# PARKWAY SCHOOL DISTRICT

## Benefits Guide 2018 - Employees

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# 1

## Introduction


Welcome to your 2018 Open Enrollment. Parkway School District offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family during this enrollment period.

**Stay Healthy**

- Medical/prescription
- Dental
- Vision
- Health Savings Account

**Feeling Secure**

- Employer paid Long Term Disability
- Flexible Spending Account (FSA)
- Employer paid Life and Accidental Death & Dismemberment
- Voluntary Life and Accidental Death & Dismemberment

# 2

## 2018 Renewal Highlights

- There is no change in the plan structure for the base and premium plan. That means co-pays, deductibles and prescription tiers will all remain the same from the prior year. However, the premiums will increase for those with dependents on the base plan and for all members on the premium plan. This is the first increase in three years for the base plan and first in two years for the premium plan. Most members will see either no increase in their premiums or an increase of under $10 per check.

- The high deductible plan will have deductibles increase by $100 for employee only plans and $200 for family plans. That increases the deductibles to $2,700/$5,400 on the plan. As a result, of the increase in deductibles there will be no increases to the premiums on the high deductible plan. This is the third consecutive year for no premium increase on the high deductible plan.

- The health plan is now offering up to $5,000 in lifetime fertility treatment for members.

- The FSA provider is changing to Discovery Benefits. This provider will make receiving reimbursements easier. In addition to the debit card, you will be able to submit for reimbursements through an app or online. For more information, please go to the FSA section of the District's benefit site. https://www.parkwayschools.net/Page/2509

- A limited FSA will now be available to members on the high deductible plan. A limited FSA can be used for eligible dental and vision expenses. Examples of those expenses include prescription glasses, contact lenses, orthodontics and dentures.

- The District will be using SmartBen again for open enrollment. Please see instructions on the following pages for using SmartBen. For detailed instructions, please visit the benefit site. https://www.parkwayschools.net/Page/6934

- The District will continue to contribute a one-time lump sum payment of $520 into the HSA with the first payroll in January and $40 per payroll thereafter for an annual total of $1,440 if you are enrolled in the high deductible plan. You can also contribute to the HSA in addition to the District's contribution. You can change your personal contribution during the year by logging onto SmartBen.

- Employees can sign up for a 403 or 457 plan year round. You can also change your contributions throughout the year. Please visit the benefits page for more information on the plans: https://www.parkwayschools.net/Page/2510

- If you are thinking of changing medical plans and want an estimate of prescription costs use the following link: www.express-scripts.com/ParkwaySchoolDistrict. Click on 'go' under open enrollment information and then the plan you are looking at.

- The employee Assistance Program (EAP) allows five face-to-face counseling visits. Unlimited telephone counseling is still included. Please see more information about the EAP program in this guide.

- The District has kept Delta and EyeMed as the dental and vision providers.

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## Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Finance/Benefits.

| Plan | Whom To Call | Phone Number | Website |
|---|---|---|---|
| **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** |
| **Pharmacy** | **Express Scripts** | **1-800-282-2881** | **www.express-scripts.com** |
| **Health Savings Account (H.S.A)** | **Optum Bank** | **1-800-791-9361 (Option 1)** | **www.optumhealthbank.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 Plan** | **EyeMed** | **1-866-939-3633** | **www.eyemedvisioncare.com** |
| **Life/AD&D & Voluntary Life/AD&D** | **Symetra** | **1-800-221-3480** | **www.aigbenefits.com** |
| **Flexible Spending Accounts (FSA)** | **Discovery Benefits** | **1-866-451-3399** | **www.discoverybenefits.com** |
| **Advocate4Me** | **United Healthcare** | **Call Number on Back of Medical ID Card** | **www.myuhc.com** |
| **Virtual Visits** | **United Healthcare** | **N/A** | **www.myuhc.com** |
| **Employee Assistance Program (EAP)** | **Symetra** | **1-88-673-1149** | **www.aigbenefits.com/eap**<br>**Username:** aig<br>**Password:** eap |
| **Benefits Team** | **Whom To Call** | **Phone Number** | **Email** |
| **Parkway School District (Finance/Benefits)** | **Janet Bova Conti**<br>**Brian Whittle**<br>**Tierra Morris** | **1-314-415-8059**<br>**1-314-415-8060**<br>**1-314-415-8058** | **jbovaconti@parkwayschools.net**<br>**bwhittle@parkwayschools.net**<br>**tmorris@parkwayschools.net** |
| **J. W. Terrill Marsh & McLennan Agency** | **Cherita Jones**<br>**Deana Click**<br>**Michelle Fitter** | **1-314-594-2760**<br>**1-314-594-2693**<br>**1-314-594-5910** | **cjones@jwterrill.com**<br>**dclick@jwterrill.com**<br>**mfitter@jwterrill.com** |

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## Open Enrollment

### SmartBen is our online enrollment tool

The site is accessible via the internet at https://www.benefitslive.com/sso/singlesignon/?siteId=2101 and can be accessed 24 hours a day, seven days a week. The following will help you prepare for and complete the online enrollment process. Your open enrollment period for the 2018 calendar year for health benefits is scheduled to begin November 1, 2017 and conclude November 30, 2017. All changes must be received at Parkway by 4:00pm on November 30, 2017.

### REQUIRED

**ALL EMPLOYEES will need to enroll to make your benefits elections (plan and/or coverage level). If you do not enroll, you may not have your desired level of coverage.**

### Before you enroll in coverage

**Review** – take time to review the information in the Plans section. It will help you understand your benefit choices. Discuss it with your family also.

