



BURLINGTON
SCHOOL DISTRICT

BENEFITS RESOURCE GUIDE FY25



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CONTACT INFORMATION

CONTACT	CARRIER	PHONE	WEBSITE / EMAIL ADDRESS
Medical	BCBS VT	800-247-2583 800-344-6690	www.bluecrossvt.org
Health Reimbursement Arrangement (HRA)	Beneliance	866-207-3028	www.myrsc.com/
Pharmacy	BCBS VT	800-255-4550	www.bluecrossvt.org
Dental	Northeast Delta Dental	800-832-5700	www.nedelta.com
Flexible Spending Accounts (FSA)	Beneliance	866-207-3028	https://benefit.summitfor.me/
Health Savings Account (HSA)	Beneliance	866-207-3028	www.myrsc.com/
Life and AD&D	Madison National Life	800-356-9601	www.madisonlife.com
Supplemental Life	Madison National Life	800-356-9601	www.madisonlife.com
Short Term Disability	Madison National Life	800-356-9601	www.madisonlife.com
Long Term Disability	Madison National Life	800-356-9601	www.madisonlife.com
Accident Insurance	National Teachers Association (NTA) Life	800-356-9601	https://ntalife.com/
Critical Illness Insurance	National Teachers Association (NTA) Life	800-356-9601	https://ntalife.com/
Cash in Lieu of Health Care (CIL)	Burlington School District - HR	802-864-2159	hr@bsdvt.org
Employee Assistance Program	Invest EAP	866-660-9533	www.investeap.org
Employee Wellness	VEHI Path	802-223-5040 ext. 214 or 229	new.tomypath.com/dashboard
TalentEd/Records	Burlington School	802-864-2159	https://bsdvt.tedk12.com/Records

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	District - HR		
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ENROLLMENT DETAILS

ELIGIBILITY	Employees working a minimum of 17.5 hours per week (See eligibility Chart for waiting period details)
ENROLL DATES	October 1 - October 15, 2024
ENROLL OPTIONS	Scheduled call with Benefits Specialist
ENROLLMENT SYSTEM	WISE Benefits
PLAN YEAR	January 1– December 31, 2025
DEADLINE FOR CHANGES	November 30, 2024; does not apply to those who did not enroll by October 15, 2024
LAST DAY TO ENROLL	October 15, 2024, no later than 5:30 p.m. ET

CHANGES FOR 2025

Dental Coverage Changes for 2025

BSD is excited to announce we are switching from Cigna Dental to NorthEast Delta Dental for 2025! With this change, we will receive the same benefits with an expanded in-network availability of NE Delta Dental's coverage - all for the same costs to you! If you were previously enrolled in Cigna Dental through BSD, you will be automatically enrolled in the new NE Delta Dental plan and will receive new Dental Insurance cards in the mail.

HRA/HSA/FSA Changes for 2025

DataPath has restructured and changed its name to Beneliance in order to reflect that they are an ally in benefits administration to those they serve. There are no changes to the websites or cards that you already have, but you will notice the new name at the top of any communications from them.

New Optional Employee Benefits Available for 2025

BSD is expanding the benefits available to staff for 2025:

- **Short Term Disability**
- **Long Term Disability**
- **Accident Insurance**
- **Critical Illness Insurance**

Are all now available to benefits eligible employees to participate in. These benefits are all 100% employee funded, but are completely optional to purchase.

MEDICAL PLAN SUMMARY - Licensed Staff (Teacher/Administrator/Nurse)

Health Plans for Licensed Employees FY25	VEHI Platinum Member Cost Share	VEHI Gold Member Cost Share	VEHI Gold CDHP Member Cost Share	VEHI Silver CDHP Member Cost Share
HRA or HSA Funding for Licensed Employees	HRA \$1,900 Single/ \$4,000 All other tiers	HRA \$1,900 Single/ \$4,000 All other tiers	HRA \$1,900 Single/ \$4,000 All other tiers	HRA or HSA \$1,900 Single/ \$4,000 All other tiers
Medical Deductible	\$500 Single/ \$1,000 All other tiers	\$1,200 Single/ \$2,400 All other tiers	\$1,800 Single/ \$3,600 (aggregate) All other tiers	\$3,000 Single/ \$6,000 All other tiers
Medical Out of Pocket Maximum	\$1,500 Single/ \$3,000 All other tiers	\$1,800 Single/ \$3,600 All other tiers	\$2,500 Single/ \$5,000 (aggregate) All other tiers	\$4,000 Single/ \$8,000 All other tiers
Prescription Deductible	\$0	\$0	Included in medical deductible	Included in medical deductible
Prescription Out of Pocket Maximum	\$1,300 Single/ \$2,600 All other tiers	\$1,300 Single/ \$2,600 All other tiers	\$1,600 Single/ \$3,200 (aggregate) All other tiers (included in Medical OOPM)	\$1,600 Single/ \$3,200 All other tiers (included in Medical OOPM)
Total Health Plan Out of Pocket Exposure before HRA or HSA (Medical and Rx Combined)	\$2,800 Single/ \$5,600 All other tiers	\$3,100 Single/ \$6,200 All other tiers	\$2,500 Single/ \$5,000 (aggregate) All other tiers	\$4,000 Single/ \$8,000 All other tiers
Total Out of Pocket Exposure AFTER HRA or HSA (Medical and Rx Combined)	\$900 Single/ \$1,600 All other tiers	\$1,200 Single/ \$2,200 All other tiers	\$600 Single/ \$1,000 All other tiers	\$2,100 Single/ \$4,000 All other tiers
Benefit Specifics by Plan				
Preventive PCP Visit	\$0	\$0	\$0	\$0
Primary Care Physician / Mental Health or Substance Abuse Visit	\$25	\$25	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Specialist Visit	\$35	\$35	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent Care Facility	\$75	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency Room	\$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Inpatient, Outpatient, Radiology, DME, Ambulance, etc.	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Generic tier 1 / tier 2 / Brand / NP Brand	\$4 / \$10 / \$20 / 50%	\$4 / \$10 / \$20 / 50%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Wellness Prescriptions	\$4 / \$10 / \$20 / 50%	\$4 / \$10 / \$20 / 50%	No member cost	No member cost

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MEDICAL PLAN COST - Licensed Staff (Teacher/Administrator/Nurse)

Licensed Employee* Full Time - Single Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee <i>After</i> HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Single	Platinum	\$2,800	\$1,900	\$900	\$1,202.97	\$14,435.64	\$10,555.30	\$3,880.34	\$323.36	\$4,780.34
Single	Gold	\$3,100	\$1,900	\$1,200	\$1,177.89	\$14,134.68	\$10,555.30	\$3,579.38	\$298.28	\$4,779.38
Single	Gold CDHP	\$2,500	\$1,900	\$600	\$1,099.51	\$13,194.12	\$10,555.30	\$2,638.82	\$219.90	\$3,238.82
Single	Silver CDHP	\$4,000	\$1,900	\$2,100	\$1,013.90	\$12,166.80	\$9,733.44	\$2,433.36	\$202.78	\$4,533.36
<i>If you are unsure if these</i>										
**HSA only available on										
Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.										

Licensed Employee* Full Time - Self & Spouse Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee <i>After</i> HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Self & Spouse	Platinum	\$5,600	\$4,000	\$1,600	\$2,405.95	\$28,871.40	\$19,823.33	\$9,048.07	\$754.01	\$10,648.07
Self & Spouse	Gold	\$6,200	\$4,000	\$2,200	\$2,355.79	\$28,269.48	\$19,823.33	\$8,446.15	\$703.85	\$10,646.15
Self & Spouse	Gold CDHP	\$5,000	\$4,000	\$1,000	\$2,064.93	\$24,779.16	\$19,823.33	\$4,955.83	\$412.99	\$5,955.83
Self & Spouse	Silver CDHP	\$8,000	\$4,000	\$4,000	\$2,027.82	\$24,333.84	\$19,467.07	\$4,866.77	\$405.56	\$8,866.77
<i>If you are unsure if these</i>										
**HSA only available on										
Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.										

Licensed Employee* Full Time - Parent/Child(ren) Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee <i>After</i> HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Parent/Child(ren)	Platinum	\$5,600	\$4,000	\$1,600	\$2,011.55	\$24,138.60	\$16,318.85	\$7,819.75	\$651.65	\$9,419.75
Parent/Child(ren)	Gold	\$6,200	\$4,000	\$2,200	\$1,971.27	\$23,655.24	\$16,318.85	\$7,336.39	\$611.37	\$9,536.39
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,000	\$1,000	\$1,699.88	\$20,398.56	\$16,318.85	\$4,079.71	\$339.98	\$5,079.71
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,000	\$4,000	\$1,709.17	\$20,510.04	\$16,408.03	\$4,102.01	\$341.83	\$8,102.01
<i>If you are unsure if these</i>										
**HSA only available on										
Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.										

