

2022

**BENEFITS
GUIDE**

SALARIED EMPLOYEES



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About This Guide

This guide describes the benefit plans available to you as an employee of Bi-State Development (BSD). The details of these plans are contained in the official plan documents. This guide is meant to cover the major points of each plan only and does not contain all of the terms and conditions of the plans. In the event of a discrepancy between the information in this guide and the information in the plan documents, the plan documents will govern.

OPEN ENROLLMENT 2022

No action is needed if you don't want to change your benefits for 2022 AND are not enrolling in a Flex Spending Account. Your 2021 benefits (with the exception of flex spending accounts) will roll over to 2022 at the new contribution rates.

Making an appointment to meet with a Benefits Counselor is only needed if you wish to review your current coverage and potentially make changes, or if you wish to add or update your Unum coverage. All changes to your benefits must be entered into Oracle Self-Service and a confirmation statement must be printed.

It is a good idea to review your level of insurance coverage annually and check the 2022 deduction rates on the following pages.

You may want to make changes to your plan if you:

- Experienced a marriage, divorce, or legal separation
- Gave birth to or adopted a child
- Need to add or remove a spouse or child(ren)
- Need to add, remove, or change plans or coverage

You may need documents, such as:

- Social Security numbers for spouse or child(ren)
- Marriage License or Certificate
- Birth Certificate

Annual Flexible Spending Accounts

You must re-enroll in Healthcare and Dependent Care Flexible Spending Accounts annually. To enroll in your 2022 HCFSA/DCFSA, you can schedule an appointment with a Benefits Counselor or you can enroll using Self-Service in Oracle. To learn more, see the "How To" section on page 2.

Confirmation Statements

Print and retain your 2022 confirmation statement. Your Confirmation Statement will be required if corrections are needed after January 1, 2022. If you don't have a printer available when you enroll or make changes, you can print the statement to a file or save it as a PDF.

Open Enrollment Timeline

- 
- Early September 2021**
Informational letters mailed to employee's home address
 - Mid-September 2021**
2022 Benefits Guides mailed to employee's home address
 - September 13-October 1, 2021**
Schedule appointment with a Benefits Counselor
 - October 4-22, 2021**
Open Enrollment period when changes can be made
 - October 5-15, 2021**
On-site appointments with Benefits Counselors available
 - October 18-22, 2021**
GES Call Center available for BSD employee calls
 - October 22, 2021**
Open Enrollment ends and GES Call Center closes
 - November 24, 2021**
Final day to turn in documentation for Open Enrollment (birth certificates, marriage license/certificate, Social Security numbers, etc.)
 - January 1, 2022**
New benefits take effect
 - January 14, 2022**
First paycheck with new deduction amounts – employees should verify amounts are correct
 - February 28, 2022**
Last day to notify Benefits Department of corrections needed (Confirmation Statement required; missed deductions may be due)

OPEN ENROLLMENT: HOW TO

Scheduling an Appointment with a Benefits Counselor

Follow the steps below to schedule your appointment. In-person appointments must be scheduled by October 1:

1. Go to www.BiStateBenefits.com. (beginning September 13)
2. Select “Click Here” to schedule your appointment, and follow the step-by-step instructions to make your appointment. (Email address and cell phone number required)
3. A confirmation email about your appointment will be sent to you. (Keep the email for future reference)
4. A reminder email/text will be sent 24 hours prior to your appointment and another will be sent 3 hours prior.
5. At the time of your appointment, go to the facility where you scheduled your appointment. (Allow extra time for a temperature check)

Logging in to Oracle Self-Service Benefits

- Go to www.BiStateDev.org
- Click on “Employee Resources” (lower left corner)
- Click on the “Employee Login” ribbon
- Enter your Oracle username and password (there is a link to use if you forgot your username or password; access to your work email is needed)
- Click on “Metro Employee Self-Service,” then select “Benefits” from the drop-down list

If you need assistance logging in to Oracle Self-Service, contact the BSD Help Desk at 314-982-1400, ext. 5555.

