62	\$2,749.38
	Family	\$147.31	\$164.64	\$4,055.19
<b>Silver CDHP</b>	Employee Only	\$34.05	\$18.46	\$682.48
	EE + Child(ren)	\$87.11	\$64.32	\$1,968.56
	Employee + Spouse	\$94.04	\$65.91	\$2,079.24
	Family	\$112.99	\$70.51	\$2,385.33

	<u>Coverage Type</u>	<u>Buyout Jan-Jun</u>	<u>Estimated Buyout Jul-Dec*</u>	<u>Estimated Buyout Total for 2019*</u>
<b>Buyout</b>	Employee Only	\$691.33	\$772.63	\$1,463.96
	EE + Child(ren)	\$1,068.82	\$1,194.52	\$2,263.34
	Employee + Spouse	\$1,298.34	\$1,451.04	\$2,749.38
	Family	\$1,914.99	\$2,140.20	\$4,055.19

\*The rates listed for July – December are estimated based on the projected VEHI increase.



# Section 125 – Health & Dependent Care Flexible Spending Accounts (FSA)

## Who is Eligible to Participate

Administrators, Teachers, and Support Staff who are eligible for medical insurance are eligible to participate in the FSA plans.

For dependents, you are able to use your pre-tax health care FSA funds to pay for eligible expenses incurred by a spouse and dependent children up to the age of 27 per IRS regulations. For dependent care reimbursement, children must be under the age of 13. Under the IRS rules, you are not able to claim expenses incurred by a civil union spouse or a civil union's child(ren).

## FSA Summary

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

### Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses not covered by insurance plans with pre-tax dollars. The annual calendar year maximum amount you may contribute to the Health Care Reimbursement FSA is \$2,650. Some examples include:

- Physician & prescription co-payments, deductible and out-of-pocket expenses
- Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription
- Hearing services, including hearing aids and batteries

You do not have to be enrolled in CSD's medical plan to participate in the Health Care FSA plan.

### Dependent Care FSA

The Dependent Care FSA lets employees use pre-tax dollars towards qualified dependent care such as caring for children under the age 13 or caring for elders. The annual calendar year maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your home
- Nursery schools and preschools (excluding kindergarten)

**Please remember Health Care FSA has a \$500.00 carryover from year to year otherwise, it is use it or lose it. Once enrolled in an FSA, you can only cancel or change elected amounts for very limited qualifying events.**

For more detailed information, view the Summary Plan Description, Qualifying Expense Lists, and Worksheets on the Colchester School District website under Staff & HR/Open Enrollment/Dependent & Health Care FSA.

## How to Enroll or Re-Enroll

**You must re-enroll each year to participate in the FSA program** by completing the Flexible Spending Election form.

# Dental Insurance – Northeast Delta Dental

## Who is Eligible to Participate

Administrators, Teachers whose FTE is .50 or greater, Full-Year/Full-Time Support Staff and School-Year/Full-Time Support Staff.

Administrators, Teachers whose FTE is .50 or greater, Full-Year/Full-Time Support Staff. Dependent children are eligible up to age 26. For school-year/full-time employees, the district pays a percentage towards your insurance. If you enroll a dependent(s), you will pay the full premium amount for their coverage.

## Dental Plan Summary

This plan allows you the freedom to use any dentist; however, using a network dentist may result in lower out-of-pocket expenses. Network dentist have agreed upon allowable fees.

Type of Service	Amount Plan Pays	
	In-Network	Out-of-Network*
Preventive Services (Routine exams, X-rays, Sealants)	100%	100%
Annual Deductible	\$50/\$150	\$50/\$150
Basic Services (Filings, Root Canals)	80%	80%
Major Services (Crowns, Bridges, Dentures)	50%	50%
Annual Maximum	\$1,000	\$1,000
Orthodontics	50%	50%
Lifetime Orthodontic Maximum	\$750	\$750

\*For out-of-network dentists, the plan pays percentage based on usual and customary rates. The member is responsible for balance billing. This is the amount over what the plan would pay a network dentist.

