



College Community School District

Success for All
To Ensure Quality Learning Today for Tomorrow

Employee Benefit Overview 2025-26



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Open Enrollment -Required for ALL

- Partnering with American Fidelity once again
- Self Serve window is **March 24- March 30**. *Watch your email for information!*
- Enrollment specialists will be onsite in every building
 - Open enrollment is **March 31-April 17**.
 - You will receive a list of days for your building and a link to schedule an appointment
- It is **very important** that you schedule a time to meet with the representative to review and enroll in your benefits.
 - ***You need to meet with American Fidelity or self-enroll even if you opt out of District insurance***
- ***Please be sure to review your confirmation email to make sure you have the proper plans and dependents that you want and contact American Fidelity immediately if you need to change something as NO changes will be allowed after April 25.***

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American Fidelity

- Enrollment Website
 - Schedule enrollment appointment
 - ***Required for all that did not self enroll***
 - Learn more about all benefits offered
 - What to bring to your appointment
 - *Beneficiary Information*
 - *Dependent information including SSN and Birthdate*
 - *Driver's license is needed to open up HSA*
 - *You may have someone attend with you*
- Please watch your email for more information



District Medical Plan Options

No changes to any plans!

- PPO Choice
 - \$1250/\$2500 deductible, \$3500/\$7000 OPM
- PPO Core
 - \$2000/\$4000 deductible, \$4000/\$8000 OPM
- HMO core
 - \$3000/\$6000 deductible, \$6000/\$12,000 OPM
- HDHP Value
 - \$5000/\$10,000 deductible, \$5000/\$10,000 OPM
 - \$10,000/\$20,000 ded. Out of network



District Medical Plan Contribution

- District will pay the cost of the HMO Core single plan
- Each employee enrolled in insurance will receive the difference between the PPO Core plan (\$117/mo.) in a separate pay line, **labeled *Medical Insurance Allowance***, to be used towards insurance or received as extra wages
- For those employees that enroll in the **single** HDHP with an HSA, the District will contribute \$88/mo. to the HSA
- ***This provides flexibility in choices and allows each employee to make the best individual choice and District contribution is \$687/mo regardless of plan***



How Does this Look?

What Does the Insurance Contribution Look Like?				
Single Plan FY26				
	<u>Premium</u>	<u>Monthly Pay</u>	<u>H.S.A.</u>	<u>Total</u>
HMO Core	\$ -	\$ 117.00	\$ -	\$117.00
PPO CORE	\$ 117.00	\$ 117.00	\$ -	\$ -
PPO CHOICE	\$ 161.00	\$ 117.00	\$ -	\$ (44.00)
HDHP	\$ -	\$ 117.00	\$ 88.00	\$ 205.00



Rates for Core Plans

College Community School District

\$117/mo Medical Insurance Allowance paid to employee

HDHP w/H.S.A(District contributes \$88/mo. To H.S.A for single)

<u>Single</u>	<u>Employee/ Children</u>	<u>Employee/ Spouse</u>	<u>Family</u>
\$0.00	\$346.00	\$418.00	\$905.00

HMO CORE***District pays Single Rate

<u>Single</u>	<u>Employee/ Children</u>	<u>Employee/ Spouse</u>	<u>Family</u>
\$0.00	\$513.00	\$599.00	\$1,174.00

PPO CORE

<u>Single</u>	<u>Employee/ Children</u>	<u>Employee/ Spouse</u>	<u>Family</u>
\$117.00	\$735.00	\$838.00	\$1,532.00

PPO CHOICE

<u>Single</u>	<u>Employee/ Children</u>	<u>Employee/ Spouse</u>	<u>Family</u>
\$161.00	\$819.00	\$929.00	\$1,667.00

Dental Rates

<u>Single</u>	<u>2 person</u>	<u>Family</u>
\$0.00	\$39.00	\$78.00

Vision Rates

	<u>Single</u>	<u>Family</u>
Exam + Materials	\$7.02	\$19.09
Materials Only	\$5.66	\$15.39



