



**Columbia**  
PUBLIC SCHOOLS



MARSH & MCLENNAN  
AGENCY

# 2021 benefit options



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## employee benefits information

Open your CPS Portal and navigate to the **BenefitFocus** icon:

Check out your Employee Benefits information:

- Medical Plan Summary Plan Description
- Dental Plan Summary Plan Description
- Life Insurance Summary Plan Description
- Rate sheets, benefits, overview, ID cards, FAQs, how to find a UMR provider and more!



**tip**  
**Mark your calendar:  
Initial enrollment  
elections must be  
submitted within 31  
days of hire.\***

If you have any questions, please contact the Employee Benefits Office at (573) 214-3710.

## eligibility guidelines

The district pays the entire premium of medical, dental and life insurance for employees who work 35 hours or more per week. Part-time employees working 30-34 hours per week are eligible to purchase medical, dental, and life insurance.

**Coverage Effective Date** Non-exempt (hourly) employees: first day of the month following 60 days of employment.  
Exempt (salaried) employees: date of hire.

**Dependent Eligibility**

- Children are covered to the age of 26 on the medical, dental & vision plans.
- Dependent enrollment for medical, dental & vision is available and the premium is paid 100% by the employee via payroll deductions.
- Elections may be changed during the plan year as a result of a Qualifying Event: birth, marriage, or loss of coverage through spouse's/Domestic Partner's employer, etc.

\*Failure to submit your elections within 31 days of hire will result in auto-enrollment in the Plus Plan, Dental Plan, and Basic Life Plan. All other Benefits options will be waived.



## qualifying life events

The choices you make during your New Hire period or Annual Open Enrollment period are irrevocable until either the next Annual Open Enrollment period or unless you experience a **qualifying life event**.

Qualifying life events include changes to your legal marital status, giving birth or adopting a child, a change in you or your spouse's/ domestic partner's employment status or your entitlement to Medicare.

If you anticipate any of these changes, please contact Employee Benefits in advance of the event to verify your right to change plan coverage(s). You must submit the qualified life event change via BenefitFocus within 31 days of the qualifying life event.

**If you do not submit the online change form to notify Employee Benefits within 31 days of a qualifying event, you will have to wait until the next Annual Open Enrollment period to make benefit changes unless you have another qualifying event.**



Loss of  
Essential Coverage



Loss of  
COBRA Benefits



Marriage or  
Divorce



Gain in  
Coverage



Birth, adoption,  
or new dependent



Aged off of  
Parent's Plan



Change in  
Citizenship



Change in  
Income



Death in  
Family



Change in Gov.  
Assistance Eligibility



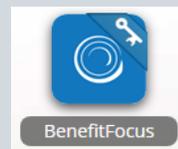
# enrollment & eligibility

## how to enroll – upon becoming eligible in 2021

If you will become eligible for coverage in 2021, you will need to follow these directions to complete the process. If you have trouble enrolling, contact a member of our Employee Benefits Office.

### Step One

From your CPS Portal, click on the BenefitFocus icon.



### Step Two

From your BenefitFocus landing page, follow the “Click here to...” directions. A new browser window will open and this is where you make your elections. Click on the Get Started icon.



### Step Three

The first item you'll be directed to complete is to add/review dependents. If you have no intent to add dependents to any of the benefits offered through CPS, you may click Next. If you want to see the monthly premium cost of adding dependent(s) to medical, dental and/or vision, and/or pick and choose which benefits you want the dependent(s) to have coverage, then click Add Dependent.

**Please Note: Adding dependents at this step does not result in receiving benefit coverage. Add dependents to specific coverages within the following steps. Adding dependents at the first step allows you to easily select them as beneficiaries for the Life policy, later in enrollment.**

### Step Four

Your first benefit to enroll in will be Medical coverage, as shown here. The enrollment platform will then walk you through all available coverages and associated steps.

1. Choose your Medical coverage

Begin Enrollment

Decline coverage

### Step Five

Click Save often as you progress through the enrollment platform. In the event you have to stop in the midst of enrollment, you can return to where you stopped but **you must click Save before exiting the enrollment platform.**

### Step Six

After you have completed all steps and submitted your enrollment, you will see a summary page of your elections. You may print this summary page. You may return to the enrollment platform to alter your elections, but you must do so within the allowed 31-day window.

