



2023 Benefits Guide

Your Health & Wellness



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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any express or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources. ©Marsh & McLennan Agency. All rights reserved.

Welcome to Your 2023 Benefits!

Parkway School District is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family – to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

Highlights:

No changes in premiums!

No changes in co-pays and deductibles for the premium and base plan.

Small change in the HSA deductible as mandated by the IRS.

Continued access to CareATC (page 14)

Please visit the benefits and wellness site for great resources including mental health

Same great dental and vision coverages with no changes to those plans!

Eligibility

If you are regularly scheduled to work at least 30 hours per week, you are eligible for the Parkway School District benefits program. For newly hired individuals, most of your benefits are effective: Certified staff members are eligible on the first date of employment. All other employees are eligible 30 days after their start date. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse;
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your company-sponsored Life and Disability benefits end on your date of termination.

Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, vision, or Health Care or Dependent Care Flexible Spending Accounts unless you experience a Qualified Life Event. If you experience a Qualified Life Event (examples below), you must do this through the Alight Worklife system within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualified Life Event). You will need to provide documentation of the change.

| Qualified Life Event | Possible Documentation Needed |
|--|---|
| Change in marital status | |
| Marriage | Copy of marriage certificate |
| Divorce/Legal Separation | Copy of divorce decree |
| Death | Copy of death certificate |
| Change in number of dependents | |
| Birth or adoption | Copy of birth certificate or copy of legal adoption papers |
| Step-child | Copy of birth certificate plus a copy of the marriage certificate between employee and spouse |
| Death | Copy of death certificate |
| Change in employment | |
| Change in your eligibility status (i.e., full-time to part-time) | Notification of increase or reduction of hours that changes coverage status |
| Change in spouse's benefits or employment status | Notification of spouse's employment status that results in a loss or gain of coverage |

How to Enroll

Open enrollment for the 2023 plan year is **November 1, 2022 and concludes November 30, 2022. All changes must be received at Parkway by 4:00pm (CST) on November 30, 2022.** If you are a new hire, you have 30 days to enroll from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

Before You Enroll

- Carefully review the benefits listed in this guide and determine the medical, dental, vision and other coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Log in to the Alight (formerly SmartBen) site (instructions below)
- Select, review and submit your desired coverage.
- Be sure to complete beneficiary information for Life and AD&D benefits.

Alight Enrollment Instructions

The site is accessible via the internet at

<https://sso.smartben.com/SSO/SingleSignOn?partnerIdpName=Parkway%20School%20District>
and can be accessed 24 hours a day, seven days a week..

You can easily access the Alight system from your Google account on a work computer. Just select the Google waffle, then scroll down to the yellow Alight Worklife icon.

If you're logged into your Parkway's Google Chrome account, the link will automatically sign you into Alight Worklife. If you are not signed into Chrome or using another web browser, you will need to use your Google credentials to sign in. Your username is your Google Chrome sign in information

For example: username- ljames@parkwayschools.net. Password: google password.

If you have issue with your Chrome access please contact the help desk at 415-8181 or helpdesk@parkwayschools.net

Medical

Parkway School District's medical coverage provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care – like physical exams, flu shots and screenings – is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care.



The plans have different:

- **Deductibles** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** – a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** – Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** – the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.

Before You Enroll

Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting the www.myuhc.com. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

