



**BURLINGTON**  
SCHOOL DISTRICT

# **BENEFITS RESOURCE GUIDE FY26**



Cultivating caring, creative, and  
courageous people. [Join the journey!](#)

# TABLE OF CONTENTS

TABLE OF CONTENTS.....	1
CONTACT INFORMATION.....	2
ENROLLMENT DETAILS.....	3
CHANGES FOR 2025.....	4
MEDICAL PLAN SUMMARY - Licensed Staff (Teacher/Administrator/Nurse).....	5
MEDICAL PLAN COST - Licensed Staff (Teacher/Administrator/Nurse).....	6
MEDICAL PLAN COST - Licensed (Simplified Version).....	7
MEDICAL PLAN SUMMARY - Support Staff (All Other Staff).....	8
MEDICAL PLAN COST - Support Staff (All Other Staff).....	9
MEDICAL PLAN COST - Support Staff (Simplified Version).....	10
ELIGIBILITY CHART.....	11
ELIGIBLE DEPENDENTS.....	12
CASH IN LIEU.....	13
HRA - HEALTH REIMBURSEMENT ARRANGEMENT.....	15
FSA - FLEXIBLE SPENDING ACCOUNT.....	16
DCAP - DEPENDENT CARE ASSISTANCE PLAN.....	17
LPFSA - LIMITED PURPOSE FSA.....	18
HSA - HEALTH SAVINGS ACCOUNT.....	19
DENTAL PLAN.....	20
BASIC LIFE AND AD&D.....	25
SUPPLEMENTAL LIFE AND AD&D.....	26
LONG TERM DISABILITY.....	27
Accident Insurance.....	28
Critical Illness Insurance.....	33
EAP - EMPLOYEE ASSISTANCE PROGRAM.....	37
RETIREMENT - TEACHERS/ADMINISTRATORS.....	39
RETIREMENT - ALL OTHER STAFF.....	42
RETIREMENT SAVINGS - 403(b).....	43
DISCOUNTS - CHURCH STREET MARKET.....	45
DISCOUNTS - VISION AND HEARING DISCOUNTS.....	46

## CONTACT INFORMATION

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

	District - HR		
--	---------------	--	--

OPEN ENROLLMENT DETAILS

ELIGIBILITY	Employees working a minimum of 17.5 hours per week (See eligibility Chart for waiting period details)
ENROLL DATES	October 15 - October 31, 2025
ENROLL OPTIONS	Scheduled call with Benefits Specialist
ENROLLMENT SYSTEM	WISE Benefits
PLAN YEAR	January 1– December 31, 2026
DEADLINE FOR CHANGES	November 15, 2025; does not apply to those who did not enroll by October 31, 2025
LAST DAY TO ENROLL	October 31, 2025, no later than 5:30 p.m. ET

## CHANGES FOR 2026

### New Optional Employee Benefits Available for 2026

BSD is expanding the benefits available to staff for 2026:

- **Short Term Disability - Did not meet participation requirements by insurance carrier in 2025**
- **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 <b>Licensed</b> Employees CY25	VEHI Platinum Member Cost Share	VEHI Gold Member Cost Share	VEHI Gold CDHP Member Cost Share	VEHI Silver CDHP Member Cost Share
<b>HRA or HSA Funding for Licensed Employees</b>	<b>HRA \$1,900 Single/ \$4,000 All other tiers</b>	<b>HRA \$1,900 Single/ \$4,000 All other tiers</b>	<b>HRA \$1,900 Single/ \$4,000 All other tiers</b>	<b>HRA or HSA \$1,900 Single/ \$4,000 All other tiers</b>
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	\$1,650 Single/ \$3,300 (aggregate) All other tiers (included in Medical OOPM)	\$1,650 Single/ \$3,300 All other tiers (included in Medical OOPM)
Total Health Plan Out of Pocket Exposure <b>before</b> HRA or HSA (Medical and Rx Combined)	<b>\$2,800 Single/ \$5,600 All other tiers</b>	<b>\$3,100 Single/ \$6,200 All other tiers</b>	<b>\$2,500 Single/ \$5,000 (aggregate) All other tiers</b>	<b>\$4,000 Single/ \$8,000 All other tiers</b>
Total Out of Pocket Exposure <b>AFTER</b> HRA or HSA (Medical and Rx Combined)	<b>\$900 Single/ \$1,600 All other tiers</b>	<b>\$1,200 Single/ \$2,200 All other tiers</b>	<b>\$600 Single/ \$1,000 All other tiers</b>	<b>\$2,100 Single/ \$4,000 All other tiers</b>
<b>Benefit Specifics by Plan</b>				
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

