



2024



City of St. Charles School District

Retiree Benefits Guide



The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official Plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the Plans as described in this material and official Plan documents, the language of the Plan documents shall govern.

Next Steps

As a retiree, you are eligible for coverage through the City of St. Charles School District retiree plan if you elect to continue insurance within 12 months of your last day of employment. If you do not elect coverage within this 12 month period, you will not be able to elect coverage in the future.

You may elect coverage for the plans you are currently enrolled in as an active employee of City of St. Charles School District. You may change your elections during the annual open enrollment period, effective each January 1st.

You will receive an election packet from CBIZ in the mail. If you would like to elect retiree coverage, please complete the paperwork included in this packet and return to CBIZ. Once you have made your elections, you will receive a coupon book in the mail or you may set up an automatic ACH from your bank account to pay for your monthly premiums.

For any questions, please refer to the CBIZ contact information below:

CBIZ Inc.
CBIZ Benefits and Insurance Services
Attn: COBRA Department
2797 Frontage Road, Suite 2000
Roanoke, VA 24017
Fax: 800-584-4223
800-815-3023, option 6, or
Cbizcobra@cbiz.com

The City of St. Charles School District Benefits Team contact information can be found below:

City of St. Charles School District
Tammy Herter
Benefit Specialist
636-443-4047
therter@stcharlessd.org

Helpful Information:

All employees will receive their last paycheck on the June 20th pay period. Eligible 10 month employees will receive sick leave pay out on June 20th, as a separate deposit. Eligible 12 month employees will receive sick leave pay out on the July 20th pay period. As a reminder, all sick leave pay is subject to taxes.

Note: Benefits for 10 month employees will end on July 31st. Benefits for 12 month employees will end on June 30th.

If you have a change of address this summer, please submit those changes to HR, which will ensure your W2 is mailed to the correct address.

Please take note of your username and password to ensure access to your paystubs. To access your paystubs, your current benefit elections or your personal information, please use the Employee Self Service Portal at: [Employee Portal \(aliosolutions.net\)](https://aliosolutions.net). The employee service portal can also be accessed via the District website.

The Public School Retirement System of Missouri contact information can be found below:

PSRS/Peers Retirement
P.O. Box 268
Jefferson City, MO 65102-0268
800-392-6848

MEDICAL INSURANCE PLAN OPTIONS



UMR	Option 1: Premium Plan	Option 2: Base Plan	Option 3: QHDHP
	In-Network	In-Network	In-Network
Deductible (1) Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000	\$3,500 / \$7,000
Coinsurance (Member Pays)	10%	20%	10%
Out-of-Pocket Maximum (2) Individual / Family	\$4,000 / \$8,000	\$4,500 / \$9,000	\$4,500 / \$9,000
Office Visits Preventative Care Primary Care Physician / Specialist Diagnostic Lab / X-Ray Urgent Care	Covered at 100% \$35 / \$50 copay Deductible then 10% \$125 copay	Covered at 100% \$40 / \$60 copay Deductible then 20% \$150 copay	Covered at 100% Deductible then 10% Deductible then 10% Deductible then 10%
Hospital Visits Inpatient Care (Facility/ Physician) Outpatient Surgery Major Diagnostics & Imaging Emergency Room	Deductible then 10% Deductible then 10% Deductible then 10% \$250 copay	Deductible then 20% Deductible then 20% Deductible then 20% \$300 copay	Deductible then 10% Deductible then 10% Deductible then 10% Deductible then 10%
Prescription Drug (Optum) Deductible Retail Tier 1 / 2 / 3 Copay Mail Order (90-day supply)	\$3,000 out of pocket max. N/A \$10 / \$25 / \$50 2 times copay	\$3,000 out of pocket max. \$150 \$10 / \$30 / \$70 2 times copay	Deductible then 10%: \$0 / \$0 / \$0
	Out-of-Network (3)	Out-of-Network (3)	Out-of-Network (3)
Deductible Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$7,000 / \$14,000
Coinsurance (Member Pays)	30%	40%	30%
Out-of-Pocket Maximum Individual / Family	\$8,000 / \$16,000	\$9,000 / \$18,000	\$14,000 / \$28,000

- (1) Family deductible is embedded; an individual covered in a family will not exceed the individual deductible
- (2) Out-of-Pocket maximum includes all cost-sharing: deductible, coinsurance and copays with the exception of prescription copays
- (3) All Out-of-Network services subject to deductible, coinsurance and balance billing

IMPORTANT: To see how UMR is handling testing, inpatient hospital admissions (including treatment), telehealth visits, etc. as a result of COVID-19 visit their website here: umr.com. All plans are detailed in UMR's Summary Plan Description (SPD). This is a brief summary only. For exact terms and conditions, please refer to your SPD.

2024 RETIREE MONTHLY RATES

MEDICAL INSURANCE (UMR/OPTUM RX)

Election Options (full network)	Option 1 (Premium)	Option 2 (Base)	Option 3 (HDHP)
Single	\$1,010	\$915	\$815
Single plus spouse	\$1,900	\$1,533	\$1,386
Single plus child(ren)	\$1,725	\$1,375	\$1,244
Family	\$2,665	\$1,971	\$1,795

Election Options (Core network)	Option 4 (Premium)	Option 5 (Base)	Option 6 (HDHP)
Single	\$955	\$845	\$785
Single plus spouse	\$1,795	\$1,445	\$1,290
Single plus child(ren)	\$1,640	\$1,325	\$1,165
Family	\$2,520	\$1,860	\$1,680

DENTAL INSURANCE (Delta Dental of Missouri)

Elections	Option 1 (Buy Up)	Option 2 (Base)
Single	\$40.16	\$22.09
Single plus spouse	\$87.13	\$47.96
Single plus child(ren)	\$74.86	\$41.19
Family	\$139.54	\$76.77

VISION INSURANCE (EYEMED)

Elections	Option 1
Single	\$4.79
Single plus spouse	\$9.16
Single plus child(ren)	\$9.66
Family	\$14.15