



PARKWAY SCHOOL DISTRICT

Open Enrollment Guide 2022

Retiree / COBRA / LOA / Surviving Dependents
MEDICARE ELIGIBLE



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Open Enrollment

The health benefits open enrollment period for calendar year 2022 is scheduled to begin November 1, 2021 and conclude November 30, 2021. All changes must be received by the Parkway Benefits Office by 4:00pm on November 30, 2021.

We will hold two informational VIRTUAL meetings for retirees of the district. Representatives from Aetna Advantage Plan, Anthem Blue Cross/Blue Shield Medicare Advantage Plan, United Healthcare and CVS Caremark will attend the virtual meetings to address any questions you may have regarding Medicare and the supplements available to you through Parkway. Kevin Guss from Marsh McLennan Agency (J.W. Terrill) will also attend and can help you with your Medicare options.

If you or your spouse is turning 65 in 2022, this is an important meeting to attend.

Retiree Virtual Meetings will be held:

Monday, November 8, 2021 from 9am to 11am (Meeting #1) and
Wednesday, November 10, 2021 from 1pm to 3pm (Meeting #2)

See the next page for full Virtual Meeting instructions.

If you or your spouse will be turning 65 during this 2022 benefit period, please make sure you sign up for Medicare Part A and B three months prior to your birthday. For an information packet and enrollment form for Anthem Blue Cross/Blue Shield Medicare Advantage Plan or the Aetna Advantage Plan, please contact the benefits department at (314) 415-8059.

IF NO CHANGES ARE BEING MADE AT THIS TIME, NOTHING NEEDS TO BE RETURNED TO THE FINANCE/BENEFITS OFFICE.

IF YOU ARE MAKING CHANGES TO YOUR BENEFITS, PLEASE COMPLETE THE ENCLOSED OR ATTACHED BENEFITS CHANGE FORM AND RETURN TO:

Parkway Benefits
455 N. Woods Mills Road
Chesterfield, MO 63017

Or FAX your change form to: 314-415-8050. Or email to: jbovaconti@parkwayschools.net

Information You Need to Know About Open Enrollment

If you are a recent retiree, (retired within the past year), you are only allowed by state law to add a dependent to your coverage within the first year of your retirement. For example, if you retired June 30, 2021, you have until June 30, 2022 to add a spouse or dependent child. During this first year of retirement, you may add your dependent at any time, not just during open enrollment. Should you have any questions regarding your insurance coverage, please feel free to contact Janet Bova Conti in the Benefits Department at (314) 415-8059 or you can email her at jbovaconti@parkwayschools.net.

Parkway Retiree Meeting #1

Monday, November 8, 2021: 9am-11am

Meeting URL: <https://mmc.zoom.us/j/95355231783?pwd=aFM5L3ZiNXdiYmk5a2hWeXNabERQdz09>

Or join by telephone

Dial: 470-250-9358

Meeting ID: 95355231783#

Password: 946805

Parkway Retiree Meeting #2

Wednesday, November 10, 2021: 1pm-3pm

Meeting URL: <https://mmc.zoom.us/j/96189739170?pwd=VHR5S1hwdXpUWk13T05UcFNyU2M2dz09>

Or join by telephone

Dial: 470-250-9358

Meeting ID: 96189739170#

Password: 216677

2022 Renewal Highlights

- **Premium increases** – There are premium increases on all the UHC medical plans. See Rate Sheet.
- There are no changes in the providers or plan structure for the UHC Medical, Dental or Vision Plans. That means co-pays, deductibles and prescription tiers will all remain the same as they were in 2021.
- The UHC High Deductible Plan premiums are increasing in 2022. The deductibles are staying the same at \$2,800 for individual coverage and \$5,600 for family coverage.
- **NEW Pharmacy Benefits** – If you are staying enrolled in UHC, then Express Scripts will no longer be your pharmacy manager after 12/31/2021. Your NEW pharmacy claims manager will be CVS Caremark. While your copay structure will not change, your mail order pharmacy will and if you receive a specialty medication then your specialty medication coordination will be managed through CVS Caremark. UHC will be sending you out new id cards that reflect this change. You should get your new id card before 1/1/2022.
 - Not restricted to CVS stores for medication
 - Prior Authorizations from Express Scripts will be honored
 - Can bundle medications for pick up
- The District has kept Delta Dental and EyeMed as the dental and vision providers, respectively. Delta Dental & EyeMed Vision premiums have increased slightly in 2022.
- **Medicare Eligible Retirees, changes in 2022 are listed below:**
 - The District has shifted to the Anthem Medicare Preferred Plan which is deemed as a Medicare Advantage Plan and includes Part D prescription drug coverage. The monthly premium of this Plan is \$262.35 per enrolled member. It also now includes Silver Sneakers.
 - The District has also shifted to the Aetna Advantage Plan utilizing the Aetna PPO Network and it includes Part D prescription drug coverage, no more HMO. The monthly premium of this Plan is \$275.00 per enrolled member.
- **Employee Assistance Program (PAS)** Allows face-to-face counseling visits and unlimited telephone counseling. Please see more information about the EAP/PAS program on pages 30 and 31 of this guide.