Licensed Employee* Full Time - Family Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee <i>After</i> HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Family	Platinum	\$5,600	\$4,000	\$1,600	\$3,403.19	\$40,838.28	\$29,238.24	\$11,600.04	\$966.67	\$13,200.04
Family	Gold	\$6,200	\$4,000	\$2,200	\$3,334.30	\$40,011.60	\$29,238.24	\$10,773.36	\$897.78	\$12,973.36
Family	Gold CDHP	\$5,000	\$4,000	\$1,000	\$3,045.65	\$36,547.80	\$29,238.24	\$7,309.56	\$609.13	\$8,309.56
Family	Silver CDHP	\$8,000	\$4,000	\$4,000	\$2,885.25	\$34,623.00	\$27,698.40	\$6,924.60	\$577.05	\$10,924.60
<i>If you are unsure if these</i>										
**HSA only available on										
Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.										

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MEDICAL PLAN COST - Licensed (Simplified Version)

Policy Size	Plan	Employee OOP Max	2024 HRA/HSA	Annual OOP Exposure After HRA/HSA	Employee Premium (Annual)	Employee Premium (Monthly)	Total Medical Expenses (Worst Case Scenario)
Single	Platinum	\$2,800	\$1,900	\$900	\$3,880.34	\$323.36	\$4,780.34
Single	Gold	\$3,100	\$1,900	\$1,200	\$3,579.38	\$298.28	\$4,779.38
Single	Gold CDHP	\$2,500	\$1,900	\$600	\$2,638.82	\$219.90	\$3,238.82
Single	Silver CDHP	\$4,000	\$1,900	\$2,100	\$2,433.36	\$202.78	\$4,533.36
Self & Spouse	Platinum	\$5,600	\$4,000	\$1,600	\$9,048.07	\$754.01	\$10,648.07
Self & Spouse	Gold	\$6,200	\$4,000	\$2,200	\$8,446.15	\$703.85	\$10,646.15
Self & Spouse	Gold CDHP	\$5,000	\$4,000	\$1,000	\$4,955.83	\$412.99	\$5,955.83
Self & Spouse	Silver CDHP	\$8,000	\$4,000	\$4,000	\$4,866.77	\$405.56	\$8,866.77
Parent/Child(ren)	Platinum	\$5,600	\$4,000	\$1,600	\$7,819.75	\$651.65	\$9,419.75
Parent/Child(ren)	Gold	\$6,200	\$4,000	\$2,200	\$7,336.39	\$611.37	\$9,536.39
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,000	\$1,000	\$4,079.71	\$339.98	\$5,079.71
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,000	\$4,000	\$4,102.01	\$341.83	\$8,102.01
Family	Platinum	\$5,600	\$4,000	\$1,600	\$11,600.04	\$966.67	\$13,200.04
Family	Gold	\$6,200	\$4,000	\$2,200	\$10,773.36	\$897.78	\$12,973.36
Family	Gold CDHP	\$5,000	\$4,000	\$1,000	\$7,309.56	\$609.13	\$8,309.56
Family	Silver CDHP	\$8,000	\$4,000	\$4,000	\$6,924.60	\$577.05	\$10,924.60

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MEDICAL PLAN SUMMARY - Support Staff (All Other Staff)

Health Plans for Non-Licensed Employees FY25	VEHI Platinum Member Cost Share	VEHI Gold Member Cost Share	VEHI Gold CDHP Member Cost Share	VEHI Silver CDHP Member Cost Share
HRA or HSA Funding for Non-Licensed	HRA \$2,200 Single/ \$4,400 All other tiers	HRA \$2,200 Single/ \$4,400 All other tiers	HRA \$2,200 Single/ \$4,400 All other tiers	HRA or HSA \$2,200 Single/ \$4,400 All other tiers
Medical Deductible	\$500 Single/ \$1,000 All other tiers	\$1,200 Single/ \$2,400 All other tiers	\$1,800 Single/ \$3,600 (aggregate) All other tiers	\$3,000 Single/ \$6,000 All other tiers
Medical Out of Pocket Maximum	\$1,500 Single/ \$3,000 All other tiers	\$1,800 Single/ \$3,600 All other tiers	\$2,500 Single/ \$5,000 (aggregate) All other tiers	\$4,000 Single/ \$8,000 All other tiers
Prescription Deductible	\$0	\$0	Included in medical deductible	Included in medical deductible
Prescription Out of Pocket Maximum	\$1,300 Single/ \$2,600 All other tiers	\$1,300 Single/ \$2,600 All other tiers	\$1,600 Single/ \$3,200 (aggregate) All other tiers (included in Medical OOPM)	\$1,600 Single/ \$3,200 All other tiers (included in Medical OOPM)
Total Health Plan Out of Pocket Exposure before HRA or HSA (Medical and Rx Combined)	\$2,800 Single/ \$5,600 All other tiers	\$3,100 Single/ \$6,200 All other tiers	\$2,500 Single/ \$5,000 (aggregate) All other tiers	\$4,000 Single/ \$8,000 All other tiers
Total Out of Pocket Exposure AFTER HRA or HSA (Medical and Rx Combined)	\$600 Single/ \$1,200 All other tiers	\$900 Single/ \$1,800 All other tiers	\$300 Single/ \$600 All other tiers	\$1,800 Single/ \$3,600 All other tiers
Benefit Specifics by Plan				
Preventive PCP Visit	\$0	\$0	\$0	\$0
Primary Care Physician / Mental Health or Substance Abuse Visit	\$25	\$25	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Specialist Visit	\$35	\$35	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent Care Facility	\$75	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency Room	\$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Inpatient, Outpatient, Radiology, DME, Ambulance, etc.	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Generic tier 1 / tier 2 / Brand / NP Brand	\$4 / \$10 / \$20 / 50%	\$4 / \$10 / \$20 / 50%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Wellness Prescriptions	\$4 / \$10 / \$20 / 50%	\$4 / \$10 / \$20 / 50%	No member cost	No member cost

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MEDICAL PLAN COST - Support Staff (All Other Staff)

Non-Licensed Employee* Full Time - Single Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share
Single	Platinum	\$2,800	\$2,200	\$600	\$1,202.97	\$14,435.64	\$10,555.30	\$3,880.34	\$323.36	\$4,480.34
Single	Gold	\$3,100	\$2,200	\$900	\$1,177.89	\$14,134.68	\$10,555.30	\$3,579.38	\$298.28	\$4,479.38
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$1,099.51	\$13,194.12	\$10,555.30	\$2,638.82	\$219.90	\$2,938.82
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$1,013.90	\$12,166.80	\$9,733.44	\$2,433.36	\$202.78	\$4,233.36
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.										

Non-Licensed Employee* Full Time - Self & Spouse Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share
Self & Spouse	Platinum	\$5,600	\$4,400	\$1,200	\$2,405.95	\$28,871.40	\$19,823.33	\$9,048.07	\$754.01	\$10,248.07
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$2,355.79	\$28,269.48	\$19,823.33	\$8,446.15	\$703.85	\$10,246.15
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$2,064.93	\$24,779.16	\$19,823.33	\$4,955.83	\$412.99	\$5,555.83
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,027.82	\$24,333.84	\$19,467.07	\$4,866.77	\$405.56	\$8,466.77
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.										

Non-Licensed Employee* Full Time - Parent/Child(ren) Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share
Parent/Child(ren)	Platinum	\$5,600	\$4,400	\$1,200	\$2,011.55	\$24,138.60	\$16,318.85	\$7,819.75	\$651.65	\$9,019.75
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$1,971.27	\$23,655.24	\$16,318.85	\$7,336.39	\$611.37	\$9,136.39
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,699.88	\$20,398.56	\$16,318.85	\$4,079.71	\$339.98	\$4,679.71
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,709.17	\$20,510.04	\$16,408.03	\$4,102.01	\$341.83	\$7,702.01
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.										

