

LE MARS COMMUNITY SCHOOL
SUPPLEMENTAL NOTICE

This Supplemental Notice is to provide employees with certain benefit plan information.

I. PLAN COVERAGES

Employee Plan Participants: Life, Accidental Death and Dismemberment, Long Term Disability, Medical and Dental.
Employee and Dependent Plan Participants: Medical and Dental.

2. PLAN PARTICIPANTS

Active full-time employees and their dependents of Le Mars Community School, provided that they meet eligibility and election requirements.

3. WAITING PERIOD FOR NEW EMPLOYEES

New employees and their dependents are eligible (but not necessarily covered) on the first day of the insurance month coinciding with the date you begin Active Work with the Le Mars Community School District.

4. METHOD AND TIMING OF ELECTION

Employees must submit completed enrollment forms to SANDY DOWNING, BUSINESS MANAGER, LEMARS COMMUNITY SCHOOL, 940 Lincoln St. S.W., Le Mars, Iowa within 31 days of employment.

5. PLAN PARTICIPANT COSTS

Life insurance coverage and long term disability Insurance premiums are paid by Le Mars Community Schools.

Plan participants are required to enroll in the single coverage of medical and dental insurance. Plan participants are each given \$945.00 to apply toward the single cost of their medical and dental coverage with the difference paid to the participant in cash which is referred to as "board insurance".

The two medical insurance plans offered are Alliance Select/Blue Advantage. Each medical plan has the following deductibles:

\$1000/2000 deductible

The single monthly medical premium is \$808.13/\$721.43 and single monthly dental insurance premium is \$49.89 for a total monthly premium of \$858.02/\$771.32. If you so choose to purchase dependent coverage, the family monthly medical premium is \$1,182.95/\$1,052.90 and the family monthly dental premium is \$75.96. The amount of monthly board insurance is \$86.98/\$173.68.

\$1500/3000 deductible

The single monthly medical premium is \$784.71/\$692.83 and single monthly dental insurance premium is \$49.89 for a total monthly premium of \$834.60/\$742.72. If you so choose to purchase dependent coverage, the family monthly medical premium is \$1,147.82/\$1,010.00 and the family monthly dental premium is \$75.96. The amount of monthly board insurance is \$110.40/\$202.28.

\$2000/4000 deductible

The single monthly medical premium is \$756.44/\$668.27 and single monthly dental insurance premium is \$49.89 for a total monthly premium of \$806.33/\$718.16. If you so choose to purchase dependent coverage, the family monthly medical premium is \$1,105.41/\$973.16 and the family monthly dental premium is \$75.96. The amount of monthly board insurance is \$138.67/\$226.84.

6. CONTRIBUTION METHOD

Plan participant monthly contributions are paid through salary reduction before tax, dependent coverage is deducted pretax according to the Section 125 Flexible Benefit Plan. Effective July 1, 2020, IPERS will be calculated on the highest board insurance which is \$226.84 per month for everyone.

7. PLAN DOCUMENTS

Each eligible employee has the right to examine, without charge, at the Superintendent's Office all plan documents and obtain copies of all plan documents and other plan information upon written request to the Le Mars Community School. A reasonable charge for the copies is allowed by law.

For more information contact:

Superintendent's Office 546-4155

Le Mars Community School, 940 Lincoln St S.W., Le Mars, Iowa 51031

NOTICE OF PLAN

1. **Effective Date of Plan:** July 1, 2020

2. **Coverage of Plan:** Medical

3. **Plan Participants**

Active full-time employees and their dependents of Le Mars Community School, provided that they meet eligibility and election requirements.

