



College Community School District

Success for All
To Ensure Quality Learning Today for
Tomorrow

Employee Benefit Overview 2026-27



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Open Enrollment Required for ALL

- The District is partnering with American Fidelity for benefits enrollment
- The Self-Serve window is **March 26 – April 2**.
- Enrollment specialists will be onsite in each building
 - Open Enrollment runs from **March 26 – April 24**.
 - You will receive a list of dates for your building, along with a link to schedule an appointment
- It is **very important** that you schedule a time to meet with a representative to review and enroll in your benefits.
 - ***You must meet with American Fidelity or complete self-enrollment, even if you are opting out of District insurance***
- Please **review your confirmation email carefully** to ensure your selected plans and dependents are correct. Contact American Fidelity immediately if changes are needed, as NO changes will be allowed after April 25.



American Fidelity

- [Enrollment Website](#)
 - Schedule your enrollment appointment
 - **Required for anyone who does not self-enroll**
 - Learn more about all available benefits
- **What to bring to your appointment?**
 - Beneficiary information
 - Dependent information, including Social Security Number and date of birth
 - Driver's License (required to open an HSA)
 - You may bring someone with you to your appointment
- Please watch your email for additional information



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District Medical Plan Options

(no changes)

Most Plans allow you to visit any doctor or facility you choose—however, you will get the best coverage when you choose an in-network provider. Note the HMO Core Plan does NOT have out of network benefits.

Medical	HDHP Value		HMO Core	PPO Core		PPO Choice	
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible							
Individual	\$5,000	\$10,000	\$3,000	\$2,000		\$1,250	
Family	\$10,000	\$20,000	\$6,000	\$4,000		\$2,500	
Coinsurance (You Pay)	N/A	25%	25%	20%	40%	20%	30%
Annual Out-of-Pocket Maximum							
Individual	\$5,000	\$20,000	\$6,000	\$4,000		\$3,500	
Family	\$10,000	\$40,000	\$12,000	\$8,000		\$7,000	
Services	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	Covered 100%	OON Ded, 25% coins.	Covered 100%	Covered 100%	Ded, 40% coins.	Covered 100%	Ded, 30% coins.
Doctor On Demand	No cost to you						
Office Care	Covered 100% after deductible	OON ded, 25% coins.	\$35 PCP; \$50 all other	\$35 copay	Ded, 40% coins.	\$25 copay	Ded, 30% coins.
Independent lab and x-ray			\$35 copay	20% coins.		20% coins.	
Emergency Room			Ded, 25% coins.	Ded, 20% coins		Ded, 20% coins.	
Inpatient/Outpatient hospital care							



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District Medical Plan Contribution

- Each employee enrolled in insurance will receive the difference between the PPO Core plan (\$124/month) in a separate pay line labeled ***Medical Insurance Allowance***, which can be used toward insurance or received as extra wages.
- Employees who enroll in the **single HDHP** with an HSA, will receive a District contribution of \$93 per month to their HSA.
- *This approach provides flexibility, allowing each employee to make the best individual choice. The District contribution is \$728/month, regardless of the plan selected.*



Medical Monthly Premiums

Class	Medical Monthly Premiums	HDHP Value	HMO Core	PPO Core	PPO Choice
Drivers & Aides	Employee Only	\$511	\$604	\$728	\$775
Drivers & Aides	Employee + Spouse	\$1,047	\$1,239	\$1,492	\$1,589
Drivers & Aides	Employee + Child(ren)	\$971	\$1,148	\$1,383	\$1,472
Drivers & Aides	Family	\$1,564	\$1,849	\$2,228	\$2,371
ECC	Employee Only	\$100	\$100	\$224	\$271
ECC	Employee + Spouse	\$543	\$735	\$988	\$1,085
ECC	Employee + Child(ren)	\$467	\$644	\$879	\$968
ECC	Family	\$1,060	\$1,345	\$1,724	\$1,867
CCSD Employees	Employee Only	\$0	\$0	\$124	\$171
CCSD Employees	Employee + Spouse	\$443	\$635	\$888	\$985
CCSD Employees	Employee + Child(ren)	\$367	\$544	\$779	\$868
CCSD Employees	Family	\$960	\$1,245	\$1,624	\$1,767

Bus Drivers/Aides who work 25 or more hours per week, Monday through Friday, will receive \$275 towards elected medical plan coverage.

CCSD employees (excluding Bus Drivers/Aides and ECC) who elect medical coverage receive a **Medical Insurance Allowance** of \$124 per month added to their paychecks as additional pay. For CCSD employees who waive medical & dental, with proof of coverage in a qualifying group health plan will receive \$125 per month added to their paychecks as **Pay in Lieu of Insurance**.



