



2026-2027

Benefits Guide



WEST DES MOINES
COMMUNITY SCHOOLS



West Des Moines Community Schools benefits add value beyond your paycheck. They can make health care more affordable, provide income during a disability, and help you achieve financial goals.

As an employee of West Des Moines Community Schools, you have a total compensation package—a combination of pay and benefit programs that is among the best in our industry.

This guide describes the key features of our health, life and additional program offerings. They are designed to give you choices about the types and levels of protection that you want.

As your needs change, you can continue to design a benefits program that best fits your life. Each year, you have the opportunity to review your choices and make new decisions.

This guide provides a brief summary of your West Des Moines Community Schools benefits. Please take the time to review your options and learn about the coverages that will best work for you and your family!

This information is a highlight of our benefit program. In the event of any discrepancy or omission, actual benefits will be determined by the applicable governing plan documents. West Des Moines Community Schools reserves the right to change or end any benefit at any time to the extent allowed by the law.

Welcome to Your 2026-2027 Benefits Guide

Use this Benefits Guide to see what's new and to learn about your benefit plan options.

What's Inside

- GETTING STARTED 2**
 - Open Enrollment
 - 5 Ways to Save
 - Eligibility
 - Terms to Know

- BODY AND MIND 6**
 - Medical Benefits
 - Prescriptions
 - Preferred Provider Plan
 - Telehealth
 - Additional Benefits
 - Dental
 - Vision
 - Employee Assistance Program (EAP)

- FUNDING ACCOUNTS 15**
 - Health Savings Account (HSA)
 - Flexible Spending Accounts (FSAs)
 - HSA & FSA Comparison

- INCOME PROTECTION 18**
 - Life Insurance
 - AD&D Insurance
 - Disability
 - Accident, Critical Illness, and Hospital Indemnity

- OTHER INFORMATION 21**
 - Paycheck Deductions
 - Contacts

Disclaimer: This guide provides a summary of plan highlights. This is not a binding contract. In the event of any difference between the information contained herein and the plan documents, the plan documents will supersede and control over this guide. Please consult the Summary Plan Description for information on covered charges, limitations, and exclusions.

Getting Started

When is Open Enrollment?

The Annual Enrollment period is April 20 - May 15. Elections made during enrollment will be effective July 1, 2026.

Do I have to do anything?

Open Enrollment is your once-a-year opportunity to make changes to your benefits. If you do not enroll, you will automatically be enrolled in Medical Plan B, Dental, Basic Life and AD&D, and Long-Term Disability. You must then wait until the next Open Enrollment to make changes for the following plan year unless you have a Qualifying Life Event.

It may help to have these items handy when enrolling:

- Social security numbers and birth dates for yourself and your eligible family members
- Information about other benefit coverage or insurance you or a family member may have
- Beneficiary designation information, so you can properly identify your beneficiaries for your life insurance coverage
- Out-of-pocket expense records for your medical, dental, vision, and dependent care so you can plan your Health Savings or Flexible Spending Account contribution amounts

What do I need to think about?

- Which family members do I want to cover?
- Which medical plan option works best for me and my family?
- Does my family need dental or vision coverage?
- What type of coverage do we need to provide some financial protection in case of serious illness, injury, or death?
- Do I want to participate in the HSA or FSAs (depends on medical plan enrollment) to help pay for healthcare expenses by letting me contribute pre-tax money?



Benefits can be confusing, but we have you covered

Have questions about your benefit options, or need help enrolling? Contact the Avant Call Center at 844-978-2251 to speak to an enrollment counselor.



5 Ways to Save

1. Think About How You Will Use Your Benefits

- Do you have a chronic condition?
- Do you have surgery planned for this year?
- Are you adding any new dependents to your plan?

2. Manage Medication Costs

Use lower cost pharmacies like Hy Vee and ask your doctor to prescribe you generic medications. They can be just as effective and typically cheaper!

And remember, if you are taking a brand name drug, you may be eligible to receive that drug at no cost to you through Script Sourcing. See page 8 for more information.

3. Use Doctor on Demand—24/7

There is no copay if you use Doctor on Demand instead of seeing a physician and you don't have to wait in a lobby full of sick patients! See page 10 for more information.

4. When You Need a Doctor, Remember The Iowa Clinic

Remember, the copay is waived for members who enroll in Medical Plan B or C if you see an Iowa Clinic physician at one of their convenient locations. This also includes their Urgent Care centers and their physical therapy. See page 9 for more information.

5. Prevention is Key

Prevention is key to catching disease or illness early on. Plus, preventive exams are often free or cost less than a normal doctor's visit. All medical plans include free in-network preventive care that includes annual physicals, mammograms, well child visits, immunizations, and more.



Eligibility

When it comes to choosing your benefits, it's important to understand what you are eligible for so you can make an informed decision about coverage. You are required to work 30 hours each week to qualify for benefits.

COVERING YOUR DEPENDENTS

- Spouse
- Common law spouse
- Child(ren) (up to age 26 or older if unmarried and full-time students), including biological, adopted, stepchildren, legal guardianship, and disabled children if disabled prior to age 26 and are dependent on you for support



Important

You must notify your benefits coordinator within 30 days* of a qualifying life event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes.

*Birth of a child and adoption require notice within 60 days of the event.

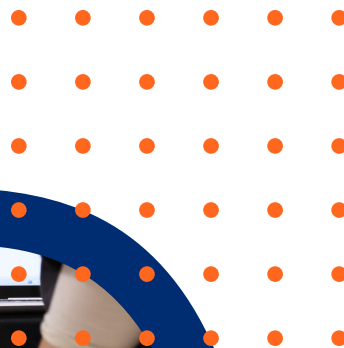
QUALIFYING LIFE EVENTS

The benefits you elect during enrollment are in effect through June 30, 2027, so choose your coverage carefully.