Accessing Oracle Self-Service Benefits “How To” Guide

If you need assistance with enrolling in or changing benefits in Oracle Self-Service Benefits, a detailed “How To” document can be accessed as follows:

- Go to www.BiStateDev.org
- Click on “Employee Resources” (lower left corner)
- Click on the “Benefits Information” ribbon
- Look for “2022 Open Enrollment Resources” (you may need to scroll down)

Open Enrollment 2022 Checklist:

1. Review this guide prior to discussing your benefits with a Benefits Counselor.
2. Make an appointment to meet in-person with a Benefits Counselor at www.BiStateBenefits.com.
3. Check your Oracle login prior to your appointment, as all enrollments and changes must be completed via Oracle Self-Service Benefits. (Same method as last year)
4. Attend your in-person appointment with a Benefits Counselor.
5. If you are unable to meet in-person with a counselor, the GES Call Center will be open October 18-22. Go to www.BiStateBenefits.com after October 18 to access the GES Call Center phone number.
6. If you make benefit enrollment changes in Oracle, make sure you print a confirmation statement. (Required to make corrections after January 1, 2022)

MEDICAL – PREMIUM

Cigna Premium Option		
BENEFITS	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	\$0 \$0	\$500 \$1,000
Out-of-Pocket Max (Including deductible) Individual Family	\$0 \$0	\$2,300 \$4,600
Coinsurance	0%	20%
Physician Office Visits	\$30 Primary Care \$40 Specialist	You pay 20%, plan pays 80% after deductible
Inpatient Hospital	Plan pays 100%	You pay 20%, plan pays 80% after deductible
Urgent Care	You pay \$40 per visit, plan pays 100%	You pay \$40 per visit, plan pays 100%
Emergency Room	You pay \$150 per visit, plan pays 100%	You pay \$150 per visit, plan pays 100%
Outpatient Surgery	Plan pays 100%	You pay 20%, plan pays 80% after deductible
Lab and X-ray	Plan pays 100%	You pay 20%, plan pays 80% after deductible
Imaging (CT/PET Scans, MRIs)	Plan pays 100%	You pay 20%, plan pays 80% after deductible
Pre-Certification: Inpatient	A Pre-Certification must be obtained prior to all inpatient admissions, except in the case of an emergency admission. In the event of an emergency inpatient admission, the provider must notify Cigna Healthcare, Inc. within 48 hours of hospitalization. Failure to obtain required pre-certification could result in a benefit payment reduction or denial.	
Pre-Certification: Outpatient	A Pre-Certification must be obtained prior to selected outpatient procedures and diagnostic testing. Failure to obtain required pre-certification could result in a benefit payment reduction or denial.	
Prescription Drug Copayments 30 day supply - Retail 90 day supply - Retail/Mail	\$20 Generic / \$25 Single-Source Brand / \$40 Multi-Source Brand \$40 Generic / \$50 Single-Source Brand / \$80 Multi-Source Brand	

2022 Contribution Rates (per paycheck)

Employee Only:	\$124.27
Employee + Spouse:	\$256.52
Employee + Child(ren):	\$235.46
Employee + Family:	\$360.47

MEDICAL – PREFERRED

Cigna Preferred Option		
BENEFITS	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	\$500 \$1,000	\$700 \$1,400
Out-of-Pocket Max (Including deductible) Individual Family	\$2,300 \$4,600	\$3,300 \$6,600
Coinsurance	20%	30%
Physician Office Visits	\$20 Primary Care \$30 Specialist	You pay 30%, plan pays 70% after deductible
Inpatient Hospital	You pay 20%, plan pays 80% after deductible	You pay \$200 per admission, then you pay 30%; plan pays 70% after deductible
Urgent Care	You pay \$30 per visit, plan pays 100%; no deductible	You pay 30%, plan pays 70% after deductible
Emergency Room	You pay \$150 per visit, then you pay 20%; plan pays 80% after deductible	You pay \$150 per visit, then you pay 20%; plan pays 80% after deductible
Outpatient Surgery	Plan pays 100%	You pay 30%, plan pays 70% after deductible
Lab and X-ray	You pay 20%, plan pays 80%; no deductible	You pay 30%, plan pays 70% after deductible
Imaging (CT/PET Scans, MRIs)	You pay 20%, plan pays 80% after deductible	You pay 30%, plan pays 70% after deductible
Pre-Certification: Inpatient	A Pre-Certification must be obtained prior to all inpatient admissions, except in the case of an emergency admission. In the event of an emergency inpatient admission, the provider must notify Cigna Healthcare, Inc. within 48 hours of hospitalization. Failure to obtain required pre-certification could result in a benefit payment reduction or denial.	
Pre-Certification: Outpatient	A Pre-Certification must be obtained prior to selected outpatient procedures and diagnostic testing. Failure to obtain required pre-certification could result in a benefit payment reduction or denial.	
Prescription Drug Copayments 30 day supply - Retail 90 day supply - Retail/Mail	\$20 Generic / \$25 Single-Source Brand / \$40 Multi-Source Brand \$40 Generic / \$50 Single-Source Brand / \$80 Multi-Source Brand	