**Please Note: The enrollment platform is not available upon the 31-day window closing.**



# benefit overview

## contact information

Please refer to this list when you need to contact one of your benefit vendors. For general information contact Employee Benefits.

Plan	Whom To Call	Phone Number	Website
Medical	UMR Group: 76414028	(844) 586-7311	<a href="http://www.umar.com">www.umar.com</a>
Teladoc	UMR Group: 76414028	(800) 835-2362	<a href="http://www.teladoc.com">www.teladoc.com</a>
Pharmacy	Express Scripts Group: CPSDRX1	(800) 808-3734	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Dental	Delta Dental Group: 2213	(800) 335-8266	<a href="http://www.deltadentalmo.com">www.deltadentalmo.com</a>
Vision	EyeMed Group: 1029326	(844) 873-7853	<a href="http://www.eyemed.com">www.eyemed.com</a>
Short/Long Term Disability	The Hartford	(800) 303-9744	<a href="http://www.thehartford.com">www.thehartford.com</a>
Life Insurance	Kansas City Life Group Life: GL3929 Supplemental Life: SL3929	(800) 874-5254	<a href="http://www.kclife.com">www.kclife.com</a>
Flexible Spending Account (FSA)	BenefitFocus	(855) 719-1853	BenefitFocus icon at CPS Portal
Health Savings Account (HSA)	Simmons Bank (formerly Landmark Bank)	Call any branch	<a href="http://www.simmonsbank.com">www.simmonsbank.com</a>
EAP	Boone Hospital	(573) 815-6034 (877) 327-0327	<a href="http://www.boone.org/eap">www.boone.org/eap</a>
State Retirement	PSRS/PEERS	(800) 392-6848	<a href="http://www.psrs-peers.org">www.psrs-peers.org</a>
Voluntary Retirement	TIAA 403(b) & 457(b)	(800) 842-2638	<a href="http://www.tiaa.org/cpsk12">www.tiaa.org/cpsk12</a>



## medical plans

Employee well-being is a top priority at Columbia Public Schools. Through UMR, we're proud to offer access to an extensive network of providers. You and your family will be able to maintain your well-being with preventive care and affordable prescription medication.

### There are two medical plans to choose from:

**1. Plus Plan** – A qualified High Deductible Plan that offers you the opportunity to open a Health Savings Account (HSA), if you are eligible. An HSA allows you, and Columbia Public Schools, to contribute tax-free dollars to use toward out-of-pocket health expenses. See page 15 for additional information regarding an HSA and the employer contribution.

**2. Basic Plan** – A traditional PPO plan

Choosing the right medical plan is an important decision for you and your family. Take the time to review your family's past medical expenses and what expenses you are likely to incur during the upcoming plan year. Use this information to determine what kind of coverage is best for you and your family.



**Look over your family's previous medical expenses to determine which plan will be best for you.**



## monthly premiums

	Plus Plan	Basic Plan
<b>Full-Time EE Only (35+ hrs)</b>	\$0*	\$0*
<b>Part-Time EE Only (30-34 hrs)</b>	\$85	\$93
<b>Spouse/ Domestic Partner</b>	\$607	\$663
<b>One Child</b>	\$274	\$299
<b>Children (2+)</b>	\$474	\$518
<b>Spouse/ Domestic Partner + One Child</b>	\$881	\$962
<b>Spouse/ Domestic Partner + Children (2+)</b>	\$1,081	\$1,181

\*CPS pays the monthly premium of \$607 for the Plus Plan and \$663 for the Basic Plan for staff working a 35+ hour work week.



## staying in-network

If you choose to see an out-of-network provider or pharmacy, you will still be able to use insurance, however, your costs will be *substantially* higher and your deductible and out-of-pocket maximums will be higher.

