

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@glenwoodschools.org

MEDICAL PLAN SUMMARY

Option 1

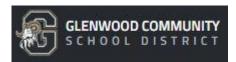
Wellmark Blue Cross Blue Shield	\$500 PPO		
Calendar Year Deductible	IN-NETWORK	OUT-OF-NETWORK	
Individual	\$	\$500	
Family	\$1,000		
Out of Pocket Maximum			
Individual	\$1,000		
Family	\$2,000		
Coinsurance / Copays			
Preventive Care	Covered at 100%	Deductible, 40% Coinsurance	
Primary Care Physician	\$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)	450.6: 1.74400.5 "		
Prescription Drug Deductible (applies to all tiers except Tier 1)	\$50 Single/\$100 Family		
,	\$10 Copayment		
Tier 1	\$20 Copayment		
Tier 2	\$20 Copayment	Not Covered	
Tier 3	\$85 Copayment		
Specialty	- 705 Copayment		
	•	1	
Mail Order			



MEDICAL PLAN SUMMARY

Option 2

Wellmark Blue Cross Blue Shield	\$1,000 PPO	
Calendar Year Deductible	IN-NETWORK	OUT-OF-NETWORK
Individual		,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	
,	\$10 Copayment	
Tier 1	\$20 Copayment	
Tier 2	\$20 Copayment	Not Covered
Tier 3		
	\$85 Copayment	
Specialty		
Mail Order	1	
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	Ş	53,500
Family	Ş	57,000
Out o	of Pocket Maximum	
Individual	Ş	53,500
Family	Ş	57,000
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	