2022 Contribution Rates (per paycheck)

Employee Only:	\$47.40
Employee + Spouse:	\$106.64
Employee + Child(ren):	\$97.89
Employee + Family:	\$149.84

MEDICAL – ECONOMY

Cigna Economy Option		
BENEFITS	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	\$700 \$1,400	\$1,300 \$2,600
Out-of-Pocket Max (Including deductible) Individual Family	\$3,300 \$6,600	\$5,400 \$10,800
Coinsurance	30%	40%
Physician Office Visits	You pay 30%, plan pays 70% after deductible	You pay 40%, plan pays 60% after deductible
Inpatient Hospital	You pay 30%, plan pays 70% after deductible	You pay 40%, plan pays 60% after deductible
Urgent Care	You pay 30%, plan pays 70% after deductible	You pay 30%, plan pays 70% after deductible
Emergency Room	You pay \$150 per visit, then you pay 30%; plan pays 70% after deductible	You pay \$150 per visit, then you pay 30%; plan pays 70% after deductible
Outpatient Surgery	Plan pays 100%	You pay 40%, plan pays 60%; no deductible
Lab and X-ray	You pay 30%, plan pays 70%; no deductible	You pay 40%, plan pays 60% after deductible
Imaging (CT/PET Scans, MRIs)	You pay 30%, plan pays 70% after deductible	You pay 40%, plan pays 60% after deductible
Pre-Certification: Inpatient	A Pre-Certification must be obtained prior to all inpatient admissions, except in the case of an emergency admission. In the event of an emergency inpatient admission, the provider must notify Cigna Healthcare, Inc. within 48 hours of hospitalization. Failure to obtain required pre-certification could result in a benefit payment reduction or denial.	
Pre-Certification: Outpatient	A Pre-Certification must be obtained prior to selected outpatient procedures and diagnostic testing. Failure to obtain required pre-certification could result in a benefit payment reduction or denial.	
Prescription Drug Copayments 30 day supply - Retail 90 day supply - Retail/Mail	\$20 Generic / \$25 Single-Source Brand / \$40 Multi-Source Brand \$40 Generic / \$50 Single-Source Brand / \$80 Multi-Source Brand	

2022 Contribution Rates (per paycheck)

Employee Only:	\$9.41
Employee + Spouse:	\$32.58
Employee + Child(ren):	\$29.88
Employee + Family:	\$45.78

DENTAL

Delta Dental of Missouri Plan

BENEFITS	High Option	Low Option
Calendar Year Plan Maximum	\$1,500	\$1,500
Annual Deductible: Individual Family	\$50 \$150	\$50 \$150
Type A - Preventive Services (includes oral exams, x-rays, cleanings, fluoride treatment, brush biopsy, space maintainers)	No Charge - Plan pays 100% (deductible waived, not counted against annual plan maximum)	No Charge - Plan pays 100% (deductible waived, not counted against annual plan maximum)
Type B - Basic Services (includes fillings, basic and surgical extractions, root canals, periodontics, endodontics, sealants for children under age 18)	PPO Dentist - You pay 20% Non PPO Dentist - You pay 30%	PPO Dentist - You pay 20% Non PPO Dentist - You pay 30%
Type C - Major Services (includes bridges, dentures, veneers, inlays, onlays, oral surgery)	PPO Dentist - You pay 50% Non PPO Dentist - You pay 60%	Not Covered
Type D - Orthodontics Covered for dependent children up to age 18 (deductible waived and not subject to calendar year plan maximum)	You pay 50%	Not Covered
Lifetime Orthodontic Plan Maximum	\$1,500	N/A

2022 Contribution Rates (per paycheck)

Employee Only:	\$0.00	\$0.00
Employee + Spouse:	\$7.77	\$4.91
Employee + Child(ren):	\$15.13	\$10.02
Employee + Family:	\$23.15	\$15.25