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



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

<i>Employee costs are in <b>Italics</b> - Calculated at 80/20% Premium Split</i>										
Licensed Employee* Full Time - <b>Single Policy</b>	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2003-2027	Annual Out-of-Pocket Exposure for Employee <b>After</b> HRA/HSA**	Total Monthly Premium 7/1/2025	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Premium & Out-of-Pocket Exposure
Single	Platinum	\$2,800	\$1,900	\$900	\$1,339.21	\$16,070.52	\$11,814.91	\$4,255.61	\$354.63	\$5,155.61
Single	Gold	\$3,100	\$1,900	\$1,200	\$1,312.77	\$15,753.24	\$11,814.91	\$3,938.33	\$328.19	\$5,138.33
Single	Gold CDHP	\$2,500	\$1,900	\$600	\$1,230.72	\$14,768.64	\$11,814.91	\$2,953.73	\$246.14	\$3,553.73
Single	Silver CDHP	\$4,000	\$1,900	\$2,100	\$1,134.21	\$13,610.52	\$10,888.42	\$2,722.10	\$226.84	\$4,822.10
<i>*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.</i>										
<i>**HSA only available on Silver Plan</i>										
<i>Employer premium contributions for the <b>Platinum and Gold Plans</b> are identical to the employer premium contribution to the <b>Gold CDHP</b>.</i>										
<i>Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2025.</i>										
Licensed Employee* Full Time - <b>Self &amp; Spouse Policy</b>	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2003-2027	Annual Out-of-Pocket Exposure for Employee <b>After</b> HRA/HSA**	Total Monthly Premium 7/1/2025	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Premium & Out-of-Pocket Exposure
Self & Spouse	Platinum	\$5,600	\$4,000	\$1,600	\$2,678.44	\$32,141.28	\$22,189.06	\$9,952.22	\$829.35	\$11,552.22
Self & Spouse	Gold	\$6,200	\$4,000	\$2,200	\$2,625.55	\$31,506.60	\$22,189.06	\$9,317.54	\$776.46	\$11,517.54
Self & Spouse	Gold CDHP	\$5,000	\$4,000	\$1,000	\$2,311.36	\$27,736.32	\$22,189.06	\$5,547.26	\$462.27	\$6,547.26
Self & Spouse	Silver CDHP	\$8,000	\$4,000	\$4,000	\$2,268.44	\$27,221.28	\$21,777.02	\$5,444.26	\$453.69	\$9,444.26
<i>*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.</i>										
<i>**HSA only available on Silver Plan</i>										
<i>Employer premium contributions for the <b>Platinum and Gold Plans</b> are identical to the employer premium contribution to the <b>Gold CDHP</b>.</i>										
<i>Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2025.</i>										
Licensed Employee* Full Time - <b>Parent/Child(ren) Policy</b>	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2003-2027	Annual Out-of-Pocket Exposure for Employee <b>After</b> HRA/HSA**	Total Monthly Premium 7/1/2025	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Premium & Out-of-Pocket Exposure
Parent/Child(ren)	Platinum	\$5,600	\$4,000	\$1,600	\$2,239.37	\$26,872.44	\$18,266.30	\$8,606.14	\$717.18	\$10,206.14
Parent/Child(ren)	Gold	\$6,200	\$4,000	\$2,200	\$2,197.00	\$26,364.00	\$18,266.30	\$8,097.70	\$674.81	\$10,297.70
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,000	\$1,000	\$1,902.74	\$22,832.88	\$18,266.30	\$4,566.58	\$380.55	\$5,566.58
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,000	\$4,000	\$1,911.97	\$22,943.64	\$18,354.91	\$4,588.73	\$382.39	\$8,588.73
<i>*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.</i>										
<i>**HSA only available on Silver Plan</i>										
<i>Employer premium contributions for the <b>Platinum and Gold Plans</b> are identical to the employer premium contribution to the <b>Gold CDHP</b>.</i>										
<i>Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2025.</i>										
Licensed Employee* Full Time - <b>Family Policy</b>	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2003-2027	Annual Out-of-Pocket Exposure for Employee <b>After</b> HRA/HSA**	Total Monthly Premium 7/1/2025	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Premium & Out-of-Pocket Exposure
Family	Platinum	\$5,600	\$4,000	\$1,600	\$3,788.62	\$45,463.44	\$32,727.55	\$12,735.89	\$1,061.32	\$14,335.89
Family	Gold	\$6,200	\$4,000	\$2,200	\$3,716.11	\$44,593.32	\$32,727.55	\$11,865.77	\$988.81	\$14,065.77
Family	Gold CDHP	\$5,000	\$4,000	\$1,000	\$3,409.12	\$40,909.44	\$32,727.55	\$8,181.89	\$681.82	\$9,181.89
Family	Silver CDHP	\$8,000	\$4,000	\$4,000	\$3,227.61	\$38,731.32	\$30,985.06	\$7,746.26	\$645.52	\$11,746.26
<i>*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.</i>										
<i>**HSA only available on Silver Plan</i>										
<i>Employer premium contributions for the <b>Platinum and Gold Plans</b> are identical to the employer premium contribution to the <b>Gold CDHP</b>.</i>										
<i>Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2025.</i>										