### Your medical network is made up of:

- convenience care (quick) clinics
- physicians
- facilities (urgent care, emergency room)
- nurse practitioners
- specialists
- pharmacies
- telemedicine



### tip

**When possible, choose urgent care facilities over the emergency room to save time and money.**

### When you see an in-network provider, you will:

- Have lower health care costs for medical services and prescription drugs.
- No need to obtain pre-authorization before a procedure such as surgery, your in-network provider will handle this on your behalf.
- Not have to worry about paying for balance-billed charges and charges above the usual, reasonable, and customary.
- Not have to fill out forms to send to the insurance carrier in order to receive reimbursement, your in-network provider will handle this on your behalf.

### How to find an in-network provider

- Go to [www.umar.com](http://www.umar.com) and select “**Find a provider**”
- Search for **UnitedHealthcare Choice Plus Network** using the alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box
- For medical providers, choose **View Providers**
- For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**
- Or you can call UMR customer service at **(844) 586-7311**



## benefit summary

	Plus Plan		Basic Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> (Amount paid by member)	\$2,000/\$4,000* Single/Family	\$2,000/\$4,000* Single/Family	\$750/\$1,500 Individual/Family	\$900/\$1,800 Individual/Family
<b>Coinsurance</b> (Amount paid by member after deductible is met)	0%	30%	20%	30%
<b>Preventive Services</b>	100% covered before deductible per ACA	None	100% covered before deductible per ACA	None
	Certain preventive services are free only when using In-Network providers. Additional details: <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> No coverage for preventive services using Out-of-Network providers.			
<b>Initial/Medical Out-of-Pocket Max</b>	\$2,000/\$4,000 Single/Family	\$6,000/\$12,000 Single/Family	\$2,250/\$4,500 Individual/Family	\$3,150/\$6,300 Individual/Family
	Medical + 100% cost of Rx apply towards initial out-of-pocket maximum		When Medical out-of-pocket maximum is met, insurance pays 100% of eligible medical expenses	
<b>Rx Copay Out-of-Pocket Max</b>	\$2,000/\$2,000 Single/Family	\$2,000/\$4,000 Single/Family	\$1,500/\$3,000 Individual/Family	\$2,100/\$4,200 Individual/Family
	Rx copays begin after initial out-of-pocket is met, when Rx out-of-pocket maximum is met, eligible Rx is covered 100%		When Rx out-of-pocket maximum is met, eligible Rx is covered 100%	
<b>Combined Annual total of Initial/Medical Out-of-pocket and Rx out-of-pocket maximums</b>	\$4,000/\$6,000 Single/Family	\$8,000/\$16,000 Single/Family	\$3,750/\$7,500 Individual/Family	\$5,250/\$10,500 Individual/Family
<b>Eligible medical and Rx services after out-of-pocket maximums are met</b>	100% covered	100% covered	100% covered	100% covered

\* Plus Plan family deductible: If more than one person is covered on the Plus Plan, the full family deductible must be met before benefits are paid.



## prescription drug coverage

Prescription Drug Coverage is provided by Express Scripts. The cost of each prescription is determined by the tier it falls under. The three tiers are Generic, Preferred Drugs, and Non-Preferred drugs. You can find in-network pharmacies and a list of covered prescriptions at [www.express-scripts.com](http://www.express-scripts.com).

### GENERIC DRUGS AND STEP THERAPY

Generic drugs are the chemical equivalent of their more expensive brand name drug counterparts. Your plan uses a Step Therapy program designed to offer you the best medication at the lowest possible cost. With Step Therapy, your Plan will pay for the cost of certain lower-cost generic drugs initially (Step-One drugs), but not their higher cost brand alternatives (Step-Two drugs), unless medically necessary.

### Prescription Drug Tier Pricing

	Plus Plan	Basic Plan
<b>In-Network Retail Rx (30 day supply)</b>		
<b>Generic</b>	\$10	\$10
<b>Preferred</b>	20% up to \$200	20% up to \$200
<b>Non-Preferred</b> <small>(apply after deductible met)</small>	20% up to \$300	20% up to \$300
<b>In-Network Mail Order Rx (90-day supply at Retail or Mail Order)</b>		
<b>Generic</b>	\$25	\$25
<b>Preferred</b>	20% up to \$500	20% up to \$500
<b>Non-Preferred</b>	20% up to \$750	20% up to \$750
<b>Specialty Rx – Best-In-Class (30 day supply)</b>	20% up to \$300	20% up to \$300
	100% of cost of eligible Rx fills apply towards the deductible, then Rx copays apply	Rx Copays count towards Rx out-of-pocket



## dental insurance

A confident smile starts with oral health. The dental plans offered by Columbia Public Schools through Delta Dental makes it easy for you and your family to take care of your smiles. As with any coverage, it's important to stay in-network. Before each appointment, verify your dentist is in Delta's network and be sure to present your Delta Dental ID Card to your dentist each visit.