**Gather** – if you are adding dependents for coverage for next year, gather their information now. You will need to provide the Social Security number and date of birth for any spouse or dependent you enroll. If you have not received the Social Security number for a newborn, enter the numbers 111-11-1111. Contact the Benefits Department to update the dependent's Social Security number after you receive it.

### Who is Eligible and When:

Eligible employees are: Determined by eligibility requirements. Certified staff members are eligible on the first date of employment. All other employees are eligible one month after their start date. Variable hour employees not expected to work 30 hours or more will be measured during their first year of employment and if they average 30 or more hours, will be eligible no later than the first month following their 13 month employment anniversary. Ongoing variable will be measured annually for December 1 effective date.

### How to enroll in coverage

Log on to https//www.benefitslive.com/sso/singlesignon/?siteId=2101. A direct link for this site is also available on Inside Parkway on the benefits page. Next click "Login: with Parkway School District. "Your Username (pkwy\ then your username) and Password (your District password). This should be the sign-in you use to log into a District computer or Workforce.

**Example User Name:** pkwy\jdoe3 or pkwy\jsmith

Please use lower case "p" as it is case sensitive. In some browsers or mobile devices, you may need to use your District pkwy.k12.mo.us email instead of the pkwy\ as your username.

Example: ljames@pkwy.k12.mo.us

If you do not have these items, please contact the help desk at 415-8181 or helpdesk@parkwayschools.net.

### For full instructions, please visit

https://www.parkwayschools.net/cms/lib/MO01931486/Centricity/Domain/1126/Annual%20Enrollment%20Instructions_Full%202018.docx

### Employee Cost:

Your premiums are determined by the plan you select. An **Employee Cost Calculator** is available to help you determine which plan is the best fit for you and your family . This tool can be found on the Parkway School District's website under the ***Benefits Page***. Rate information is also provided while you are reviewing your plan options and making your plan selections in SmartBen.

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## Changing Coverage during the Year

You may make coverage changes during the year only if you experience a change in family status. The change in coverage must be consistent with the change in status (e.g., you cover your spouse following your marriage, your child following an adoption, etc.). The following are considered family status changes for purposes of the Plan:

- your marriage, divorce, legal separation or annulment;
- Domestic Partner (according to Domestic Partner affidavit rules);
- the birth, adoption, placement for adoption or legal guardianship of a child;
- a change in your spouse's employment or involuntary loss of health coverage (other than coverage under the Medicare or Medicaid programs) under another employer's plan;
- loss of coverage due to the exhaustion of another employer's COBRA benefits, provided you were paying for premiums on a timely basis;
- the death of a Dependent;
- your Dependent child no longer qualifying as an eligible Dependent;
- a change in you or your Spouse's position or work schedule that impacts eligibility for health coverage;
- contributions were no longer paid by the employer (This is true even if you or your eligible Dependent continues to receive coverage under the prior plan and to pay the amounts previously paid by the employer);
- benefits are no longer offered by the Plan to a class of individuals that include you or your eligible Dependent termination of you or your Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage as a result of loss of eligibility (you must contact the Benefits Department within 60 days of termination);
- you or your Dependent become eligible for a premium assistance subsidy under Medicaid or CHIP (you must contact the Benefits Department within 60 days of determination of subsidy eligibility);
- a strike or lockout involving you or your Spouse; or
- a court or administrative order.

**If you are making a life event change, you must do this through the SmartBen system. You have 30 days from the date of the change in family status to add or change your benefits. You will need to provide documentation of the change. Otherwise, you will need to wait until the next annual open enrollment**

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## Medical Insurance: United Healthcare

Parkway School District's medical insurance is provided by United Healthcare. Visit www.myuhc.com to search for a provider, review the formulary, order additional medical/prescription ID cards, and track your claims and healthcare cost.

The chart below provides an outline of the **In-Network** coverage options available to you. United Healthcare offers you a range of plan options and a support tool to help you determine the plan that best fits your needs and budget.

| IN-NETWORK | BASE PLAN | PREMIUM PLAN | HIGH DEDUCTIBLE PLAN |
|---|---|---|---|
| | Current | Current | Current |
| **Physician Visit** | $25 Per Visit | $20 Per Visit | $0 After Deductible is Met |
| **Deductible**<br>**- Individual**<br>**- Family** | <br>$650<br>$1,300 | <br>$500<br>$1,000 | <br>$2,700<br>$5,400 |
| **Hospitalization** | 10% After Deductible | 100% After Deductible | 100% After Deductible is Met |
| **Preventive Care** | 100% Covered | 100% Covered | 100% Covered |
| **Emergency Room** | $200 Per Visit | $150 Per Visit | 100% After Deductible is Met |
| **Out-of-Pocket Max**<br>**- Individual**<br>**- Family** | <br>$2,000<br>$4,000 | <br>$1,500<br>$3,000 | <br>$2,700<br>$5,400 |
| **Prescription Drugs**<br>**Retail/Mail Order**<br>**- Generic**<br>**- Preferred**<br>**- Non-Preferred** | <br><br>$12/$24<br>$40/$80<br>$60/$120 | <br><br>$12/$24<br>$35/$70<br>$55/$110 | <br><br>0% After $2,700 Deductible is Met<br>0% After $2,700 Deductible is Met<br>0% After $2,700 Deductible is Met |

You receive the highest level of coverage if you receive services from in-network providers. Services received from out of network providers will be processed at a lower benefit level which may result in higher out of pocket expenses to the member. Please refer to the plan benefit summary for out of network benefits.