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



## MEDICAL PLAN COST - Licensed (Simplified Version)

Policy Size	Plan	Employee OOP Max	2025 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	\$4,255.61	\$354.63	\$5,155.61
Single	Gold	\$3,100	\$1,900	\$1,200	\$3,938.33	\$328.19	\$5,138.33
Single	Gold CDHP	\$2,500	\$1,900	\$600	\$2,953.73	\$246.14	\$3,553.73
Single	Silver CDHP	\$4,000	\$1,900	\$2,100	\$2,722.10	\$226.84	\$4,822.10
Self & Spouse	Platinum	\$5,600	\$4,000	\$1,600	\$9,952.22	\$829.35	\$11,552.22
Self & Spouse	Gold	\$6,200	\$4,000	\$2,200	\$9,317.54	\$776.46	\$11,517.54
Self & Spouse	Gold CDHP	\$5,000	\$4,000	\$1,000	\$5,547.26	\$462.27	\$6,547.26
Self & Spouse	Silver CDHP	\$8,000	\$4,000	\$4,000	\$5,444.26	\$453.69	\$9,444.26
Parent/Child(ren)	Platinum	\$5,600	\$4,000	\$1,600	\$8,606.14	\$717.18	\$10,206.14
Parent/Child(ren)	Gold	\$6,200	\$4,000	\$2,200	\$8,097.70	\$674.81	\$10,297.70
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,000	\$1,000	\$4,566.58	\$380.55	\$5,566.58
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,000	\$4,000	\$4,588.73	\$382.39	\$8,588.73
Family	Platinum	\$5,600	\$4,000	\$1,600	\$12,735.89	\$1,061.32	\$14,335.89
Family	Gold	\$6,200	\$4,000	\$2,200	\$11,865.77	\$988.81	\$14,065.77
Family	Gold CDHP	\$5,000	\$4,000	\$1,000	\$8,181.89	\$681.82	\$9,181.89
Family	Silver CDHP	\$8,000	\$4,000	\$4,000	\$7,746.26	\$645.52	\$11,746.26

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

## MEDICAL PLAN SUMMARY - Support Staff (All Other Staff)

Health Plans for Non-Licensed Employees CY25	VEHI Platinum Member Cost Share	VEHI Gold Member Cost Share	VEHI Gold CDHP Member Cost Share	VEHI Silver CDHP Member Cost Share
<b>HRA or HSA Funding for Non-Licensed</b>	<b>HRA \$2,200 Single/ \$4,400 All other tiers</b>	<b>HRA \$2,200 Single/ \$4,400 All other tiers</b>	<b>HRA \$2,200 Single/ \$4,400 All other tiers</b>	<b>HRA or HSA \$2,200 Single/ \$4,400 All other tiers</b>
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	\$1,650 Single/ \$3,300 (aggregate) All other tiers (included in Medical OOPM)	\$1,650 Single/ \$3,300 All other tiers (included in Medical OOPM)
Total Health Plan Out of Pocket Exposure before HRA or HSA (Medical and Rx Combined)	<b>\$2,800 Single/ \$5,600 All other tiers</b>	<b>\$3,100 Single/ \$6,200 All other tiers</b>	<b>\$2,500 Single/ \$5,000 (aggregate) All other tiers</b>	<b>\$4,000 Single/ \$8,000 All other tiers</b>
Total Out of Pocket Exposure AFTER HRA or HSA (Medical and Rx Combined)	<b>\$600 Single/ \$1,200 All other tiers</b>	<b>\$900 Single/ \$1,800 All other tiers</b>	<b>\$300 Single/ \$600 All other tiers</b>	<b>\$1,800 Single/ \$3,600 All other tiers</b>
<b>Benefit Specifics by Plan</b>				
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

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

## 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	HRA/HSA** Funding by Employer 2023- 2027	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2025	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	\$1,339.21	\$16,070.52	\$11,814.91	\$4,255.61	\$354.63	\$4,855.61
Single	Gold	\$3,100	\$2,200	\$900	\$1,312.77	\$15,753.24	\$11,814.91	\$3,938.33	\$328.19	\$4,838.33
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$1,230.72	\$14,768.64	\$11,814.91	\$2,953.73	\$246.14	\$3,253.73
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$1,134.21	\$13,610.52	\$10,888.42	\$2,722.10	\$226.84	\$4,522.10
*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 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, 2025.										
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	HRA/HSA** Funding by Employer 2023- 2027	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2025	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	\$2,678.44	\$32,141.28	\$22,189.06	\$9,952.22	\$829.35	\$11,152.22
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$2,625.55	\$31,506.60	\$22,189.06	\$9,317.54	\$776.46	\$11,117.54
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$2,311.36	\$27,736.32	\$22,189.06	\$5,547.26	\$462.27	\$6,147.26
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,268.44	\$27,221.28	\$21,777.02	\$5,444.26	\$453.69	\$9,044.26
*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 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, 2025.										
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	HRA/HSA** Funding by Employer 2023- 2027	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2025	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	\$2,239.37	\$26,872.44	\$18,266.30	\$8,606.14	\$717.18	\$9,806.14
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$2,197.00	\$26,364.00	\$18,266.30	\$8,097.70	\$674.81	\$9,897.70
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,902.74	\$22,832.88	\$18,266.30	\$4,566.58	\$380.55	\$5,166.58
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,911.97	\$22,943.64	\$18,354.91	\$4,588.73	\$382.39	\$8,188.73
*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 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, 2025.										
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	HRA/HSA** Funding by Employer 2023- 2027	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2025	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	\$3,788.62	\$45,463.44	\$32,727.55	\$12,735.89	\$1,061.32	\$13,935.89
Family	Gold	\$6,200	\$4,400	\$1,800	\$3,716.11	\$44,593.32	\$32,727.55	\$11,865.77	\$988.81	\$13,665.77
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$3,409.12	\$40,909.44	\$32,727.55	\$8,181.89	\$681.82	\$8,781.89
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$3,227.61	\$38,731.32	\$30,985.06	\$7,746.26	\$645.52	\$11,346.26
*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 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, 2025.										

