

# OPEN ENROLLMENT



## Welcome to Open Enrollment 2024

This newsletter contains information about this year's open enrollment and important changes to our benefit plans. During open enrollment, you have the opportunity to enroll for the first time or make changes to your enrollment in the following benefit plans offered by Community High School District #155:

medical insurance | dental insurance | vision insurance | life insurance

**Every staff member must go through the Benefits Portal to complete their enrollment, *even if waiving the District benefits.* Failure to do so will result in no benefits for that employee.**

You must log in the iVisions enrollment system anytime from **Wednesday, November 15<sup>th</sup> – Monday, November 27<sup>th</sup> by 4pm** to complete your enrollment. Please take some time to educate yourself about all of the benefit plans. You will find details about the plans on the following pages, on [district155.touchpointsonline.com](https://district155.touchpointsonline.com), or click on the benefit plan logos below.

	Medical Coverage
	Prescription Drug Coverage
	Dental Coverage
	Basic & Supplemental Life and AD&D
	Long Term Disability – Certified Employees Only
	Accident and Critical Illness– HDHP/HSA Enrollees Only
	Vision Coverage
	Flexible Spending Accounts

## Important News for 2024

- **Aetna** will remain the insurance carrier for our medical plans. There will be CHANGES TO BENEFITS AND CONTRIBUTIONS.
  - **HMO Plan:** Deductible change and new Requirement to select a Primary Care Physician. New Network name change to Aetna Select. Same Hospitals and Physicians.
  - **PPO Plan:** Deductible change
  - **High Deductible / HSA compatible PPO Plan:**
    - ✓ Mandatory IRS Deductible change
    - ✓ HSA employer contributions\* are shown on the insurance rate sheet shown below. (pg. 3)
    - ✓ Accident & Critical Illness Benefits paid by District 155
- **CVS Caremark** will continue as our Pharmacy Benefit Manager. CVS pharmacies are in-network in addition to Walgreen's and many others.
- **Delta Dental** will continue to be the insurance carrier for our dental plan. There will be no change in benefits and a very slight increase in contributions.
- **VSP** will continue to be the insurance carrier for our vision plan. There will be no change in benefits or contributions.
- **The Standard** will continue to provide the life, disability, accident and critical illness benefits.
- **Group Administrators** will continue to administer our FSA and Spousal Parity reimbursement plans.

The new term of coverage will be effective from January 1, 2024 through December 31, 2024. The next open enrollment will be held in November of 2024.

**Medical Insurance:**  
**Aetna**

**Plan Options for January 1, 2024**

	HMO	PPO	HDHP/HSA (High Deductible Health Plan with a Health Savings Account and Accident & Critical Illness Benefit)
	In network only	In / Out of network	In / Out of network
<b>Network</b>	<b>Aetna Select</b>	<b>Choice POS II</b>	<b>Choice POS II</b>
Individual Deductible	<b>\$1,500</b>	<b>\$1,500 combined</b>	<b>\$3,200 / \$6,400</b>
Family Deductible	<b>\$3,000</b>	<b>\$3,000 combined</b>	<b>\$6,400 / \$12,800</b>
Coinsurance	100% after deductible & copays	80% / 60% after deductible & copays	90% / 70% after deductible
Individual Out of Pocket Maximum	\$1,500 (includes all copays)	\$3,500 / \$4,100	\$5,400 / \$10,800
Family Out of Pocket Maximum	\$3,000 (includes all copays)	\$7,000 / \$8,200	\$10,800 / \$21,600
Inpatient Hospital	100%	80% / 60% after deductible	90% / 70% after deductible
Surgery	\$200 Copay per visit	80% / 60% after deductible	90% / 70% after deductible
Emergency Room	\$200 copay	\$200 copay + 20% coinsurance	90% after deductible
Preventive Care	\$0 copay	\$0 copay / 60% after deductible	\$0 copay / 80% after deductible
Office Visit – Primary Care Physician	\$40 copay	\$40 copay / 60% after deductible	All services subject to deductible and coinsurance.
Office Visit – Specialist	\$60 copay	\$60 copay / 60% after deductible	
Prescription Drugs (Retail - 30 day supply)	\$10 / \$60 / \$100 / \$150	\$10 / \$60 / \$100 / \$150	\$10 / \$25 / \$50 after deductible
Prescription Drugs Out of Pocket Maximum	\$1,000 maximum per individual or \$2,000 maximum per family	\$4,850 maximum per individual or \$9,700 maximum per family	The prescription drug costs are applied to the overall medical out of pocket maximum.

Save money by using In-Network Providers. To find a network provider, visit [www.docfind.com](http://www.docfind.com) and click on Find a Doctor or Hospital.