You can only make changes outside of enrollment if you have a qualifying life event, such as:

- Gain or loss of eligibility for other employer coverage
- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for health coverages
- New entitlement to Medicare or Medicaid
- Change in cost of daycare due to daycare provider

See page 23 for a list of Qualifying Life Events and necessary documentation



TERMS TO KNOW

Benefits can be confusing! Here's a quick reference to help you navigate commonly used terms:

- **Copay:** A flat dollar amount you pay the provider when you receive a service.
- **Deductible:** The amount you pay for services before the plan begins paying some of the cost. The deductible may not apply to all services, including preventive care.
- **Coinsurance:** The portion of covered expenses you and the plan share after you meet the deductible (listed as a percentage).
- **Out-Of-Pocket Maximum (OOP Max):** The maximum amount you pay out of your pocket for covered expenses in a year. Once you reach the out-of-pocket maximum, the medical plan pays for all covered services for the rest of the year.
- **Embedded Deductible or OOP Max:** A single family member does not need to meet the family deductible or OOP max before the benefit begins to pay for healthcare services.
- **Non-Embedded Deductible or OOP Max:** The total family deductible or OOP max must be met before health insurance starts paying for the healthcare services for any single family member.





Body and Mind

When it comes to your health, it's important to care for your body and mind. West Des Moines Community School District offers a variety of benefits to help you focus on your whole well-being.

Medical Benefits

The health plans, administered by Wellmark, are designed to protect if you need medical care. Each plan covers the same treatments, including 100% coverage for preventive care, and all plans include prescription drug coverage through VividClearRx.

The main difference between the medical plans is how you pay for coverage and what you pay from your paycheck. The medical plans allow you to select a plan with higher premiums and lower out of pocket costs, or higher out of pocket costs and lower premiums. The plan you select should be based on you and your family's healthcare needs.

Traditional POS & PPO Plans:

- Higher premiums, lower out-of-pocket costs
- Includes first dollar coverage for many services through copayments. This means you pay a copay for office visits and prescriptions without meeting your deductible first
- Predictable costs for frequent care and prescriptions
- Best for those who expect regular doctor visits or ongoing prescriptions

POS HDHP with HSA:

- Lower premiums
- You pay the full cost of care until you meet your deductible, but you still benefit from Wellmark's negotiated discounts when you stay in-network. This means you'll pay less than the provider's standard rate
- After meeting your deductible and out-of-pocket maximum, you will no longer be responsible for any cost share for covered services
- Comes with a Health Savings Account (HSA) to save pre-tax dollars for medical expenses. Your HSA balance rolls over year after year



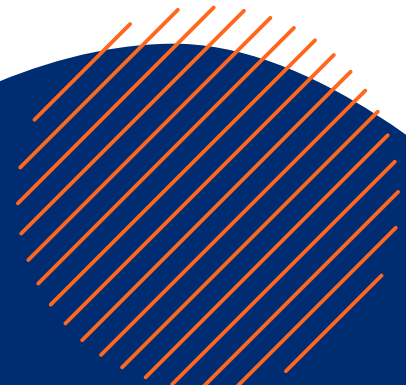
Curious to Learn More About the New HDHP + HSA Option?

Take one minute to learn what to expect and if the HDHP + HSA is the right fit for you. Visit www.wdmcsbenefits.org or scan the QR code!



MEDICAL PLANS AT A GLANCE

Wellmark Blue	Plan A - HDHP POS (Embedded)	Plan B - Point of Service	Plan C - PPO Network
Provider Network	Level 1 & 2: Wellmark Blue POS Level 3: All Other Providers	Level 1: Doctor on Demand and Iowa Clinic Level 2: Wellmark Blue POS Level 3: All Other Providers	Wellmark Blue PPO
Deductible Individual/Family Maximum	\$3,500/\$7,000	Levels 1 & 2: \$1,250/\$2,500 Level 3: \$2,500/\$5,000	PPO: \$2,000/\$4,000 Non PPO: \$4,000/\$8,000
Coinsurance	You pay 0%	Levels 1 & 2: You pay 20% Level 3: You pay 30%	PPO: You pay 20%, Non PPO: You pay 30%
Medical Out-of-Pocket Maximum Individual/Family	\$3,500/\$7,000	Levels 1 & 2: \$3,000/\$6,000 Level 3: \$4,500/\$9,000	PPO: \$4,000/\$8,000 Non PPO: \$8,000/\$16,000
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Office Visit Copays (PCP copays include mental health providers)	You pay deductible	Iowa Clinic: \$0 Blue POS PCP: \$25 Blue POS Non PCP: \$50 All Other Providers (Level 3): <ul style="list-style-type: none"> deductible and coinsurance deductible waived for Level 3 chiropractors 	Iowa Clinic: \$0 Blue PPO PCP: \$25 Blue PPO Non PCP: \$50 All Other Providers (Non PPO): <ul style="list-style-type: none"> deductible and coinsurance
ACA Preventive Office Copay and Routine Eye Exam	Covered at 100%	Covered at 100%	Covered at 100%
Doctor on Demand (Virtual Visit)	\$0	\$0	\$0
Emergency Room	You pay deductible	\$250 copay, then deductible and coinsurance	\$250 copay, then deductible and coinsurance
Prescription Drugs			
Rx Deductible Individual/Family Maximum	Combined with Medical	\$100/\$200 *waived for Tier 1	\$100/\$200 *waived for Tier 1
Copays	Script Sourcing: \$0 for preventive medications only All Tiers: You pay deductible Specialty: You pay deductible	Script Sourcing: \$0 Tier 1: \$5 Tier 2: \$30 Tier 3: \$60 Specialty: You pay deductible	Script Sourcing: \$0 Tier 1: \$5 Tier 2: \$40 Tier 3: \$75 Specialty: You pay deductible
Prescription Drug Out of Pocket Maximum Individual/Family	\$3,500/\$7,000 Medical and pharmacy OOPM combined	\$3,000/\$6,000 Medical and pharmacy accumulate separately	\$4,000/\$8,000 Medical and pharmacy accumulate separately



Prescription Drugs

All medical plan options include prescription drug coverage. You'll have access to a large national network of retail pharmacies, as well as convenient home delivery options. Your plan also includes support programs to help you save money on ongoing or specialty medications.



Pharmacy Benefits Support

You have access to a dedicated pharmacy benefit team 24/7/365 that can help answer questions about your medications, coverage, cost, and pharmacy options.