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

## MEDICAL PLAN COST - Support Staff (Simplified Version)

Policy Size	Plan	Employee OOP Max	2025 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	\$4,255.61	\$354.63	\$5,155.61
Single	Gold	\$3,100	\$2,200	\$900	\$3,938.33	\$328.19	\$5,138.33
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$2,953.73	\$246.14	\$3,553.73
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$2,722.10	\$226.84	\$4,822.10
Self & Spouse	Platinum	\$5,600	\$4,400	\$1,200	\$9,952.22	\$829.35	\$11,552.22
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$9,317.54	\$776.46	\$11,517.54
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$5,547.26	\$462.27	\$6,547.26
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$5,444.26	\$453.69	\$9,444.26
Parent/Child(ren)	Platinum	\$5,600	\$4,400	\$1,200	\$8,606.14	\$717.18	\$10,206.14
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$8,097.70	\$674.81	\$10,297.70
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$4,566.58	\$380.55	\$5,566.58
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$4,588.73	\$382.39	\$8,588.73
Family	Platinum	\$5,600	\$4,400	\$1,200	\$12,735.89	\$1,061.32	\$14,335.89
Family	Gold	\$6,200	\$4,400	\$1,800	\$11,865.77	\$988.81	\$14,065.77
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$8,181.89	\$681.82	\$9,181.89
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$7,746.26	\$645.52	\$11,746.26

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

## 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**

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

## ELIGIBLE DEPENDENTS

<b>SPOUSE</b>	Legal Spouse
<b>CHILDREN</b>	<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>
<b>DOMESTIC PARTNERS</b>	<p><b>Form included in enrollment to complete and return to BSD HR</b></p> <ul style="list-style-type: none"> <li>• a) each party is the sole domestic partner of the other</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• g) neither party filed a Termination of Domestic Partnership within the preceding nine months.</li> </ul>



## 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, FOOD, PROP, and BUS Annual CIL Payments:**

Single Coverage - \$ 2,953.73

Single Coverage (Para) - \$ 3,138.34

Spouse Coverage - \$ 5,547.26

Parent + Child(ren) - \$ 4,566.58

Family Coverage - \$ 8,181.89

**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 (12/26/2025)
2. At the end of the school year (06/26/2025)

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

<b>ADMINISTRATOR</b>	Beneliance
<b>ELIGIBILITY</b>	Employees working 17.5 hours or more per week during the school year
<b>CONTRIBUTIONS</b>	<p>100% Employer Contributed:</p> <p><b>AOE Licensed (Teachers, Administrators, and Nurses) Available with any plan</b></p> <ul style="list-style-type: none"> <li>• Single - \$1,900</li> <li>• 2 or more - \$4,000</li> </ul> <p><b>Non AOE Licensed (All other staff) Available with any plan</b></p> <ul style="list-style-type: none"> <li>• Single - \$2,200</li> <li>• 2 or more - \$4,400</li> </ul>
<b>CLAIMS</b>	<p>Provider (DataPath) pays claims directly to medical providers. You do not need to submit anything. Billing and payment occurs automatically.</p> <p><a href="http://www.myrsc.com">www.myrsc.com</a></p>
<b>DEADLINES</b>	<p>Claims for 2025 funds must be incurred by <b>12/31/2025</b></p> <p>Claims for 2025 funds must be submitted by <b>3/30/2026</b></p>
<b>CARRYOVER RULE</b>	HRA funds cannot rollover
<b>DEBIT CARD</b>	<p><b>MySource Card</b></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>
<b>FORMS</b>	HRA is selected on the Blue Cross enrollment form and HRA form is filled out on WiseBenefits.