**Dental Insurance: Delta Dental**

**Plan for January 1, 2024**



	<b>Dental PPO</b>	
Network	PPO and Premier*	
Deductible	None	
Calendar Year Maximum Benefit	\$1,750 per member	
Lifetime Orthodontic Maximum	\$1,500 per member (Children to age 26 and Adults)	
	In network / Out of network	
Coinsurance Levels	Preventive Services	100% / 100%
	Basic Services	100% / 100%
	Major Services	50% / 50%
	Orthodontics	50% / 50%

\*Delta Dental has two networks. Save money by using In-Network Providers. To find a network provider, visit [www.deltadentalil.com](http://www.deltadentalil.com) and click on Find a Provider.

**Vision Insurance: VSP**

**Plan for January 1, 2024**



	<b>Vision</b>	
Network	Signature	
	In / Out of network	
Routine Exam	\$0 copay	\$25 reimbursement
Basic Eyeglass Lenses	\$0 copay	Various reimbursements
Contact lenses available in lieu of eyeglass lenses	\$150 allowance	Up to \$100 reimbursement (\$150 if medically necessary)
Frames	\$150 allowance	\$45 reimbursement
Frequencies	Exam covered once every 12 months Lenses covered once every 12 months Frames covered once every 12 months	

Save money by using In-Network Providers. To find a network provider, visit [www.vsp.com](http://www.vsp.com) and click on Find a Doctor.



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# Community High School District #155

## 2024 Insurance Rates

Enter with promise. Leave with purpose.

		PPO			HMO			HDHP		
Coverage Category	# of Paychecks	Monthly Premium	Employee per Paycheck	Employer per Paycheck	Monthly Premium	Employee per Paycheck	Employer per Paycheck	Monthly Premium	Employee per Paycheck	Employer per Paycheck
Single Coverage										
Everybody	24 checks	942.47	75.45	395.79	886.03	32.69	410.33	727.92	36.40	327.57
Everybody	20 checks	942.47	90.54	474.94	886.03	39.22	492.40	727.92	43.67	393.08
Employee + Spouse										
Teachers & Support Staff	24 checks	2,186.42	365.32	727.90	2,062.24	280.35	750.77	1,714.41	283.02	574.19
Teachers & Support Staff	20 checks	2,186.42	438.38	873.47	2,062.24	336.42	900.92	1,714.41	339.62	689.03
Top Step Teachers, Admin & Grandfather	24 checks	2,186.42	113.28	979.94	2,062.24	139.58	891.54	1,714.41	36.40	820.81
Top Step Teachers	20 checks	2,186.42	135.93	1,175.92	2,062.24	167.50	1,069.85	1,714.41	43.67	984.97
Spouse works for District (Not Top Step) (Ins)	24 checks	2,186.42	150.90	942.31	2,062.24	65.37	965.76	1,714.41	72.79	784.42
Spouse works for District (Spouse)	24 checks	-	-	-	-	-	-	-	-	-
Employee + Child or Children										
Teachers & Support Staff	24 checks	2,082.76	341.08	700.31	1,964.22	259.89	722.22	1,632.20	262.47	553.64
Teachers & Support Staff	20 checks	2,082.76	409.29	840.37	1,964.22	311.87	866.66	1,632.20	314.96	664.36
Top Step Teachers, Admin & Grandfather	24 checks	2,082.76	107.92	933.47	1,964.22	132.34	849.77	1,632.20	36.40	779.71
Top Step Teachers	20 checks	2,082.76	129.50	1,120.16	1,964.22	158.81	1,019.72	1,632.20	43.67	935.65
Family Coverage										
Teachers & Support Staff	24 checks	3,285.24	620.40	1,022.22	3,101.22	492.62	1,057.99	2,585.80	500.87	792.04
Teachers & Support Staff	20 checks	3,285.24	744.48	1,226.66	3,101.22	591.14	1,269.59	2,585.80	601.04	950.44
Top Step Teachers, Admin & Grandfather	24 checks	3,285.24	387.79	1,254.83	3,101.22	260.01	1,290.60	2,585.80	36.40	1,256.51
Top Step Teachers	20 checks	3,285.24	465.35	1,505.80	3,101.22	312.01	1,548.72	2,585.80	43.67	1,507.81
Spouse works for District (Not Top Step) (Ins)	24 checks	3,285.24	421.80	1,220.82	3,101.22	294.00	1,256.61	2,585.80	72.79	1,220.11
Spouse works for District (Spouse)	24 checks	-	-	-	-	-	-	-	-	-

\* HDHP employer cost above is the premium only and does not include employer contributions to the employee's HSA account and a board paid accident and critical illness plan. HSA contribution levels are \$1,825 for "single" coverage, \$2,737.50 for "+ spouse" or "+ child(ren)" plans, or \$3,650 for "family" coverage. This annual calendar year HSA contribution will be prorated for employees who start insurance mid-year.