Phone: 877-848-4379

Email: info@vividclearrx.com

Web: www.vividclearrx.com



Mail Order/Home Delivery

Your mail order medications must be filled by Hy-Vee Mail Order. If you currently use a different mail order pharmacy, please contact Hy-Vee Mail Order and they will transfer your existing prescriptions and coordinate your medication refills.

Phone: 866-794-9833

Email: mailorder@hy-vee.com



Member Portal & Mobile App

Manage your pharmacy benefits by creating an online account or downloading the app.

Web: www.vividclearrx.com

App: MyRxPlan



Amber Specialty Pharmacy

Specialty medications must be filled through a Vivid Clear Rx Pharmacy Program. If you currently fill a specialty medication at a specialty pharmacy, that prescription will need to be transferred to Amber Specialty Pharmacy.

Existing Prescriptions:

Phone: 888-370-1724

New Prescriptions? Your doctor can:

E-prescribe to Amber Specialty Pharmacy

Call: 888-370-1724

Fax: 877-645-7514



\$0 Copay Prescription Program

Some brand-name maintenance and specialty medications may be available at no cost to you through ScriptSourcing prescription savings program. This program can significantly lower your out-of-pocket expenses and help reduce overall plan costs.

How it works:

1. Search for your medication. Use the program's Med-Finder tool at www.scriptsourcing.com/med-finder or call 410-902-8811 and ask for a member advocate.
2. Complete your enrollment. A member advocate will guide you step-by-step through the enrollment process.
3. Receive medications with \$0 copays. Eligible medications are delivered directly to your home with a \$0 copay.



Med-Finder

Scan to search for your medication and schedule a call or call 410-902-8811





WDMCS has partnered with The Iowa Clinic to provide employees and their families access to high-quality, coordinated care with meaningful cost savings.

Cost

- **On WDMCS medical plans B & C,** The Iowa Clinic is a **\$0 copay** for covered services.
- **Enrolled in the HDHP?** Choosing The Iowa Clinic may still lower your out-of-pocket costs. As a physician-owned, independent clinic, The Iowa Clinic’s site-of-service rates are typically lower than hospital-based providers – which means your deductible dollars go further.

Services where site-of-service savings apply:

Ambulatory Surgery, Endoscopy, Cancer Care & Infusion, Urgent Care, Medical Imaging, Pain Management, Orthopaedics and Physical Therapy.

Individual costs vary by plan design, network status, deductible, coinsurance, and services rendered. Please consult your Summary of Benefits and Coverage (SBC).



Primary Care Locations

Adel

Family Medicine
710 Common Place, Suite 700

Altoona

Family Medicine
160 Adventureland Drive, Suite C

Ankeny Campus

Family Medicine, Internal Medicine,
Pediatrics and Urgent Care
1410 SW Tradition Drive

North Ankeny

Family Medicine
1360 NW 18th Street, Suite 102

Downtown Methodist Medical Center

Internal Medicine and
Family Medicine
1215 Pleasant Street, Suite 206

Grimes

Family Medicine and Pediatrics
825 NE Gateway Drive, Suite 148

Indianola

Family Medicine
1504 N 1st Street

Johnston

Family Medicine
5501 NW 86th Street

Urbandale

Family Medicine
4323 NW Urbandale Drive

North Waukee

Family Medicine and Pediatrics
842 NE Alice’s Road

South Waukee Campus

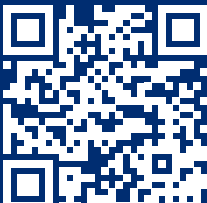
Family Medicine, Internal
Medicine, Pediatrics and
Urgent Care
1025 SE Tallgrass Lane

West Des Moines Campus

Family Medicine, Internal
Medicine, Pediatrics and
Urgent Care
5950 University Avenue

Specialties

- Aesthetics
- Allergy
- Audiology & Hearing Aids
- Back Pain Clinic
- Cardio-Oncology
- Cancer Care
- Cardiology
- Colorectal Surgery
- Dermatology
- Ear, Nose, & Throat
- Electrodiagnostic Medicine
- Endoscopy Center
- Family Medicine
- Foot & Ankle Surgery
- Gastroenterology
- General Surgery
- Gynecologic Oncology
- Hand Surgery
- Hematology Oncology
- Hospitalist
- Immunology
- Infusion Center
- Internal Medicine
- Internal Medicine-Pediatrics
- Lab
- Medical Equipment (West Lakes)
- Medical Imaging / Radiology
- Medical Spa
- Neurological & Spinal Surgery
- Nuclear Medicine
- Obstetrics / Gynecology
- Orthopedics
- Pain Management
- Pathology / Cytopathology
- Pediatrics
- Physical Medicine & Rehabilitation
- Physical Therapy
- Plastic Surgery
- Podiatry
- Pulmonary / Critical Care Research
- Rheumatology
- Sleep Center (West Lakes)
- Sports Medicine
- Surgical Critical Care
- Surgical Oncology
- Transplant / Hepatobiliary Surgery
- Trauma Surgery
- Travel Medicine Clinic
- Urogynecology
- Urology
- Vascular Access Center
- Vascular Surgery
- Vein Therapy Center



Ready to Get Started?

Call 515-875-9200 Monday - Friday, 8:30 AM - 4:30 PM. Same-day and next-day appointments available.

Or visit iowaclinic.com/appointments by scanning the QR code.

Telehealth Benefits

Doctor on Demand

We've all been there—it's the middle of the night and you have a sick child. Or maybe you are trying to get an appointment with your primary care provider but the first appointment isn't for two weeks. Good news... there's an easier way! Telehealth is a convenient option for scheduling virtual doctor visits from your own home. With telehealth, you can schedule a virtual appointment with board-certified doctors and pediatricians who can diagnose, treat, and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections
- Infections
- Insect Bites
- Mental Health

**DOCTOR ON DEMAND
VISITS ARE A \$0 COPAY**



With telehealth:

- See a board-certified, licensed, telehealth trained doctor on your schedule with on-demand virtual visits 24/7, including holidays.
- Get treated for more than 80 common conditions including colds, flu, allergies, and more.
- Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby, in less time than your usual doctor visit.
- Avoid costly copays and deductibles of the ER and urgent care clinic.