VISION

EyeMed Vision Plan		
Services	In-Network Member Cost	Out-of-Network Reimbursement
EXAM SERVICES		
Exam with Dilation, if necessary	\$15 copay	Up to \$40
Standard Contact Lens–Fit & Follow-up	Up to \$40	N/A
Premium Contact Lens–Fit & Follow-up	10% off retail	N/A
Retinal Imaging	Up to \$39	N/A
FRAMES		
Frames	\$25 copay; \$130 allowance, plus 80% of charge over \$130	Up to \$45
LENSES		
Single Vision Lenses	\$25 copay	Up to \$40
Bifocal Lenses	\$25 copay	Up to \$40
Trifocal Lenses	\$25 copay	Up to \$60
Standard Progressive Lenses	\$25 copay	Up to \$80
Premium Progressive Lenses	\$25 copay, plus 80% of total charge less \$120 allowance	Up to \$80
Lenticular Lenses	\$25 copay	Up to \$80
LENS OPTIONS		
UV Treatment	\$15	N/A
Tint (Solid & Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$5
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate–Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Other Add-ons & Services	20% off retail price	N/A
CONTACT LENSES		
Conventional	\$25 copay; \$130 allowance, plus 85% of charge over \$130	Up to \$125
Disposable	\$25 copay; \$130 allowance, plus full balance over \$130	Up to \$125
Medically-Necessary	\$0 copay, paid in full	Up to \$210
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A

VISION (CONT.)

EyeMed Vision Plan		
Services	In-Network Member Cost	Out-of-Network Reimbursement
COVERAGE FREQUENCY		
Examination	Once every calendar year	
Lenses or Contact Lenses	Once every calendar year	
Frames	Once every two calendar years	
HEARING AID DISCOUNT PROGRAM		
	40% discount off hearing exams and a low price guarantee on discounted hearing aids	N/A

2022 Contribution Rates (per paycheck)	
Employee Only:	\$1.81
Employee + Spouse:	\$3.44
Employee + Child(ren):	\$3.62
Employee + Family:	\$5.33

FLEXIBLE SPENDING ACCOUNTS

BSD offers Flexible Spending Account (FSA) options through Paylocity (formerly Beneflex) to help employees avoid taxes on allowable out-of-pocket medical and dependent care expenses. An FSA allows you to contribute money into an account with each paycheck to pay for qualified expenses on a pre-tax basis. With an FSA, you save FICA, federal, state and local taxes by reducing your taxable income which increases your take-home pay.

By Federal law, FSAs are “use it or lose it” accounts so you want to contribute as much as you feel comfortable you will spend throughout the year. To help prevent employees from losing contributions, our FSA plan offers a generous grace period, which allows you to continue to spend down your account until March 15 of the following year. **Federal law also requires employees to re-enroll every year and specify their FSA annual contribution amount(s).**

Health Care Flexible Spending Account

This account provides a debit card that you can use at the point of purchase to pay for IRS section 213d qualified medical expenses not covered by benefit plans such as medical deductibles and copayments, prescriptions, dental care, vision care and more. It allows you to pay for these out of pocket expenses with pre-tax dollars. You determine how much money, if any, you want to contribute.

- \$2,500 per year maximum annual contribution
- \$260 per year minimum annual contribution
- Enrollment is only allowed at annual open enrollment or when first benefit is eligible

Dependent Care Reimbursement Account

This account allows you to pay for eligible dependent care expenses such as preschool, daycare, before or after school programs and more with pre-tax dollars. You determine how much money, if any, you want to contribute.

- \$5,000 per year maximum annual contribution
- \$520 per year minimum annual contribution
- Enrollment is only allowed at annual open enrollment or when first benefit is eligible

BASIC LIFE AND AD&D INSURANCE

Bi-State Development provides Basic Life and Accidental Death and Dismemberment Insurance at no cost to active, full-time employees as follows:

Benefit Waiting Period	None - Effective on date of hire
Basic Term Life Insurance Amount	One-Time annual salary, rounded up to next higher multiple of \$1,000 + \$25,000
Term Life Plan Features	<ul style="list-style-type: none"> • Right to Convert/Port Coverage • Accelerated Death Benefit
AD&D Insurance Amount	One-time annual salary, rounded up to next higher multiple of \$1,000 + \$25,000