With your dental enrollment, you also have access to EyeMed Vision Discount Program. It provides great savings - up to 35% off eyewear. With EyeMed Vision Care, Northeast Dental members have access to over 46,000 vision care providers nationwide at 22,000 locations including optometrists, ophthalmologists, and the nation's leading optical retailers.

For more detailed information, please visit the CSD website <http://www.csdvt.org/openenrollment> or contact HR for a Dental Plan Description Guide. You can also visit [www.nedelta.com](http://www.nedelta.com).

## How to Enroll, Re-Enroll or Make Changes

If you would like to enroll for the first time or make changes to your existing plan, please complete the Dental Enrollment-Change Form, otherwise, your current election will carry over to next year.

## Dental Rates

For Administrators, Full-Time Teachers and Full-Year/Full-Time Support Staff, the District pays the full cost of the coverage. School-Year/Full-Time District pays 80% of the premium for the employee. For Part-Time Teachers with an FTE of .50 or greater, rates are prorated to the FTE amount.

Coverage Type	Total Premium Jan – Jun	Employee Premium Jan – Jun	Bi-Weekly Amount Jan – Jun 12 Pays	Employee Premium Jul – Dec* 9 Pays
Employee	\$216.24	\$43.25	\$3.61	TBD
Employee + 1	\$381.30	\$208.31	\$17.36	TBD
Family	\$632.22	\$459.23	\$38.27	TBD

\*Rates effective 7/1/19 are to be announced. In the last 3 years, they have remained the same or have decreased.

# Life Insurance – Lincoln Financial Group

## Who is Eligible to Participate

Administrators, Teachers whose FTE is .50 or greater and Full-Year/Full-Time Support Staff.

Supplemental Life Coverage may be elected for a spouse and/or dependent child(ren) of the staff listed above. Covered dependent children may remain on your plan until the age of 19, or 25 if a full-time student.

## Life Insurance Summary

The District provides basic life insurance at no cost to eligible employees.

	Basic Life Insurance
Teachers & Support Staff Union	\$20,000
Support Staff Handbook	\$50,000
Administrators	\$500,000

## Voluntary Employee Additional Life Insurance & AD&D and Dependent Life

Eligible employees who want to supplement their basic life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. Deductions come out the first pay of each month. For teachers, payment for July and August will come out of the first pay in September.

Life Benefit	Employee	Spouse	Dependent
<i>Employee must elect coverage for Spouse or dependents to be eligible.</i>			
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments	Age 14 Days to 6 months: \$250 6 months to age 19 (to age 25 if full-time student): \$10,000 Newborn children to age 14 days are not eligible for a benefit
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$500,000, limited to 5 times your annual salary	\$150,000, limited to 50% of employee amount	\$10,000
Guarantee Issue for Newly Eligible Employee	\$250,000	\$30,000	
Current Eligible Employees	You or your Spouse may elect or increase insurance coverage equal to 2 benefit levels on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse have not been previously declined, withdrawn, or pending for coverage.		
AD&D Benefit	Employee	Spouse	
Amount	Optional coverage can be purchased by you for additional premium. Benefit amount equal to the life amount elected by you.	Same as employee	
Benefit Reduction	Employee	Spouse	
Benefits will reduce:	Will match your basic life amount		

## **Life Insurance Beneficiaries**

Have you had a family status change since you elected beneficiaries for your life insurance? Remember to complete a Beneficiary Change Form. Please contact HR if you would like to verify who you have listed.

### **How to Enroll or Make Changes**

You may voluntarily cancel additional employee life, dependent life or AD&D at any time. If you would like to add or increase your employee and/or dependent life, Lincoln Financial Group will need to approve the increase. Please contact HR for the forms to apply. If you are not making any changes, your current election will carry over to next year.

## **Long-Term Disability - Lincoln Financial Group**

### **Who is Eligible to Participate**

Administrators, Teachers whose FTE is .50 or greater and Full-Year/Full-Time Support Staff.

### **Long-Term Disability Summary**

The District provides Long-Term Disability coverage at no cost to eligible employees. In the event you become disabled from a non work-related injury or sickness, disability income benefits may be provided as a source of income. Benefit equals 60% of pre-disability earnings up to a maximum benefit of \$5,000 per month.

