

2024-2025 Open Enrollment

Employee Benefit Highlights – **Classified PT Staff**

If you are a regular, full-time employee scheduled to work at least 30-40 hours per week, you are eligible to participate in the Medical, Dental, Vision, Life and Disability, and Accident and Critical Illness plans.



Welcome

Open Enrollment for benefits will begin on May 8th and will last through May 24th

This benefit summary describes the benefit plans available to you as an employee of Glenwood CSD.

The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts. This summary is meant only to cover the highlights of each plan.

For questions, please contact Debbie Schoening, schoeningd@glenwoodschoools.org

MEDICAL PLAN SUMMARY

Option 1

Wellmark Blue Cross Blue Shield		\$500 PPO	
Calendar Year Deductible	IN-NETWORK	OUT-OF-NETWORK	
Individual		\$500	
Family		\$1,000	
Out of Pocket Maximum			
Individual		\$1,000	
Family		\$2,000	
Coinsurance / Copays			
Preventive Care	Covered at 100%	Deductible, 40% Coinsurance	
Primary Care Physician	\$10 Copayment	Deductible, 40% Coinsurance	
Specialist	\$10 Copayment	Deductible, 40% Coinsurance	
Urgent Care	\$10 Copayment	Deductible, 40% Coinsurance	
Emergency Room	\$200 Copayment	\$200 Copayment	
Inpatient Facility Services	Deductible, 20% Coinsurance	Deductible, 40% Coinsurance	
Outpatient Facility Services	Deductible, 20% Coinsurance	Deductible, 40% Coinsurance	
Pharmacy (Blue Rx Value Plus Drug List)			
Prescription Drug Deductible (applies to all tiers except Tier 1)	\$50 Single/\$100 Family		
Tier 1	\$10 Copayment	Not Covered	
Tier 2	\$20 Copayment		
Tier 3	\$20 Copayment		
Specialty	\$85 Copayment		
Mail Order			
Tier 1/ Tier 2/ Tier 3	2 Copayments	Not Covered	



MEDICAL PLAN SUMMARY

Option 2

Wellmark Blue Cross Blue Shield		\$1,000 PPO	
Calendar Year Deductible	IN-NETWORK	OUT-OF-NETWORK	
Individual		\$1,000	
Family		\$2,000	
Out of Pocket Maximum			
Individual		\$2,000	
Family		\$4,000	
Coinsurance / Copays			
Preventive Care	Covered at 100%	Deductible, 40% Coinsurance	
Primary Care Physician	\$15 Copayment	Deductible, 40% Coinsurance	
Specialist	\$15 Copayment	Deductible, 40% Coinsurance	
Urgent Care	\$15 Copayment	Deductible, 40% Coinsurance	
Emergency Room	\$200 Copayment	\$200 Copayment	
Inpatient Facility Services	Deductible, 20% Coinsurance	Deductible, 40% Coinsurance	
Outpatient Facility Services	Deductible, 20% Coinsurance	Deductible, 40% Coinsurance	
Pharmacy (Blue Rx Value Plus Drug List)			
Prescription Drug Deductible (applies to all tiers except Tier 1)	\$50 Single/\$100 Family	Not Covered	
Tier 1	\$10 Copayment		
Tier 2	\$20 Copayment		
Tier 3	\$20 Copayment		
Specialty	\$85 Copayment		
Mail Order			
Tier 1/ Tier 2/ Tier 3	2 Copayments	Not Covered	



MEDICAL PLAN SUMMARY

Option 3

Wellmark Blue Cross Blue Shield		\$3,500 PPO HDHP	
Calendar Year	Deductible	IN-NETWORK	OUT-OF-NETWORK
Individual			\$3,500
Family			\$7,000
Out of Pocket Maximum			
Individual			\$3,500
Family			\$7,000
Coinsurance / Copays			
Preventive Care		Covered at 100%	Deductible, 0% Coinsurance
Primary Care Physician		Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
Specialist		Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
Urgent Care		Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
Emergency Room		Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
Inpatient Facility Services		Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
Outpatient Facility Services		Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
Pharmacy (Blue Rx Value Plus Drug List)			
Tier 1			
Tier 2			
Tier 3		Deductible, 0% Coinsurance	Not Covered
Specialty			
Mail Order			
Tier 1/ Tier 2/ Tier 3		Deductible, 0% Coinsurance	Not Covered

	\$500 PPO	\$1,000 PPO	\$3,500 HDHP PPO
Medical Monthly Premiums			
Employee	\$158.45	\$136.20	\$1.00
Family	\$1,500.34	\$1,444.71	\$1,106.71

HEALTH SAVINGS ACCOUNT

An HSA offers tax savings to help you cover out-of-pocket costs. Unused funds roll over each year, and you own your account. If you enroll in the \$3,500 HDHP, Glenwood Community School District will contribute **\$100 per month** into your HSA. You may also contribute, but the total contribution into your account may not exceed the annual limits.

2024 HSA Contribution Limits	
Employee	\$4,150
Family	\$8,300
Catch-up Contribution (Ages 55+)	\$1,000

Glenwood Schools is committed to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, and provide financial protection in the event of unforeseen circumstances.