GETTING STARTED IS EASY

- Download the “Doctor On Demand” app or visit [DoctorOnDemand.com](https://www.DoctorOnDemand.com).
- Have your Wellmark BCBS member ID card ready.



- Create an account or sign in.
- Call 800-997-6196 with any questions 24/7.



Additional Benefits

Wellmark Blue Cross and Blue Shield

Wellmark Blue Cross and Blue Shield members have access to free tools and resources designed to help you manage health care costs and live a healthier life.



myWellmark®

myWellmark is your resource for understanding and seeing how your health plan works. You can access your benefits and see how your plan covered your medical and pharmacy needs. You can also find:

- Pending and processed claims
- Specific plan details
- Access to ID cards and Explanations of Benefits
- In-network care and cost estimates
- Mental health resources



Wellmark Connect powered by WebMD®

This platform helps you reach your well-being goals with personalized content on mental health, nutrition, exercise and more. Access health news, videos and health tools you can use. Available through myWellmark.com or the Wellmark mobile app.



Doctor On Demand®

Connect with a health care professional virtually and be seen in minutes for 90% of common ER-level concerns – from colds to rashes. Connect whenever and wherever you're comfortable.



BeWell 24/7®

Get connected to a real person 24/7 at 844-84-BeWell (844-842-3935) for answers to health questions or concerns—whether it's determining if a fever needs a doctor visit, discussing surgery options, or other health issues.



Identity Protection Services

With IDX™ Identity, your personal information stays secure with credit record monitoring, 24/7 suspicious activity tracking and complete identity recovery if fraud is detected.



Blue365® Program

Get exclusive access to discounts and resources that help you live a healthier lifestyle at Wellmark.com/Blue365.



Health Services - Case Management

A team of nurses, doctors and social workers provide free support for a variety of medical and behavioral health conditions—including complex cases like cancer, transplants and pregnancy. They offer education, coordinate care and collaborate with your provider.



BlueSM

Each issue of Blue features health and wellness articles, consumer tips and health plan news. Find it at Wellmark.com/Blue.

Questions?

For more information on these added benefits or for questions, call customer service at the number on the back of your Wellmark ID card.



Dental Benefits

Delta Dental of Iowa

Dental insurance helps pay for dental care and includes regular checkups, cleanings, and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Dental coverage is offered for basic and major services. The dental plan also includes 100% coverage for preventive care. You and your eligible dependents may enroll in dental coverage options administered by Delta Dental.

PLAN FEATURE	PPO	Premier
Annual Deductible - Individual	\$15	\$25
Annual Deductible - Family	\$45	\$75
Annual Maximum - Per Person, Per Year	\$2,000	\$2,000
Preventive Care <i>Dental cleaning allowed once every 3 months</i>	\$0 - deductible waived	\$0 - deductible waived

Basic Services

1. Cavity Repair and Tooth Extractions
2. Other Basic Services

1. You pay 10% coinsurance (after deductible), plan pays 90%
2. You pay 20% coinsurance (after deductible), plan pays 80%

You pay 20% coinsurance (after deductible), plan pays 80%

Major Services

(Crowns, onlays, inlays, bridges, dentures)

You pay 50% coinsurance (after deductible), plan pays 50%

You pay 50% coinsurance (after deductible), plan pays 50%

Orthodontia Services - to age 19

You pay 50% coinsurance, plan pays 50% coinsurance, up to a lifetime maximum of \$2,000

You pay 50% coinsurance, plan pays 50% coinsurance, up to a lifetime maximum of \$2,000

Find a Network Provider

1. Visit: www.deltadentalia.com.
2. Click on "Find a Dentist"
3. Select "Delta Dental PPO Plus Premier"
4. Select No under "Search by current location" and enter your zip code
5. Click on "Find Dentists"

Note: *A non participating provider may balance bill you the difference between the billed charge and the Delta Dental allowed charge.



Vision Benefits

Delta Dental of Iowa

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by Delta Dental and entitles you to specific eye care benefits.

IN-NETWORK	
EXAM	
Routine Eye Exam	Covered by Medical Plan
MATERIALS & FRAMES	
Single Vision Lenses	\$10 Copayment
Standard Lined Bifocal Lenses	\$10 Copayment
Standard Lined Trifocal Lenses	\$10 Copayment
Standard Progressive Lenses	\$75 Copayment
Premium Progressive Lenses	\$95 - \$120 Copayment depending on complexity
Lenticular	\$10 Copayment
Frames	\$130 allowance and 20% off the amount over your allowance
Contact Lens (in lieu of lenses and frames):	<ul style="list-style-type: none"> • \$0 copay for medically necessary contact lens exam (fitting and evaluation) • \$130 Allowance and 15% off the amount over your allowance for elective contact lenses (conventional) • \$130 Allowance for disposable contacts
FREQUENCY OF SERVICES	
Comprehensive Eye Exam	1 every calendar year
Lenses / Contact Lenses (in lieu of one another)	1 every calendar year
Frames	1 every 2 calendar years