*Please see plan summary for full details*

**Base Plan Highlights**

- This plan has copays when you visit your physician, emergency room, or urgent care.
- The employee cost of this plan is covered by the District. You are responsible for a portion of any elected dependents coverage.
- You cannot enroll in a Health Savings Account if you elect this plan. You are eligible for the Flexible Spending Account (FSA).
- Prescription Drug Benefit through Express Scripts includes a mail order benefit for additional cost savings.
- If you utilize a non-network pharmacy, you are responsible for any difference between what a non-network pharmacy charges and the amount Express Scripts would have paid for the same prescription drug dispensed from a Network Pharmacy.
- Dependents are covered until 26 (end of month).

**Premium Plan Highlights**

- This plan has copays when you visit your physician, emergency room, or urgent care.
- You cannot enroll in a Health Savings Account if you elect this plan. You are eligible for the Flexible Spending Account (FSA).
- Prescription Drug Benefit through Express Scripts includes a mail order benefit for additional cost savings.
- If you utilize a non-network pharmacy, you are responsible for any difference between what a non-network pharmacy charges and the amount Express Scripts would have paid for the same prescription drug dispensed from a Network Pharmacy.
- The Premium Plan offers a low deductible and out-of-pocket costs as well as lower copayments; however, the premium cost is higher.
- Dependents are covered until 26 (end of month).

**Qualified High Deductible Health Plan (QHDHP) Highlights**

- If you elect the QHDHP, you may also participate in a Health Savings Account (HSA). Details of the HSA are on the following pages. 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 for an annual total of $1,440.
- With an embedded deductible, the health plan begins to make payments as soon as one member of the family has reached the $2,700 deductible limit all of his/her in network claims for the remainder of the calendar year will be covered even through the family deductible of $5,400 has not be met.
- Prescription Drug Benefits are through Express Scripts.
- The employee cost is covered by District.
- Dependents are covered until 26 (end of month).

**Employee Pays Per Month:**

| Medical Monthly Premium | | | | | | |
|---|---|---|---|---|---|---|
| | Employee Only | Employee & Spouse | Employee & Spouse + 1 | Employee & Spouse + 2 | Employee & Children (1) | Employee & Children (2) |
| **BASE** | $0 | $256 | $374 | $523 | $128 | $256 |
| **PREMIUM** | $96 | $502 | $726 | $919 | $331 | $523 |
| **H.S.A** | $0 | $130 | $250 | $370 | $70 | $150 |

**District Pays Per Month:**

| Medical Monthly Premium | | | | | | |
|---|---|---|---|---|---|---|
| | Employee Only | Employee & Spouse | Employee & Spouse + 1 | Employee & Spouse + 2 | Employee & Children (1) | Employee & Children (2) |
| **BASE** | $697 | $970 | $1,111 | $1,242 | $828 | $970 |
| **PREMIUM** | $697 | $970 | $1,111 | $1,242 | $828 | $970 |
| **H.S.A** | $697 | $970 | $1,111 | $1,242 | $828 | $970 |

# 7

## Health Savings Account (H.S.A.): Optum Bank

Parkway School District offers a health savings account (H.S.A.) paired alongside your qualified high deductible health plan with United Healthcare. Optum Bank Benefits will continue to be the administrator for the HSA benefit.

An HSA works like an IRA. You deposit money pre-tax and it grows tax-free until you use it. It's your money, no matter what. You can withdraw funds for health insurance costs and medical expenses. And when you reach age 65, you can withdraw it without penalty and use it for whatever you want.

To open an HSA through Optum Bank, you have to be enrolled in a qualified high deductible health plan. You can use the money in the HSA to pay for the health plan's deductible.

**How much can you contribute to your HSA in 2018?**

- Single: $2,010
- Family: $5,460
- If you are over the age of 55, you can contribute an additional $1,000 each year you are eligible

***Parkway School District contributes $1,440 to the HSA each year which lowers the maximum amount you are able to contribute. The federal maximums are $3,450/$6,900.***

**Some of the benefits of having a Health Savings Account (HSA) include:**

- Stays with you - it's your money even if you change jobs
- Reduces your taxable income – the money is tax-free when you deposit it and when you withdraw it for qualified medical expenses
- Covers other types of bills – pays for insurance deductibles and medical care/supplies not typically covered by medical insurance, vision and dental expenses.
- Use to pay for qualified eligible dependent medical expenses
- Grows with you – the money in the account is yours to invest and the earnings are tax-free.
- Investment Options – Optum Bank offers the ability for consumers to manage their HSA dollars through investments online. By enabling this functionality, your fund balances will be automatically reallocated, consistent with your investment elections, at the frequency you select.

**What is the Difference Between a Qualifying High Deductible Health Plan and a Traditional PPO Plan?**

In a QHDHP, all services received, with the exception of preventive office visits, are applied to the deductible first. This would include office visits that are not preventive, emergency room visits, and prescription drugs. You will, however, still have the opportunity to benefit from the discounts associated with using a network physician or facility.

Contact Optum Bank to learn more about the benefits of a HSA and to get more information about the administration.

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## Flexible Spending Accounts (FSA): Discovery Benefits (New provider)

Discovery Benefits administers the Flexible Spending Account (FSA) benefit. You will receive one debit card for all of our benefits. You will also have the option to request additional care for a spouse or eligible dependent for free.

**Benefits You Receive**

FSAs provide you with an important tax advantage that can help you pay for essential health care expense that are not covered, or are partially covered, by the medical, dental and vision insurance plans. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

**Health Care Reimbursement FSA**

This program lets Parkway School District employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the Health Care FSA is $2,650. You have until March 15th to claim the funds from the previous plan year.

Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture

**Limited Purpose FSA (New Benefit for 2018)**

If you participate in a HSA you may have a Limited Purpose Health Care FSA. The annual maximum amount you may contribute to the Limited Purpose FSA is $2,650. You have until March 15th to claim the funds from the previous plan year. The eligible expenses are limited to:

- Dental expenses
- Vision expenses

**Dependent Care FSA**

The Dependent Care FSA lets Districts employees use pre-tax dollars towards qualified dependent care such as caring for children under age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is $5,000 (or $2,500 if married and filing separately) per calendar year. Some examples of eligible expenses include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

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## Dental Care: Delta Dental

The dental benefit is offered through Delta Dental.

**Who is Eligible and When:**

Full time employees working at least 30 hours per week are eligible. Teachers and Administrators are eligible date of hire. Operations Staff are eligible 30 days following date of hire.

**Employee Pays Per Month:**

| Dental Monthly Premium | | | | |
|---|---|---|---|---|
| | Employee Only | Employee & Spouse | Employee & Spouse & 1 or more Child(ren) | Employee & 1+ Child |
| | $0 | $18 | $46 | $28 |

The chart below provides an outline of the coverage you receive when you use in-network providers. You receive the highest level of coverage if you receive services from in-network providers. Services received from out of network providers will be processed at a lower benefit level which most likely will result in higher out of pocket expenses to the member.

The network attached to the plan is the Delta Dental PPO/Premier. To search the network for participating providers please visit www.deltadentalmo.com

| Type of Service | PPO Network | Premier Network | Non-Network |
|---|---|---|---|
| **Annual Maximum** | $1,250 Per Person | | |
| **Deductible** | $50 Individual / $150 Family | | |
| **Preventive Care:** | 0% | 0% | 0% |
| **Basic Services:** | 20% | 25% | 25% |
| **Major Services:** | 40% | 45% | 45% |
| **Orthodontia:** | Lifetime Maximum of $1,000<br>40%, Adults and Child (ren) to the age of 26. | | |

## Dental Care: Assurant – now known as SunLife

**Who is Eligible and When:**

This dental option is closed to new enrollees. This is a grandfathered plan for existing employees. The Assurant Dental plan offers a copay type plan for in network services only.

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## Vision Plan: EyeMed

The vision benefit is offered through EyeMed.

**Who is Eligible and When:**
Full time employees working at least 30 hours per week are eligible. Teachers and Administrators are eligible date of hire and Operations Staff are eligible 30 days following date of hire.

Below provides an outline of the coverage you receive when you use in-network providers. You receive the highest level of coverage if you receive services from in-network providers. Services received from out of network providers will be processed at a lower benefit level which most likely will result in higher out of pocket expenses to the member. The network attached to the plan is the EyeMed Insight network.

### Voluntary Vision

Well Vision – Every 12 months
$0 copay

**Prescription Lenses**
$20 copay

Lenses – Every 12 months

- Single vision, lined bifocal, and lined trifocal lenses
- Polycarbonate lenses for dependent children

Frames – Every 24 months

- $130.00 allowance for a wide selection of frames
- 20% off the amount over your allowance

**OR Contacts (instead of glasses) – Every 12 months**

- Up to $55 copay for your contact lens exam (fitting and evaluation)
- $130 allowance for contacts

**Employee Pays Per Month:**

| Vision Monthly Premium | | | |
|---|---|---|---|
| | Employee Only | Employee & 1 Dependent | Employee & Family |
| | $0 | $2 | $4 |

## Out-of-Network Services

You can choose to receive care outside of the EyeMed Vision network. You simply get an allowance toward services and you pay the difference. In-Network benefits and discounts will not apply. Just pay in full at the time of service and then file a claim for reimbursement.

**As an EyeMed member, you can get any frame for $0 out-of-pocket when you shop at Sears Optical or Target Optional – even top fashions brands are included!! Please use offer code 755284 to take advantage of this offer.**

## How to find a provider

- Click “Find a Provider” at the top right of the webpage.
- Enter your zip code, select the *Insight* Network and hit the “Get Results” button.
- The search will generate a report of the search results, listing the providers closest to your zip code first.
- You can refine your search even more under the “Filter Search Results” on the left side of the webpage.
- Or, you can call 1-866-939-3633 to speak with a Customer Service Representative.

You can also use this website for practical tools and personalized information for your vision care.

- Learn about vision wellness to manage your vision health and wellbeing.
- Check your in-network vision benefits and how to use them.

# 11

## Disability Insurance: Symetra
## Long Term Disability (LTD)

The LTD benefit is provided by Symetra.

**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.

**Employee Pays:** This is an employer paid benefit so there is no cost to the employee.

**Employer Pays:** The entire cost of the benefit is paid for by Parkway School District

**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.

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## Life and AD&D Insurance: Symetra

The Life and Accidental Death and Dismemberment (AD&D) benefit is provided by Symetra. 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.

*Voluntary Life and AD&D*: Full time teachers, administrators working at least 30 hours per week and their dependents are eligible 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.

**Basic Life and AD&D Insurance**
Parkway provides eligible full-time employees with group Life and AD&D insurance and pays the full cost of this benefit.

**Voluntary Life and AD&D Insurance**
Employees who want to supplement their group Life and AD&D insurance benefits may purchase additional coverage. 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.

**Voluntary Life:**

Symetra Voluntary Life and Accidental Death and Dismemberment insurance offers protection from Life's unforeseen events – giving you and your family assets to help ensure that immediate expenses, as well as long-term obligations, can still be met.

You must purchase supplemental life/AD&D on yourself in order to purchase coverage for your spouse and/or dependent children. Benefit reductions apply upon attaining certain age levels. Most employees have coverage available in the amounts of $25,000, $50,000, $100,000, $150,000 or $200,000. The guarantee issue for most employees is $200,000. Spousal coverage is available in the amounts of $10,000, $15,000, $25,000 or $50,000. The guarantee issue for the spouse is $$50,000. Child(ren) coverage is available from live birth to 26 years of age and your choice is $5,000 or $10,000.