| | BASE PLAN | PREMIUM PLAN | HIGH DEDUCTIBLE PLAN |
|--|---------------------|---------------------|---|
| | Choice Plus | Choice Plus | Choice Plus |
| | In-Network | In-Network | In-Network |
| Calendar Year Deductible | | | |
| Individual | \$650 | \$500 | \$3,000 |
| Family | \$1,300 | \$1,000 | \$6,000 |
| Calendar Year Out-of-Pocket Maximum (Includes Deductible) | | | |
| Individual | \$2,000 | \$1,500 | \$3,000 |
| Family | \$4,000 | \$3,000 | \$6,000 |
| | You pay | You pay | You pay |
| Coinsurance | 10% | 0% | 0% |
| Preventive Care | No Charge | No Charge | No Charge |
| Primary Care Physician | \$25 | \$20 | Deductible |
| Specialist | \$50 | \$30 | Deductible |
| Urgent Care | \$75 | \$50 | Deductible |
| Emergency Room | \$200 | \$150 | Deductible |
| Lab & X-ray | Deductible then 10% | Deductible | Deductible |
| Hospitalization | Deductible then 10% | Deductible | Deductible |
| Diagnostic Imaging (MRI/CT) | Deductible then 10% | Deductible | Deductible |
| Pharmacy | | | |
| Rx Deductible | N/A | N/A | Medical Deductible Applies |
| Rx Out-of-Pocket Max | | | |
| Individual | \$2,000 | \$1,500 | N/A |
| Family | \$4,000 | \$3,000 | N/A |
| Retail Rx (up to 30-day supply) | | | |
| Tier 1 | \$12 | \$12 | Full cost until the \$3,000 Deductible is met; then 100% covered in Network |
| Tier 2 | \$40 | \$35 | |
| Tier 3 | \$60 | \$55 | |
| Mail Order Rx (90-day supply) | \$24 / \$80 / \$120 | \$24 / \$70 / \$110 | |

Medical Premiums

Medical Premium Rates - Year Round Employee (26 Pays)

Employee Pays Per Check

| | Employee Only | Employee & Spouse | Employee & Spouse + 1 | Employee & Spouse + 2 | Employee & Children (1) | Employee & Children (2) |
|----------------|---------------|-------------------|-----------------------|-----------------------|-------------------------|-------------------------|
| BASE | \$0 | \$134.77 | \$200.80 | \$272.27 | \$66.00 | \$134.77 |
| PREMIUM | \$66.97 | \$293.62 | \$422.61 | \$523.24 | \$195.93 | \$305.05 |
| HSA | \$0 | \$66.63 | \$128.13 | \$189.63 | \$35.88 | \$76.88 |

District Pays Per Check - Medical Monthly Premium

| | Employee Only | Employee & Spouse | Employee & Spouse + 1 | Employee & Spouse + 2 | Employee & Children (1) | Employee & Children (2) |
|----------------|---------------|-------------------|-----------------------|-----------------------|-------------------------|-------------------------|
| BASE | \$353.74 | \$488.50 | \$554.53 | \$626.01 | \$419.74 | \$488.50 |
| PREMIUM | \$353.74 | \$488.50 | \$554.53 | \$626.01 | \$419.74 | \$488.50 |
| HSA | \$353.74 | \$488.50 | \$554.53 | \$626.01 | \$419.74 | \$488.50 |

Medical Premium Rates – Non-Year Round Employee (Less Than 26 Pays)

Employee Pays Per Check

| | Employee Only | Employee & Spouse | Employee & Spouse + 1 | Employee & Spouse + 2 | Employee & Children (1) | Employee & Children (2) |
|----------------|---------------|-------------------|-----------------------|-----------------------|-------------------------|-------------------------|
| BASE | \$0 | \$170.24 | \$253.64 | \$343.92 | \$83.37 | \$170.24 |
| PREMIUM | \$84.59 | \$370.89 | \$533.82 | \$660.93 | \$247.49 | \$385.33 |
| HSA | \$0 | \$84.16 | \$161.85 | \$239.53 | \$45.32 | \$97.11 |

District Pays Per Check - Medical Monthly Premium

| | Employee Only | Employee & Spouse | Employee & Spouse + 1 | Employee & Spouse + 2 | Employee & Children (1) | Employee & Children (2) |
|----------------|---------------|-------------------|-----------------------|-----------------------|-------------------------|-------------------------|
| BASE | \$446.83 | \$617.05 | \$700.46 | \$790.75 | \$530.20 | \$617.05 |
| PREMIUM | \$446.83 | \$617.05 | \$700.46 | \$790.75 | \$530.20 | \$617.05 |
| HSA | \$446.83 | \$617.05 | \$700.46 | \$790.75 | \$530.20 | \$617.05 |