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Medical Plan Cost Comparison [link](#)

2025-26 College Community School Medical Plan Cost Comparisons														
Plan	EE Prem-Monthly	Deductible	EE Prem-Annual	OOP Max	Total Prem+OOP	Max Cost (prem + OOP Max) Compared w/HMO	Max Cost (prem + OOP Max) Compared w/PPO core	Max Cost (prem + OOP Max) Compared w/Choice	Premium Savings Compared w/ HMO	Premium Savings Compared w/PPO core	Premium Savings Compared w/Choice	Amount in Stipend	District Contribution to H.S.A(single)	
HDHP														
Single	\$ -	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 5,000.00	\$ (1,000.00)	\$ (404.00)	\$ (432.00)	\$ -	\$ (1,404.00)	\$ (1,932.00)	\$ 1,404.00	\$ 1,056.00	
EE/Child	\$ 346.00	\$5000/\$10,000	\$ 4,152.00	\$5000/\$10,000	\$ 14,152.00	\$ (4.00)	\$ (1,668.00)	\$ (2,676.00)	\$ (2,004.00)	\$ (4,668.00)	\$ (5,676.00)	\$ 1,404.00		
EE/Spouse	\$ 418.00	\$5000/\$10,000	\$ 5,016.00	\$5000/\$10,000	\$ 15,016.00	\$ (172.00)	\$ (2,040.00)	\$ (3,132.00)	\$ (2,172.00)	\$ (5,040.00)	\$ (6,132.00)	\$ 1,404.00		
Family	\$ 905.00	\$5000/\$10,000	\$ 10,860.00	\$5000/\$10,000	\$ 20,860.00	\$ (1,228.00)	\$ (4,524.00)	\$ (6,144.00)	\$ (3,228.00)	\$ (7,524.00)	\$ (9,144.00)	\$ 1,404.00		
HMO Core														
Single	\$ -	\$ 3,000.00	\$ -	\$ 6,000.00	\$ 6,000.00		\$ 596.00	\$ 568.00		\$ (1,404.00)	\$ (1,932.00)	\$ 1,404.00		
EE/Child	\$ 513.00	\$3000/\$6000	\$ 6,156.00	\$6000/\$12,000	\$ 14,156.00		\$ (1,664.00)	\$ (2,672.00)		\$ (2,664.00)	\$ (3,672.00)	\$ 1,404.00		
EE/Spouse	\$ 599.00	\$3000/\$6000	\$ 7,188.00	\$6000/\$12,000	\$ 15,188.00		\$ (1,868.00)	\$ (2,960.00)		\$ (2,868.00)	\$ (3,960.00)	\$ 1,404.00		
Family	\$ 1,174.00	\$3000/\$6000	\$ 14,088.00	\$6000/\$12,000	\$ 22,088.00		\$ (3,296.00)	\$ (4,916.00)		\$ (4,296.00)	\$ (5,916.00)	\$ 1,404.00		
PPO Core														
Single	\$ 117.00	\$ 2,000.00	\$ 1,404.00	\$ 4,000.00	\$ 5,404.00			\$ (28.00)			\$ (528.00)	\$ 1,404.00		
EE/Child	\$ 735.00	\$2000/\$4000	\$ 8,820.00	\$4000/\$8000	\$ 15,820.00			\$ (1,008.00)			\$ (1,008.00)	\$ 1,404.00		
EE/Spouse	\$ 838.00	\$2000/\$4000	\$ 10,056.00	\$4000/\$8000	\$ 17,056.00			\$ (1,092.00)			\$ (1,092.00)	\$ 1,404.00		
Family	\$ 1,532.00	\$2000/\$4000	\$ 18,384.00	\$4000/\$8000	\$ 25,384.00			\$ (1,620.00)			\$ (1,620.00)	\$ 1,404.00		
PPO Choice														
Single	\$ 161.00	\$ 1,250.00	\$ 1,932.00	\$ 3,500.00	\$ 5,432.00							\$ 1,404.00		
EE/Child	\$ 819.00	\$1250/\$2500	\$ 9,828.00	\$3500/\$7000	\$ 16,828.00							\$ 1,404.00		
EE/Spouse	\$ 929.00	\$1250/\$2500	\$ 11,148.00	\$3500/\$7000	\$ 18,148.00							\$ 1,404.00		
Family	\$ 1,667.00	\$1250/\$2500	\$ 20,004.00	\$3500/\$7000	\$ 27,004.00							\$ 1,404.00		