SUPPLEMENTAL AND DEPENDENT LIFE

Bi-State Development offers Supplemental and Dependent Life Insurance at employee's cost as follows:

Benefit Waiting Period	None - Effective on date of hire
Supplemental Employee Term Life Insurance Amount	0.5 times Annual Salary in additional coverage 1 times Annual Salary in additional coverage 2 times Annual Salary in additional coverage
Dependent Life Insurance Options	Option 1: \$10,000 spouse/\$2,500 per child Option 2: \$20,000 spouse/\$5,000 per child Option 3: \$25,000 spouse/\$7,000 per child

Informational only - Employees are not required to re-enroll in the benefits listed above.

BI-STATE DEVELOPMENT 401(K) RETIREMENT SAVINGS PLAN

Bi-State Development offers employees access to a 401(k) Retirement Savings Plan as follows:

401(k) Eligibility	Eligible upon hire
IRS Contribution Limits*	<ul style="list-style-type: none"> • \$19,500 per year • Participants age 50+ may contribute “catch up” contributions up to an additional \$6,500 per year • Unless designated as a Roth contribution, employee contributions are deducted on a pre-tax basis
Roth Account Feature	Allows contributions to be made on a post-tax basis
Vesting	Employee contributions and matching dollars are immediately vested
Employee Basic Contributions	5%
Matching	<p>Employee Basic Contributions are matched at a rate of 50%, i.e., BSD funds 50¢ for every \$1 of basic contributions made by the employee.</p> <p>NOTE: Contributions in excess of the above noted basic contribution percentages and catch-up contributions are not matched.</p>

*Limits provided are for 2021 and are subject to change.

WHOLE LIFE INSURANCE

Unum's Whole Life Insurance is designed to pay a death benefit to your beneficiaries, but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that won't increase due to age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement.

Who Can Get Coverage?

- **Individual Spouse Coverage** — This coverage can be purchased without purchasing employee coverage. The minimum policy amount is \$2,000, but the actual benefit amount is based on the premium amount chosen, age at issue and tobacco usage. If you leave BSD, you can keep your spouse's policy and be billed directly at home.
- **Individual Child Coverage** — This coverage can be purchased without purchasing employee or spouse coverage. Each policy covers one child or grandchild. You can purchase coverage for each child/grandchild for as little as \$1 per week. Benefit amounts are based on issue age and premium selected. Your children can keep the coverage, even if you leave BSD.

Additional Coverage Options:

- **Living Benefit Option Rider** — Automatically included at no extra charge on this policy is a Living Benefit Option Rider. You can request up to 100% of the death benefit amount (to a maximum of \$150,000) if you are diagnosed with a medical condition that limits life expectancy to 12 months or less. Any payout you receive while you are living would reduce the amount of the benefit that would be paid to your beneficiaries when you die.
- **Waiver of Premium** — If you're disabled for at least six months before age 65 and you remain disabled, you won't have to pay premiums until you recover and return to work.
- **Long-Term Care Rider** — If purchased, will pay a percentage of the benefit toward the cost of a nursing home, assisted living facility or adult day care.

Advantages of the Plan

- Coverage is available to eligible employees up to age 80 who are actively at work.*
- You can buy coverage for your spouse and/or dependent children, even if you don't buy coverage for yourself.
- The policy accumulates cash value at a guaranteed rate of 4.5%.** Once your cash value builds to a certain level, you can borrow from the cash value or use it to purchase a smaller "paid-up" policy with no more premiums due.
- You get affordable rates when you purchase this policy through BSD, and it is paid for through convenient payroll deduction.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

* Not on a leave of absence at the time of application.

** The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2001 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy.

CRITICAL ILLNESS INSURANCE

Unum's Group Critical Illness Insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. Cancer coverage is also included. You can choose a lump-sum benefit up to \$30,000 that's paid directly to you at the **first diagnosis** of a covered condition.

Lump sum benefits are paid directly to you and can be used any way you choose. You can also use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining covered conditions. The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis. Benefits can be paid for a second occurrence of a benign brain tumor, coma, heart attack or stroke if at least twelve months elapses between occurrences.

What Is Covered?

