



Southwestern CUSD #9: Open Enrollment

Introduction/Message to Employees:

The Cornerstone Insurance Group, the District Administration and Insurance Committee are excited to share that we will maintain another year of our valued benefits package without changing benefits or carriers! The rates have also been extended and will be locked in for 2 years.

2020 SUMMARY OF EMPLOYEE BENEFITS

BlueCross BlueShield of Illinois – MEDICAL

- ❖ Renew medical coverage with BCBS, same benefit plans no change in coverage
- ❖ Employees will still have 2 plan options to choose from (detailed Summary of Benefits attached)
 1. **Traditional PPO Plan with HRA**: \$500 Deductible, 80% Coinsurance, \$1,500 OOP Max with Copays after HRA
 - District reimbursement up to \$2,000 if deductible incurred.
 2. **Health Savings Account (H.S.A.) Plan with District Contribution**: \$2,500 Deductible, 100%, NO Copays
 - District contribution into H.S.A. bank account – **Still NO premium cost option for single employee!**

Guardian -- VOLUNTARY DENTAL & VISION

- ❖ Coverage remains with Guardian – No change in coverage or cost

Open Enrollment - ALL Products – Medical, Dental, Vision, Life & Worksite Benefits 9/1/20

- ❖ Cornerstone Representatives will be available to answer questions and assist with open enrollment via email or telephone. See contact information below.

**ALL benefit eligible employees
MUST complete Benefits Election Form to elect/waive coverage.**

(see last page of packet and return form to District office or Cornerstone)

NOTE: After the Open Enrollment Period, you cannot make changes to your coverage during the year unless you experience a change in family status or a life qualifying event. You have **30** days from a change in family status to make changes to your current coverage.

All change forms must be completed and submitted to the District office, by noon on **Monday, August 31st**.

CORNERSTONE INSURANCE GROUP

Kari Unterbrink – 618.391.1028 – kariu@cornerstoneinsurancegroup.com

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Ryan Stookey – 314-494-2778 – ryan_stookey@us.aflac.com

Southwestern CUSD #9



Benefits Election Form 2020-2021

Please make your coverage selections below, and sign and return this form to District Office or Cornerstone Rep
If you do not wish to participate in a plan, please check the box marked "waive," sign and return the form.

Employee Name (please print) _____

MEDICAL INSURANCE

OPTION 1 – BCBS - Traditional PPO with HRA

- ☐ Employee only
- ☐ Employee & Spouse
- ☐ Employee & Child(ren)
- ☐ Family

OPTION 2 – BCBS - H.S.A. Plan

- ☐ Employee only
- ☐ Employee & Spouse
- ☐ Employee & Child(ren)
- ☐ Family

Waive – NO Medical Coverage

- ☐ **Waive:** I acknowledge I was offered an employer sponsored group health plan that meets the Affordable Care Act's affordability and minimum value requirements, but I choose not to participate in the medical plan. By waiving coverage, I acknowledge that I may not be eligible for a subsidy on any exchange.

DENTAL INSURANCE

LOW PLAN or HIGH PLAN (*circle plan*)

- ☐ Employee only
- ☐ Employee + 1
- ☐ Employee + 2 (Family)
- ☐ Waive No Coverage

VISION INSURANCE

- ☐ Employee only
- ☐ Employee + 1
- ☐ Employee + 2 (Family)
- ☐ Waive No Coverage

VOLUNTARY WORKSITE BENEFITS – AFLAC / TRUSTMARK

- ☐ **Waive:** No change or No coverage ☐ Changes? Contact Ryan @ 314.494.2778

***If you are adding coverage or changing dependents, you also must complete a BCBS or Guardian change form to gather the enrollment information. ***

*I understand the coverage elected is effective **September 1, 2020***

Signature

Date