Find a Network Provider

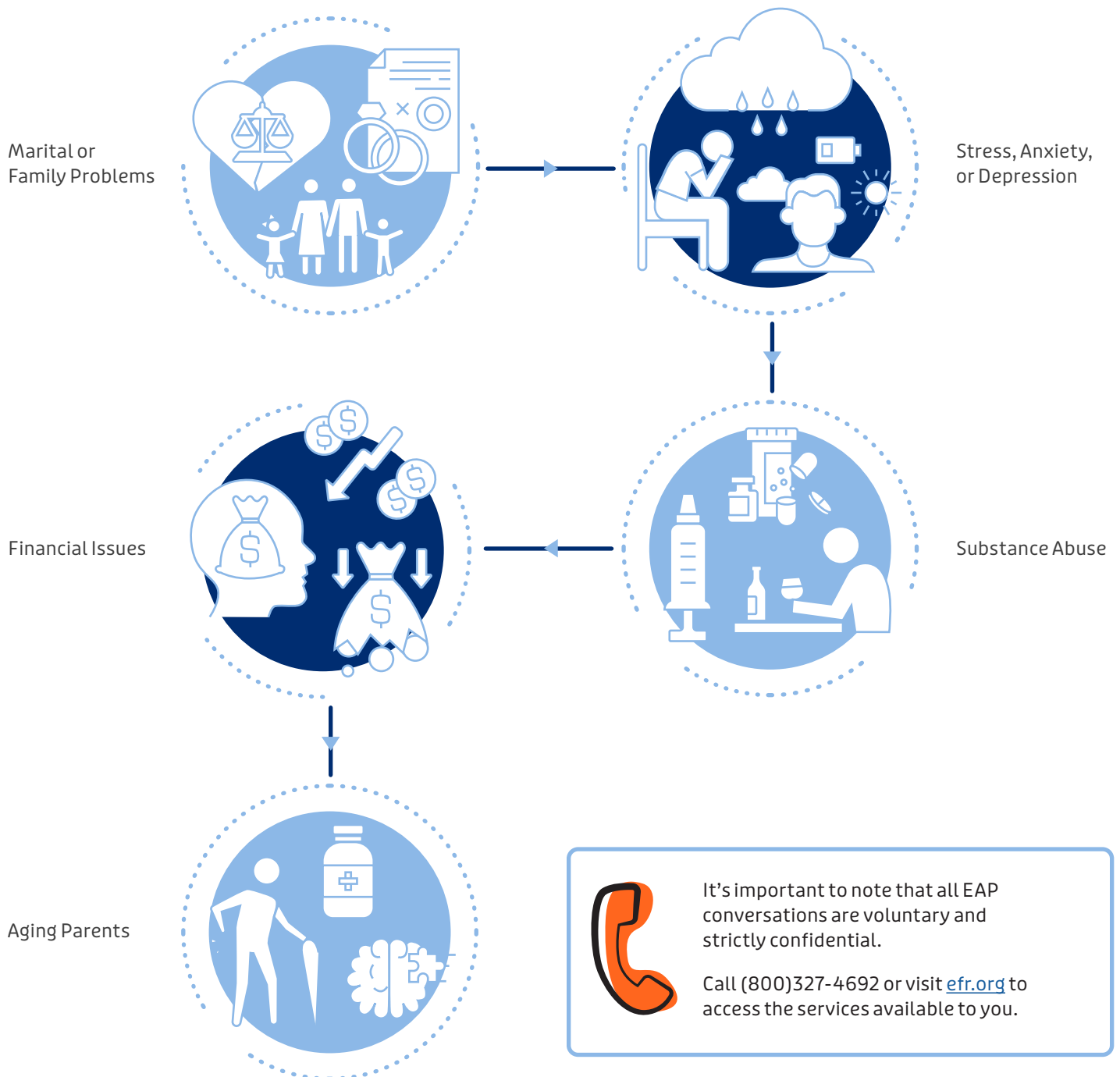
1. Visit: www.deltadentalia.com/deltavision.
2. Click on Menu in the upper left hand corner
3. Then choose DeltaVision Provider
4. Select "Insight Network" under Find a Provider



Employee Assistance Program

Employee Family Resources

We offer ALL employees and their eligible family members **free** access to licensed counselors through our Employee Assistance Program whether or not you elect other benefits coverage. Through this coverage, employees and their families receive immediate support and guidance and assessments and referrals for further services. Your benefits include up to **Six** face-to-face visits per new issue per year. Contact the EAP for help with the following:



It's important to note that all EAP conversations are voluntary and strictly confidential.

Call (800)327-4692 or visit efr.org to access the services available to you.

Funding Accounts

Health Savings Account (HSA)

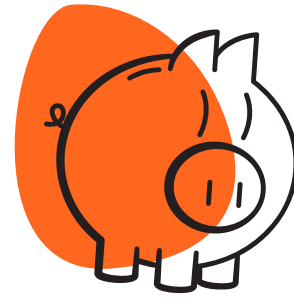
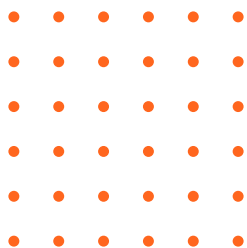
Lively

A Health Savings Account (HSA) is a way for you to save pretax dollars that can be used to pay for qualified healthcare expenses like deductibles, co-insurance, prescriptions, vision, and dental expenses. High deductible health plans have lower premiums and may result in lower annual medical costs. These plans offer several advantages to reward you for taking an active role in your healthcare spending.

- **Lower paycheck costs** — allowing you to keep control over more of your money
- **Tax-advantaged savings account** — enrolling in and contributing to a Health Savings Account (HSA) helps you pay your deductible and out-of-pocket costs
- **Comparable benefits** — these plans use the same networks that other plans offer, and in-network preventive care is still 100% covered

Who is Eligible for an HSA?

- Must be enrolled in a high deductible health plan
- Cannot be covered by any other medical plan that is not a qualified HDHP. This includes a spouse's medical coverage unless it's also a qualified HDHP.
- Cannot be enrolled in a traditional health care FSA in 2026
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid or Tricare
- Cannot be claimed as a dependent on another person's tax return
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months



How Much Can I Contribute to an HSA?

2026 HSA contribution limits are:

- Employee only coverage: \$4,400
- Employee plus dependents coverage: \$8,750
- If you are 55 or older, you can make an additional annual catch-up contribution of \$1,000

The District's Contribution:

- All Coverage Levels - \$840 annually ~\$70/monthly

HSAs and Your Taxes

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the district or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

Note: You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.

For a list of eligible expenses, see IRS Publication 502, available at www.irs.gov.



Flexible Spending Account (FSA)

Lively

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.



Health Care FSA

- Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.
- Contribute up to \$3,400 in 2026.

Who can participate?

You do not have to be enrolled in any of the medical plans to be eligible to participate in the Flexible Spending Accounts. If you are enrolled, employees that are enrolled in the traditional PPO or POS plans are eligible to participate in the Health Care FSA. Employees who enrolled in the POS HDHP are eligible to participate in the Limited Purpose FSA.

What is a Limited Purpose FSA?