Illnesses covered by the base plan include:

- Heart attack
- Stroke¹
- Major organ transplant²
- Permanent paralysis due to a covered accident³
- End-stage renal (kidney) failure
- Coronary artery bypass surgery (pays 25% of lump-sum benefit)
- Cancer
- Carcinoma in situ⁴ (pays 25% of lump-sum benefit)

A \$50 Wellness Benefit is included. Please refer to the policy for complete definitions of covered critical illnesses.

NOTE: Employee contribution rates will vary depending on amount of coverage purchased, spouse and/or child(ren) covered, employee age and employee tobacco status.

¹ Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event.

² Undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney or pancreas.

³ Complete and permanent loss of the use of two or more limbs for a continuous 180 days as a result of a covered accident.

⁴ Cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.

Advantages of the Plan

- Coverage is available to eligible employees who are actively at work.*
- You may choose a benefit amount of \$10,000, \$20,000 or \$30,000.
- You can purchase coverage for your spouse with purchase of employee coverage.
- Eligible children ages newborn to 26 years are automatically covered at 50% of employee benefit amount.
- You get affordable rates when you buy this policy through BSD, and the premiums are conveniently deducted from your paycheck.
- You own the policy so you can keep this coverage if you leave BSD or retire. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

* Not on a leave of absence at the time of application.

OFF-THE-JOB ACCIDENT INSURANCE

Unum's Group Off-The-Job Accident Insurance can pay lump-sum benefits based on the injury you receive and the treatment you need, including emergency room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and copays.

What Is Covered?

Covered injuries include:

- Fractures
- Dislocations
- Burns
- Lacerations repaired by stitches
- Concussions
- Eye injuries
- Ruptured discs
- Coma

Covered expenses include:

- Ambulance
- Urgent Care visits
- Emergency Room treatment
- Medical Imaging (MRI, CT, etc.)
- Related surgery
- Doctor office visit – follow-up care
- Hospitalization
- Physical therapy

See the schedule of benefits for a full list of covered injuries and expenses.

Advantages of the Plan

- Coverage is available to all eligible employees who are actively at work.*
- You can buy coverage for your spouse and dependent children.
- Coverage is guaranteed issue if you enroll during 2022 open enrollment.
- This plan includes convenient payroll deduction, so you don't have to remember to write a check for your premiums.
- Coverage is portable. You may take the coverage with you if you leave BSD or retire without having to answer new health questions. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.
- Benefits are paid for off-the-job accidents only.
- A Catastrophic Benefit is included with this plan. This pays an additional sum if a covered individual has a serious injury—such as loss of sight, hearing or a limb.

* Not on a leave of absence at the time of application.

2022 Contribution Rates (per paycheck)

Employee Only:	\$2.28
Employee + Spouse:	\$4.13
Employee + Child(ren):	\$7.39
Employee + Family:	\$9.24

SHORT-TERM DISABILITY

It's not life-threatening—a broken arm, scheduled surgery or maybe you're having a baby and you're going to miss work for several weeks or even a month or two. How are you going to pay the bills? Maybe you have a week or two of PTO accrued, but after that, what happens?

Fortunately, BSD provides Salaried employees with Short-Term Disability (STD) coverage at no cost to the employee. This coverage offers partial income replacement if you are unable to perform the essential functions of your job due to a non-work related condition or injury. You are required to use accrued PTO (and/or unpaid time) to cover the one week elimination period after which you can choose to use additional accrued PTO for full income replacement prior to taking the STD payments, if you wish. Once STD payments begin, additional PTO may not be used for the remainder of that leave.

Eligibility	1st of the month following 90 days of full-time continuous service (Salaried employees only)
Employee Cost	None - BSD paid
Weekly Benefit Amount	<ul style="list-style-type: none"> • 60% of your base salary less taxes • Maximum benefit is \$2,500 per week
Elimination Period	This is the period of continuous disability which must be satisfied before you are eligible to receive STD payments. The elimination period for our STD plan is 7 days (1 calendar week).
Benefit Duration	The maximum duration of benefits is 25 weeks after the elimination period has been satisfied.

LONG-TERM DISABILITY

If you are off work on an approved STD leave and it appears you may not be able to return to work by the time STD benefits end, your claim will be referred for consideration of Long-Term Disability (LTD) benefits. The carrier will notify you and BSD if they require any additional information in order to render a decision on your LTD claim. If approved, this plan will continue to pay you 60% of your base salary, but it will be paid on a monthly basis. The duration of benefit payments will be dependent on several factors, such as the age at which your disability began and other disability benefits you are eligible to receive.