*Last year was the initial enrollment period for this benefit. Only new hires are currently eligible to sign up without providing Evidence of Insurability(EOI). If you and/or your dependents do not enroll during this initial enrollment period in the Voluntary Term Life and AD&D plan you will be required to complete an Evidence of Insurability (EOI) from and be approved by Symetra before you are able to obtain coverage in the future*.

*If you want to remove or reduce this benefit please contact benefits directly because changes cannot be made through open enrollment.*

| Monthly Cost for Each $1,000 of Employee, Spouse and Child Life Insurance Coverage | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
| Life Rate | $0.076 | $0.076 | $0.076 | $0.096 | $0.146 | $0.206 | $0.306 | $0.466 | $0.696 | $1.646 | $1.646 | $2.846 | $2.846 |
| Spouse Life Rate | $0.332 | | | | | | | | | | | | |
| Dependent Life Rate | $0.180 | | | | | | | | | | | | |

## Please Note:

**The information in this Benefits Guide is for illustrative purposes only and is based on information taken from all insurance carriers summary plan descriptions and benefit summaries. Every effort was taken to accurately report your benefits, however, discrepancies and errors may occur. If there is a discrepancy between this Benefits Guide and the Summary Plan Description or Carrier Benefit Summary, the actual plan documents from the insurance company will prevail. If you have any questions, please direct them to your Human Resources Department.**

**Parkway School District reserves the right to amend, modify or terminate these plans at any time as allowed by law. Your participation in these plans does not guarantee your employment at the company and does not create a contract of employment, express or implied.**

# 13

## Employee Assistance Program (EAP)

Parkway has an Employee Assistance Program at no cost to our employees. This benefit is through Symetra and offers confidential, short-term counseling for personal and family issues. Your communications with the EAP are always confidential. Symetra's employee assistance program is designed to save you time and stress. This program can give employees a way to cope with personal issues or work-related stress. Symetra provides an extensive suite of counseling and life coaching services to help employees navigate challenges, improve their quality of life, and increase their productivity at work.

**Program Features**

Work Life Services
Legal and Financial Counseling Legal
Identity Theft
Tax Consultation
Child and Elder Care Consultation

Will Prep
Document Prep
Funeral Prep
Bereavement/Daily Living Resources
Employee Discounts

Life Coach
*Weight Management*
*Physical Activity*
*Healthy Eating*
*Tobacco Cessation*
*Chronic Medical Conditions Management*

**First-Time Users:**

1. Go to www.guidanceresources.com and click on "Register".
2. Provide your organization web ID: SYMETRA
3. Create a user name and password.

**Future Logins:**

Simply enter your user name and password, and then click on the "Login" button. If you have problems registering or logging in, send an email to memberservices@compsych.com or call 1-888-327-9573.

Here to help

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## Additional Health Benefits and Tips

**Get the Most from Your Benefits**

Parkway School District offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

**To get the most from your benefits during the year, try these tips:**

- Ask your doctor for the generic equivalent of the brand-name drug prescribed
- Visit in-network providers for your care

# myHealthcare Cost Estimator

Quickly and easily estimate your health care costs on www.myuhc.com. A mobile version of myHealthcare Cost Estimator is available in the Health4Me mobile app.

**Using your benefit information, myHealthcare Cost Estimator……**

- Shows you the estimated costs for a treatment or procedure
- Displays how that cost is impacted by your deductible, co-insurance and out-of-pocket maximum
- Gives you an estimate of what you'll be responsible to pay
- Provides you with usable information for planning and budgeting

**You can use this information to….**

- Plan your care
- Budget for medical expense
- Find doctors that better meet your needs
- Learn about new treatment options
- Save money

## Rally

Rally is a user-friendly digital experience on www.myuhc.com that will engage you in a new way by using technology, gaming and social media to help you understand, learn and support you on your health journey. With the online Rally Health Survey, personalized missions, rewards and connections to wearables like Fitbits, Jawbones and more, it is easier for you to get motived to be healthier.

## 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.

**Conditions commonly Treated Through a Virtual Visit…….**

Bladder Infections/Urinary Tract Infection
Bronchitis
Cold/Flu
Pink Eye
Diarrhea
Fever
Migraine/Headaches
Stomach Ache
Rash
Sinus Problems
Sore Throat

**Access to Virtual Visits……**

Login to www.myuhc.com and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit, you will pay the primary care visit copay for your United Healthcare Plan.

# 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 unit it's resolved. This service is offered at no charge to United Healthcare members.

# Real Appeal

Real Appeal is a weight loss and healthy lifestyle program, available to eligible Parkway School District employees and their dependents as part of our United Healthcare benefit plan. Real Appeal partners with United Healthcare.
Real Appeal 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. Participation 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.

**How to Get Started…..**

Go to parkway.realappeal.com

The Real Appeal program comes complete with a number of complimentary tools and resources including:

- **A personal Transformation Coach**, who will provide guidance and support throughout the program and assist in tailoring a simple approach customized just for you.
- **A Success Kit**, shipped right to your door and containing step-by-step guides, workout DVDs and equipment, healthy recipes, kitchen tools including a personal blender and more (see the attached document to see what all is included in the kit)
- **The Real Appeal Website and Mobile App** to help you stay inspired and keep you accountable to your goals by giving you access to 24/7 support and tracking tools. The app is available in both the Apple App store and Google Play.

Sign up now using a smartphone, tablet or personal computer to get started or grab a loved one and sign up together!