Health Savings Account (HSA)

A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for qualified out-of-pocket medical expenses. Your contributions to the HSA are taken out of your paycheck and are tax-free. Once you enroll in the HSA, you'll receive a debit card to pay for qualified out-of-pocket medical expenses. Your HSA can be used to pay for your health care expenses and those of your spouse and dependents, even if they are not covered by the High Deductible Health Plan (HDHP).

How a Health Savings Account (HSA) Works



Eligibility

Anyone who is:

- Covered by a High Deductible Health Plan (HDHP);
- Not covered under another medical plan that is not an High Deductible Health Plan (HDHP);
- Not entitled to Medicare benefits; or
- Not eligible to be claimed on another person's tax return



Your Contributions

You choose how much to contribute from each paycheck on a pretax basis.

You can contribute up to the IRS maximum of \$3,850/individual or \$7,750/family.

You can make an additional "catch-up" contribution of up to \$1,000 per year if you are age 55 or older.



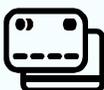
Parkway School District's Contribution

\$1,440 to the HSA each year which lowers the maximum amount you are able to contribute. The District contributes a one-time lump sum payment of \$520 into the HSA with the first payroll in January and \$40 per payroll thereafter.



Eligible Expenses

You can use your HSA to pay for medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. *Please note: Funds available for reimbursement are limited to the balance in your HSA.*



Using Your Account

Use the debit card linked to your HSA to cover eligible expenses — or pay for expenses out of your own pocket and save your HSA dollars for future health care expenses.



Your HSA is always yours - no matter what

One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future. And if you leave the Company or retire, your HSA goes with you.

Health Savings Account (HSA)

The Triple Tax Advantage

HSAs offer three significant tax advantages:

1. You can use your HSA funds to cover qualified medical expenses, including dental and vision expenses – tax-free.
2. Unused funds grow and can earn interest over time – tax-free.
3. You can save your HSA dollars to use for your health care when you leave Parkway School District or retire – tax-free.

If you want to pay less per paycheck for health care coverage and save tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

How a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA) Work Together

| Year 1 Example: You enroll in the HDHP with HSA during enrollment | | Year 2 Example: You enroll in the HDHP plan again next year |
|---|---|---|
| You contribute \$2,410 and PSD contributes \$1,440 for a total of \$3,850 |  | \$3,150 rolls over from last year and you/PSD contribute \$3,850 for a total of \$7,000 |
| You use the HSA to pay \$700 of eligible expenses | | You use the HSA to pay \$1,250 of eligible expenses |
| You have \$3,150 in the HSA to roll over to next year! | | You have \$5,750 in the HSA to roll over to next year! |

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are three types of FSAs – the Health Care FSA, the Limited Purpose Health Care FSA and the Dependent Care FSA:

- **Health Care FSA** – Used to pay for out-of-pocket expenses associated with your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.
- **Limited Purpose Health Care FSA** – Used if you are enrolled in the HDHP medical plan. It works the same way as the standard Health Care FSA; however, you may only use it to pay for eligible vision and dental expenses.
- **Dependent Care FSA** – Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time.

You cannot use your Health Care FSA to pay for dependent care expenses, and you cannot use your dependent care FSA to pay for health care expenses.