Non-Licensed Employee* Full Time - Family Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share
Family	Platinum	\$5,600	\$4,400	\$1,200	\$3,403.19	\$40,838.28	\$29,238.24	\$11,600.04	\$966.67	\$12,800.04
Family	Gold	\$6,200	\$4,400	\$1,800	\$3,334.30	\$40,011.60	\$29,238.24	\$10,773.36	\$897.78	\$12,573.36
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$3,045.65	\$36,547.80	\$29,238.24	\$7,309.56	\$609.13	\$7,909.56
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,885.25	\$34,623.00	\$27,698.40	\$6,924.60	\$577.05	\$10,524.60
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										

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MEDICAL PLAN COST - Support Staff (Simplified Version)

Policy Size	Plan	Employee OOP Max	2024 HRA/HSA	Annual OOP Exposure After HRA/HSA	Employee Premium (Annual)	Employee Premium (Monthly)	Total Medical Expenses (Worst Case Scenario)
Single	Platinum	\$2,800	\$2,200	\$600	\$3,880.34	\$323.36	\$4,480.34
Single	Gold	\$3,100	\$2,200	\$900	\$3,579.38	\$298.28	\$4,479.38
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$2,638.82	\$219.90	\$2,938.82
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$2,433.36	\$202.78	\$4,233.36
Self & Spouse	Platinum	\$5,600	\$4,400	\$1,200	\$9,048.07	\$754.01	\$10,248.07
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$8,446.15	\$703.85	\$10,246.15
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$4,955.83	\$412.99	\$5,555.83
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$4,866.77	\$405.56	\$8,466.77
Parent/Child(ren)	Platinum	\$5,600	\$4,400	\$1,200	\$7,819.75	\$651.65	\$9,019.75
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$7,336.39	\$611.37	\$9,136.39
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$4,079.71	\$339.98	\$4,679.71
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$4,102.01	\$341.83	\$7,702.01
Family	Platinum	\$5,600	\$4,400	\$1,200	\$11,600.04	\$966.67	\$12,800.04
Family	Gold	\$6,200	\$4,400	\$1,800	\$10,773.36	\$897.78	\$12,573.36
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$7,309.56	\$609.13	\$7,909.56
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$6,924.60	\$577.05	\$10,524.60

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ELIGIBILITY CHART

Benefits Eligibility and Waiting Periods				
Union Group	Eligibility Threshold	Health Insurance Effective Date of Coverage	Dental Insurance Effective Date of Coverage	Life Insurance Effective Date of Coverage
Administrator	Health = 17.5 hrs/wk or more Dental & Life = 30 hrs/wk or more	1st of the month following start date*	1st of the month following start date*	1st of the month following start date*
Bus Driver	Health = 17.5 hrs/wk or more Dental & Life = 30 hrs/wk or more	1st of the month following start date*	1st of the month following 90 workdays	1st of the month following 90 workdays
Food Service	Health = 17.5 hrs/wk or more Life = 30 hrs/wk or more	1st of the month following start date*	Not Eligible	1st of the month following 60 workdays
Office Personnel	Health = 17.5 hrs/wk or more Dental & Life = 30 hrs/wk or more	1st of the month following start date*	1st of the month following start date*	1st of the month following start date*
Non-Union	Health = 17.5 hrs/wk or more Dental & Life = 30 hrs/wk or more	1st of the month following start date*	1st of the month following start date*	1st of the month following start date*
Paraeducator	Health = 17.5 hrs/wk or more Dental & Life = 30 hrs/wk or more	1st of the month following start date*	1st of the month following 1 year of service	1st of the month following 45 workdays
Property Services	Health = 17.5 hrs/wk or more Dental & Life = 30 hrs/wk or more	1st of the month following start date*	1st of the month following 90 workdays	1st of the month following 90 workdays
Teacher	Health = 17.5 hrs/wk or more Dental & Life = .5 FTE or higher	1st of the month following start date*	1st of the month following start date*	1st of the month following start date*
Information Tech	Health = 17.5 hrs/wk or more Dental & Life = 30 hrs/wk or more	1st of the month following start date*	1st of the month following 90 workdays	1st of the month following 90 workdays

* **Health Insurance Effective Date of Coverage:** Forms signed and submitted on a day dated the 1st - 15th of the month, coverage is effective the first day of the following month. **Example: Form submitted on January 10, 2023 - Effective date of Coverage is February 1, 2023**

Forms signed and submitted on or after the 16th of the month, coverage is effective the first day of the next month after 30 days of employment.

Example: Form submitted on January 28, 2023 - Effective date of coverage is March 1, 2023

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ELIGIBLE DEPENDENTS

SPOUSE	Legal Spouse
CHILDREN	<p>Health Insurance - Children up to age 26</p> <p>Dental Insurance - Children up to age 19 (*Up to age 26 if Full Time Student)</p> <p>Unmarried children of any age who are dependent upon you for support due to incapacity because of disability or illness.</p>
DOMESTIC PARTNERS	<p>Form included in enrollment to complete and return to BSD HR</p> <ul style="list-style-type: none"> • a) each party is the sole domestic partner of the other • b) each party is at least eighteen (18) years of age or older and competent to enter into a contract in the state in which he or she resides • c) both parties currently share a common legal residence and have shared said residence for at least six (6) months prior to application for domestic partner coverage • d) neither party is married, a party to a Civil Union, or related to the other by adoption or blood to a degree of closeness that would bar Marriage/Civil Union in the state in which they legally reside • e) both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future • f) both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household); the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them • g) neither party filed a Termination of Domestic Partnership within the preceding nine months.

CASH IN LIEU

Employees eligible to enroll in the VEHI Blue Cross Plans electing to waive coverage under the plan may be eligible for an annual Cash-in-Lieu (CIL) payment. **Vermont Law prevents CIL payment to public school employees, when covered as a dependent under another public school.**

The amount of the CIL payment is listed below based on union group and dependent coverage eligibility. Prorated payments may apply for partial year of service with the district as well as eligible part-time employees.

BEA, BAA, BEA-P, NONU, PROP, and BUS Annual CIL Payments:

Single Coverage - \$ 2,638.82

Single Coverage (Para) - \$ 2,803.75

Spouse Coverage - \$ 4,955.83

Parent + Child(ren) - \$ 4,079.71

Family Coverage - \$ 7,309.56

FOOD Annual CIL Payments:

Single Coverage - \$ 2,111.06

Spouse Coverage - \$ 3,964.67

Parent + Child(ren) - \$ 3,263.77

Family Coverage - \$ 5,847.65

IT Flat Rate Annual CIL Payments: \$ 1,500.00

OP Flat Rate Annual CIL Payments: \$ 2,000.00

To be eligible for the CIL payment the employee must be covered by other permissible group health plan coverage. Federal tax law prohibits a CIL payment to employees covered by an individual policy of health insurance, including individual policies on Vermont Health Connect. Vermont Law prevents CIL payment to public school employees, when covered as a dependent under another public school.

Other permissible group health plan coverage:

- (a) **another employer's group plan:** however, employees **will not be eligible** for a CIL payment if the employee is simultaneously **receiving health care benefits from the same or another school employer,**
- (b) a **spouse's health benefit plan** (unless the spouse's health benefit plan is through another school employer), or
- (c) certain governmental plans, such as **Medicare** Part A, CHIP (Children's Health Insurance Program), **Medicaid,** and most **TRICARE** coverage for military veterans.

Employees are required to certify the employee eligible under the VEHI Blue Cross Plan is enrolled in other permissible health plan coverage. **The Burlington School District requests that the employee must provide proof of other medical plan coverage annually.** Proofs of enrollment in other medical plan coverage include member identification cards, a letter from an insurance company or health plan, a copy of enrollment information, or a letter from another employer attesting to enrollment in that employer's health plan. All proof of enrollment must show the applicable coverage period.

Employees who do not provide the required certification or required proof by January 1st of each year will not be eligible to receive the CIL payment for the plan year.

The employee must provide the certification of other medical coverage (certification form attached) within the following deadlines:

- New hires must provide the certification of other permissible group medical coverage within 15 days of hire.
- At annual enrollment, the certification of other medical coverage must be provided by May 1st of each year.
- If an employee or employee's family member experiences a Special Enrollment or other change in status (explained below) and the employee then makes a mid-year election to waive coverage under the VEHI Blue Cross Plans consistent with Employer's cafeteria plan, notice and proof of enrollment must be provided within 60 days to be eligible for the CIL payment. The monthly CIL payments will
- begin for the first calendar month coverage terminates, provided the change in status is approved and the certification is accepted.

Payments to eligible employees will be distributed in two (2) installments, each covering 6 months of eligibility

1. At the end of the calendar year (12/27/2024)
2. At the end of the school year (06/27/2025)

To obtain the monthly CIL payment, a full-time employee must also complete and sign the certification form.