If you are looking to lost weight or lead a healthier lifestyle, we would encourage you to consider joining the Real Appeal program. If you are ready to enroll, please visit parkway.realappeal.com

If you have any questions, please contact the Parkway Benefits Department.

# Care Options and When to Use Them

**Convenience Care**

Sometimes, you may not be able to get to your doctor's office, and your condition is not urgent or an emergency. In these situations, you may want to consider a Convenience Care Center that can be an alternative to seeing your doctor.

Convenience Care Centers are conveniently located often in malls or some retail stores, such as CVS Caremark, Walgreens, Wal-Mart and Target, and offer services without the need to schedule an appointment. Services at a convenience Care Center may be provided at a lower out-of-pocket cost than an urgent care center visit and are subject to primary care physician office visit copays and /or deductible/coinsurance. Services at a Convenience Care Center are generally available to patients 18 months of age or older. Services that are available may vary per center.

We do, however, recommend that you seek routine medical care from your primary care physician whenever possible.

To find an in-network Convenience Care Center near you, visit our website at www.myuhc.com.

**Typical Conditions that may be treated at a Convenience Care Center include….**

- Common Infections (bronchitis, bladder infections, ear infections, pink eye, strep throat)
- Minor Skin Conditions (athlete's foot, cold sores, minor sunburns, poison ivy)
- Flu Shots
- Pregnancy Tests

**Urgent Care**

Sometimes you may need medical care fast, but a trip to the emergency room may not be necessary. Of course, during office hours you may be able to go to your doctor for any urgently needed service; however, if you require urgent care outside your doctor's regular office hours or you are unable to be seen by your doctor immediately, you may consider going to an urgent care center. At an urgent care center, you can generally be treated for many minor medical problems faster than at an emergency room. We do however; recommend that you seek routine medical care from your primary care physician whenever possible.

Services that are available for Urgent Care may vary per center. If you choose to use an urgent care center, please make sure it is in-network by calling the toll-free number on the back of your medical ID card or visiting the carrier's website at www.myuhc.com.

**Typical Conditions that may be treated at a Convenience Care Center include….**

| | | | | |
|---|---|---|---|---|
| Sprains | Strains | Small Cuts | Sore Throats | Mild Asthma Attacks |
| Rashes | Minor Infections | Vaccinations | Preventive Screenings | Back Pain or Strains |

Emergency Room

If you think you or your loved one may be experiencing an emergency medical condition, you should go to the nearest emergency room or call 911. Emergency services are always considered at the in-network benefit level.

**An emergency medical condition is any condition (including severe pain) which you believe that without immediate medical care may result in…….**

- Serious jeopardy to you or your loved one's health, including the health of pregnant woman or her unborn child
- Serious impairment to you or your loved one's bodily functions
- Serious dysfunction of any of you or your loved one's bodily organ or parts

If you obtain care at an emergency room, you will likely pay more out-of-pocket than if you were treated at your doctor's office, a Convenience Care Center or Urgent Care facility.

*If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once the condition has been stabilized.

Please Note: you may incur out-of-network expenses if you receive services from an out-of-network Emergency Room physician, pathologist, radiologist or anesthesiologist, even if the hospital is in-network.

**Some examples of emergency conditions may include the following…..**

| | | | |
|---|---|---|---|
| Heavy bleeding | Chest Pains | Large Open Wounds | Sudden Change in Vision |
| Spinal Injuries | Difficulty Breathing | Major Burns | Sudden Weakness |
| Trouble Walking | Severe Head Injuries | | |

**Primary Care**

For routine, primary/preventive care, or non-urgent treatment, we recommend going to your doctor's office for medical care. Your doctor knows you and your health history, and has access to your medical records. You may also pay the least amount of money out-of-pocket when you receive care in your doctor's office.

**Lab Services**

If you require routine lab work, consider having these services performed at LabCorp. In most cases, the cost of your lab services will be covered as 100% if coded as preventive. If you choose to use Quest Diagnostics, services associated with the cost of your lab work will apply to the out of network deductible and coinsurance.

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## COBRA Continuation Options

Selecting the right health care coverage option is important when facing an employment transition. We know how complex healthcare coverage can be, especially with the recent introduction of the Affordable Care Act.

The Affordable Care Act did not eliminate COBRA or change the COBRA rules. COBRA beneficiaries generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. This also applies to spouses and /or dependents currently enrolled on the Parkway plan.

The question then becomes whether or not taking COBRA is a better choice than purchasing a new policy through an insurance exchange and applying for a federal subsidy if eligible.

- **COBRA coverage may be more expensive than a new individual policy through the health insurance exchange.**

  This is because if a COBRA policy is continued, the employee has to pay both their share of the premium and the employer's contribution. If the policy is rich with benefits and the employer has been paying a significant portion of the premium, chances are the full premium will be higher than other health insurance coverage options through the health exchanges.

- **Rather than take COBRA, the Affordable Care Act provisions all low-income individuals to get coverage at a lower cost because of their potential eligibility for federal subsidies.**

  These subsidies are designed for people who earn between 100 percent and 400 percent of the Federal Poverty Line, or about $23,850-$95,400 for a family of four or $11,670 - $46,680 for an individual. If an employee's income is under these limits, it will probably be more cost effective to purchase a new policy and receive the subsidies to help pay the premium.

