

# Southwestern CUSD #9 Employee Benefits Presentation

September 1, 2020- August 31, 2021



**CORNERSTONE**  
INSURANCE GROUP

# Cornerstone Insurance Group

- Employee Benefits Consultant  
*Your Cornerstone Team:*



**Ashley Peterson**

*Account Executive*

P: 618.391.1046

F: 618.391.1047

[ashleyp@cornerstoneinsurancegroup.com](mailto:ashleyp@cornerstoneinsurancegroup.com)



**Kari Unterbrink**

*Consultant*

P: 618.391.1028

F: 618.391.1029

[kariu@cornerstoneinsurancegroup.com](mailto:kariu@cornerstoneinsurancegroup.com)



**Ryan Stookey**

*Consultant*

P: 314-494-2778

[ryan\\_stookey@us.aflac.com](mailto:ryan_stookey@us.aflac.com)

# BCBS of IL – Medical Insurance

- Renewing Medical coverage with Blue Cross & Blue Shield of Illinois
- SAME plans, no change in benefits
- Still offer 2 medical plan options (HRA & H.S.A.)
- Both plans continue to access same PPO network
- Difference in plans --> coverage level & price
- Negotiated a 2-year rate!



# BCBS additional resources

- **Blue Access for Members (BAM)**
  - [www.bcbsil.com](http://www.bcbsil.com)
- **Virtual Visits**
  - Connect with doctor through computer, smartphone or telephone
  - Diagnose and prescribe prescriptions for non-emergent illness
- **Blue 365** [www.blue365deals.com/bcbsil](http://www.blue365deals.com/bcbsil)
  - Access to Discount Programs
  - EyeMed / Davis Vision, Tru Hearing, Dental Solutions, Jenny Craig, Seattle Sutton's, Nutrisystem, Fitbit, Reebok, Skechers, Snap Fitness

The image displays a screenshot of the BlueCross BlueShield of Illinois website. The top navigation bar includes links for Insurance Basics, Shop Plans & Products, Find a Doctor or Hospital, Member Services, and Sign Up or Log In. The main content area features a '2018 Special Enrollment' section with links to 'See If You Qualify', 'View Individual and Family Plans', and 'I've Applied, Now What?'. To the right is the 'blueaccess for Members' login portal, which includes fields for User Name and Password, a 'Log In' button, and links for 'New User? Register Now', 'Forgot user name or password?', and 'Take a tour'. Below the login portal are sections for 'How to Make a Payment' and 'Medicaid View Our Plans'. A 'Medicare' section offers links to 'Review Medicare Basics', 'Compare Medicare Plans', and 'Learn When to Enroll'. At the bottom, there is a banner for 'Virtual Visits' with the text 'Care When and Where Your Customers Need It Just Got Easier' and 'Providing your customers access to independently contracted health care professionals'. The banner features images of a woman on a laptop and a man on a smartphone. To the right of the banner is a 'Blue365' logo with the text 'A Discount Program for You'.

# Medical Benefit Plan: Option 1 (HRA)

## *Benefit plan Purchased from Insurance Carrier*

- **\$2,500** individual deductible
  - Only **\$500** after reimbursement (HRA)
- **80/20%** coinsurance after deductible
- **\$3,500** MAX OUT-OF-POCKET
  - (includes deductible, reimbursements, coinsurance & Dr. Copays)
- **\$10/\$40/\$60** Rx copays
  - (SEPARATE RX out-of-pocket - \$1,000 Ind / \$3,000 Family)
- Preventative care – **100%**
- **\$20** copay for Primary Care Physicians & **\$40** copay for Specialists
  - **\$150** ER copay
  - **\$20** Virtual Visit

# What is eligible for reimbursement through HRA?

## Option 1 - \$500 deductible

- Participant is responsible for the first **\$500** of deductible expenses per calendar yr.
- The District will reimburse deductible from \$501-\$2,500.
- Max deductible reimbursement is \$2,000 per participant.
- After the deductible, the plan pays 80% coinsurance and you are responsible for 20%.
- Coinsurance, doctor copays & pharmacy copays are NOT eligible for HRA.