FORM IS IN [TALENTED/RECORDS](#) SYSTEM AND MUST BE COMPLETED AND RETURNED TO BSD HR OFFICE

HRA - HEALTH REIMBURSEMENT ARRANGEMENT

ADMINISTRATOR	Beneliance
ELIGIBILITY	Employees working 17.5 hours or more per week during the school year
CONTRIBUTIONS	<p>100% Employer Contributed:</p> <p>AOE Licensed (Teachers, Administrators, and Nurses) Available with any plan</p> <ul style="list-style-type: none"> • Single - \$1,900 • 2 or more - \$4,000 <p>Non AOE Licensed (All other staff) Available with any plan</p> <ul style="list-style-type: none"> • Single - \$2,200 • 2 or more - \$4,400
CLAIMS	<p>Provider (DataPath) pays claims directly to medical providers. You do not need to submit anything. Billing and payment occurs automatically.</p> <p>www.myrsc.com</p>
DEADLINES	<p>Claims for 2024 funds must be incurred by 12/31/2024</p> <p>Claims for 2024 funds must be submitted by 3/30/2025</p>
CARRYOVER RULE	HRA funds cannot rollover
DEBIT CARD	<p>MySource Card</p> <p>For use with prescription purchases only - Do not use this card to pay copays or bills.</p> <p>New cards will be issued for newly enrolled plans only and for current cards expiring</p>
FORMS	HRA is selected on the Blue Cross enrollment form and HRA form is filled out on WiseBenefits.

FSA - FLEXIBLE SPENDING ACCOUNT

ADMINISTRATOR	Beneliance
ELIGIBILITY	Employees working 17.5 hours or more per week during the school year
CONTRIBUTIONS	<p>No employer contributions</p> <p>Elected FSA Limits:</p> <ul style="list-style-type: none"> • Minimum: \$100 • Maximum: \$3,200 <p>Full amount is front-loaded at the beginning of the year or at the time of enrollment for midyear hires.</p> <p>Contributions are deducted per paycheck.</p>
DEBIT CARD	Summit Card
DEADLINES	<ul style="list-style-type: none"> • Claims for 2024 funds must be incurred by 12/31/2024 • Claims for 2024 funds must be submitted by March 30, 2025 • File claims for reimbursement online at https://benefit.summitfor.me/ • When you leave employment with the district (resignation/retirement/termination), access to your FSA is terminated as of the final day of employment. You have 30 days to submit receipts for reimbursement. All purchases need to have occurred prior to or on the final day of employment.
CARRYOVER RULE	The balance rolled over is reduced to either the predetermined amount of \$640 or the balance, whichever is less
FORMS	<p>FSA form is submitted on WiseBenefits</p> <p>A new form is required each year you wish to contribute to an FSA</p>

DCAP - DEPENDENT CARE ASSISTANCE PLAN

ADMINISTRATOR	Beneliance
ELIGIBILITY	<ul style="list-style-type: none"> • If married, spouse must work full time, be a full-time student, or be disabled • Day care provider must have a tax ID or SSN • Dependent children must be under age 13 or incapable of self-care • Dependent must reside in the employee's home for at least 8 hours daily
CONTRIBUTIONS	<p>Dependent Care FSA Limit \$5000</p> <p>*Funds available as each payroll deduction is taken.</p>
DEBIT CARD	Summit Card
DEADLINES	<ul style="list-style-type: none"> • Claims for 2024 funds must be incurred by 12/31/2024 • Claims for 2024 funds must be submitted by March 30, 2025 • File claims for reimbursement online at https://benefit.summitfor.me/
CARRYOVER RULE	DCAP funds cannot roll over
EXPENSES	<p>Eligible: Day care centers Before-school and after-school care Nurse or caregiver for elderly dependent Day camps</p> <p>Ineligible: Overnight camps Babysitters for care outside of regular work hours Day care providers who cannot provide a valid ID or SSN</p>
FORMS	<p>FSA form is submitted on WiseBenefits</p> <p>A new form is required each year you wish to contribute to a DCAP FSA</p>

LPFSA - LIMITED PURPOSE FSA

*Can only be used for Dental or Vision expenses

ADMINISTRATOR	Beneliance
ELIGIBILITY	<ul style="list-style-type: none"> • Employees working 17.5 hours or more per week during the school year. • Must be enrolled in the Silver CDHP Plan with an HSA
CONTRIBUTIONS	<p>No employer contributions</p> <p>Elected LPFSA Limits:</p> <ul style="list-style-type: none"> • Minimum: \$100 • Maximum: \$3,200 <p>Full amount is front-loaded at the beginning of the year or at the time of enrollment for midyear hires.</p> <p>Contributions are deducted per paycheck.</p>
DEBIT CARD	Summit Card
DEADLINES	<ul style="list-style-type: none"> • Claims for 2024 funds must be incurred by 12/31/2024 • Claims for 2024 funds must be submitted by March 30, 2025 • File claims for reimbursement online at https://benefit.summitfor.me/ • When you leave employment with the district (resignation/retirement/termination), access to your FSA is terminated as of the final day of employment. You have 30 days to submit receipts for reimbursement. All purchases need to have occurred prior to or on the final day of employment.
CARRYOVER RULE	The balance rolled over is reduced to either the predetermined amount of \$640 or the balance, whichever is less. (Same as regular FSA)
FORMS	<p>FSA form is submitted on WiseBenefits</p> <p>A new form is required each year you wish to contribute to an LPFSA</p>

HSA - HEALTH SAVINGS ACCOUNT

ADMINISTRATOR	Beneliance
ELIGIBILITY	<p>Employees working 17.5 hours or more per week during the school year</p> <p>Available with the Silver CDHP Plan only</p>
CONTRIBUTIONS	<p>Employer Made Contribution: AOE Licensed (Teachers, Administrators, and Nurses) Available with any plan</p> <ul style="list-style-type: none"> • Single - \$1,900 • 2 or more - \$4,000 <p>Non AOE Licensed (All other staff) Available with any plan</p> <ul style="list-style-type: none"> • Single - \$2,200 • 2 or more - \$4,400 <p>Employee HSA Contributions</p> <ul style="list-style-type: none"> • Optional - Not Front Loaded • Annual Limit: \$4,150 (Single) / \$8,300 (All Others) <ul style="list-style-type: none"> ○ Annual limit includes Employer Contribution
CLAIMS	<p>Pay directly with MySource card or submit for reimbursement through www.myrsc.com website.</p>
DEADLINES	<p>Claims for 2024 funds must be incurred by 12/31/2024</p> <p>Claims for 2024 funds must be submitted by 3/30/2025</p> <p>No limit on claims that occur in a calendar year</p>
CARRYOVER RULE	All unused funds rollover automatically
DEBIT CARD	<p>MySource Card</p> <p>New cards will be issued for newly enrolled plans only and for current cards expiring</p>
FORMS	HSA is selected on the Blue Cross enrollment form and HSA form is filled out on WiseBenefits

DENTAL PLAN

CARRIER	Northeast Delta Dental
PREMIUM	<p>Employee Only - 100% BSD paid (\$438.84 Annually)</p> <p><u>2 Person: Employee + 1 dependent (Can be spouse or child) (\$998.52)</u> IT, PARA, BUS Contract Employee Portion - \$559.68 Annually PROP Services Contract Employee Portion - \$299.56 Annually BEA,BAA,OP, & NONU Contract Employee Portion - \$167.90 Annually</p> <p><u>Family: Employee + 2 or more dependents (\$1,732.32)</u> IT, PARA, BUS Contract Employee Portion - \$1,293.48 Annually PROP Services Contract Employee Portion - \$519.70 Annually BEA,BAA,OP, & NONU Contract Employee Portion - \$388.04 Annually</p>
DEDUCTIBLE	<p>\$25 - Per Individual \$75 - Per Family</p>
PLAN MAXIMUM	\$1,000 (Annual)
PROVIDER NETWORK	<p>Delta PPO Network will provide cheapest costs Delta Premier Network provides discounted rates, but not as much at the PPO Networks</p>
ID CARDS	<p>Physical Card sent at initial enrollment. Digital card available through website or on their app.</p> <p>Can be found on the website or requested from the Human Resources Department.</p>
WEBSITE	http://www.nedelta.com
ENROLLMENT FORM	Completed on WiseBenefits