4. **Medical Plan Coverage**

Le Mars CSD Insurance - Options
Alliance Select - \$15/30 Office visit Copay
Blue Advantage - \$20 Office Visit Copay

Actual Plan With Wellness

July 1, 2020

Alliance Select Plans			
<u>Employee Plans</u>			
Deductible	\$1,000/2,000	\$1,500/3,000	\$2,000/4,000
Coinsurance-In Network	10%	10%	10%
Coinsurance-Out of Network	20%	20%	20%
Out of Pocket Max	\$2,000/4,000	\$3,000/6,000	\$4,000/8,000
Office Copay-In Network	\$15/30	\$15/30	\$15/30
Office Copay-Out of Network	\$20 Plus Coinsurance	\$20 Plus Coinsurance	\$20 Plus Coinsurance
RX	\$5/15	\$5/15	\$5/15
Employee	\$808.13	\$784.71	\$756.44
Family	\$1,182.95	\$1,147.82	\$1,105.41
Full Premium	\$1,991.08	\$1,932.53	\$1,861.85
Blue Advantage Plans			
<u>Employee Plans</u>			
Deductible	\$1,000/2,000	\$1,500/3,000	\$2,000/4,000
Coinsurance-In Network	10%	10%	10%
Coinsurance-Out of Network	Not Covered	Not Covered	Not Covered
Out of Pocket Max	\$2,000/4,000	\$3,000/6,000	\$4,000/8,000
Office Copay-In Network	\$20	\$20	\$20
Office Copay-Out of Network	Not Covered	Not Covered	Not Covered
RX	\$5/15	\$5/15	\$5/15
Employee	\$721.43	\$692.83	\$668.27
Family	\$1,052.90	\$1,010.00	\$973.16
Full Premium	\$1,774.33	\$1,702.83	\$1,641.43

A \$4,500/\$9,000 deductible policy will be purchased by the district from Wellmark Blue Cross Blue Shield and the district will reimburse employees back to their selected \$1,000, \$1,500, or \$2,000 deductible plan. Infinisource Benefit Services (Kabel), Des Moines, Iowa, will be our Third Party Administrator to handle the claims for the deductible difference between your elected deductible and the Wellmark deductible. An explanation of benefits for your claim will be sent from Wellmark to Infinisource Benefit Services automatically. Infinisource Benefit Services will then send the reimbursement for the difference in deductibles and out of pocket expenses to the employee. The employee is then responsible to pay the provider according to the \$4,500 deductible plan purchased from Wellmark.

LIFE INSURANCE

Each eligible employee shall be covered under a group term life insurance for \$50,000.

DEPENDENT LIFE INSURANCE

1. Dependent Life Insurance - Each employee with insurance coverage shall have ten thousand dollars (\$10,000.00) for the spouse and five thousand dollars (\$5,000.00) for each dependent child.

For more information contact:

Le Mars Community School
Supt. Office 546-4155
940 Lincoln St SW
Le Mars, Iowa 51031

AL POTTEBAUM 546-7828

BEN VAN ENGELENHOVEN 737-6000

If you have any questions for which you would like to call the insurance company, these are the toll free numbers.

Medical Insurance

Wellmark Blue Cross/Blue Shield
Station 39, PO Box 9291
Des Moines, IA 50306-9291
Phone # - 800-355-2031
E-MAIL ADDRESS – www.wellmark.com

Dental Insurance

PRINCIPAL LIFE INS. CO.
P.O. BOX 39710
COLORADO SPRINGS, CO. 80949-3910
Phone # - 800-443-9456
E-MAIL ADDRESS – www.principal.com

VOLUNTARY BENEFITS AT EMPLOYEES EXPENSE

1. Voluntary Life Insurance – Additional life insurance can be purchased for the employee and dependents with Principal Life Ins. Co.
2. AFLAC Insurance is a voluntary program of various types of additional insurance that can be purchased by the employee.
For more information contact:
Jaimie Spangler
618 Plymouth St SE
Le Mars, IA 51031
712-546-4009
jaimie_spangler@us.aflac.com
3. Employee Whole Life Insurance
4. Avesis Vision Insurance