## FSA - FLEXIBLE SPENDING ACCOUNT

<b>ADMINISTRATOR</b>	Beneliance
<b>ELIGIBILITY</b>	Employees working 17.5 hours or more per week during the school year
<b>CONTRIBUTIONS</b>	<p>No employer contributions</p> <p>Elected FSA Limits:</p> <ul style="list-style-type: none"> <li>• <b>Minimum: \$100</b></li> <li>• <b>Maximum: \$3,200</b></li> </ul> <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>
<b>DEBIT CARD</b>	Summit Card
<b>DEADLINES</b>	<ul style="list-style-type: none"> <li>• Claims for 2025 funds must be incurred by <b>12/31/2025</b></li> <li>• Claims for 2025 funds must be submitted by <b>March 30, 2026</b></li> <li>• File claims for reimbursement online at <a href="https://benefit.summitfor.me/">https://benefit.summitfor.me/</a></li> <li>• <b>When you leave employment with the district</b> (resignation/retirement/termination), <b>access to your FSA is terminated as of the final day of employment.</b> You have 30 days to submit receipts for reimbursement. All purchases need to have occurred prior to or on the final day of employment.</li> </ul>
<b>CARRYOVER RULE</b>	The balance rolled over is reduced to either the predetermined amount of \$650 or the balance, whichever is less
<b>FORMS</b>	<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

<b>ADMINISTRATOR</b>	Beneliance
<b>ELIGIBILITY</b>	<ul style="list-style-type: none"> <li>• If married, spouse must work full time, be a full-time student, or be disabled</li> <li>• Day care provider must have a tax ID or SSN</li> <li>• Dependent children must be under age 13 or incapable of self-care</li> <li>• Dependent must reside in the employee's home for at least 8 hours daily</li> </ul>
<b>CONTRIBUTIONS</b>	<p>Dependent Care FSA <b>Limit \$5000</b></p> <p>*Funds available as each payroll deduction is taken.</p>
<b>DEBIT CARD</b>	Summit Card
<b>DEADLINES</b>	<ul style="list-style-type: none"> <li>• Claims for 2025 funds must be incurred by <b>12/31/2025</b></li> <li>• Claims for 2025 funds must be submitted by <b>March 30, 2026</b></li> <li>• File claims for reimbursement online at <a href="https://benefit.summitfor.me/">https://benefit.summitfor.me/</a></li> </ul>
<b>CARRYOVER RULE</b>	DCAP funds cannot roll over
<b>EXPENSES</b>	<p><b>Eligible:</b>            Day care centers            Before-school and after-school care            Nurse or caregiver for elderly dependent Day camps</p> <p><b>Ineligible:</b>            Overnight camps            Babysitters for care outside of regular work hours            Day care providers who cannot provide a valid ID or SSN</p>
<b>FORMS</b>	<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

<b>ADMINISTRATOR</b>	Beneliance
<b>ELIGIBILITY</b>	<ul style="list-style-type: none"> <li>Employees working 17.5 hours or more per week during the school year.</li> <li>Must be enrolled in the Silver CDHP Plan with an HSA</li> </ul>
<b>CONTRIBUTIONS</b>	<p>No employer contributions</p> <p>Elected LPFSA Limits:</p> <ul style="list-style-type: none"> <li><b>Minimum: \$100</b></li> <li><b>Maximum: \$3,200</b></li> </ul> <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>
<b>DEBIT CARD</b>	Summit Card
<b>DEADLINES</b>	<ul style="list-style-type: none"> <li>Claims for 2025 funds must be incurred by <b>12/31/2025</b></li> <li>Claims for 2025 funds must be submitted by <b>March 30, 2026</b></li> <li>File claims for reimbursement online at <a href="https://benefit.summitfor.me/">https://benefit.summitfor.me/</a></li> <li><b>When you leave employment with the district</b> (resignation/retirement/termination), <b>access to your FSA is terminated as of the final day of employment.</b> You have 30 days to submit receipts for reimbursement. All purchases need to have occurred prior to or on the final day of employment.</li> </ul>
<b>CARRYOVER RULE</b>	The balance rolled over is reduced to either the predetermined amount of \$650 or the balance, whichever is less. (Same as regular FSA)
<b>FORMS</b>	<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

<b>ADMINISTRATOR</b>	Beneliance
<b>ELIGIBILITY</b>	<p>Employees working 17.5 hours or more per week during the school year</p> <p>Available with the Silver CDHP Plan only</p>
<b>CONTRIBUTIONS</b>	<p>Employer Made Contribution:</p> <p><b>AOE Licensed (Teachers, Administrators, and Nurses) Available with any plan</b></p> <ul style="list-style-type: none"> <li>• Single - \$1,900</li> <li>• 2 or more - \$4,000</li> </ul> <p><b>Non AOE Licensed (All other staff) Available with any plan</b></p> <ul style="list-style-type: none"> <li>• Single - \$2,200</li> <li>• 2 or more - \$4,400</li> </ul> <p>Employee HSA Contributions</p> <ul style="list-style-type: none"> <li>• Optional - Not Front Loaded</li> <li>• Annual Limit: \$4,150 (Single) / \$8,300 (All Others) <ul style="list-style-type: none"> <li>◦ Annual limit includes Employer Contribution</li> </ul> </li> </ul>
<b>CLAIMS</b>	Pay directly with MySource card or submit for reimbursement through <a href="http://www.myrsc.com">www.myrsc.com</a> website.
<b>DEADLINES</b>	<p>Claims for 2025 funds must be incurred by <b>12/31/2025</b></p> <p>Claims for 2025 funds must be submitted by <b>3/30/2026</b></p> <p><b>No limit on claims that occur in a calendar year</b></p>
<b>CARRYOVER RULE</b>	All unused funds rollover automatically
<b>DEBIT CARD</b>	<p><b>MySource Card</b></p> <p>New cards will be issued for newly enrolled plans only and for current cards expiring</p>
<b>FORMS</b>	HSA is selected on the Blue Cross enrollment form and HSA form is filled out on WiseBenefits