Dental Benefits Summary

Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)	Orthodontics (Coverage D)
No Deductible	Calendar Year Deductible per Person/Family: \$25/\$75		No Deductible
DIAGNOSTIC: Evaluations twice in a calendar year; this includes periodic, limited, and problem-focused evaluations. X-rays (comprehensive (full-mouth) series or panoramic film) once in a 3-year period Bitewing x-rays twice in a calendar year X-rays of individual teeth as necessary Brush biopsy once in a 12-month period PREVENTIVE: Cleanings twice in a Calendar Year; these may be routine or periodontal Fluoride twice in a calendar year to age 19 Space maintainers to age 19 Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19 EMERGENCY PALLIATIVE TREATMENT <i>Note: Expenses Incurred for covered Diagnostic and Preventive services do accrue to your annual maximum.</i>	RESTORATIVE: Amalgam (silver) fillings; Composite/Resin (white) fillings on anterior teeth and the buccal surface of bicuspid only ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Treatment of gum disease Clinical crown lengthening once per tooth per lifetime DENTURE REPAIR: Repair of a removable denture to its original condition Rebase and reline (dentures)	PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures Crowns Onlays / Inlays Implants	ORTHODONTICS: Correction of malposed (crooked) teeth for children and adults
Delta Dental Pays: 100% No Waiting Period	Delta Dental Pays: 80% No Waiting Period	Delta Dental Pays: 50% No Waiting Period	Delta Dental Pays: 50% No Waiting Period
Calendar Year Maximum: \$1,000 Health through Oral Wellness® program included (please see reverse for details)			Lifetime Maximum: \$1,000 per Person

Delta Dental PPO Plus		
Calendar Year Benefits Maximum Applies to: Class I, II, III & IX expenses	\$1,000	
Calendar Year Deductible Individual Family	\$25 \$75	
Benefit Highlights	Plan Pays	You Pay
Class A: Diagnostic & Preventive DIAGNOSTIC: <ul style="list-style-type: none"> Evaluations twice in a calendar year; this includes periodic, limited, and problem focused evaluations. X-rays (comprehensive (full-mouth) series or panoramic film) once in a 3-year period Bitewing x-rays twice in a calendar year X-rays of individual teeth as necessary Brush biopsy once in a 12-month period PREVENTIVE: <ul style="list-style-type: none"> Cleanings twice in a Calendar Year; these may be routine or periodontal Fluoride twice in a calendar year to age 19 Space maintainers to age 19 Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19 EMERGENCY PALLIATIVE TREATMENT	100% No Deductible	No Charge
Class B: Restorative RESTORATIVE: <ul style="list-style-type: none"> Amalgam (silver) fillings; Composite/Resin (white) fillings on anterior teeth and the buccal surface of bicuspid only ORAL SURGERY: <ul style="list-style-type: none"> Surgical and routine extractions ENDODONTICS:	80% After Deductible	20% After Deductible

<ul style="list-style-type: none"> • Root canal therapy PERIODONTICS: <ul style="list-style-type: none"> • Treatment of gum disease • Clinical crown lengthening once per tooth per lifetime DENTURE REPAIR: <ul style="list-style-type: none"> • Repair of a removable denture to its original condition • Rebase and reline (dentures) 		
Class C: Major Restorative PROSTHODONTICS: <ul style="list-style-type: none"> • Removable and fixed partial dentures (bridge); complete dentures • Crowns • Onlays / Inlays • Implants 	50% After Deductible	50% After Deductible
Class D: Orthodontia ORTHODONTICS: <ul style="list-style-type: none"> • Correction of malposed (crooked) teeth for children and adults 	50% After Deductible	50% After Deductible



Network Cost Savings Example

Here is an example of how the Delta Dental PPO Plus Premier™ network saves you money:

How much will you **save** and how much will you **pay** out-of-pocket?*

Full charge of procedure \$1,000*

	ALLOWED	PAYMENT
Greatest Savings		Delta Dental pays \$400
In-Network Delta Dental PPO™ 50% benefit Coverage	\$800	You pay \$400
		You save \$200
In-Network Delta Dental Premier® 50% benefit Coverage	\$900	Delta Dental pays \$450
		You pay \$450
		You save \$100
Out-of-Network 50% benefit Coverage Potential balance billing charge	\$720	Delta Dental pays \$360
		You pay \$640 Includes \$280 balance billing (\$1,000-\$360 = \$640)
		You save \$0

The Delta Dental PPO Plus Premier network arrangement offers access to the nation's largest Premier network of dentists while simultaneously offering access to PPO providers who have agreed to accept even lower fees for Delta Dental patients.

Because Delta Dental network dentists have agreed to accept a lower reimbursement for services, subscribers experience lower out-of-pocket costs *and* the plan maximum will cover more care. This means real cost savings.

*Please note: this example is for illustrative purposes only and assumes any member deductible has been met. Benefit percentage and out-of-network reimbursement may vary by plans, procedures and contract setup. Please check your outline of coverage for exact benefit plan designs.

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BASIC LIFE AND AD&D

CARRIER	Madison National Life
CONTRIBUTIONS	100% Employer paid Post Tax
ELIGIBILITY	<p>Employees working 17.5 hours or more each week during the school year</p> <p>Class 1 – AOE Licensed Teacher – \$50,000 Class 2 – Paraeducator – \$25,000 Class 3 – Bus, OP, IT Staff – \$50,000 Class 4 – Administrators – \$50,000 Class 5 – Active Maintenance – \$50,000 Class 6 – Food Services – \$25,000 Class 7 – Retired Maintenance – \$10,000 Class 8 – NONU - Personal Service Agreement – \$50,000</p>
ACCELERATED DEATH BENEFIT	If an insured person is diagnosed with a terminal illness, as defined in your certificate, he/she may be eligible to request early payment of the life insurance in force.
BENEFICIARIES	<p>What is needed to designate a beneficiary?</p> <p>Name, relationship, address, phone, & the percentage of the benefit</p> <p>Form Submitted on Wise Benefits</p>

SUPPLEMENTAL LIFE AND AD&D

CARRIER	Madison National Life
CONTRIBUTIONS	100% Employee paid Post Tax
ELIGIBILITY	<p>Employees working 17.5 hours or more each week during the school year</p> <p>Benefit Amount: \$37,500</p> <p>Classes Eligible: Class 1 – AOE Licensed Teacher Class 3 – Bus, OP, IT Staff Class 4 – Administrators Class 5 – Active Maintenance Class 8 – NONU - Personal Service Agreement</p> <p>*Paras and Food Services not eligible for Supplemental Life and AD&D</p>
PREMIUM COST	\$13.50 per month Deducted from paycheck
ACCELERATED DEATH BENEFIT	If an insured person is diagnosed with a terminal illness, as defined in your certificate, he/she may be eligible to request early payment of the life insurance in force.
BENEFICIARIES	<p>What is needed to designate a beneficiary?</p> <p>Name, relationship, address, phone, & the percentage of the benefit</p> <p>Form Submitted on Wise Benefits</p>

LONG TERM DISABILITY

CARRIER	Madison National Life – 100% Employee Paid
CONTRIBUTIONS	100% Employee paid Post Tax
ELIGIBILITY	Employees working 20 hours or more each week during the school year
BENEFIT AMOUNT	Max \$8,750
MONTHLY BENEFIT	60% of covered salary - Max annual salary \$105,000
ELIMINATION PERIOD	90 days within 180 day period
EVIDENCE OF INSURABILITY	Required for Late Enrollees, Increase and amounts exceeding the Guarantee Issue
PRE-EXISTING CONDITION	3 months prior to effective date/ 12 months after effective date

Premium Rate:

Age	Rate
0-24	0.108% of covered payroll
25-29	0.147% of covered payroll
30-34	0.211% of covered payroll
35-39	0.326% of covered payroll
40-44	0.434% of covered payroll
45-49	0.612% of covered payroll
50-54	0.849% of covered payroll
55-59	0.95% of covered payroll
60-64	0.81% of covered payroll
65+	0.431% of covered payroll

Accident Insurance

CARRIER	National Teachers Association (NTA) Life – 100% Employee Paid
ELIGIBILITY	<ul style="list-style-type: none"> Employees working 17.5 hours or more per week during the school year Employee coverage is required for dependent coverage
ISSUE AGES	Insured & spouse insurance ends at age 80 / children at 26
AVAILABLE COVERAGE	24- hour, both on and off the job – 5 accidents during each group policy year

Why choose Accident Insurance?