Important: The IRS has a “use it or lose it” rule. If you do not spend all of the money in your FSA by the annual deadline, any unused dollars in your account(s) will be forfeited.

| How the Health Care/Limited Purpose Health Care FSA Works | How the Dependent Care FSA Works |
|---|---|
| You may contribute up to \$3,050 per year, pretax | You may contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns |
| You receive a debit card to pay for eligible medical expenses (funds must be available in your account) | You submit claims for reimbursement; no debit cards are provided |
| Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor | Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs |
| Submit claims up to March 31 of the following year for expenses from January 1 to December 31 | Submit claims up to March 31 of the following year for expenses from January 1 to December 31 |
| If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations | If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations |

It’s important to note that if you participate in a Health Savings Account (HSA), you may not participate in the Health Care FSA reimbursement account.

How You Can Save on Taxes with FSAs

Here's an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

| | Health Care FSA | | Dependent Care FSA | |
|-----------------------------------|-----------------|----------|--------------------|----------|
| | Without FSA | With FSA | Without FSA | With FSA |
| Your taxable annual income | \$50,000 | \$50,000 | \$50,000 | \$50,000 |
| Account deposit (before taxes) | N/A | \$2,500 | N/A | \$5,000 |
| Taxable wages | \$50,000 | \$47,500 | \$50,000 | \$45,000 |
| Federal and Social Security taxes | \$14,325 | \$13,609 | \$14,325 | \$12,894 |
| Expense (after taxes) | \$2,500 | N/A | \$5,000 | N/A |
| Take home (net) | \$33,175 | \$33,891 | \$30,675 | \$32,106 |
| Annual tax savings with the FSAs | \$0 | \$716 | \$0 | \$1,431 |



United Health Care Programs

Register for your personalized website on myuhc.com and download the United Healthcare app.

Get the most out of your benefits! These digital tools are designed to help you understand your benefits and make informed decisions about your care.

Find care and compare costs for providers and services in your network. Check your plan balances, view your claims and access your health plan ID card. Access wellness programs and view clinical recommendations. View your health care financial account(s) such as HSA or FSA.

Real Appeal

Real Appeal is a weight loss and health lifestyle program, available to eligible Parkway School District employees and their dependents as part of our United Healthcare Benefit plan. It is a simple, step-by-step program designed to introduce small changes over time that lead to healthier habits and long lasting weight loss results. The program is offered at no additional cost to employees, spouses/domestic partners and dependents 18 and older who are members of our United Healthcare plan with a BMI (body mass index) of 23 or higher. Your BMI will be calculated during a personalization session to confirm that you qualify for the program. Participant in Real Appeal is confidential and information will not be shared with Parkway School District. This is a great opportunity to take charge of your personal health or team up with a loved one to lose weight and learn some healthy new habits.

This program is not available if you are Medicare Eligible.

To Get Started, Go to www.parkway.realappeal.com

24/7 Virtual Visits

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. 24/7 Virtual Visits provide fast, convenient, on-demand access to care without having to leave home or the workplace. Members have the ability to see and speak with a doctor anywhere, anytime on a mobile device or computer. Members access an integrated experience through myuhc.com and the United Healthcare app..

Advocate4Me

Advocate4Me is a consumer engagement program that provides United Healthcare members with a single point of contact to address your various health needs. By calling a single toll-free number, listed on the back of your ID card, or using your preferred communication channel, members are connected with an advocate who provides them with end-to-end support, “owning their request until it’s resolved.” This service is offered at no charge to United Healthcare members.

Rally

Rally can offer small steps for a healthier lifestyle – and help you earn rewards along the way.



Take the Health Survey

Use your results to help set health goals.



Get personalized recommendations

Build healthier habits with well-being programs, activities and more.



Earn rewards

Take healthy actions, achieve goals and earn Rally Coins.

CareATC Clinic



You can
SAVE BIG
with CareATC



Great care. **Little or No Out of Pocket.**

| Local Provider | CareATC Health Center |
|--|--|
| drive time = 10 minutes | drive time = 20 minutes |
| waiting room = 10 minutes | waiting room = 0 minutes |
| exam room wait = 5 minutes | exam room wait = 5 minutes |
| time with your doctor = 7 min. avg. | time with your doctor = 25 min. avg. |
| drive to pharmacy = 30 minutes | drive to pharmacy = 0 minutes |
| wait for medications = 30 minutes | wait for medications = 0 minutes |
| drive home = 10 minutes | drive home = 20 minutes |
| total time = 102 min. avg. COST = Copay + Medications  | total time = 70 min. avg. COST = \$0 Office Fee for PPO \$35 Office Fee for HSA* |

*Fee applies for non-preventive visits only.