If your dentist recommends services other than a preventive cleaning, ensure you ask for and receive a pre-treatment estimate *before the work is performed*. This will avoid any misunderstanding of Delta Dental benefit payment amounts.



tip

Be aware of your deductible and out-of-pocket maximum if you have services performed and when these “start over.”

## benefit summary (see plan document for complete coverage options)

Deductible - Individual/Family (3+ members)	\$100/\$300
Annual Maximum	\$1,500 per person
<b>Service:</b>	<b>Plan Pays:</b>
Preventive/Diagnostic	100%
Basic- Filling, Extractions, Root Canals	75% after deductible
Major- Crowns, Bridges, Dentures	50% after deductible
Orthodontic coverage	None

## monthly premiums

	35+ Hours per Week	30-34 Hours per Week
EE Only	\$0*	\$4.34
+ Spouse/Domestic Partner	\$31	\$31
+ Children (1+)	\$49	\$49
+ Spouse/Dom.Part. & Children (1+)	\$80	\$80

\*CPS pays the monthly premium of \$31 for staff working a 35+ hour work week.



## vision insurance

Eyesight is critical to your overall health. Did you know that a regular eye exam can detect high-cholesterol or even a brain-tumor? Columbia Public Schools offers vision insurance through EyeMed.

Annual preventive eye exams are covered under the vision plan. Make sure to stay in-network. When you schedule your appointment, verify your provider is in EyeMed's network.

To verify your benefit eligibility prior to calling or visiting your eye care provider, please visit [www.eyemed.com](http://www.eyemed.com) or contact EyeMed's Customer Service Dept at 1-844-873-7853.



**tip**  
**You may be charged an additional contact lens fitting and exam fee if you elect to have contacts. Ask your provider before your appointment.**

## benefit summary (see plan document for complete coverage options)

Service (In-Network)	Plan Pays
Exam – once per calendar year	\$10 copay
Lenses – once per calendar year Single vision, bifocal, trifocal, lenticular	Standard Plastic \$10 copay In lieu of contacts.
Polycarbonates	Covered at 100% for children under 19
Frames – once every two calendar years	\$0 copay; 20% off balance over \$150 allowance
Contact Lenses – once per calendar year	Conventional \$0 copay; 15% off balance over \$150 allowance. Disposable \$0 copay; 100% of balance over \$150 allowance. In lieu of lenses.

\*Benefits and discounts apply at participating providers.

## monthly premiums

	35+ Hours per Week	30-34 Hours per Week
EE Only	\$5.43	\$5.43
+ Spouse/Domestic Partner	\$10.87	\$10.87
+ Children (1+)	\$17.38	\$17.38
+ Spouse/Dom.Part. & Children (1+)	\$20.12	\$20.12



# health savings account

## hsa

A health savings account allows you to set aside money on a pretax basis to pay for qualified expenses, such as doctor visits, prescriptions, braces, or even Lasik eye surgery, with tax-free dollars.

There is no “use it or lose it” rule with HSAs. Any remaining balance at the end of the year will roll over into the next plan year. HSAs are also portable. This means that if you were to change jobs or health plans, the money in your account stays with you.

One of the best parts of the HSA is its triple-tax advantage: tax-free deductions when you contribute to your account, tax-free investment earnings, and tax-free withdrawals for qualified medical expenses.