WISE Accident Insurance is designed to help employees and if elected, family members, who are injured in a covered Accident. Wise Accident Insurance may be especially **helpful for employees who have chosen a high deductible medical plan**, or have limited emergency savings. **Coverage is guaranteed with no medical questions.**

BENEFIT SUMMARY	
Emergency and Hospitalization Benefits	
Hospital Inpatient Admission	\$750 Max: 1 / year
Daily Inpatient Hospital Confinement	\$150 - Max: 365 days / year
Intensive Care Unit Admission	\$1,250 Max: 1 / year
Intensive Care Unit Confinement	\$250 Max: 30 / year
Emergency Room	\$200 Max: 1 / year
Urgent Care	\$150 Max: 1 / year
Initial Physician's Office Visit	\$60 Max: 1 / year

Initial Telemedicine Visit	\$60 Max: 1 / year
Ambulance • Ground • Air	Max: 1 / year \$350 \$1,250
Major Diagnostic Testing	\$125 Max: 1 / year
X-Ray	\$40 Max: 1 / year
Educator Specific Benefits	
School Property (Additional benefit for Accidents occurring on School Property)	25%
Dependent Child Education (in case of the Accidental Death of Primary Insured)	\$4,000 Max: 4 years
Covered Injury Benefits	
Burns Max: • Minor • Moderate • Severe • Skin Graft	Max: 3 \$150 \$200 \$2,500 50% of burn benefit
Coma	\$4,000
Puncture Wound	\$40 Max: 1 / year
Concussion	\$150
Eye Injuries • Removal of Foreign Body • Surgical Repair	Max: 3 / year \$150 \$300
Organized Sports 10% (additional benefit for organized sports accident)	10%
Post-Traumatic Stress Disorder	
Traumatic Brain Injury	
Dislocations (Closed reduction benefit amounts) • Ankle	\$1,000

<ul style="list-style-type: none"> • Collarbone (sternoclavicular) • Collarbone (acromioclavicular and separation) • Elbow • Finger • Foot (except toes) • Hand (except fingers) • Hip • Knee (except patella) • Lower Jaw • Shoulder blade • Toe • Wrist • Open Reduction • Partial Dislocation • Multiple Dislocations (maximum amount) 	<ul style="list-style-type: none"> \$750 \$250 \$500 \$200 \$1,000 \$750 \$2,500 \$1,500 \$750 \$800 \$200 \$500 200% of Closed reduction benefit 25% of Closed reduction benefit 200% of highest benefit payable
Fractures (Closed reduction benefit amounts) <ul style="list-style-type: none"> • Ankle • Collarbone • Coccyx • Face or nose (other than jawbone) • Finger • Foot (except toes) • Forearm (radius and/or ulna) • Hand (except fingers) • Hip • Kneecap (patella) • Leg (tibia and/or fibula) • Lower Jaw (mandible, other than alveolar process) • Pelvis • Rib • Skull (depressed) • Skull (simple) • Shoulder blade • Sternum • Thigh (femur) • Toe • Upper Arm (humerus) • Upper Jaw (maxilla, other than alveolar process) • Vertebrae (other than vertebral process) • Vertebral Processes • Wrist • Open Reduction • Chip Fracture • Multiple Fractures (maximum amount) 	<ul style="list-style-type: none"> \$1,200 \$1,250 \$300 \$800 \$150 \$1,200 \$1,200 \$1,200 \$3,000 \$1,200 \$1,800 \$1,000 \$2,500 \$400 \$2,700 \$1,000 \$1,250 \$1,250 \$3,000 \$150 \$1,000 \$1,000 \$2,700 \$500 \$1,200 200% of Closed reduction benefit 25% of Closed reduction benefit 200% of highest benefit payable
Laceration	Max: 1 / year

<ul style="list-style-type: none"> • Not requiring stitches/sutures • Less than 2 in. length • 2-6 in. length • Greater than 6 in. length 	\$50 \$150 \$250 \$500
Surgical Benefits	
Arthroscopic Surgery	\$300 Max: 2 / year
Cranial Surgery	\$600 Max: 2 / year
Hernia Surgery	\$300 Max: 2 / year
Herniated Disc Surgery <ul style="list-style-type: none"> • Surgical Repair • Exploratory 	Max: 2 / year \$600 \$200
Torn Knee Cartilage Surgery <ul style="list-style-type: none"> • Surgical Repair • Exploratory 	Max: 2 / year \$600 \$200
Open Abdominal or Thoracic Surgery <ul style="list-style-type: none"> • Surgical Repair • Exploratory 	Max: 2 / year \$1,250 \$350
Tendon, Ligament, or Rotator Cuff Surgery <ul style="list-style-type: none"> • Surgical Repair of One • Surgical Repair of Two or More • Exploratory 	Max: 2 / year \$750 \$1,500 \$200
Miscellaneous Surgery <ul style="list-style-type: none"> • General Anesthesia • Conscious Sedation 	Max: 2 / year \$250 \$125
Treatment and Other Services	
Pain Management	\$50 Max: 1 / year
Accident Follow-Up Treatment (for Physician's Office or Urgent Care / Telemedicine)	\$40 Max: 5 / year
Emergency Dental <ul style="list-style-type: none"> • Crown • Extraction 	Max: 3 / year \$150 \$60

Blood, Plasma, Platelets	\$40 Max: 1 / year
Medical Appliance	\$25 - \$350 Max: 3 / year
Prosthetic(s) • One • Two or more	\$500 \$1,000
Therapy Services (includes Chiropractic)	\$30 (includes Chiropractic) Max: 6/year
Family Member Lodging	\$125 / day Max: 30 days
Transportation	\$250 / round trip Max: 3 trips / year
Accidental Death and Dismemberment Benefits	
Accidental Death	\$50,000
Common Carrier Accidental Death	Equal to 2x Accidental Death Benefit
Accidental Dismemberment – Catastrophic Loss	Up to \$20,000
Home or Vehicle Modification	\$2,000
Optional Benefits	
Wellness	\$75 Max: 1 / year

Monthly Rates	
Employee	\$13.68
Employee + Spouse	\$22.82
Employee + Child(ren)	\$32.68
Family	\$49.68

Critical Illness Insurance

CARRIER	National Teachers Association (NTA) Life – 100% Employee Paid
ELIGIBILITY	Employees working 17.5 hours or more per week during the school year
ISSUE/ATTAINED AGES	Issue age rates
PRE_EXISTING CONDITIONS	6 months prior to effective date / 6 months after effective date

Why choose Critical Illness Insurance?

WISE Critical Illness Insurance is a benefit intended to protect employees' financial well-being if they face the unexpected costs that may come with a Critical Illness. For an employee or insured family member who is recovering from a covered stroke, heart attack, cancer or other Critical Illness, WISE coverage pays a benefit amount for treatments and testing. Payments are made directly to the insured.

BENEFIT SUMMARY	
Overview	
Critical Illness Benefit Amount Spouse: 50% of the employee benefit amount Child(ren): 50% of the employee benefit amount	Employee: \$10,000 or \$20,000
Recurrence (2 covered diagnoses for the same Critical Illness)	50% of initial benefit 6 month separation period
Additional Occurrence (Diagnosis of a different Critical Illness)	100% of initial benefit 6 month separation period
Lifetime Maximum	300% of Critical Illness Benefit Amount
Cancer Benefits	
Invasive Cancer	100%
Non-Invasive Cancer (In Situ)	25%
Skin Cancer	\$250
Heart and Stroke Benefits	

Heart Attack	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Coronary Artery Disease	25%
Angioplasty	25%
Heart Valve Surgery	25%
Pulmonary Embolism	25%
Transient Ischemic Attack (TIA)	25%
Additional Covered Conditions	
End-Stage Renal Failure	100%
Major Organ Failure	100%
Benign Brain Tumor	100%
Coma	100%
Loss of Hearing, Sight or Speech	100%
Major Burns	100%
Permanent Paralysis	100%
Stem Cell/Bone Marrow Transplant	100%
Educator Specific Benefits	
Perseverance (Additional benefit for covered Educators returning to work after diagnosis of a listed Perseverance Condition.) Perseverance Conditions include End Stage Renal Failure, Heart Attack, Invasive Cancer, Major Organ Failure, Stroke, Sudden Cardiac Arrest. See certificate for complete list.	10%

Childhood Conditions (diagnosis of each condition payable once per insured Child)	
Autism Spectrum Disorder - DSM-V Severity Level 3	50% of Child Benefit
Autism Spectrum Disorder - DSM-V Severity Level 2	25% of Child Benefit

Autism Spectrum Disorder - DSM-V Severity Level 1	10% of Child Benefit
Cerebral Palsy	100% of Child Benefit
Cleft Lip/Palate	100% of Child Benefit
Congenital Heart Illnesses	100% of Child Benefit
Cystic Fibrosis	100% of Child Benefit
Down Syndrome	100% of Child Benefit
Muscular Dystrophy	100% of Child Benefit
Other Congenital Chromosomal Abnormalities	100% of Child Benefit
Other Congenital Metabolic Disorders	100% of Child Benefit
Other Major Congenital Structural Defects	100% of Child Benefit
Sickle Cell Anemia	100% of Child Benefit
Spina Bifida	100% of Child Benefit
Type 1 Diabetes	100% of Child Benefit
Optional Benefits	
Waiver of Premium Benefit (3 month elimination period) Up to 24 months premium waived	Yes

Monthly Rates: Based on the attained age of the employee

\$10,000 Employee Benefit Amount

Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Employee	\$1.61	\$2.14	\$3.09	\$4.56	\$7.29	\$11.69	\$18.54	\$25.90	\$42.91
Employee + Spouse	\$2.45	\$3.25	\$4.63	\$6.83	\$10.95	\$17.71	\$28.37	\$39.91	\$66.38
Employee + Child(ren)	\$4.04	\$4.58	\$5.52	\$6.99	\$9.72	\$14.12	\$20.97	\$28.33	\$45.34
Family	\$5.48	\$6.27	\$7.66	\$9.86	\$13.98	\$20.73	\$31.40	\$42.93	\$69.41

Cultivating caring, creative, and
courageous people. Join the journey!