*Spouses may not be enrolled on a District 155 insurance plan unless they do not have access to insurance elsewhere. Employees who select a "family coverage" insurance plan will be eligible for the spousal parity reimbursement program.*

		Dental (Delta Dental)			Vision (VSP)		
Coverage Category	# of Paychecks	Monthly Premium	Employee per Paycheck	Employer per Paycheck	Monthly Premium	Employee per Paycheck	Employer per Paycheck
Single Coverage							
Everybody	24 checks	48.81	-	24.41	9.49	-	4.75
Everybody	20 checks	48.81	-	29.29	9.49	-	5.69
Family Coverage							
Teachers, Support & Admin	24 checks	145.14	24.08	48.49	26.20	4.18	8.92
Teachers, Support & Admin	20 checks	145.14	28.90	58.19	26.20	5.01	10.71
Spouse Works for District	24 checks	145.14	-	72.57	26.20	-	13.10



### LIFE BENEFITS

To assist your family financially in the unfortunate event of your death, District #155 provides you with basic term life insurance at no cost to you.

### DISABILITY BENEFITS (Certified Employees)

District #155 provides all eligible full-time Certified employees with Long Term Disability insurance coverage in the event you are hurt or sick and unable to work.

### VOLUNTARY SUPPLEMENTAL LIFE WITH AD&D INSURANCE

You also have an opportunity to purchase additional, voluntary life with Accidental Death & Dismemberment insurance for yourself and your eligible dependents at discounted group rates with Guarantee Issue coverage.

### ACCIDENT & CRITICAL ILLNESS BENEFITS – (HDHP Only)

For those employees enrolling in the HSA qualified High Deductible Health Plan, District #155 will provide at no premium cost to the employee, Accident & Critical Illness insurance coverage to protect you and your family from costs resulting from unexpected injuries and illnesses.

Click on the logo above for more information regarding the life and/or disability benefits, or contact Human Resources.



### FLEXIBLE SPENDING ACCOUNTS (FSA) and HEALTH SAVINGS ACCOUNT(HSA)

You MUST log into the iVisions system if you wish to enroll in the Health Care or Dependent Care Flexible Spending Accounts (FSA), or open a Health Savings Account (HSA).

- You will be enrolling for the plan period of January 1, 2024 through December 31, 2024.  
**Please plan your elections carefully.**

## District #155 Health Plan EMPLOYEE NOTICES

### Eligibility and Enrollment

Certified employees working at least 20 hours per week are eligible for benefits effective on the 1<sup>st</sup> of the month following the first day of work. Non-Certified employees working at least 30 hours per week are eligible on the 1<sup>st</sup> of the month following 30 days from the first day of work. Benefits end on the last day of the month following your termination date. Under the medical, dental and vision plans, eligible employees may also cover their spouse or dependent children up to age 26.

The choices you make during this Open Enrollment period will continue until December 31, 2024 unless you have a qualifying event to make changes as described under “Notice of Special Enrollment Rights and Qualifying Events” listed below.

### Notice of Special Enrollment Rights and Qualifying Events

If you are declining enrollment for yourself or your dependents (including your spouse) because of other insurance coverage, you may be able to enroll yourself or your dependents in the future if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage).

Please note that this is the only time during the year that coverage can be changed unless there is a **“Major Life Change”**:

1. Change in an employee’s legal marital status including marriage, divorce, death of a spouse, legal separation or annulment.
2. Change in employee’s number of dependents due to birth, adoption, placement for adoption or death.
3. Change in employment status of the employee, employee’s spouse, or employee’s dependent due to a termination or commencement of employment; strike or lockout; commencement of or return from an unpaid leave of absence; change in the worksite.
4. Employee’s dependent satisfies or ceases to satisfy dependent eligibility requirements
5. Change in the place of residence of the employee, the employee’s spouse or dependent, only if the current plan has no providers in range of the new residence.
6. The commencement or termination of adoption proceedings.
7. A legal judgment, decree, or order.
8. Entitlement to Medicare or Medicaid.
9. Changes in the cost of a plan with automatic salary reduction adjustments; significant changes in costs and curtailment of coverage; significant changes in the coverage of the plan of the employer of the spouse or dependent.

***\*\*You must request enrollment within 30 days of the “Major Life Change”.***