You must open your HSA account with Simmons Bank. You will receive a card linked to your account to pay for qualified expenses. You may be penalized or taxed if you use your HSA funds to pay for ineligible expenses. Qualified expenses include prescriptions, contact lens fitting, orthodontia, acupuncture, artificial teeth, eye glasses, or other expenses that apply towards your deductible. A full list of qualified expenses can be found on the IRS website. Keep all receipts from HSA expenses each calendar year and associated documentation to prove HSA funds were used for qualified medical expenses. Only medical expenses incurred after your HDHP effective date and the date your HSA is established are considered eligible expenses for reimbursement.



tip

**You can make additional pre-tax contributions to your HSA through payroll contributions. The account must be set up by the 15<sup>th</sup> of the month of hire to receive the District contribution.**

### ELIGIBILITY

- You are covered under a qualifying high deductible health plan on the first day of the month
- You have no other health coverage except what is permitted by the IRS
- You aren't enrolled in Medicare, Tricare or another medical plan which provides first dollar coverage
- You can't be claimed as a dependent on someone else's tax return
- You do not have a health flexible spending account or health reimbursement account within your household

### 2021 IRS CALENDAR YEAR CONTRIBUTION LIMITS

Individual	Family	Age 55+ Catch Up	Columbia Public Schools Contributions
\$3,600	\$7,200	\$1,000	\$56 for each full month enrolled, up to \$672 annually



# flexible spending account

## fsa

A Flexible Spending Account, or FSA, is an account set-up by your employer that allows you to pay for medical, dental, vision and dependent care expenses on a pre-tax basis. Pre-tax means before federal, state, and social security taxes are deducted from your paycheck. Refer to the IRS website for a full list of qualified and unqualified expenses. Our FSA Administrator is BenefitFocus.

### IMPORTANT DATES

- You must incur eligible expenses by **December 31** of the Plan year.
- Claims must be filed no later than **March 31** of the following year.

### HEALTH CARE FSA

- Access to entire amount of money you set aside for the plan year on the first day of the plan
- “Use it or lose it” – Forfeit any money remaining in the account at the end of the plan year

### LIMITED-PURPOSE FSA

- Allows you to use pre-tax dollars to pay for qualified dental and vision expenses, rather than using your HSA funds for those expenses
- May be used only if enrolled in an HSA

### DEPENDENT CARE FSA

- Use pre-tax income for dependent care for children under the age of 13 who are being cared for while you or your spouse are working or seeking employment.
- Eligible dependents could also include a spouse or other IRS dependent who is mentally or physically disabled.
- Qualified expenses include daycare and at-home care services. Ineligible expenses include tuition for kindergarten or private schools, sports camps, or overnight camps.

### ELIGIBILITY

- You are not required to participate in medical, dental, or vision plans sponsored by Columbia Public Schools in order to enroll in an FSA.
- New employees must enroll in the plan within 31 days of their hire date. At open enrollment, you re-elect your annual FSA contribution.

### 2021 IRS CALENDAR YEAR CONTRIBUTION LIMITS

Traditional Flex	Dependent Care	Limited Flex
\$2,750	\$5,000	\$2,750



tip

**Budget wisely. FSA accounts have a “use it or lose it” rule. Any money leftover in the account at the end of the plan year must be forfeited.**



# survivor benefits

## life insurance

When the unthinkable happens, you want to know your family is covered. Columbia Public Schools provides full-time employees with life and accidental death and dismemberment (AD&D) insurance through Kansas City Life, and pays the full cost of this benefit. You also have the option to purchase supplemental life insurance through Kansas City Life.

### BASIC LIFE INSURANCE

Columbia Public Schools provides full-time employees enrolled in the medical program with \$25,000 term life insurance. Part-time employees in the medical plan will pay a pro-rated premium. Life insurance provides you with the piece of mind knowing that if you are no longer able to financially provide for your family due to death that they will receive some financial benefit.

### ACCIDENTAL DEATH & DISMEMBERMENT

The policy doubles (\$50,000) upon death due to accident.

If you suffer a covered accidental injury such as loss of speech and hearing, quadriplegia, paraplegia, loss of limb, or thumb and index finger, you would be the beneficiary of a benefit (based on the type of loss).