\$20,000 Employee Benefit Amount

Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Employee	\$3.19	\$4.26	\$6.12	\$9.04	\$14.46	\$23.19	\$36.78	\$51.36	\$85.12
Employee + Spouse	\$4.87	\$6.43	\$9.16	\$13.50	\$21.66	\$35.02	\$56.13	\$78.91	\$131.29
Employee + Child(ren)	\$8.04	\$9.10	\$10.96	\$13.88	\$19.31	\$28.04	\$41.62	\$56.21	\$89.96
Family	\$10.89	\$12.45	\$15.19	\$19.53	\$27.68	\$41.05	\$62.15	\$84.93	\$137.32

EAP - EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance Program through Invest EAP

BSD Employees/Family Members password: VSBIT

[Invest EAP Orientation Video](#)

Employee Assistance Programs (EAPs) promote the health of employees and their household members by offering immediate access to free, confidential counseling for a wide range of life issues. When employee issues are not resolved, they can lead to poor morale, adverse health outcomes and reduced productivity. Robust EAPs provide a solution. Repeated studies demonstrate that they save employers far more than they cost.

Invest EAP is a Vermont-based public and private non-profit collaborative that has offered comprehensive Employee Assistance Program (EAP) services since 1986. Our EAP provides short-term counseling and referral, management consultation, wellness workshops and resource information.

Invest EAP's comprehensive confidential services include:

- 24/7 telephone access to counselors
- In-person and telehealth counseling sessions
- Management consultation
- Counseling, resource, and referral information to address issues involving:
 - Relationships and Family
 - Drug and Alcohol
 - Mental Health
 - Grief and Loss
 - Medical
 - Disability
 - Eldercare
 - Finding Childcare and Subsidies
 - Parenting Techniques
 - Workplace Conflict
 - Legal Consultations
 - Financial Coaching and Referrals to Professionals
- Wellness workshops
- Critical Incident Stress Debriefings
- Facilitated discussions
- Organizational development
- Workplace wellness program development

Employee Wellness Program through VEHI Path

Welcome to the VEHI PATH Program

PATHpoints is sponsored by VEHI, the Vermont Education Health Initiative, a nonprofit health insurance trust for Vermont school employees, co-managed by the Vermont School Boards Insurance Trust (VSBIT) and the Vermont-National Education Association (V-NEA).

Every member school has a designated wellness leader, and every District/SU has a designated wellness champion. The building leaders are responsible for serving as the go-to resource and wellness spokespersons, promoting a culture of health and safety, sponsoring employee wellness-oriented events, sharing information about our programs and applying for resource grants when available.

Register at <http://www.tomypath.com>

You can find out who your Building Leader is on the BSD staff portal (Click Staff Portal then click Staff Wellness)

RETIREMENT - TEACHERS/ADMINISTRATORS

Vermont State Teachers Retirement System (VSTRS)

<https://www.vermonttreasurer.gov/vstrs>

ELIGIBILITY	Mandatory for AOE Licensed staff at BSD
TYPE OF PLANS	<p>Group A - teachers employed within the State of Vermont prior to July 1, 1981 and elected to remain in Group A.</p> <p>Group C - teachers employed within the State of Vermont on or after July 1, 1990. If you were hired before July 1, 1990</p>
VESTING	5 years of creditable service
ENROLLMENT	Mandatory
RETIREMENT ELIGIBILITY	<p>Group A Normal retirement - 60 years old or 30 years of service (whichever comes first) Early retirement - 55 years old. *An actuarial reduction will be imposed for each year under the age of 60.</p> <p>Group C Normal retirement - 65 years old or when the sum of your age and service credit equals 90. Early retirement - 55 years old. *An actuarial reduction will be imposed for each year under the age of 65.</p>
VESTED DEFERRED RETIREMENT	If you terminate service before retirement age, and accrued five (5) or more years of service before termination you may be eligible for a vested deferred retirement benefit.
SEPARATION OF SERVICE	<p>If you leave State service before you have acquired five consecutive years of creditable service, and withdraw your accumulated contributions, your service credits will be canceled. You may leave your contributions in your account for up to six out of seven consecutive years before the VSTRS will automatically withdraw your membership and refund your contribution.</p> <p>If you separate from service after you have accumulated five or more consecutive years of creditable service, and withdraw your accumulated contributions, your service credits will be canceled. You may leave your contributions in your account for up to six (6) years before the VSTRS will automatically put your account in a vested deferred status, if you have not returned to service by the seventh year of absence.</p>
SERVICE CREDIT	<p>You will receive one-year of retirement service credit for each year that you are employed as a full-time teacher and are an active member in the System. If you work part-time, you will receive partial credit based on the percentage of the actual number of days that are worked.</p> <p>Retirement benefits are not automatic, you must apply for them.</p>

PURCHASING CREDIT	<p>You may purchase retirement credit for service in the military, Peace Corps, or VISTA (after completion of 15 years of service), service as a state or municipal employee, teaching in another state, teaching in a public or private school, or teaching service with the State of Vermont for which you received no retirement credit.</p>
HEALTH INSURANCE ELIGIBILITY	<p><u>Group 1</u> - As of June 30, 2010 you had at least 10 years of service credit The Retirement System pays a flat amount toward your monthly premium and the balance is withheld from your check.</p> <p>To qualify for a spousal health insurance subsidy you must meet the following service credit thresholds:</p> <ul style="list-style-type: none"> • those with more than 30 years of service on June 30, 2010 will have to work another 5 years; • those with between 25 and 29.99 years of service on June 30, 2010 will have to work a total of 35 years; • those with between 15 and 24.99 years of service on June 30, 2010 will have to work 10 more years; • those with between 10 and 14.99 years of service on June 30, 2010 will be eligible upon 25 years. <p><u>Group 2</u> - As of June 30, 2010 you had less than 10 years of service credit The Retirement System will pay the percentages below toward your monthly premium, based on your service credit at the time of retirement.</p> <ul style="list-style-type: none"> • members retiring with less than 15 years of service will have no subsidized coverage; • members retiring with between 15 and 19.99 years of service will have 60% of their health care premium paid after retirement; • members retiring with between 20 and 24.99 years of service will have 70% of their health care premium paid after retirement; • members retiring with 25 or more years of service at retirement will have 80% of both their health care premium and their spouses' health premium paid after retirement
HEALTH INSURANCE COVERAGE	<p>VSTRS Group Health Insurance</p>
HEALTH INSURANCE ENROLLMENT DEADLINES	<p>If you are considering retirement, it is important to understand your situation regarding Medicare eligibility and any contracted coverage dates provided by your school district.</p> <p>With the VBA health insurance plans, the VSTRS office must receive enrollment forms prior to the month your coverage becomes effective. For instance, if you intend on retiring on July 1 and are Medicare eligible on that date; you must apply and have your Medicare benefits in place as well as complete and return a VBA enrollment application to the VSTRS office by June 30. Please note, to ensure that your new insurance card is received by the effective date of coverage, your completed application should be submitted to our office 45 days prior to the effective date.</p>

DENTAL INSURANCE	At the date of retirement, members are given a one time option to choose Dental Insurance at the full premium cost to the member. Members can also cover all eligible dependents, if applicable. The state will not contribute any portion of this premium. There will be a double deduction for the dental premium from your first pension check, as the office needs to set the payments up in advance of the month during which the coverage occurs.
SICK DAY PAYOUT	<p>A. Continuous Employment w/ BSD commencing on/before September 1977: Paid for $\frac{1}{3}$ of the accumulated sick leave up to the maximum or days of a work year.</p> <p>B. Had 5 years of service w/ BSD as of August 31, 2011 and has 15 years teaching at BSD: Paid for $\frac{1}{4}$ of the accumulated sick leave up to the number of days per work year.</p> <p>C. Teachers with less than five (5) completed years of services as of August 31, 2011 and all teachers hired hereafter with 15 years teaching at BSD: Shall receive the sum of \$5,000, provided that such teacher also has not less than 348.75 hours of accumulated but unused sick days</p>
IMPORTANT RETIREMENT DEADLINES	Must notify the Administration of the intention to retire by March 31 to be eligible for the Sick Day Payouts for Options A and B above. For Option C, the deadline is December 31st (per the BEA Agreement).