A Limited Purpose FSA (LPFSA) can be paired with a Health Savings Account. If you are participating in the LPFSA, you are only eligible to reimburse your dental and vision expenses. Medical expenses may not be reimbursed. If you are enrolled in the POS HDHP, you cannot enroll in the traditional Health Care FSA. You must enroll in the Limited Purpose FSA.

What happens at the end of the year?

FSAs are “Use It or Lose It” meaning if you do not spend your funds by the expense deadline, your funds will be forfeited. However, you may roll over up to \$680 of unused funds if you enroll in an FSA for the coming year. Unused monies are forfeited at the time of termination of employment unless COBRA is elected.

Start with the Right Tools:



[FSAstore.com](https://www.fsastore.com) provides lists of eligible purchases using your account, as well as help to understand, manage and USE this great benefit!

[FSAstore.com/FSA Eligibility List.aspx](https://www.fsastore.com/FSA%20Eligibility%20List.aspx)

Dependent Care FSA

Who can participate?

Any employee.

What are the contribution limits?

Employees can contribute up to \$7,500 annually per family or \$3,750 if filing separately.

What happens at the end of the year?

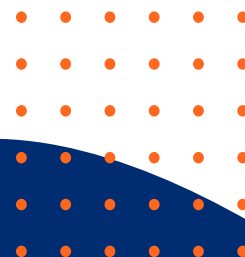
Dependent Care can only be reimbursed for expenses incurred in the plan year (7/1/2026-6/30/2027). FSA funds expire at the end of each year. Unlike the healthcare FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.

What is an Eligible Expense?



Health Care FSA – Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at www.irs.gov.

Dependent Care FSA – Child day care, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at www.irs.gov.



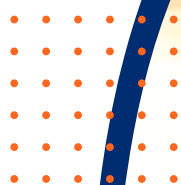
HSA & FSA Comparison

This chart shows the features of the Health Care FSA and the Health Savings Account (HSA) and compares the limited purpose Health Care FSA to the traditional Health Care FSA.

	HSA	Limited Purpose Health Care FSA*	Health Care FSA **
Available if you select these plans	High Deductible Health Plan	High Deductible Health Plan	No plan selection required
How much you may contribute	\$4,400 (EE only) \$8,750 (all other coverage levels) Additional \$1,000 catch up contribution for employees age 55+	Up to \$3,400 for 2026 plan year	
How much the District contributes	\$70/month	None	
Expenses you may pay from your account	Medical Prescription drug Dental Vision	Out of pocket expenses incurred during the current calendar year	
		Dental Vision	Medical Prescription drugs Dental Vision
Account balance available to reimburse expenses	Current account balance	Entire contribution amount elected for the plan year	
Time limits for using your account balance	No limit	Must use 2026 account balance for expenses incurred through 6/30/2027 ; Claims must be filed by 9/30/2027	
If you don't use all your account balance each year	Any account balance carries over from year-to-year	If you enroll in the FSA for the next year, you may roll over up to \$680. Any funds over \$680 will be forfeited	
How it saves you money	Your contributions are tax free, which reduces your taxable income Any investment or interest earnings on your account balance is tax free Distributions are tax free if used for qualified healthcare expenses	Your contributions are tax-free, which reduces your taxable income and increases your take-home pay You pay for healthcare expenses with pre-tax dollars	

* The Limited Purpose FSA is available to employees who enroll in our HDHP. HDHP members may not enroll in the Health Care FSA, unless you are ineligible to participate in the HSA.

** You don't have to participate in a district medical plan to enroll in a Health Care FSA.



Income Protection

Life and AD&D

Madison National

Life insurance pays a benefit (called a death benefit, which is usually a lump sum) to a beneficiary (whomever you choose to receive the benefit) after your death. If you have a life insurance policy on a family member (such as your spouse or your child(ren)), you would receive the money if that family member died. This money can help replace your income. 100% of the cost of this benefit is covered by West Des Moines Community Schools.



Basic Life & AD&D

- **Administrators:** 2x base annual salary up to \$500,000
- **Spv. Non Unit & Certified 11 12 Month Employees and 9 10 Month Employees:** 1x base annual salary up to \$500,000

Employer Paid



Voluntary Life & AD&D

- **Employee:** Increments of \$10,000 up to \$500,000. New-hire guaranteed issue up to \$100,000
- **Spouse:** Increments of \$5,000 up to \$250,000 or 50% of employee. New-hire guaranteed Issue up to \$20,000
- **Children:** Increments of \$2,000 up to \$10,000. Maximum benefit \$10,000.

Employee Paid

Voluntary Life

You have the option to purchase a greater amount of Life and AD&D coverage. Decide whether this extra benefit is worth the cost of coverage for you and your family. To figure this out, ask a few questions:

- How would your family's finances be affected if you died?
- How much of your paycheck is used for monthly living expenses?

EMPLOYEE SUPPLEMENTAL LIFE

You may purchase coverage on yourself in increments of \$10,000 up to a max of \$500,000 not to exceed 5x your annual salary, subject to life insurance company approval for any amount above the guaranteed issue limit noted above. Benefits will reduce to 65% at age 65, to 50% at age 70, and to 35% at age 75.

SPOUSE SUPPLEMENTAL LIFE

You may purchase coverage on your spouse in increments of \$5,000 up to a max of \$250,000, not to exceed 50% of employee's election, subject to life insurance company approval for any amount above the guaranteed issue limit noted above. Benefits will reduce to 65% at age 65, to 50% at age 70, and to 35% at age 75. Benefit reduction is based on employee age, not spouse's age.

CHILD SUPPLEMENTAL LIFE

You may purchase coverage on your child(ren) in increments of \$2,000 up to a max of \$10,000.

NEW HIRE GUARANTEE ISSUE

The amount you can elect before you are required to complete a health questionnaire, otherwise known as Evidence of Insurability (EOI). If you are not a new hire and wish to increase or enroll for the first time you will need to complete a health questionnaire for approval.



Disability

If you are unable to work, disability insurance can help replace your income so you can pay your bills and protect your savings.