## DENTAL PLAN

<b>CARRIER</b>	Northeast Delta Dental
<b>PREMIUM</b>	<p><b>Employee Only - 100% BSD paid (\$438.84 Annually)</b></p> <p><b><u>2 Person: Employee + 1 dependent (Can be spouse or child) (\$998.52)</u></b>  IT, PARA, BUS Contract Employee Portion - <b>\$559.68 Annually</b>  PROP Services Contract Employee Portion - <b>\$299.56 Annually</b>  BEA,BAA,OP, &amp; NONU Contract Employee Portion - <b>\$167.90 Annually</b></p> <p><b><u>Family: Employee + 2 or more dependents (\$1,732.32)</u></b>  IT, PARA, BUS Contract Employee Portion - <b>\$1,293.48 Annually</b>  PROP Services Contract Employee Portion - <b>\$519.70 Annually</b>  BEA,BAA,OP, &amp; NONU Contract Employee Portion - <b>\$388.04 Annually</b></p>
<b>DEDUCTIBLE</b>	<p>\$25 - Per Individual  \$75 - Per Family</p>
<b>PLAN MAXIMUM</b>	\$1,000 (Annual)
<b>PROVIDER NETWORK</b>	<p>Delta PPO Network will provide cheapest costs  Delta Premier Network provides discounted rates, but not as much at the PPO Networks</p>
<b>ID CARDS</b>	<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>
<b>WEBSITE</b>	<a href="http://www.nedelta.com">http://www.nedelta.com</a>
<b>ENROLLMENT FORM</b>	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
<b>DIAGNOSTIC:</b> 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  <b>PREVENTIVE:</b> 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  <b>EMERGENCY PALLIATIVE TREATMENT</b>  <i>Note: Expenses Incurred for covered Diagnostic and Preventive services do accrue to your annual maximum.</i>	<b>RESTORATIVE:</b> Amalgam (silver) fillings;  Composite/Resin (white) fillings on anterior teeth and the buccal surface of bicuspid only  <b>ORAL SURGERY:</b> Surgical and routine extractions  <b>ENDODONTICS:</b> Root canal therapy  <b>PERIODONTICS:</b> Treatment of gum disease  Clinical crown lengthening once per tooth per lifetime  <b>DENTURE REPAIR:</b> Repair of a removable denture to its original condition  Rebase and reline (dentures)	<b>PROSTHODONTICS:</b> Removable and fixed partial dentures (bridge); complete dentures  Crowns  Onlays / Inlays  Implants	<b>ORTHODONTICS:</b> 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
<b>Calendar Year Maximum: \$1,000</b> Health through Oral Wellness® program included (please see reverse for details)			<b>Lifetime Maximum:</b> \$1,000 per Person

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

<ul style="list-style-type: none"> <li>• Root canal therapy</li> </ul> <b>PERIODONTICS:</b> <ul style="list-style-type: none"> <li>• Treatment of gum disease</li> <li>• Clinical crown lengthening once per tooth per lifetime</li> </ul> <b>DENTURE REPAIR:</b> <ul style="list-style-type: none"> <li>• Repair of a removable denture to its original condition</li> <li>• Rebase and reline (dentures)</li> </ul>		
<b>Class C: Major Restorative</b> <b>PROSTHODONTICS:</b> <ul style="list-style-type: none"> <li>• Removable and fixed partial dentures (bridge); complete dentures</li> <li>• Crowns</li> <li>• Onlays / Inlays</li> <li>• Implants</li> </ul>	50% After Deductible	50% After Deductible
<b>Class D: Orthodontia</b> <b>ORTHODONTICS:</b> <ul style="list-style-type: none"> <li>• Correction of malposed (crooked) teeth for children and adults</li> </ul>	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
<b>Greatest Savings</b>		Delta Dental pays \$400
<b>In-Network Delta Dental PPO™</b> 50% benefit Coverage	\$800	You pay \$400
		You save <b>\$200</b>
<b>In-Network Delta Dental Premier®</b> 50% benefit Coverage	\$900	Delta Dental pays \$450
		You pay \$450
		You save <b>\$100</b>
<b>Out-of-Network</b> 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 <b>\$0</b>

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.