RETIREMENT - ALL OTHER STAFF

All non-licensed staff for the Burlington School District are covered under the City of Burlington Retirement Pension System - <https://www.burlingtonvt.gov/HR/retirementpension>

ELIGIBILITY	Mandatory participation for all BSD employees that work the minimum number of hours per year. Minimum hours per year: 1200
PENSION ADMINISTRATOR	Hooker & Holcombe PensionEdge - https://pensionedge.com/
TYPE OF PLANS	All BSD Employees fall under the Class B Plan
VESTING	5 years of creditable service
ENROLLMENT	Mandatory
SEPARATION OF SERVICE	Employees that work the City for less than 5 years are not eligible for a retirement benefit and will be refunded all contributed deductions from their paychecks plus a 2% interest.

RETIREMENT SAVINGS - 403(b)

The Burlington School District offers all eligible employees the opportunity to participate in a tax sheltered retirement plan for the benefit of its employees. It is intended that the plan comply with the requirements of and qualify under Section 403(b)(7) of the Internal Revenue Code. The plan includes Annuity Contracts and Custodial Agreements offered by vendors on the district's provider list (Appendix A of 403(b) Plan Adoption Agreement: Funding Vehicles). The fact that a particular contract or custodial account may be available from a provider, does not constitute an endorsement, recommendation, or approval of any kind.

General Information:

Each employee of the district is given an opportunity to participate in the district's 403(b) Plan by entering into a 403(b) Plan Salary Reduction Agreement except as limited below: (a) Employees whose salary reduction would not exceed \$200 per year. (b) Employees who normally work less than 20 hours per week.

Enrollment Procedures:

To participate in the 403(b) Plan, or to change salary reduction amounts from one provider on the list to another provider on the list, employees must follow the procedure below and submit the completed Records.

- 1) choose your 403(b) provider from the district's provider list
- 2) establish an account with this provider, and
- 3) thoroughly complete the 403(b) Retirement Savings Plan (Salary Reduction) Agreement found in "Available Forms"

All three steps must be completed before a Salary Reduction Agreement will become effective.

Termination Procedures:

To Terminate payroll deductions towards a 403(b) Contribution, complete a new 403(b) Enrollment Form and select "Terminate".

Contribution Limits:

According to IRS, employees can contribute up to the lesser of \$23,000 or 100% of gross annual salary for calendar year 2024. In addition, if they are age 50 or over on December 31, 2024, they can contribute an additional \$7,500 for a potential total amount of \$30,500.

403(b) Vendor Information

ING (Aetna Life Insurance & Annuity Co.)

One Orange Way, A3N
Windsor, CT, 06095-4774
(860) 580-1649 www.ing.com

American Funds Service Company

P.O. Box 2280
Norfolk, VA 23501-2280
(800) 421-0180 www.americanfunds.com

Ameriprise Financial

1262 Ameriprise Financial Ctr
Minneapolis, MN 55474
(800) 862-7919 www.ameriprise.com

Fidelity Investments

P.O. Box 770002
Cincinnati, OH 45277-0089
(800) 868-1023 www.fidelity.com

Great American Life Insurance Co. GALIC

525 Vine St., PO Box 5420
Cincinnati, OH 45201
(800) 695-1471 www.GAFRI.com

Horace Mann

1 Horace Mann Plaza, P.O. Box 4657
Springfield, IL 62708-4657
(866) 999-1945 www.horacemann.com

Metropolitan Life Insurance Company

400 Atrium DR
Somerset, NJ 08873-4172
(800) 638-5433 www.metlife.com

National Life of Vermont

1 National Life DR
Montpelier, VT 05604
(800) 732-8939 www.nationallife.com

New York Life Insurance & Annuity Corp.

463 Mountainview DR
Colchester, VT 05446
(802) 654-1121 www.newyorklife.com

Putnam Investments

P.O. Box 8383
Boston, MA 02266-8383
(866) 207-7262 www.putnaminv.com

Security Benefit (NEA ValuBuilder)

P.O. Box 750497
Topeka, KS 66675-0560
(888) 724-7526 www.securitybenefit.com

The Vanguard Group

P.O. Box 1106
Valley Forge, PA 19482-1106
(800) 662-2003 www.vanguard.com

Variable Annuity Life Insurance VALIC (AIG) P.O.

Box 15648
Amarillo, TX 79105
(888) 478-7020 www.aigretirement.com

DISCOUNTS - CHURCH STREET MARKET

To Be Updated During Calendar Year 2025

BSD EMPLOYEE DISCOUNT 2024

Enjoy the following discounts at downtown businesses throughout 2024. *Proof of employment may be requested.*

ECCO Clothes
10% off

**Golden Hour
Gift Co.**
10% off

Harbour Thread
10% off

Homeport
10% off

**Lake Champlain
Chocolates**
10% off

**Outdoor Gear
Exchange**
10% off

Saratoga Olive Oil
10% off

**SoulShine
Power Yoga**
10% off

**Ten Thousand
Villages**
10% off

The Optical Center
10% off

**Vermont Distillers &
Smugglers' Notch
Distillery Tasting Room**
10% off (exclusions apply)

This list may unknowingly miss some business offerings throughout the year. Visit churchstmarketplace.com/downtown-discount-list for the latest list of offerings, and when in doubt, just ask!



**CHURCH STREET
MARKETPLACE**

<https://churchstmarketplace.com/downtown-discount-list>



Cultivating caring, creative, and
courageous people. Join the journey!


DISCOUNTS - VISION AND HEARING DISCOUNTS

Think of this as a coupon through Delta Dental. This is not Vision or Hearing Insurance, but it is a benefit to take advantage of!

VISION AND HEARING DISCOUNT PROGRAM

Great Savings -
Up to 35% off eyewear
and 40% off hearing exams!



This vision and hearing discount program is available free to all Northeast Delta Dental subscribers and their dependents.

It is very important to take care of both our hearing and our vision. Vision and hearing both play a significant role in enabling us to form and maintain social connections, which impacts our health and happiness in many ways.¹ And because Northeast Delta Dental cares about your total health and wellness, we are proud to partner with EyeMed Vision Care to include discount programs to help our members enjoy all of life's sights and sounds to the fullest:

- **EyeMed Vision Care** offers access to thousands of vision care providers nationwide.
- **Hearing Care Program** offered through Amplifon – the nation's largest independent hearing care network.

Vision wellness

Regular eye examinations play a crucial role in ensuring healthy vision and overall health.

- An eye examination can not only detect vision problems, but also detect the early stages of serious health problems such as diabetes and hypertension
- One in four children has an undetected vision problem that can interfere with learning according to the Vision Council of America
- Undetected eye diseases can lead to worsening eyesight and, in some cases, irreversible vision loss


Your EyeMed Vision Care includes:

- Discounts on exams, lenses, frames, and more
- Access to optometrists, ophthalmologists, opticians, and the nation's leading optical retailers.

Vision Care Services:

For details of the Vision Care Services visit nedelta.com/Patients/EyeMed-Discounts

Your EyeMed ID Card:



Your Group Number:
9231093

Your Group Name:
Delta Dental Discount

To locate the nearest EyeMed "Advantage Network" provider, visit our website at nedelta.com or call 1-866-246-9041

PLEASE BRING THIS ID CARD AND FLYER TO YOUR PARTICIPATING EYEMED PROVIDER

It's easy! Simply present this ID card or flyer when you arrive at the location. The provider will do the rest!

Hearing wellness

Hearing loss is more common than you might think. It affects 1 in 9 Americans² and can come on so gradually you may not even notice it. But the good news is 95% of hearing loss can be easily treated with hearing aids.²

Your Hearing Discount includes:

- Discounted, set pricing on thousands of hearing aids and 40% off hearing exams³ at convenient locations!
- 3-year warranty plus loss and damage coverage along with a low-price guarantee!

AND MORE: For more details about the discount program, visit nedelta.com/Patients/EyeMed-Discounts

To find a hearing care provider near you, visit amplifonusa.com/find-a-hearing-aid-clinic

Cultivating caring, creative, and courageous people. Join the journey!