HEALTH/MM & DENTAL INS. PREMIUMS 2020-2021 ALLIANCE SELECT

DEDUCTIBLE PLAN	<u>1,000/2,000</u>	<u>1,500/3,000</u>	<u>2,000/4,000</u>
Co-Pay in PPO -----	90/10	90/10	90/10
Co-Pay out of PPO -----	80/20	80/20	80/20
Out of Pocket -----	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000
Office co-pay in PPO -----	\$15 primary/\$30 specialist	\$15 primary/\$30 specialist	\$15 primary/\$30 specialist
Office co-pay out of PPO -----	\$20 plus coinsurance	\$20 plus coinsurance	\$20 plus coinsurance
Prescriptions co-pay - generic	\$5.00	\$5.00	\$5.00
Prescriptions co-pay - brand name drugs	\$15.00	\$15.00	\$15.00
MONTHLY HEALTH INSURANCE PREMIUMS			
Single Health	\$808.13	\$784.71	\$756.44
Single Dental	\$49.89	\$49.89	\$49.89
Total Single Coverage	\$858.02	\$834.60	\$806.33
District Contribution - monthly	\$945.00	\$945.00	\$945.00
Single Coverage (single health & single dental required)	(\$858.02)	(\$834.60)	(\$806.33)
Difference is Board Insurance (Amount paid to you monthly)	\$86.98	\$110.40	\$138.67
2020-2021 Single Health & Dental Premium per month	\$858.02	\$834.60	\$806.33
2019-2020 Single Health & Dental Premium per month	\$895.13	\$868.75	\$837.38
Net change in premium per month compared to last year	(\$37.11)	(\$34.15)	(\$31.05)
ADDITIONAL OPTIONS AVAILABLE - These premiums are in addition to the single policy			
To Add Family Health Insurance - the additional amount is due			
2020-2021 Family Health Premium per month	\$1,182.95	\$1,147.82	\$1,105.41
2019-2020 Family Health Premium per month	\$1,238.61	\$1,199.04	\$1,151.99
Net change in premium per month compared to last year	(\$55.66)	(\$51.22)	(\$46.58)
To Add Family Dental Insurance - the additional amount is due			
2020-2021 Family Dental Premium per month	\$75.96	\$75.96	\$75.96
2019-2020 Family Dental Premium per month	\$75.96	\$75.96	\$75.96
Net change in premium per month compared to last year	\$0.00	\$0.00	\$0.00
** Family Dental can be purchased without purchasing Family Health			

**HEALTH/MM & DENTAL INS. PREMIUMS
2020-2021
BLUE ADVANTAGE (WHIPI)**

DEDUCTIBLE PLAN	<u>1,000/2,000</u>	<u>1,500/3,000</u>	<u>2,000/4,000</u>
Co-Pay in PPO -----	90/10	90/10	90/10
Out of Pocket in PPO -----	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000
Coinsurance - Out of Network	Not Covered	Not Covered	Not Covered
Office co-pay in PPO -----	\$20.00	\$20.00	\$20.00
Office co-pay out of Network -----	Not Covered	Not Covered	Not Covered
Prescriptions co-pay - generic	\$5.00	\$5.00	\$5.00
Prescriptions co-pay - brand name drugs	\$15.00	\$15.00	\$15.00
MONTHLY HEALTH INSURANCE PREMIUMS			
Single Health	\$721.43	\$692.83	\$668.27
Single Dental	\$49.89	\$49.89	\$49.89
Total Single Coverage	\$771.32	\$742.72	\$718.16
District Contribution - monthly	\$945.00	\$945.00	\$945.00
Single Coverage (single health & single dental required)	(\$771.32)	(\$742.72)	(\$718.16)
Difference is Board Insurance (Amount paid to you monthly)	\$173.68	\$202.28	\$226.84
2020-2021 Single Health & Dental Premium per month	\$771.32	\$742.72	\$718.16
2019-2020 Single Health & Dental Premium per month	\$808.14	\$776.03	\$748.52
Net change in premium per month compared to last year	(\$36.82)	(\$33.31)	(\$30.36)
ADDITIONAL OPTIONS AVAILABLE - These premiums are in addition to the single policy			
To Add Family Health Insurance - the additional amount is due			
2020-2021 Family Health Premium per month	\$1,052.90	\$1,010.00	\$973.16
2019-2020 Family Health Premium per month	\$1,108.13	\$1,059.96	\$1,018.70
Net change in premium per month compared to last year	(\$55.23)	(\$49.96)	(\$45.54)
To Add Family Dental Insurance - the additional amount is due			
2020-2021 Family Dental Premium per month	\$75.96	\$75.96	\$75.96
2019-2020 Family Dental Premium per month	\$75.96	\$75.96	\$75.96
Net change in premium per month compared to last year	\$0.00	\$0.00	\$0.00
** Family Dental can be purchased without purchasing Family Health			