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

## BASIC LIFE AND AD&D

<b>CARRIER</b>	Madison National Life
<b>CONTRIBUTIONS</b>	100% Employer paid Post Tax
<b>ELIGIBILITY</b>	<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>
<b>ACCELERATED DEATH BENEFIT</b>	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.
<b>BENEFICIARIES</b>	<p>What is needed to designate a beneficiary?</p> <p>Name, relationship, address, phone, &amp; the percentage of the benefit</p> <p>Form Submitted on Wise Benefits</p>

## SUPPLEMENTAL LIFE AND AD&D

<b>CARRIER</b>	Madison National Life
<b>CONTRIBUTIONS</b>	100% Employee paid Post Tax
<b>ELIGIBILITY</b>	<p>Employees working 17.5 hours or more each week during the school year</p> <p>Benefit Amount: \$37,500</p> <p><b>Classes Eligible:</b>                      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&amp;D</p>
<b>PREMIUM COST</b>	\$13.50 per month Deducted from paycheck
<b>ACCELERATED DEATH BENEFIT</b>	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.
<b>BENEFICIARIES</b>	<p>What is needed to designate a beneficiary?</p> <p>Name, relationship, address, phone, &amp; the percentage of the benefit</p> <p>Form Submitted on Wise Benefits</p>

## **LONG TERM DISABILITY**

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

### **Premium Rate:**

<b>Age</b>	<b>Rate</b>
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

<b>CARRIER</b>	National Teachers Association (NTA) Life – 100% Employee Paid
<b>ELIGIBILITY</b>	<ul style="list-style-type: none"> <li>Employees working 17.5 hours or more per week during the school year</li> <li>Employee coverage is required for dependent coverage</li> </ul>
<b>ISSUE AGES</b>	Insured & spouse insurance ends at age 80 / children at 26
<b>AVAILABLE COVERAGE</b>	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

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

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

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

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

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

## Critical Illness Insurance

<b>CARRIER</b>	National Teachers Association (NTA) Life – 100% Employee Paid
<b>ELIGIBILITY</b>	Employees working 17.5 hours or more per week during the school year
<b>ISSUE/ATTAINED AGES</b>	Issue age rates
<b>PRE_EXISTING CONDITIONS</b>	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	
<b>Critical Illness Benefit Amount</b> Spouse: 50% of the employee benefit amount Child(ren): 50% of the employee benefit amount	Employee: <b>\$10,000</b> or <b>\$20,000</b>
<b>Recurrence</b> (2 covered diagnoses for the same Critical Illness)	50% of initial benefit 6 month separation period
<b>Additional Occurrence</b> (Diagnosis of a different Critical Illness)	100% of initial benefit 6 month separation period
<b>Lifetime Maximum</b>	<b>300% of Critical Illness Benefit Amount</b>
<b>Cancer Benefits</b>	
Invasive Cancer	100%
Non-Invasive Cancer (In Situ)	25%
Skin Cancer	\$250
<b>Heart and Stroke Benefits</b>	

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%
<b>Additional Covered Conditions</b>	
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%
<b>Educator Specific Benefits</b>	
<b>Perseverance</b> (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%

<b>Childhood Conditions (diagnosis of each condition payable once per insured Child)</b>	
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
<b>Optional Benefits</b>	
<b>Waiver of Premium Benefit</b> (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+
<b>Employee</b>	\$1.61	\$2.14	\$3.09	\$4.56	\$7.29	\$11.69	\$18.54	\$25.90	\$42.91
<b>Employee + Spouse</b>	\$2.45	\$3.25	\$4.63	\$6.83	\$10.95	\$17.71	\$28.37	\$39.91	\$66.38
<b>Employee + Child(ren)</b>	\$4.04	\$4.58	\$5.52	\$6.99	\$9.72	\$14.12	\$20.97	\$28.33	\$45.34
<b>Family</b>	\$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**

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

<b>ELIGIBILITY</b>	Mandatory for AOE Licensed staff at BSD
<b>TYPE OF PLANS</b>	<p><b>Group A</b> - teachers employed within the State of Vermont prior to July 1, 1981 and elected to remain in Group A.</p> <p><b>Group C</b> - teachers employed within the State of Vermont on or after July 1, 1990. If you were hired before July 1, 1990</p>
<b>VESTING</b>	5 years of creditable service
<b>ENROLLMENT</b>	Mandatory
<b>RETIREMENT ELIGIBILITY</b>	<p><b>Group A</b>  <b>Normal retirement</b> - 60 years old or 30 years of service (whichever comes first)  <b>Early retirement</b> - 55 years old. *An actuarial reduction will be imposed for each year under the age of 60.</p> <p><b>Group C</b>  <b>Normal retirement</b> - 65 years old or when the sum of your age and service credit equals 90.  <b>Early retirement</b> - 55 years old. *An actuarial reduction will be imposed for each year under the age of 65.</p>
<b>VESTED DEFERRED RETIREMENT</b>	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.
<b>SEPARATION OF SERVICE</b>	<p>If you leave State service <b>before you have acquired five consecutive years</b> 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 <b>after you have accumulated five or more</b> 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>
<b>SERVICE CREDIT</b>	<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><b>Retirement benefits are not automatic, you must apply for them.</b></p>