Eligibility	1 year of service (Salaried employees only)
Employee Cost	None - BSD paid
Monthly Benefit Amount	<ul style="list-style-type: none"> • 60% of your base salary less taxes (and income offsets if applicable) • Maximum benefit is \$5,000 per month for those earning less than \$100,000 per year or \$10,000 per month for those earning more than \$100,000 per year
Elimination Period	This is the period of continuous disability which must be satisfied before you are eligible to receive LTD payments. The elimination period for our LTD plan is 26 weeks.
Benefit Duration	The duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to the Social Security Normal Retirement Age. If your disability occurs at or after age 62, the benefit duration is reduced.

FREQUENTLY ASKED QUESTIONS

1. Who do I contact if I have questions after I enroll?

Contact the BSD Benefits Department:
Phone: 314-982-1400, ext. 3006
Fax: 314-335-3431
Email: Benefits@BiStateDev.org
Monday – Friday | 8:00 a.m. – 5:00 p.m.

2. What are the documentation requirements for dependents?

To cover a dependent spouse, a copy of the marriage license is required. To cover a dependent child, a copy of their birth certificate is required. The birth certificate must show the BSD employee name as one of the parents to be considered acceptable. In the case of a stepchild, along with the birth certificate, a marriage license that shows the name of the parent listed on the birth certificate is also required. **Documentation must be turned in to the Benefits department by November 24, 2021. Please include the employee's name and badge number on the documentation.**

3. What happens if I don't submit the required dependent documentation by the deadline?

If the required dependent documentation is not received by the Bi-State Development Benefits Department by the deadline, the new dependent will not be added to your coverage.

4. Who do I contact if the deduction from my paycheck is not as expected?

Contact the BSD Payroll Department:
314-982-1400, ext. 1307
Monday – Friday | 7:00 a.m. – 4:30 p.m.

Submit your Confirmation Statement to the Benefits Department by February 28, 2022, for corrections; missed deductions may be owed.

Fax: 314-335-3431
Email: Benefits@BiStateDev.org

5. Who should I contact if I didn't receive an ID card?

Contact the appropriate coverage carrier. Carrier contact information can be found on page 17.

6. Where can I get instructions on how to enroll via Oracle Self-Service Benefits?

Go to www.BiStateDev.org, then click on “Employee Resources” in the lower left corner. Next, click on the “Benefits Information” ribbon and look for “2022 Open Enrollment Resources.” (You may need to scroll down.) See the “How To” section on page 2.

7. What happens if I don't enroll?

If you do not enroll in or make changes to your benefits for 2022, your current 2021 elections will roll over to 2022 at the new contribution rates with the exception of health care and dependent care flexible spending accounts. IRS regulations require annual re-enrollment in all flexible spending accounts.

NOTES

Resources			
BENEFIT	CARRIER	PHONE NUMBER	WEBSITE
Bi-State Development Benefits Hotline	211 N. Broadway, Suite 700 Attn: Benefits St. Louis, MO 63102	314-982-1400, ext. 3006 Fax: 314-335-3431	www.BiStateDev.org Email: Benefits@BiStateDev.org
Medical	Cigna Lindsay Loftus, On-Site Cigna Manager	314-681-4122 314-982-1400, ext.1391	www.MyCigna.com
Employee Assistance Program (EAP)	Cigna Behavioral	1-877-622-4327	www.CignaBehavioral.com Employer ID: metrostlouis
Prescriptions	Express Scripts	1-866-509-9660	www.Express-Scripts.com
Dental	Delta Dental of Missouri	1-800-335-8266	www.DeltaDentalMO.com
Vision	EyeMed	1-866-723-0514	www.EyeMed.com
Critical Illness Off-The-Job Accident Whole Life	Unum	1-800-635-5597	www.Unum.com
Short-Term Disability	Standard Insurance Co.	1-800-378-2395	www.Standard.com
401(k)	Lincoln Financial Mike Stelzig	1-800-234-3500 1-866-434-8903	www.LFG.com
Pension	Milliman	1-877-265-7703	www.MillimanBenefits.com



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