# HRA REMINDER

- Deductible benefits are **CALENDAR** year (1/1-12/31)
- Deadline for HRA reimbursement is 90 days after the benefit calendar plan year.
- All **2020** claims need to be submitted by **March 31, 2021**
- Bills or receipt/proof of payment are not required, only Explanation of Benefits (EOBs) from BCBS are required for reimbursement.
- ALL EOBs that accumulate towards the deductible or coinsurance are required for reimbursement, we cannot process using YTD totals/summary.



# How do I get reimbursed?

**\*\*SEE CLAIM FORM \*\***

**Mail or Fax Explanation of Benefits (EOB) with  
Claim Form to**

Cornerstone Insurance Group, Admin Division  
721 Emerson Road, Suite 500  
St. Louis, MO 63141  
Phone – 314.373.2930 / Fax – 314.373.2931

Email to: [admindept@cornerstoneinsurancegroup.com](mailto:admindept@cornerstoneinsurancegroup.com)

Secure Consumer Portal:  
<https://cigpart.lh1ondemand.com>

**Submit by: *The CIG Mobile App***



Southwestern CUSD#9  
Section 105 Employer Provided Deductible Reimbursement Plan  
**Reimbursement Request**

Employee's Name:	Social Security No:
Mailing Address: _____	_____ (Is this a new address? Yes <input type="checkbox"/> No <input type="checkbox"/> )

**Instructions:**

- Complete the necessary information below for qualifying expenses incurred by you or your eligible dependents for which you request reimbursement.
- Expenses covered by your medical care plan must be submitted under that Plan first, even if it will be applied to the deductible or otherwise unpaid by the medical care plan, and **the resulting EOB must be submitted with your reimbursement request.**
- Claims incurred during the Calendar Plan Year may be filed up to 90 days after the end of the Calendar Year or within 90 days after your termination in this plan. Deadline for 2020 claims is March 31, 2021.
- You are responsible for the first \$500 of deductible expenses per covered individual, to a maximum of \$1,500 for a covered family.
- Your employer will provide reimbursement for deductible expenses up to \$2,000 per covered individual, to a maximum of \$6,000 for a covered family.

**EXPENSE DETAIL:** (or you may attach a spreadsheet)

Date expense incurred	Type of expense	Name and Relationship of Person Incurring Expense	Name of Provider	Amount Requested
	Deductible			
	Deductible			
	Deductible			
	Deductible			
Total Requested				

I certify that the requested amounts are not reimbursable by any form of insurance or other benefit plan, and that I have not, nor will not, deduct these expenses on my personal income tax return. I further certify that I have read and understand the limitations on reimbursements as explained in the Summary Plan Description, and I have determined that the submitted expenses are eligible for reimbursement. I hereby agree to indemnify my Employer for any taxes, interest, or penalties imposed due to the failure of my requested expense reimbursements to qualify as eligible expenses under the Deductible Reimbursement Plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or Fax to:  
The Cornerstone Insurance Group, Admin Division  
721 Emerson Road, Suite 500  
St. Louis, MO 63141  
Phone – 314.373.2930 / Fax – 314.373.2931  
[admindept@cornerstoneinsurancegroup.com](mailto:admindept@cornerstoneinsurancegroup.com)  
Secure Consumer Portal: <https://cigpart.lh1ondemand.com>





OUR COMPANY

EMPLOYEE BENEFITS

RISK MANAGEMENT

PERSONAL INSURANCE

HR & COMPLIANCE

CONTACT

# Client Login



OUR COMPANY

EMPLOYEE BENEFITS

RISK MANAGEMENT

PERSONAL INSURANCE

HR & COMPLIANCE

## 1CLOUD CONSUMER PORTAL

Participants in the Flexible Spending Account Plan and/or Health Reimbursement Arrangement can view plan activity, check their account balance, file claims, and review qualified expenses in the 1Cloud consumer portal. Click here to access the QuickStart Guide and learn to navigate the portal.