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HMO Plan Facts

- Primary Care Doctor
 - A primary care doctor (PCP) is required on the HMO plans. You must designate one, but it does not limit your care choices, you can still see any provider, even for preventive care.
- Emergency care is **always** covered, anywhere
- Referrals are not needed under HMO plans for care within Iowa.
- Virtually all doctors and hospitals in Iowa are covered under HMO plans.
- Mayo Clinic and other out-of-state providers now have out-of-network coverage for those on the HDHP. Out-of-state care is not covered under the HMO Core plan without a special referral from Wellmark.
- The HMO Core plan includes one annual vision exam.



What is a HDHP and an HSA?

HDHP = High Deductible Health Plan

HSA = Health Savings Account

How it works:

- When you go to the doctor, you pay nothing that day.
- Charges are submitted to insurance; after network discounts, you are billed 100% of allowable charges.
- Prescriptions also apply to the deductible, there are no copays.
- Once your deductible is met, you pay nothing more for the rest of the year.

Using an HSA:

- You can set aside money in an HSA to pay for your claims.
- HSA contributions are pre-tax, carry over year to year, and go with you if you change employers.
- Deductible limits: Single \$4,400; Family \$8,750; plus \$1,000 catch-up option for those age 55+.
- You can put your premium savings into the HSA to use when needed.
- HSA funds can be used for medical, dental, or vision claims.
- It's a cost-saving tool if you rarely go to the doctor or if you consistently meet your out-of-pocket maximum.



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Which plan is right for you?

- Deductibles only apply in emergency or hospital situations for all plans except HDHP.
- Deductible runs January to December
 - PPO/HMO allows a carryover from October-December (HDHP does not)
 - If you change plans in July, any deductible paid counts towards the new plan.
- Copays are the most common expense for all other plans. They count towards out-of-pocket maximum but not the deductible
- Preventive care is covered at 100% on all plans
- See the Medical Plan Comparison for details
- Additional documents regarding HDHP are available on the District payroll website



Dental Plan

Dental	In-Network
Annual Deductible	\$50 per individual \$150 per family
Annual Benefit Maximum	\$1,500
Lifetime Orthodontia Maximum	\$2,000
Plan Pays	In-Network
Preventive Care (Deductible waived)	100% Covered
Basic	80%
Major	50%
Orthodontia	50%

Dental Monthly Cost	ECC, Drivers & Aides	CCSD Employees
Employee Only	\$36.00	\$0.00
Two Person	\$75.00	\$39.00
Family	\$114.00	\$78.00

Locate an in-network provider near you at [Delta Dental of Iowa](#) or call 800-544-0718.

Please review the full plan documents for details including **out-of-network coverage**. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.



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Vision Plan

Vision	Materials Only	Exam + Materials
	In-Network	In-Network
Exam	N/A	\$10 copay (\$0 for Plus Providers)
Lenses	\$10 copay	\$10 copay
Frames	\$0 copay; 20% off balance over \$150 (\$200 with plus providers)	\$0 copay; 20% off balance over \$150 (\$200 with plus providers)
Contact Lenses	Conventional: \$0 copay; 15% off over \$150 Disposable: \$0 copay; 100% off over \$150	Conventional: \$0 copay; 15% off over \$150 Disposable: \$0 copay; 100% off over \$150
Frequencies		
Exams	N/A	1 per 12 months
Lenses or Contacts	1 per 12 months	1 per 12 months
Frames	1 per 24 months	1 per 24 months

Vision Cost	Materials Only	Exam + Materials
Employee Only	\$5.66	\$7.02
Family	\$15.39	\$19.09

Locate an in-network provider near you at <https://www.eved.com/en-us/> or call 866-804-0982.

Please review the full plan documents for details including **out-of-network coverage**. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.



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American Fidelity Products

- **Voluntary Products**
 - Short-Term Disability
 - Cancer
 - Critical Illness
 - Accident
 - Voluntary Life – whole life and term life
 - Group Hospital Indemnity



American Fidelity Assurance Company
americanfidelity.com



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Tax Saving Benefit Options

- **Dependent Care Account**
 - Pre-tax deduction for daycare expenses
 - Contribution limits: \$7,500 for single or married filing jointly; \$3,750 for married filing separately
- **Healthcare Flexible Spending Account (HCFSA)**
 - Contribution maximum: \$3,400; carryover maximum: \$680
 - Cannot be used with HDHP/HSA
- **Limited Purpose Flexible Spending Account (LPFSA)**
 - Contribution maximum: \$3,400; carryover maximum: \$680
 - Used for dental and vision expenses only
 - Can be used with HDHP
- **403(b) Account**
 - Tax sheltered retirement account
 - 2026 Contribution Limits:
 - Under age 50: \$24,500
 - Age 50+: \$32,500 (includes \$8,000 catch-up)
 - Ages 60-63: \$35,750 (includes \$11,250 catch-up)



Thank you for your
time!



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