PURCHASING CREDIT	<p><b>You may purchase retirement credit</b> for service in the military, Peace Corps, or VISTA (after completion of 15 years of service), service as a state or municipal employee, <b>teaching in another state</b>, 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><b><u>Group 1</u></b> - As of June 30, 2010 you had at least 10 years of service credit</p> <p>The Retirement System <b>pays a flat amount toward your monthly premium</b> and the balance is withheld from your check.</p> <p><b>To qualify for a spousal health insurance subsidy</b> you must meet the following service credit thresholds:</p> <ul style="list-style-type: none"> <li>• those with more than 30 years of service on June 30, 2010 will have to work another 5 years;</li> <li>• those with between 25 and 29.99 years of service on June 30, 2010 will have to work a total of 35 years;</li> <li>• those with between 15 and 24.99 years of service on June 30, 2010 will have to work 10 more years;</li> <li>• those with between 10 and 14.99 years of service on June 30, 2010 will be eligible upon 25 years.</li> </ul> <p><b><u>Group 2</u></b> - As of June 30, 2010 you had less than 10 years of service credit</p> <p>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"> <li>• members retiring with <b>less than 15 years of service</b> will have <b>no subsidized coverage</b>;</li> <li>• members retiring with <b>between 15 and 19.99 years of service</b> will have <b>60% of their health care premium paid</b> after retirement;</li> <li>• members retiring with <b>between 20 and 24.99 years of service</b> will have <b>70% of their health care premium paid</b> after retirement;</li> <li>• members retiring with <b>25 or more years of service</b> at retirement will have <b>80% of both their health care premium and their spouses' health premium paid</b> after retirement</li> </ul>
HEALTH INSURANCE COVERAGE	<p><a href="#">VSTRS Group Health Insurance</a></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. <b>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.</b></p>

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

<b>ELIGIBILITY</b>	Mandatory participation for all BSD employees that work the minimum number of hours per year.  Minimum hours per year: 1200
<b>PENSION ADMINISTRATOR</b>	Hooker & Holcombe PensionEdge - <a href="https://pensionedge.com/">https://pensionedge.com/</a>
<b>TYPE OF PLANS</b>	All BSD Employees fall under the <b>Class B</b> Plan
<b>VESTING</b>	5 years of creditable service
<b>ENROLLMENT</b>	Mandatory
<b>SEPARATION OF SERVICE</b>	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 2025. In addition, if they are age 50 or over on December 31, 2025, they can contribute an additional \$7,500 for a potential total amount of \$30,500.

## 403(b) Vendor Information

### **Fidelity Investments**

P.O. Box 770002  
Cincinnati, OH 45277-0089  
(800) 868-1023 [www.fidelity.com](http://www.fidelity.com)

### **Horace Mann**

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

### **Security Benefit (NEA ValuBuilder)**

P.O. Box 750497  
Topeka, KS 66675-0560  
(888) 724-7526 [www.securitybenefit.com](http://www.securitybenefit.com)

### **The Vanguard Group**

P.O. Box 1106  
Valley Forge, PA 19482-1106  
(800) 662-2003 [www.vanguard.com](http://www.vanguard.com)

## DISCOUNTS - CHURCH STREET MARKET

To Be Updated During Calendar Year 2025

# BSD EMPLOYEE DISCOUNT

# 20 25

Enjoy the following discounts at downtown businesses throughout 2025. Proof of employment may be requested.

**Ben & Jerry's**  
10% off

**Cynthea's Spa**  
15% off

**ECCO Clothes**  
10% off

**FatFace**  
10% off

**Harbour Thread**  
10% off

**Lippa's Estate and  
Fine Jewelers**  
10% off repairs

**Vermont Distillers &  
Smugglers' Notch Distillery  
Tasting Room**  
10% off all N/A items

This list may unknowingly miss some business offerings throughout the year. Visit [churchstmarketplace.com/downtowndiscounts](https://churchstmarketplace.com/downtowndiscounts) for the latest list of offerings, and when in doubt, just ask!



**CHURCH STREET  
MARKET PLACE**

[https://churchstmarketplace.com/client\\_media/files/Miscellaneous/2025%20CSM%20BSD%20DISCOUNTS%20\(1\).png](https://churchstmarketplace.com/client_media/files/Miscellaneous/2025%20CSM%20BSD%20DISCOUNTS%20(1).png)



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.<sup>1</sup> 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](http://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](http://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 Americans<sup>2</sup> 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.<sup>2</sup>

**Your Hearing Discount includes:**

-  Discounted, set pricing on thousands of hearing aids and 40% off hearing exams<sup>3</sup> 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](http://nedelta.com/Patients/EyeMed-Discounts)

To find a hearing care provider near you, visit [amplifonusa.com/find-a-hearing-aid-clinic](http://amplifonusa.com/find-a-hearing-aid-clinic)

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