New? Activate your account by downloading the CareATC app or by visiting www.careatc.com/activate to verify your identity and securely set up your account.

Three easy ways to schedule an appointment:

 Call Direct  www.careatc.com/patients  CareATC app



Show Me
The App!



Claymont Health Center
636.552.4772
15421 Clayton Rd, Ste 101
Ballwin, MO

Keaton Health Center
636.614.1638
6098 Keaton Corporate Pkwy, Ste 101,
O'Fallon, MO

McKelvey Park Health Center
314.282.3224
3105 McKelvey Rd, Ste 205
Bridgeton, MO

Frequently Asked Questions



What is CareATC?

CareATC is a national healthcare company that promotes health, prevents disease and provides a shorter path to care. As a technology-driven healthcare company for the modern workplace, we're all about smart tools that keep you healthy and save you money.

Why is my employer partnering with CareATC?

Our model of care gives employers greater control over healthcare costs with solutions that work together to build a healthier workforce. In short, we help employees and their families improve health that results in healthcare savings.

How is CareATC Primary Care different from a traditional primary care practice?

Onsite or near-site Primary care clinics give employees and their families a place to get comprehensive medical care at little to no cost. Including primary care visits, generic drugs and labs tests. All of our medical providers are 100% board-certified so you can expect high-quality care at each visit.

What is a Personal Health Assessment?

The Personal Health Assessment (PHA) is a complete health screening tool that identifies risk factors such as high blood pressure, high cholesterol, diabetes, obesity and much more. Being aware of your current health status is the first step toward a happier and healthier lifestyle. Please note: A PHA requires you to be fasting for eight or more hours.

Will you share my medical records with my employer?

No. Your medical records will never be shared with your employer. With CareATC, your personal health information is 100% safe and secure. The privacy and confidentiality of our patients are protected under federal HIPAA Regulations, state laws and regulations, and the ethics codes of mental health professions. Access to patient records and transmissions by third-party entities, (i.e. employers or family members) is prohibited. Patient information may not be disclosed without the explicit and informed consent of the patient and authorization by their clinician.

How do I activate my account?

Securely activate your account by downloading the **CareATC app** or visiting www.careatc.com/activate. Activate your account in **4 easy steps**: **Step 1:** Tell Us About Yourself - provide your personal details. It is important you double check that this matches your employer records. **Step 2:** Verify Your Identity - complete a verification quiz that authenticates your identity. **Step 3:** Create Your Account - set up your username and password. **Step 4:** Set Up Your Recovery Options - provide a phone number and/or email address to recover login information. If you have trouble registering or logging into the Patient Portal or Mobile App, you can call the Patient Access Center at 800.993.8244.

What Our Members Are Saying

"I enjoyed the ease of making and changing my appointment. I also enjoyed meeting with the doctor and leaving with my prescription. The process was very easy and efficient."

**THE
POWER
TO BE WELL.**

Dental

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents – or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Parkway School District offers dental coverage through Delta Dental. For information on finding a dental provider, visit www.deltadentalmo.com and click on Find a Provider.

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care with Delta Dental in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.

Grandfathered Dental Care: SunLife – formerly known as Assurant

Who is Eligible and When:

This dental option is closed to new enrollees. This is a grandfathered plan for already enrolled, existing employees. If you decided to drop the Assurant Dental coverage you will not be able to re-enroll in the future years. The Assurant Dental plan offers a copay type plan for in network services only. Services received from out of network providers will not be covered under this Assurant copay plan. The premium rates are not changing for 2023.