### SUPPLEMENTAL LIFE INSURANCE

Voluntary life insurance is available to supplement your employer paid life benefit. You can elect increments between \$10,000 and \$25,000. Guaranteed issue if you are a new hire.



tip

**Make sure your beneficiary is clearly identified on all survivor benefit insurance documents.**

### SUPPLEMENTAL LIFE INSURANCE PREMIUMS

\$10,000	\$2.20 per month
\$15,000	\$3.30 per month
\$20,000	\$4.40 per month
\$25,000	\$5.50 per month



## disability

Columbia Public Schools provides employees working 20 hours or more per week with access to short-term and long-term disability income benefits. Both LTD and STD coverage is provided through The Hartford. Application during Open Enrollment is allowed but the Evidence of Insurability process will apply. Application as a New Hire is Guaranteed Issue.

In the event you become disabled from a non-work related injury or illness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

### SHORT-TERM DISABILITY (STD)

Short-Term Disability provides you with a specified percentage of your pre-disability income. Typically, it provides coverage for 6 months or less. Conditions that can trigger STD are usually temporary in nature, such as pregnancy, broken bones, sprains, or minor surgery. Most people use accumulated sick time to cover the waiting period (4 weeks).

### LONG-TERM DISABILITY (LTD)

Long-Term Disability, provides you with a percentage of pre-disability income. This type of policy provides protection for a longer period of time, sometimes to age 65. LTD is often used in situations of a catastrophic disease or illness.

These policies usually start when a short term policy ends. In a long-term policy, you are usually defined as disabled if you cannot complete the duties of your own occupation for a first initial period, such as the first two years. After the initial period, you are defined as disabled if you cannot complete the duties of any occupation to which you are suited by education, training, or experience, for the remainder of the benefit period.

	Short-term Disability	Long-term Disability
<b>Elimination Period</b>	30 days	180 days
<b>Duration of Benefit</b>	22 weeks (unless a result of pre-existing condition, then 4 weeks) (pregnancy is a pre-existing condition)	To Normal Retirement age, or a maximum of 42 months (dependent on age at time of disability)
<b>Percentage of Income Replacement</b>	60%	60%
<b>Maximum Benefit</b>	\$750 per week	\$5,000 per month



## retirement benefits

### Certified Employee Retirement

All full-time certified employees are required by state law to participate in the Public School Retirement System of Missouri (PSRS). You pay 14.5% of your salary *plus* insurance costs to the retirement system, and the District matches your contribution. If hired after April 1, 1986, you also pay 1.45% in Medicare taxes. Part-Time certified staff working 17 hours per week have the option of Teacher or Non-Teacher retirement.

### Non-Teacher Retirement

All non-certified staff working 20 hours a week or more, and eligible part-time staff members not participating in the Teacher Retirement program, are required by state law to participate in the Public Education Employee Retirement System (PEERS). You pay 6.86% of your salary *plus* insurance costs to the retirement system, and the District matches your contribution. You pay 7.65% for Social Security & Medicare taxes.

Contact PSRS/PEERS about your eligibility to purchase whole or partial years of service credit to help build your retirement.

### Voluntary Retirement- TIAA

Participating in the 403(b) and 457(b) Plans makes it easy to put away money on a before tax basis to accumulate the dollars you need to purchase years of service credit. There are no tax penalties when using 403(b)/457(b) money to purchase years of service.

The District offers three voluntary retirement plans with TIAA. You can maximize your retirement income through payroll contributions. You may enroll, change, or cancel your contributions at any time in the 403(b), 403(b)Roth and/or 457(b) Plans.

The money you contribute is deducted from your gross wages before federal and state income taxes are calculated, except for Roth. All contributions are invested in a tax deferred vehicle of your selection. Your investment choices include fixed income and various mutual funds. Any increases in funds grow tax-free until the time you elect to withdraw them.



# additional benefits

## retirement benefits

Choice of Two Plans	457(b) and 403(b) Plans
Contributions made pre-tax	Yes
Tax-deferred accumulation	Yes
Annual contribution limits up to 100% of includable compensation	\$19,500
Over age 50 addition to annual contribution limits	\$6,500
Over 15 years of service catch-up with current employer	457(b) – None 403(b) – Up to \$3,000 per year additional, \$15,000 lifetime total
Vesting	100% immediate
Surrender charges	457(b) – None 403(b) – Based on contract provisions
Withdrawals prior to age 59 ½	457(b) – No penalties 403(b) – Potential 10% penalty
Rollovers permitted	Yes
Loans	Yes
Investments	Fixed accounts and various mutual funds
Investment advisors	TIAA advisors and TIAA authorized local advisors
Purchase years of service with PSRS/PEERS	Yes

You may enroll, change or cancel your contributions at any time.