### **How to Enroll**

Upon hire, you are enrolled in the Long-Term Disability Program.

## **403(b) Retirement Plan (Prudential)**

### **Who is Eligible to Participate**

All Full-Time & Part-Time employees are eligible. This excludes temporary or co-curricular assignments.

### **403(b) Plan Summary**

The 403(b) plan allows you to save money for retirement. These contributions can be made by way of Traditional Pre-tax and/or Roth After-tax deductions. You can defer up to \$18,500 for the 2018 calendar year. If you will be age 50 or older in 2018, you may make additional Catch-Up contributions up to \$6,000. Rates for 2019 have not yet been announced.

For more information, please contact HR for an enrollment packet.

### **How to Enroll or Make Changes**

You may enroll or make changes to the amount you defer into the 403(b) plan at any time. If you would like to change the funds where your money is allocated in your existing account, you need to contact Prudential directly at 877-RET-VERM (877-738-8376) or visit their website at <http://vermont.retirepru.com/Home.aspx>.

# Employee Assistance Program (INVEST EAP)

## Who is Eligible to Participate

All District employees and your household members.

## EAP Summary

INVEST EAP offers comprehensive, customized employee assistance services that promote the health and well-being of employees and the organizations they serve. The program has been demonstrated to reduce employee stress, and increase workplace morale and productivity. They provide confidential personalized counseling, organizational and management consultation, training, and resource information in a prompt and professional manner. The EAP program goes beyond mental health services. The resources includes:

- **Confidential short-term counseling**, including assessment, resources and referrals.

Counseling and support on a wide range of **personal issues**, including:

> Relationship and Family Issues	> Healthy Lifestyle Changes
> Drug and Alcohol	> Workplace Conflict
> Mental Health	> Legal issues
> Grief and Loss	> Financial Problems
> Medical and Illness	> Stress Management
> Disability	> Parenting techniques
> Eldercare	> Transportation Issues
> Childcare	> Housing Issues

Referrals to a private counselor who fits best with your insurance coverage (for issues that would benefit from more than short-term EAP support).

- **Website resources** at this site, including self-assessments, videos, articles and helpful links in the Members/Employees section.
- A **quarterly wellness newsletter**. Simply go the newsletter section of the website and you can sign up for an electronic version that will be sent to you directly.
- **Legal information** and **lawyer referrals**, including a 30-minute free consultation with a network attorney and a 25% discount off standard fees if you need to retain the attorney for ongoing work.
- **Financial consultation** including debt counseling, budget review and strategy, and information on more complex money matters such as investment and tax planning.
- **Childcare** resource information
- **Eldercare** resource information
- **Disability** and **Disease** Management
- **24/7 access** to a counselor by telephone

For more information, visit [www.investeap.org](http://www.investeap.org), password is VSBIT or call 1-800-287-2173.

# Status Changes During the Year

Once you have made your benefit elections, you generally cannot change them during the year. However, you may make certain changes if you have a qualified change in family status that affects your benefits. Typical family status changes include:

- Marriage
- Divorce
- Birth or adoption of a child
- A child no longer qualifies as a dependent due to availability of an employer sponsored plan or reaching the maximum age limit.
- Death of a spouse or eligible dependent
- Enrollment in or loss of other coverage
- A change in your spouse's employment
- A change in your daycare situation

You must notify HR of any status change within **31 days** of the date the change occurred, otherwise, you may have to wait until the next open enrollment period.

## Questions?

If you have any questions, please contact HR: Katie Roth at 264-5978, [katie.roth@colchestersd.org](mailto:katie.roth@colchestersd.org) or Erin Dye at 264-5976, [erin.dye@colchestersd.org](mailto:erin.dye@colchestersd.org).

The information in this guide is meant to be a summary. While every effort was taken to accurately describe the benefits, discrepancies, or errors are always possible. In the case of a discrepancy between the guide, the actual plan documents, or employee agreements, the actual plan documents or employee agreements will prevail.