The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

| | Delta Dental of Missouri | |
|--|---------------------------------|------------------------|
| | PPO | |
| | In-Network | Premier/Out-of-Network |
| Individual Deductible | \$50 | \$50 |
| Family Deductible | \$150 | \$150 |
| Per Individual Annual Maximum | \$1,250 Per Person | |
| | You pay | |
| Preventive Care | | |
| Exams, Cleanings, X-rays, Fluoride Treatments (< Age 19), Sealants, Space Maintainers (< Age 16) | 0% | 0% |
| Basic Services | | |
| Fillings, Extractions,, Endodontics | 20% | 25% |
| Major Services | | |
| Crowns, Inlays/Outlays, Dentures and Bridgework, Oral Surgery, Periodontics | 40% | 45% |
| Orthodontia | | |
| Adults | 40%; \$1,000 Lifetime Maximum | |
| Children (up to 26th birthday) | | |
| Dental Premium Rates Per Check - Year Round Employee (26 Pays) | | |
| Employee Only | \$0 | |
| Employee + Spouse | \$8.99 | |
| Employee + Child(ren) | \$13.90 | |
| Employee + Family | \$22.89 | |
| Dental Premium Rates Per Check – Non-Year Round Employee (Less Than 26 Pays) | | |
| Employee Only | \$0 | |
| Employee + Spouse | \$11.36 | |
| Employee + Child(ren) | \$17.56 | |
| Employee + Family | \$28.91 | |

Vision

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents – or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Parkway School District offers vision coverage through EyeMed. For information on finding a vision provider, visit www.eyemedvisioncare.com and click on Find a Provider.

| | Vision | |
|---|---|----------------|
| | In-Network | Out-of-Network |
| | You pay | Reimbursement |
| Cost | | |
| Exam | \$0 | Up to \$40 |
| Materials | \$20 | See Below |
| Covered Services - Lenses | | |
| Single Lenses | \$20 | Up to \$30 |
| Bifocals | \$20 | Up to \$50 |
| Trifocals | \$20 | Up to \$65 |
| Frames | \$130 Allowance then 20% Off | Up to \$65 |
| Covered Services - Contacts in lieu of Frames/Lenses | | |
| Contacts - Medically Necessary | Paid in Full | Up to \$210 |
| Contacts - Elective (Conventional) | Fit & Follow-up: Up to \$40 \$130 Allowance then 15% Off | Up to \$104 |
| Benefit Frequency | | |
| Exams | Once Every 12 Months | |
| Lenses | Once Every 12 Months | |
| Frames | Once Every 24 Months | |
| Contacts | Once Every 12 Months | |
| Vision Premium Rate Per Check – Year Round Employees (26 Pays) | | |
| Employee Only | \$0 | |
| Employee + 1 Dependent | \$1.07 | |
| Employee + Family | \$2.06 | |
| Vision Premium Rate Per Check – Non-Year Round Employees (Less Than 26 Pays) | | |
| Employee Only | \$0 | |
| Employee + 1 Dependent | \$1.35 | |
| Employee + Family | \$2.60 | |

Life and Accidental Death & Dismemberment (AD&D)

Life insurance, provided by Lincoln Financial, pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage based on the severity of the accidental injury.

Parkway offers Basic Life and AD&D at no cost to you and provides you with the opportunity to purchase additional coverage on a voluntary basis.

Who is Eligible and When

Basic Life and AD&D: Full time teachers and administrators working at least 30 hours per week are eligible their date of hire. Full time Operations Staff working at least 30 hours per week are eligible 30 days following their date of hire.

| Life / AD&D Insurance - For You | |
|---------------------------------|--|
| | Life and AD&D |
| Coverage Amount | All Full-Time Support Staff Employees and Bus Drivers: \$35,000 All Full-Time Certified Employees and Nurses: 1x Basic Annual Earnings, rounded to the nearest \$1,000; Up to \$50,000 |
| Age Reduction Schedule | Benefits reduce by 40% at age 70. Benefits reduce by 65% at age 75. Benefits reduce by 80% at age 80. |

Imputed Income

Under current tax laws, imputed income is the value of your basic life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

Voluntary Life and Accidental Death & Dismemberment

Voluntary life and AD&D insurance allows you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury.