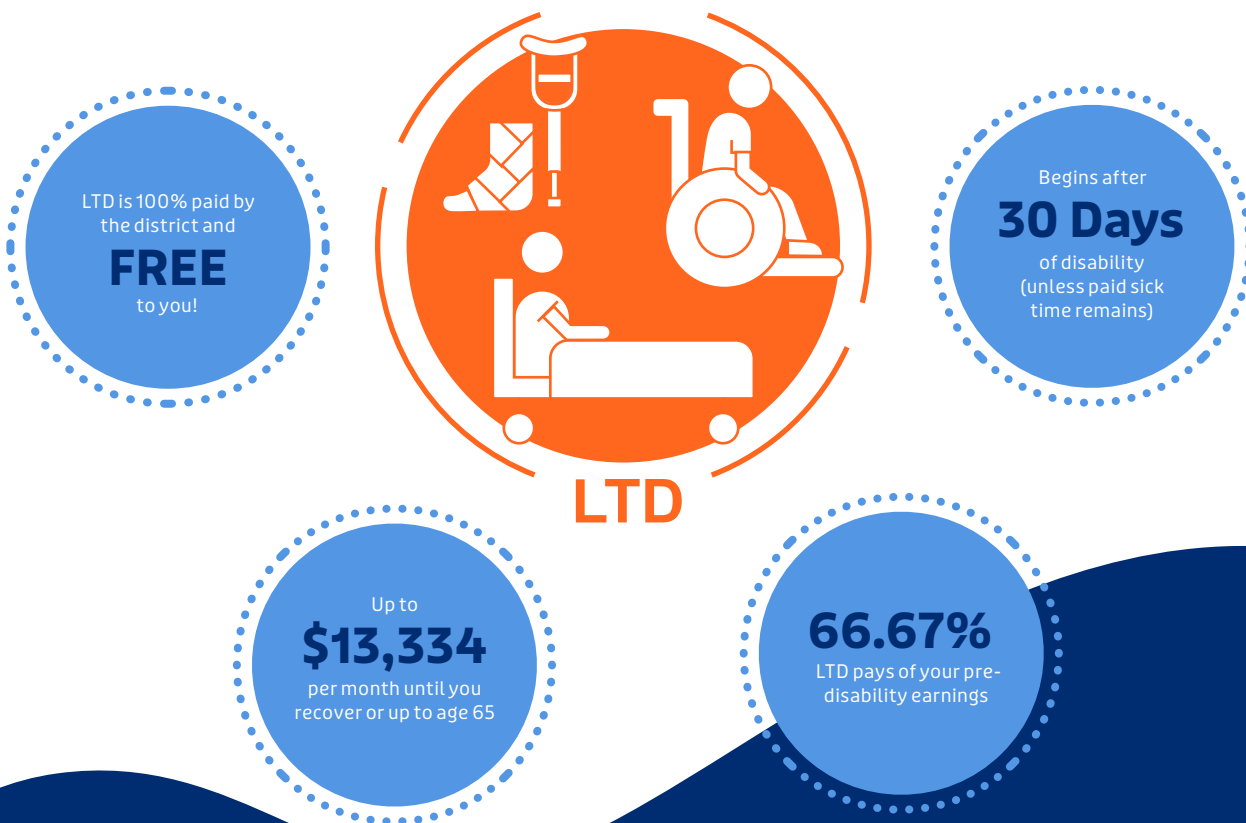
Employer-Paid Long Term Disability

Long-term disability benefits are provided to all full-time employees at no cost to you. This benefit will pay you a percentage of your pre-disability earnings.

* All employees pay tax on the equivalent premium amount and then the district pays the premium through payroll deduction. Paid in full by WDMCS.

This plan contains a pre-existing condition exclusion of 3/12. In the event that you become disabled under the LTD policy, the carrier would do a three-month look-back from your original LTD enrollment date. If you had been treated for or diagnosed with the condition that led to your disability during that three-month look-back, benefits would not be payable for 12 months.

BASIC LTD	
Benefits Begin	Once paid sick leave is exhausted. If exhausted before 30 days, benefits will kick in on day 31
Coverage Provided	66.67% of monthly income to a maximum of \$13,334 per month
Maximum Duration	Until you can return to work or reach Social Security Normal Retirement Age (SSNRA)
Taxable Benefit	Yes



Accident, Critical Illness, and Hospital Indemnity Insurance

These benefits, administered by Madison National, offer an extra layer of protection for you and your family. The payment these benefits provide is in addition to any other insurance you may have and is yours to spend as you wish—to help cover bills or for everyday living expenses. These plans do not provide health insurance coverage and do not replace the medical plans.

PERKS OF THE PLANS

- **Guaranteed Issue:** There are no medical questions or tests required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you choose.
- **Payroll Deductions:** Premiums are paid via convenient post-tax payroll deductions.
- **Wellness Incentives:** Each covered person who completes a preventive care visit, health screening, or wellness treatment can receive a \$50 Wellness Incentive.
- **Portable:** If you leave the district, you can take the coverage with you.

ACCIDENT COVERAGE

Accident insurance pays a cash benefit directly to you when you are injured and require medical services due to a covered off-the-job accident that occurs on or after your coverage date. The benefit amount depends on the type of injury and care received. If you elect coverage for yourself, you may also purchase coverage for your spouse and/or children.

CRITICAL ILLNESS

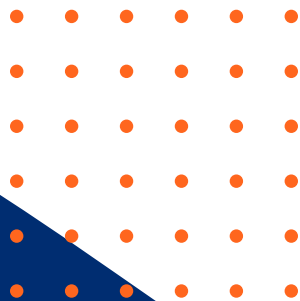
Critical illness insurance pays a lump-sum cash benefit directly to you if you are diagnosed with a covered illness or condition on or after your coverage effective date. You can choose \$20,000 for yourself. If you purchase coverage for your spouse and/or children, their coverage is equal to half of your own coverage.

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility that occurs on or after your coverage date. The benefit amount is determined based on the type of facility and the number of days you stay. If you elect coverage for yourself, you may also purchase coverage for your spouse and/or children.

TYPE OF STAY	COVERAGE
Initial Confinement*	\$1,000
Hospital	\$100 per day up to 30 days
Critical Care Unit	Additional \$500 for admission and \$100 per day for confinement
Pre-existing Condition Waiting Period	None
Pregnancy Waiting Period	None

*Initial Confinement benefit is paid for the first day of confinement, once per calendar year.