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## Important Notes and Reminders

# CHIP PROGRAM

### Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

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If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

| **ALABAMA – Medicaid** | **FLORIDA – Medicaid** |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Website: http://flmedicaidtplrecovery.com/hipp/<br>Phone: 1-877-357-3268 |
| **ALASKA – Medicaid** | **GEORGIA – Medicaid** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: http://dch.georgia.gov/medicaid<br>- Click on Health Insurance Premium Payment (HIPP)<br>Phone: 404-656-4507 |
| **ARKANSAS – Medicaid** | **INDIANA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.hip.in.gov<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: http://www.indianamedicaid.com<br>Phone 1-800-403-0864 |

| | |
|---|---|
| **COLORADO – Medicaid** | **IOWA – Medicaid** |
| Medicaid Website: http://www.colorado.gov/hcpf<br>Medicaid Customer Contact Center: 1-800-221-3943 | Website: http://www.dhs.state.ia.us/hipp/<br>Phone: 1-888-346-9562 |
| **KANSAS – Medicaid** | **NEVADA – Medicaid** |
| Website: http://www.kdheks.gov/hcf/<br>Phone: 1-785-296-3512 | Medicaid Website: http://dwss.nv.gov/<br>Medicaid Phone: 1-800-992-0900 |
| **KENTUCKY – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Website: http://chfs.ky.gov/dms/default.htm<br>Phone: 1-800-635-2570 | Website:<br>http://www.dhhs.nh.gov/oii/documents/hippapp.pdf<br>Phone: 603-271-5218 |
| **LOUISIANA – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331<br>Phone: 1-888-695-2447 | Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 |
| **MAINE – Medicaid** | **NEW YORK – Medicaid** |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711 | Website:<br>http://www.nyhealth.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **MASSACHUSETTS – Medicaid and CHIP** | **NORTH CAROLINA – Medicaid** |
| Website: http://www.mass.gov/MassHealth<br>Phone: 1-800-462-1120 | Website: http://www.ncdhhs.gov/dma<br>Phone: 919-855-4100 |
| **MINNESOTA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: http://mn.gov/dhs/ma/<br>Phone: 1-800-657-3739 | Website:<br>http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |
| **MISSOURI – Medicaid** | **OKLAHOMA – Medicaid and CHIP** |
| Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 |
| **MONTANA – Medicaid** | **OREGON – Medicaid** |
| Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 | Website:<br>http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 |
| **NEBRASKA – Medicaid** | **PENNSYLVANIA – Medicaid** |

| | |
|---|---|
| Website:<br>http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx<br>Phone: 1-855-632-7633 | Website: http://www.dhs.pa.gov/hipp<br>Phone: 1-800-692-7462 |
| **RHODE ISLAND – Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: http://www.eohhs.ri.gov/<br>Phone: 401-462-5300 | Medicaid Website:<br>http://www.coverva.org/programs_premium_assistance.cfm<br>Medicaid Phone: 1-800-432-5924<br>CHIP Website:<br>http://www.coverva.org/programs_premium_assistance.cfm<br>CHIP Phone: 1-855-242-8282 |
| **SOUTH CAROLINA – Medicaid** | **WASHINGTON – Medicaid** |
| Website: http://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program<br>Phone: 1-800-562-3022 ext. 15473 |
| **SOUTH DAKOTA - Medicaid** | **WEST VIRGINIA – Medicaid** |
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 | Website:<br>http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx<br>Phone: 1-877-598-5820, HMS Third Party Liability |
| **TEXAS – Medicaid** | **WISCONSIN – Medicaid and CHIP** |
| Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 | Website:<br>https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf<br>Phone: 1-800-362-3002 |
| **UTAH – Medicaid and CHIP** | **WYOMING – Medicaid** |
| Website:<br>Medicaid: http://health.utah.gov/medicaid<br>CHIP: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 | Website: https://wyequalitycare.acs-inc.com/<br>Phone: 307-777-7531 |
| **VERMONT– Medicaid** | |
| Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 | |

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/ebsa**
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

# WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

# SPECIAL ENROLLMENT NOTICE

This notice is being provided to insure that you understand your right to apply for group insurance coverage. You should read this notice even if you plan to waive coverage at this time.

**Loss of Other Coverage**: If you are declining coverage for yourself, or your eligible dependents (including your spouse), because of other insurance coverage, you may be able to enroll yourself and your eligible dependents in this plan if you, or your dependents, lose eligibility from that other coverage (or if the employer stops contributing toward you or your dependents' other coverage). However, you must request enrollment within 30 days after you, or your dependents' other coverage ends (or after the employer stops contributing **toward the other coverage).**

**Example:** You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify your employer within 30 days of the date of the qualifying event, you and your eligible dependents may apply for coverage under your employer's plan.

**Marriage, Birth, or Adoption:** If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days of the qualifying event

**Example:** When you were hired, you were single and chose not to elect insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in the group plans. However, you must apply within 30 days from the date of the qualifying event, your marriage.

**Medicaid or CHIP**: If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

**Example:** When you were hired, your children received health coverage under CHIP and you did not enroll them in the health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their qualifying event, loss of CHIP coverage.

**Parkway School District**
**Brian Whittle**
**455 North Woods Mill Road**
**Chesterfield, MO 63017**
**bwhittle@parkwayschools.net**

# IMPORTANT NOTICE FROM PARKWAY SCHOOL DISTRICT ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

## CREDITABLE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.
There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Your carrier has determined that the prescription drug coverage currently offered is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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**When Can You Join A Medicare Drug Plan?**
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**
If you decide to join a Medicare drug plan, your current coverage will not be affected.

You can keep your coverage if you elect Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current coverage, you and your dependents will be able to get this coverage back with a qualifying event or at open enrollment.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**
You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage…**
Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if your current coverage changes. You also may request a copy of this notice at any time.