HMO Plan Facts

- Primary care doctor are now required on the HMO plans. Just need to designate one but doesn't limit your care choices. You can still go to any provider, even for preventative care
 - [PCP Information](#)
- Emergency care is always covered anywhere
- Referrals are not needed under HMO plans for care in Iowa
- Virtually ALL doctors and hospitals in Iowa are covered under HMO plans
- Mayo clinic and other out of state providers will now have out of network coverage as well for those on the HDHP. Still not covered under the HMO Core without special referral from Wellmark
- HMO Core plan has an annual vision exam covered



What is a HDHP and an HSA?

- HDHP is *High Deductible Health Plan* and HSA is *Health Savings Account*
- How does it work?
 - When you go to the doctor, you pay nothing that day
 - Charges are submitted to insurance and after network discounts, you are billed 100% of allowable charges
 - Prescriptions also apply to this deductible, there are no copays
 - Once your deductible is met, you pay nothing more the rest of the year
- You can set aside money in an HSA to pay for your claims
 - HSA contributions are pre-tax, carryover year to year and go with you if you change employers
 - Single **\$4,300**, family **\$8,550**; \$1000 catch up option for those over age 55
 - You can put your premium savings into the HSA to use when you need it
 - HSA contributions can be used for medical, dental or vision claims
- *Cost saving tool if rarely go to doctor or if always meet out of pocket maximum*



Which plan is right for you?

- Deductible is only applied in emergency or hospital situations for all but HDHP
- Deductible runs January to December
 - PPO/HMO allows a carryover from October-December (not HDHP)
 - If you change plans in July, any deductible paid counts towards the new plan on all plans
- Copays are the most common expense for other plans. These are applied towards out of pocket maximum but not the deductible
- Preventative covered at 100% on all plans
- [Medical Plan Comparison](#)
- Other documents regarding [HDHP](#) on District Payroll [Website](#)



Which plan is right for you?

Benefits	Accumulators	Deductible	Out of Pocket Maximum
PPO Premier	Medical Only	\$750	\$2,500
PPO Choice	Medical Only	\$1,250	\$3,500
PPO Core	Medical Only	\$2,000	\$4,000
HMO Essential	Medical Only	\$2,000	\$4,000
HMO Core	Medical Only	\$3,000	\$6,000
HMO HDHP and HDHP Value	Medical & Rx	\$5,000	\$5,000

2023 Calendar Year

Plan Name	# Members (as of 12/31)	# Members who met the Deductible	% of Members	# Members who met the Out of Pocket Maximum	% of Members
PPO Premier	78	38	48.7%	9	11.5%
PPO Choice	320	74	23.1%	21	6.6%
HMO Essential	454	48	10.6%	18	4.0%
HMO HDHP	258	10	3.9%	10	3.9%

2024 Calendar Year

Plan Name	# Members (as of 12/31)	# Members who met the Deductible	% of Members	# Members who met the Out of Pocket Maximum	% of Members
PPO Choice	249	62	24.9%	27	10.8%
PPO Core	140	5	3.6%	2	1.4%
HMO Core	474	30	6.3%	11	2.3%
HDHP Value	282	22	7.8%	22	7.8%



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Other Tax Saving Options

- **Dependent Care Account**
 - Pre-tax deduction for daycare expenses
 - \$5000 limit for single or married filing jointly, \$2500 for married filing separately
- **Healthcare Flexible Spending Account (HCFSA)**
 - Contribution max- \$3300, Carryover max- \$660
 - Can't be used with HDHP/HSA
- **Limited Purpose Flexible Spending Account (LPFSA)**
 - Contribution max- \$3300, Carryover max - \$660
 - Used for dental and vision only, can be used with HDHP
- **403b Account**
 - Tax sheltered retirement account
 - Contribution max- \$23,000