Voluntary life insurance for you and your dependents, also provided by Lincoln Financial, can help protect your family during difficult times. When you enroll yourself and/or your dependents, in this benefit, you pay the full cost through payroll deductions. Voluntary Life and voluntary AD&D are elected separately.

Who is Eligible and When

Full time teachers, administrators working at least 30 hours per week and their dependents are eligible on their date of hire. Full time Operations Staff working at least 30 hours per week and their dependents are eligible 30 days following their date of hire.

| Life / AD&D Insurance - For Your Dependents | | | |
|---|---|--|-------------------------|
| | Employee | Spouse | Child(ren) up to age 26 |
| Coverage Amount | \$25,000, \$50,000, \$100,000, \$150,000 or \$200,000 | \$10,000, \$15,000, \$25,000 or \$50,000 | \$5,000 or \$10,000 |
| Guaranteed Issue | \$200,000 | \$50,000 | Benefit Amount |

| Monthly Employee Rate per \$1,000 of Insurance by Attained Age (See plan summary for spouse & child rates) | | | |
|---|--------|----------------------------|--------|
| <25 | \$0.05 | 55-59 | \$0.44 |
| 25-29 | \$0.05 | 60-64 | \$0.67 |
| 30-34 | \$0.05 | 65-69 | \$1.06 |
| 35-39 | \$0.07 | 70-74 | \$1.62 |
| 40-44 | \$0.12 | 75-79 | \$2.82 |
| 45-49 | \$0.18 | 80+ | \$2.82 |
| 50-54 | \$0.28 | Monthly AD&D Rate: \$0.026 | |

Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI (Evidence of Insurability) rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you will need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Long Term Disability

Disability insurance can help you remain financially stable by providing a portion of your income if you become disabled and are unable to work. These benefits are provided through Lincoln Financial. This is an employer paid benefit so there is no cost to the employee.

Who is Eligible and When

Full time operations staff and administrators working at least 30 hours per week are eligible 30 days following their date of hire.

Long-Term Disability Benefits at a Glance

| | Long-Term Disability |
|-------------------------|---|
| Monthly Benefit | All Full-Time Support Staff Employees & Bus Drivers: 60% of Monthly Earnings |
| Monthly Maximum | All Full-Time Support Staff Employees & Bus Drivers: \$2,000 per Month |
| Benefit Duration | Social Security Normal Retirement Age or Retirement Maximum Benefit Period, whichever is greater. |
| Elimination Period | 30 Days |
| Pre-Existing Limitation | 6/12* |

**Benefits may not be paid for any condition treated within six months prior to your effective date until you have been covered under this plan for 12 months.*

What is Long Term Disability insurance?

When an employee cannot work for an extended period of time due to a disability, a long term disability plan can help cover a portion of the employee's salary.

Why is Long Term Disability insurance important?

Statistics show 3 out of every 10 workers between the ages of 25 and 65 will experience an accident or illness that keeps them out of work for 3 months or longer, with nearly 60% of these injuries occurring off the job. If an employee is hurt off the job, worker's compensation will not cover them.

A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.