Other Information

Paycheck Deductions

The following chart contain the per pay period deductions for benefits beginning July 1, 2026.

Year-Round Hourly Employees (24-premium deductions)

Coverage Level	Plan A	Plan B	Plan C	Dental	Vision
Employee Only	-	-	\$12.50	-	\$2.29
Employee + Spouse	\$112.94	\$153.19	\$163.40	\$20.52	\$4.31
Employee + Child(ren)	\$103.88	\$135.38	\$144.40	\$26.06	\$4.89
Employee + Family	\$145.56	\$217.31	\$231.80	\$42.85	\$6.44

Certified Staff

Coverage Level	Plan A	Plan B	Plan C	Dental	Vision
Employee Only	-	-	\$25.00	-	\$2.29
Employee + Spouse	\$112.94	\$153.19	\$176.30	\$20.52	\$4.31
Employee + Child(ren)	\$103.88	\$135.38	\$155.80	\$26.06	\$4.89
Employee + Family	\$145.56	\$217.31	\$250.10	\$42.85	\$6.44

9-10 Month Hourly Employees (16-premium deductions)

Coverage Level	Plan A	Plan B	Plan C	Dental	Vision
Employee Only	-	-	\$18.75	-	\$3.44
Employee + Spouse	\$169.41	\$229.78	\$245.10	\$30.78	\$6.47
Employee + Child(ren)	\$155.81	\$203.06	\$216.60	\$39.09	\$7.34
Employee + Family	\$218.34	\$325.97	\$347.70	\$64.27	\$9.66

Administrators

Coverage Level	Plan A	Plan B	Plan C	Dental	Vision
Employee Only	-	-	\$25.00	-	\$2.29
Employee + Spouse	\$341.00	\$381.25	\$435.00	\$20.52	\$4.31
Employee + Child(ren)	\$256.00	\$287.50	\$335.00	\$26.06	\$4.89
Employee + Family	\$647.00	\$718.75	\$795.00	\$42.85	\$6.44

Supervisors/Specialists

Coverage Level	Plan A	Plan B	Plan C	Dental	Vision
Employee Only	-	-	\$25.00	-	\$2.29
Employee + Spouse	\$282.25	\$322.50	\$369.80	\$20.52	\$4.31
Employee + Child(ren)	\$253.50	\$285.00	\$326.80	\$26.06	\$4.89
Employee + Family	\$385.75	\$457.50	\$524.60	\$42.85	\$6.44

Contacts

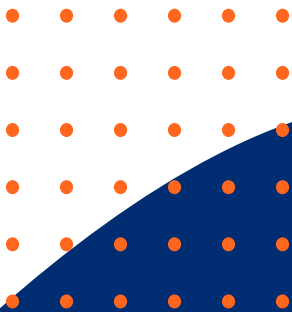
PLAN	CARRIER	WEBSITE	PHONE
Medical & Prescription Drug	Wellmark	www.wellmark.com	800-524-9242
	Vivid Clear	www.vividclearrx.com	877-848-4379
	Script Sourcing	www.scriptsourcing.com	410-902-8811
Telemedicine	Doctor on Demand	www.doctorondemand.com	800-997-6196
Dental	Delta Dental	www.deltadentalia.com	800-544-0718
Vision	Delta Vision	www.deltadentalia.com/deltavision	877-423-3582
Health Savings Account (HSA) Flexible Spending Accounts (FSAs)	Lively	livelyme.com	888-576-4837
Employee Assistance Program (EAP) Life, AD&D, and Disability	EFR	www.efr.org	800-327-5692
Accident, Critical Illness, and Hospital Indemnity	Madison National	www.madisonlife.com	800-356-9601
Enrollment Call Center	Avant Benefit Counselors	N/A	844-978-2251
WDMCS	Benefit Coordinator	slusinskij@wdmcs.org	515-633-5076
	Payroll Coordinators	hendrixs@wdmcs.org	515-633-5083
		headj@wdmcs.org	515-633-5077



Qualifying Events

Type of Event	Permitted Change	Documentation
Marriage	Enroll or waive* all benefits; Change FSA amounts	Marriage certificate
Birth or adoption (Date of birth: everyone follows the child's effective date for medical; first of month for dental/vision - 60 days to notify)	Enroll or waive* all benefits; Change FSA amounts	Birth certificate or signed footprint from the hospital, or adoption proceedings
Spouse or child loses coverage (due to eligibility change)	Enroll in medical, dental, or vision; Enroll or increase FSAs	COBRA or state continuation paperwork, or letter from employer stating loss of eligibility
Gain of coverage for spouse or child (due to eligibility change)	Drop any benefits*	Letter from employer about new job and benefits offered
Loss of eligibility for dependent child (due to age, student status, marriage)	Drop child from all benefits; No changes for FSAs	Age - no documentation; Student - letter from college
Gain of eligibility for dependent child (over age 26, returns to full-time student status)	Add child to all benefits; No changes for FSAs	Letter from college
If you lose coverage through your spouse or parent (due to eligibility change)	Enroll in all benefits*; Enroll in FSAs - only if coverage was lost through spouse	COBRA or state continuation paperwork, or letter from employer stating loss of eligibility
If you gain coverage through your spouse or parent (due to eligibility change)	Drop* all benefits; Drop or decrease FSAs	Letter from employer about new job and benefits offered
Divorce or legal separation	Drop spouse and any ineligible family members (step-children) from all benefits; Enroll* self and eligible family members in all benefits (if previously enrolled in spouse's plan)	Divorce decree or legal separation document from the court
Death of spouse	Drop spouse from medical, dental, and vision; drop all voluntary products; Can add, drop, or change FSAs	—
Death of child	Drop child from medical, dental, and vision; drop all voluntary products; Can drop or decrease FSA elections	—
Change in residence (move out of POS service area)	Can switch to medical Plan C	Bill with new address

*Cannot drop employee only coverage for any plan that is 100% paid by your employer
If not noted above, all other events have a 30 day notification window





WEST DES MOINES
COMMUNITY SCHOOLS