2025-26 Delta Dental Plan

In-Network Benefits	Benefit	Services Include:
Deductible	\$50 per member \$150 family maximum	
Annual Maximum	\$1,500 per member	
Preventive Services	100% covered	Exams, cleanings, fluoride, X Rays
Basic Services	20% coinsurance after deductible	Fillings(including composite fillings in molars), tooth extractions, oral surgery, non-surgical periodontal treatment, space maintainers
Major Restorative Services	50% coinsurance after deductible	Crowns, Inlays, onlays, bridges, dentures, implants
Orthodontia	50% coinsurance, no deductible \$2,000 lifetime maximum	Orthodontics for children to age 19

NOTE: Once annual maximum is reached, all services will be paid by the employee at 100% for the remainder of the year.

To find network providers in your area, go to www.deltadentalia.com, click on "Find a Dentist", and use the Premier Network.



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2025-26 EyeMed Vision Plan

In-Network Benefits	Exam + Materials	Materials Only
Routine Eye Exams	\$10 copay No copay at PLUS providers	Not covered
Frames Covered once every other plan year	No copay, \$150 allowance, member receives a 20% discount on pricing above the \$150 allowance. Frames purchased from a PLUS provider have a \$200 allowance.	No copay, \$150 allowance, member receives a 20% discount on pricing above the \$150 allowance. Frames purchased from a PLUS provider have a \$200 allowance.
Lenses (Single, Bifocal, Trifocal, Lenticular and Standard Progressives) Covered once every plan year	\$10 copay	\$10 copay
Contact Lenses Covered once every plan year	No copay, \$150 allowance	No copay, \$150 allowance
Additional Benefits	<ul style="list-style-type: none"> No additional charge for standard scratch coating, tinting, UV treatment, or polycarbonate lenses for members under 19. Fixed copay pricing on premium progressives, anti-reflective coatings, and polycarbonate lenses for members 19 and older. Copay pricing varies based on lens options purchased. Discounted pricing on LASIK surgery at US Laser Network providers. 	<ul style="list-style-type: none"> No additional charge for standard scratch coating, tinting, UV treatment, or polycarbonate lenses for members under 19. Fixed copay pricing on premium progressives, anti-reflective coatings, and polycarbonate lenses for members 19 and older. Copay pricing varies based on lens options purchased. Discounted pricing on LASIK surgery at US Laser Network providers.

To find network providers and PLUS providers in your area, go to www.eyemed.com, click on "Find an Eye Doctor", and use the Insight Network.

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American Fidelity Products and Services

- **Voluntary Products**
 - **Short Term Disability**
 - **Cancer**
 - **Critical Illness**
 - **Accident**
 - **Voluntary Life- whole life and term life**
 - **Group Hospital Indemnity**
- **Administration Services**
 - **HSA**
 - **Flex Spending and Dependent Care Accounts**
 - **403 b Provider**



Available Wellness Programs

- [Blue 365](#) *sign up for discounts and programs
- Wellbeats- Information coming soon! *sign up through myWellmark
- [Hinge Health](#)
- [Employee Assistance Program](#) *company code phawks
- [myWellmark](#) *LOTS of information regarding your insurance
- Don't forget about Doctor on Demand!! No copay for all but HDHP.
- District Wellness Opportunities



Additional Information

- Website Information
 - [Payroll and Benefits Page](#)
 - [MIIP Enrollment Checklist](#)
 - [Enrollment FAQ](#)
- Links to Documents
 - [Core Plan Rates](#)
 - [Medical Plan Cost Comparison](#)
- I am always happy to answer questions
 - amorrison@crprairie.org
 - 319-848-5221
- American Fidelity Enrollment Specialists can also assist with questions



Thank you for your
time!

Questions?



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