LOGIN



## Login

<b>Existing User?</b> Login to your account  Username <input type="text"/> <a href="#">Forgot Username?</a>  Password <input type="password"/> <a href="#">Forgot Password?</a>  <input type="button" value="Login"/>	<b>Setting up a New Account?</b>  Thank you for visiting the Consumer Portal. Your system generated username and password combination is: Username: First letter of first name + last name + last 4 digits of SSN Password: Last 4 digits of SSN  Code <input type="text"/>  <input type="button" value="Get Started"/>
<b>New User?</b>  <a href="#">Create your new username and password</a>	

**Need Help with Login? Contact Us** - Call Cornerstone Insurance Group at (314) 373-2930 or Email us at [admindept@cornerstoneinsurancegroup.com](mailto:admindept@cornerstoneinsurancegroup.com)

# Medical Benefit Plan: Option 2 (HSA)

## Health Savings Account (HSA Plan)

- **\$2,500** individual deductible or **\$5,000** family deductible
- **100%** coinsurance after deductible
- Preventative care – **100%**
- **NO copays** – all charges apply to deductible
- Pharmacy – **100%** **AFTER** deductible
- Eligible for HSA at the local Bank with District & Employee contributions to use for qualified medical expenses

# Health Savings Account (HSA)

- Eligibility Reminders

- Have coverage on HDHP (High Deductible Health Plan) qualified plan
- Have NO other first dollar medical coverage
- Are NOT enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return

- Contributions & Distributions

- Employer and/or Employee tax free contributions
  - 2020 limits: \$3,550 Individual / \$7,100 Family
  - 2021 limits: \$3,600 Individual / \$7,200 Family
- Use for qualified medical expenses determined by IRS

SUMMARY	Option 1 - \$500 ded HRA	Option 2 - \$2500 ded H.S.A.
Deductible	\$500 after reimbursement	\$2,500 Ind or \$5,000 Fam
District Reimbursement H.S.A. Contribution	\$2,000 reimbursement	\$311.64 (SEA) & (ESP) annual H.S.A contribution
Coinsurance	80/20%	100%
Out of Pocket	\$1,500 after reimbursement	\$2,500 or \$5,000 <i>(Less H.S.A. contribution)</i>
Primary Care Copay	\$20	Deductible
Specialist Copay	\$40	Deductible
Virtual Visit	\$20	Deductible (avg cost ~\$40)
ER / Urgent Care Copay	\$150	Deductible
Prescription Drugs	\$10/40/60	Deductible

Please refer to SBC in Employee Benefits Summary packet for more detailed summary...



Southwestern CUSD #9

### Employee Benefits Summary



PLAN YEAR | 9.1.2020 - 8.31.2021

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services  
Blue-Cross BlueShield of Illinois : NPPC3C26 BluePrint PPO Southwestern CUSD #9 - Plan Option 1 (HRA) Coverage Period: 09/01/2019-08/31/2020 Coverage for: All | Plan Type: PPO

**!** The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.bcbsil.com/member/policy-forms/2019](http://www.bcbsil.com/member/policy-forms/2019) or by calling 1-800-541-2768. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf> or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b> <i>*See HRA page 5</i>	Individual: Participating \$2,500 Non-Participating \$5,000 Family: Participating \$7,500 Non-Participating \$15,000	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	Yes. Doesn't apply to certain <u>preventive care</u> . Copays don't count toward the <u>Deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	Yes. Individual: Participating \$3,500 Non-Participating \$7,000 Family: Participating \$10,200 Non-Participating \$20,400 Prescription Drug expense limit: \$1,000 Individual \$3,000 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premiums</u> , <u>balance billed charges</u> , and health care this <u>Plan</u> doesn't cover	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .



# Medical Rates 9/1/2020 (SEA UNION)

The District contribution will increase to **\$500** of the employee only premium.

If elected, H.S.A. contribution will be **\$25.97** per month / **\$311.64** annual

## Option 1 – Traditional HRA Plan

	Current	Renewal
<i>Employee Only</i>	\$33.07	<b>\$37.72</b>
<i>Employee Spouse</i>	\$593.33	<b>\$612.05</b>
<i>Employee Child(ren)</i>	\$558.03	<b>\$630.86</b>
<i>Family</i>	\$1,002.03	<b>\$1,088.94</b>

## Option 2 – High Deductible H.S.A. Plan

	Current	Renewal
<i>Employee Only</i>	\$0.00	<b>\$0.00</b>
<i>Employee Spouse</i>	\$474.99	<b>\$478.99</b>
<i>Employee Child(ren)</i>	\$411.75	<b>\$466.42</b>
<i>Family</i>	\$886.75	<b>\$945.40</b>



# Medical Rates 9/1/2020 (ESP UNION)

The District will continue to pay **\$500** of the employee only premium.