**For More Information about Your Options under Medicare Prescription Drug Coverage…**
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Name of Entity/Sender:
**Parkway School District**
**Brian Whittle**
**455 North Woods Mill Road**
**Chesterfield, MO 63017**
**bwhittle@parkwayschools.net**

# COBRA CONTINUATION COVERAGE RIGHTS NOTICE

**Introduction**
You are receiving this notice because you have recently become covered under a group health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

**What is COBRA Continuation Coverage?**
COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a dependent child.

**When is COBRA Coverage Available?**
The plan will offer COBRA continuation coverage to qualified beneficiaries only after the plan administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

**You Must Give Notice of Some Qualifying Events**
For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to your employer.

**How is COBRA Coverage Provided?**
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

***Disability extension of 18-month period of continuation coverage***
If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Notification to extend coverage due to disability and Social Security's Determination of Disability must be received by the insurance carrier within 60 days from the date of notification from Social Security Disability and prior to the end of the 18 month COBRA term. In order for the employer to notify the insurance carrier of your right to continue coverage for an additional 11 months, your notification and Social Security's Determination of Disability must be provided to the individual noted below within 60 days from the date of notification from Social Security Disability and prior to the end of your 18 month COBRA term.

***Second qualifying event extension of 18-month period of continuation coverage***
If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**Are there other coverage options besides COBRA Continuation Coverage?**
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

**If You Have Questions**
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Patient Protection and Affordable Care Act, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

**Keep Your Plan Informed of Address Changes**
In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan Contact Information**
**Parkway School District**
**Brian Whittle**
**455 North Woods Mill Road**
**Chesterfield, MO 63017**
**bwhittle@parkwayschools.net**

# NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

**PART A: General Information**
When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

**What is the Health Insurance Marketplace?**
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The 2017 open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1, 2016 through Dec. 31, 2017. You should apply for coverage prior to Dec. 15, 2016 if you want coverage to be effective Jan. 1, 2017. After Dec. 15, 2016, insurance likely won't start until Feb. 1, 2017. You cannot get coverage through the Marketplace outside the annual enrollment period unless you have a special "life event".

**Can I Save Money on my Health Insurance Premiums in the Marketplace?**
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.66% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

**How Can I Get More Information?**
For more information about your coverage offered by your employer, please check your summary plan description or contact the **Parkway School District.**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for Health Insurance Marketplace in your area.

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[1] *An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.*

**PART B: Information About Health Coverage Offered by Your Employer**

This section contains information about your health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|---|---|
| 1. Employer name<br>Parkway School District | 2. Employer Identification Number (EIN) | |
| 3. Employer address<br>455 North Woods Mill Road | 4. Employer phone number<br>314-415-8100 | |
| 5. City<br>Chesterfield | 6. State<br>MO | 7. ZIP code<br>63017 |
| 8. Who can we contact about employee health coverage at this job?<br>Brian Whittle | | |
| 9. Phone number (if different from above) | 10. Email address<br>bwhittle@parkwayschools.net | |

Here is some basic information about health coverage offered by your employer:

As your employer, we offer a health plan to:

☐ All eligible employees.

Eligible employees are: Determined by eligibility requirements. Certified staff members are eligible on the first date of employment. All other employees are eligible one month after their start date. Variable hour employees not expected to work 30 hours or more will be measured during their first year of employment and if they average 30 or more hours, will be eligible no later than the first month following their 13 month employment anniversary. Ongoing variable will be measured annually for December 1 effective date.

With respect to dependents:

☐ We do offer coverage.
Eligible dependents are: Spouse, children to age 26 and children over age 26 who meet eligibility requirements, are mentally / physically incapable of earning a living and dependent on subscriber or spouse for support and maintenance.

x If checked, this coverage meets the minimum value standard, and the cost of the coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. This is the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

# PRIVACY PRACTICES NOTICE

**Please review carefully.** *This notice describes how medical information about you may be used and disclosed and how you can get access to this information.*

**Our Company's Pledge to You**
This notice is intended to inform you of the privacy practices followed by the **Parkway School District** (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the plan participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. **Parkway School District** requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

**Protected Health Information**
Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

**How We May Use Your Protected Health Information**
Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

***Payment***. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

***Health Care Operations.*** We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

***Treatment***. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

***As permitted or required by law*.** We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

***Pursuant to your Authorization***. When required by law, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

***To Business Associates.*** We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have

agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

***To the Plan Sponsor.*** We may disclose protected health information to certain employees of **Parkway School District** for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

**Your Rights**

***Right to Inspect and Copy.*** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

***Right to Amend***. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

***Right to an Accounting of Disclosures.*** You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

***Right to Request Restrictions.*** You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend.

Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

***Right to Request Confidential Communications.*** You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

***Right to be Notified of a Breach.*** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

***Right to Receive a Paper Copy of this Notice.*** If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

**Our Legal Responsibilities**

We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice.

We may change our policies at any time. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or concerns, please contact:

**Parkway School District**
**Brian Whittle**
**455 North Woods Mill Road**
**Chesterfield, MO 63017**
**bwhittle@parkwayschools.net**

**Questions or Concerns**
If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

# Glossary of Terms

**Coinsurance** – Your share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. The plan pays any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

**Copays** – A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care, or emergency room services. Copays will not satisfy any part of the deductible, but do apply towards your out of pocket maximum. Copays should not apply to any preventive services.

**Deductible** – The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services as required under the Affordable Care Act.

**Lifetime Benefit Maximum** – All plans are required to have an unlimited lifetime maximum.

**Network Provider** - A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services

**Out-of-Pocket Maximum** – The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance, and co-pays are included in the out-of-pocket maximum.

**Prescription Drugs** – Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail Order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before any copays are applied.

**Preventive Services** – All services coded as Preventive must be covered 100% without a deductible, coinsurance, or copayments.

**UCR (Usual, Customary and Reasonable)** – The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

**Urgent Care** – Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.