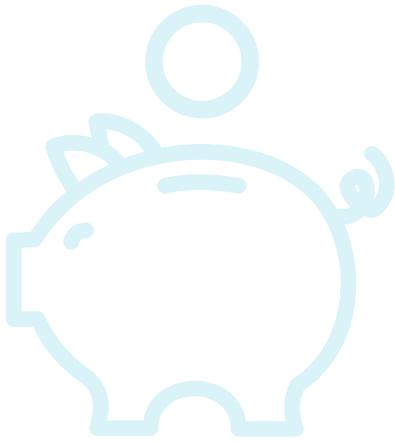
Planning for Retirement

What does retirement look like for you? Whatever your vision for retirement is, it's important to plan ahead so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 403/457 savings plans allow you to save for retirement on a pretax basis. You can begin contributing to the plan through pretax payroll deductions as soon as you become eligible.

Increase Your Retirement Savings with a 403/457

- You can contribute using convenient payroll deductions up to the IRS limit of \$20,500 per year.
- You can change the amount of your contributions or stop your payroll contributions at any time.
- You can decide how to invest your 403/457 or allow the plan to choose for you.
- Are you age 50 or older? You can make an additional “catch-up” contribution of up to \$6,500 to save even more.
- Visit the benefit page for more information on the eligible providers and sign-up information. www.Parkwayschools.net/Page/12850



Employee Assistance Program

Parkway School District also provides you access to the Employee Assistance Program (EAP) at no cost. This program, available through PAS, provides professional, confidential telephonic or face-to-face counseling services to you and your loved ones. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential assistance and referral services with items such as:

- Managing stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Child care issues – including identifying schools, daycare, tutors, and more
- Aging parents

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

To book an appointment or get other information about PAS:

- Go to MyPASEAP.com.
- Use Organization Code: PARKWAY SD (Parkway's website code is Parkway SD. Must be capitalized)
or
- Call 800-356-0845 or download the wayForward app
- Use Employer Code: PARKWAY SD

Important Contacts

| Coverage | Administrator | Phone | Website |
|-----------------------------------|----------------------|--|--|
| Employee Clinic | CareATC | 1-800-993-8244 | www.careatc.com |
| Pharmacy | CVS Caremark | 1-844-910-3906 | www.caremark.com |
| Health Advocate | United Healthcare | Call Number on Back of Medical ID Card | www.myuhc.com |
| Wellness Program | Wellness Coordinator | 314-415-8034 | |
| Medical (Base and Premium Plan) | United Healthcare | 1-866-633-2474 | www.myuhc.com |
| Medical (High Deductible Plan) | United Healthcare | 1-866-734-7670 | www.myuhc.com |
| Health Savings Account (HSA) | Optum Bank | 1-800-791-9361 (Option 1) | www.optumhealthbank.com |
| Flexible Spending Accounts | United Healthcare | 1-866-414-1959 | www.myuhc.com |
| Dental Plan (PPO) | Delta Dental | 1-800-335-8266 or 1-314-656-3001 | www.deltadentalmo.com |
| Dental Plan (Pre-Paid) | SunLife (Assurant) | 1-800-733-7879 | www.assurantemployeebenefits.com |
| Vision | EyeMed | 1-866-939-3633 | www.eyemedvisioncare.com |
| Life and AD&D | Lincoln Financial | 1-800-487-1485 | www.lfg.com |
| Disability | Lincoln Financial | 1-800-487-1485 | www.lfg.com |
| Employee Assistance Program (EAP) | PAS | 1-800-356-0845 | www.paseap.com |
| Benefits Team | Title | Phone | Email |
| General Benefits Email | | | benefits@parkwayschools.net |
| Deb Nolan | Benefits Coordinator | 1-314-415-8049 | dnolan@parkwayschools.net |
| Brian Whittle | Finance Director | 1-314-415-8060 | bwhittle@parkwayschools.net |
| Janet Bova Conti | Benefit Specialist | 1-314-415-8059 | jbovaconti@parkwayschools.net |

Glossary

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing)

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

Copayment (copay): A fixed amount (\$20, for example) you pay for a covered health care service after you’ve paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Your deductible starts over each plan year.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount, you will have to complete an Evidence of Insurability form, and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Notes

A series of horizontal dashed lines for taking notes, spanning the width of the page.