If elected, H.S.A. contribution will be **\$25.97** per month / **\$311.64** annual

## Option 1 – Traditional HRA Plan

	Current	Renewal
<i>Employee Only</i>	<i>\$18.07</i>	<i><b>\$37.72</b></i>
<i>Employee Spouse</i>	<i>\$578.33</i>	<i><b>\$612.05</b></i>
<i>Employee Child(ren)</i>	<i>\$543.03</i>	<i><b>\$630.86</b></i>
<i>Family</i>	<i>\$987.03</i>	<i><b>\$1,088.94</b></i>

## Option 2 – High Deductible H.S.A. Plan

	Current	Renewal
<i>Employee Only</i>	<i>\$0.00</i>	<i><b>\$0.00</b></i>
<i>Employee Spouse</i>	<i>\$474.99</i>	<i><b>\$478.99</b></i>
<i>Employee Child(ren)</i>	<i>\$411.75</i>	<i><b>\$466.42</b></i>
<i>Family</i>	<i>\$886.75</i>	<i><b>\$945.40</b></i>

# Dental Vision & Life



- NO change in coverage
  - NO change in rates
  - 2 year rate guarantee!
- 
- Open Enrollment – September 1st
    - Change dental plan options
    - Add/remove dependents
    - Add/cancel coverage

# Voluntary Dental & Vision Rates (monthly cost)

Dental (no change)	LOW Plan	HIGH Plan
<i>Employee Only</i>	\$20.50	\$48.54
<i>Employee + 1</i>	\$37.23	\$88.85
<i>Employee + 2 (Family)</i>	\$70.14	\$128.98

Vision (no change)	Current/Renewal
<i>Employee Only</i>	\$9.07
<i>Employee + 1</i>	\$12.97
<i>Employee + 2 (Family)</i>	\$23.47

*NOTE: Detailed benefit summaries included in open enrollment packet.*

# Worksite Solutions Voluntary Benefits



- Aflac & Trustmark insurance policies available to employees:
  - Accident
  - Cancer/Specified-Disease
  - Short-Term Disability
  - Critical Illness
  - Supplemental Hospital Indemnity
  - Universal Life Insurance
- For more information about policy benefits, limitations, and exclusions, please call **Ryan Stookey** at **314-494-2778** or email **[ryan\\_stookey@us.aflac.com](mailto:ryan_stookey@us.aflac.com)**

# OPEN ENROLLMENT – What do you need to do??

- ALL eligible employees MUST complete **Benefits Election Form** to confirm your current coverage, enroll, make changes or decline coverage for 2020-2021
- IF you are adding coverage or dependents, you will ALSO need to complete a **BCBS or Guardian CHANGE** form to gather the personal information.
- NOTE: After the open enrollment period, you cannot make changes to your coverage during the year unless you experience a qualifying event. You have 30 days from the event to make changes to your coverage.
- All forms must be completed and submitted to the District office by **Monday, August 31<sup>st</sup>**



## 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](mailto:kariu@cornerstoneinsurancegroup.com)

**Ashley Peterson** – 618.391.1046 – [ashleyp@cornerstoneinsurancegroup.com](mailto:ashleyp@cornerstoneinsurancegroup.com)

**Ryan Stookey** – 314-494-2778 – [ryan\\_stookey@us.aflac.com](mailto: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

# Cornerstone Service

- Cornerstone Insurance Group is a resource for all employees with questions regarding benefit coverage levels, claims assistance, reimbursements and any other concerns regarding your employee benefit package.

## Glen Carbon Office

108 Magnolia Drive, Suite B  
Glen Carbon, IL 62034

Phone: 618-288-4900

Toll Free: 800-645-2026

Fax: 618-288-4921

## Contact your Cornerstone Team!

**Kari Unterbrink**

618.391.1028

[kariu@cornerstoneinsurancegroup.com](mailto:kariu@cornerstoneinsurancegroup.com)

**Ashley Peterson**

618.391.1046

[ashleyp@cornerstoneinsurancegroup.com](mailto:ashleyp@cornerstoneinsurancegroup.com)