### Enroll online in just a few easy steps:

1. Go to [www.TIAA.org/cpsk12](http://www.TIAA.org/cpsk12)
  - Click Ready to Enroll
  - Choose your plan(s) and then click Next
  - Select Begin Enrollment to be taken to the Welcome page
  - Register with TIAA to create your User ID and password
2. Complete a salary reduction agreement (SRA) form to advise payroll how much to deduct from your paycheck and when to begin the deduction. Return the completed SRA form to the Employee Benefits office in Business Services prior to the payroll deadline. Forms are found in BenefitFocus portal and on website.
3. Follow the prompts and print the confirmation page. You are now enrolled.



## employee assistance program

Columbia Public Schools cares about you and your family's total well-being. That's why Columbia Public Schools provides an Employee Assistance Program (EAP) at no cost to you. Administered by Boone Hospital, the EAP is a **free** and **confidential** service designed to help employees and families with personal or work/life balance issues.

### SOME OF THE ISSUES EAP ADDRESS

- Resiliency
- Emotional wellness
- Workplace success
- Wellness and balance
- Personal and family goals
- Financial stress

### EAP CONTACT INFORMATION

(573) 815-6034  
(877) 327-0327  
[www.boone.org/eap](http://www.boone.org/eap)

## leave benefits

### SICK LEAVE

- Full-time 12 month staff receive 10 days of sick leave per year.
- 9, 10, and 11 month staff receive a pro-rated share of 10 days.
- Part-time staff receive a pro-rated share based on their full-time equivalent (FTE).

### VACATION LEAVE

- Full-time 12 month staff earn one day of vacation at the end of each full month of employment.
- Part-time 12 month staff receive a pro-rated share based on their full-time equivalent (FTE).

### PERSONAL LEAVE

- Full-time 12 month staff receive 5 paid personal days at the beginning of each year.
- Part-time staff receive a pro-rated share based on their full-time equivalent (FTE).
- At year end, any unused personal leave will be converted to sick leave.



## workers' compensation

Pursuant to state law, an employee of CPS who is injured, killed or exposed to and contracts an occupational disease arising out of and in the course of employment is eligible for compensation in accordance to Missouri Workers' Compensation Law, Chapter 287, RSMo.

### **ALL incidents and injuries are to be reported IMMEDIATELY**

- Report all incidents and injuries within 24 hours to your supervisor or:
  - Dana Jones, CPS Occupational Health Nurse, Aslin Bldg  
Office (573) 214-3723  
Cell (573) 239-1772
- For Minor Injury: Call Dana for appointment.
- For Minor After Hours: Leave a message and Dana Jones will respond the following morning.
- For Severe Injury: Employees are required to go to MU Urgent Care.
  - Sunday thru Saturday, 8am – 8pm
  - South Providence Medical Park, 3916 S Providence Rd, Columbia MO 65201
- For Severe After Hours: Report to Emergency Dept at University Hospital and Clinics
- **If treatment for a work comp related incident/injury is sought elsewhere, the workers' compensation program will not pay for those services, nor will any other insurance plan.**
- All employees injured on the job must complete an Employee Injury/Incident Report, even if the employee does not need immediate medical care. This report must be completed in the employee's handwriting and explaining how the incident occurred.
- Employees requiring treatment will receive a "Return to Work" form by the treating worker's compensation doctor. This form must be presented to supervisor prior to reporting back to work.
- If possible, employees who are given restrictions by the doctor will be provided work duties as recommended by the physician and in consultation with the employee's supervisor.





# Columbia

## PUBLIC SCHOOLS

Columbia Public Schools Employee Benefits Office  
Aslin Building  
1818 West Worley Street  
Columbia, MO 65203  
573-214-3710



**MARSH & MCLENNAN**  
**AGENCY**

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