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
Health Savings Account (H.S.A)	Optum Bank	1-800-791-9361 (Option 1)	www.optumhealthbank.com
Pharmacy	CVS Caremark	1-844-910-3906	www.caremark.com
Dental Plan (PPO)	Delta Dental	1-800-335-8266 or 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
Anthem Medicare Preferred (PPO) Advantage Plan	Anthem Customer Svc IngenioRx New Member Help Line	1-833-848-8730 1-833-360-3662 1-833-848-8729	www.anthem.com
Aetna Medicare Advantage Plan	Aetna Customer Svc & CVS Caremark RX New member Help Line	1-855-275-5888 1-800-307-4830	www.aetnaretireplans.com
Employee Clinic	Care ATC	1-800-993-8244	www.creatc.com
Employee Assistance Program (EAP)	PAS	1-800-356-0845	www.paseap.com
Advocate4Me	United Healthcare	Call Number on Back of Medical ID Card	www.myuhc.com
Virtual Visits	United Healthcare	N/A	www.myuhc.com
Benefits Team	Whom To Call	Phone Number	Email
Parkway School District (Finance/Benefits)	Janet Bova Conti Tierra Morris	314-415-8059 314-415-8058	jbovaconti@parkwayschools.net tmorris@parkwayschools.net
Marsh & McLennan Agency	Ken Summers Jaime Clark	314-594-2688 314-594-2757	ken.summers@marshmma.com jaime.clark@marshmma.com

Prescription Drug Coverage

For Retirees enrolled in one of United Healthcare Medical plans, Express Scripts will no longer be the pharmacy manager after 12/31/2021. The NEW prescription drug carrier will be CVS Caremark starting on 1/1/2022. Although 90-day prescriptions are available at a retail level, the plan strongly encourages retirees to utilize the mail order prescription service. Mail order charges only two co-pays for a 90-day prescription. Not only does the mail order service save you a whole copay, it also saves the Health insurance plan because deeper discounts are offered on home delivery claims. You will be required to fill all **SPECIALTY** medications through CVS Caremark.

Medical Insurance

We will offer three District Self-Funded Medical Insurance options as in the past: United Healthcare Base plan, United Healthcare Premium plan and United Healthcare High Deductible plan. The premiums for all plans are increasing in 2022. There have been no plan changes made to the medical plans.

For retirees and/or spouses covered through Parkway, approaching the age of 65 or currently Medicare eligible, we will continue to offer two Medicare Insurance Options as in the past: Aetna Advantage Plan and Anthem Blue Cross/Blue Shield Medicare Advantage Plan.

It is extremely important for you to understand the difference between the Advantage Plans (Anthem and Aetna) and Secondary Insurance Plan (UHC). More detailed Medicare Information is included in this Guide that explains the coordination of benefits between the two plans.

For 2022, the Aetna Advantage plan will have a decrease in cost. The monthly premium for 2022 is \$275.00 per member per month. It includes Silver Sneakers and prescription coverage. The Part D pharmacy benefit is managed by Caremark/CVS. With this plan, there are no referrals needed. And the plan is now Nationwide. The Part D pharmacy benefit is managed by CVS Caremark.

As an alternative to the Aetna Advantage Plan, in 2022 Parkway is also offering an Anthem Advantage Plan that includes Medicare Part D prescription drug plan and Silver Sneakers. The monthly premium for this plan for 2022 is \$262.35. The Part D pharmacy benefit is managed by Ingenio RX.

If you and/or your spouse are currently enrolled in any of the Parkway plans offered and are 65 or older, you are eligible to change to either of these supplemental programs during our open enrollment period. If you want to switch to one of the Medicare Advantages plans that Parkway offers, call or email the Benefits office at (314) 415-8059 and request that an application be mailed to your home or email. If during any open enrollment period, you decide these are not the plans to your liking, you can switch back to any of the other plans Parkway offers.

Dental Insurance

We offer one dental plan through Delta Dental of Missouri. The Assurant Dental plan is no longer available to new enrollees. Current Assurant participants will be grandfathered into the plan. If you decided to drop the Assurant Dental coverage you will not be able to re-enroll in the future years. There will be a slight increase to the Delta Dental plan rates and no increase to the Assurant Dental premiums for the calendar year 2022.

Vision Insurance

The vision carrier for 2022 is EyeMed Vision Care. The rates will slightly increase in 2022.

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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;
- 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 wish to change your election, you must contact the Benefits Department within 30 days of the change in family status. You will need to provide documentation of the change. Otherwise, you will need to wait until the next annual open enrollment.

You can cancel any of your benefits during the year. We drop on the last day of each month. Please email Janet Bova Conti if you want to drop any of your benefits. Her email is jbovaconti@parkwayschools.net

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
	What you pay	What you pay	What you pay
Physician Visit	\$25 Per Visit	\$20 Per Visit	Full cost until the \$2,800 Deductible is Met. Then 100% covered in Network
Deductible - Individual - Family	\$650 \$1,300	\$500 \$1,000	\$2,800 \$5,600
Hospitalization	Deductible then 10%	Deductible then 0%	Full cost until the \$2,800 Deductible is Met. Then 100% Covered in Network
Preventive Care	100% Covered	100% Covered	100% Covered
Emergency Room	\$200 Per Visit	\$150 Per Visit	Full cost until the \$2,800 Deductible is Met. Then 100% Covered in Network
Out-of-Pocket Max - Individual - Family	\$2,000 \$4,000	\$1,500 \$3,000	\$2,800 \$5,600
Prescription Drugs - Generic - Preferred - Non-Preferred	Retail/Mail Order \$12 / \$24 \$40 / \$80 \$60 / \$120	Retail/Mail Order \$12 / \$24 \$35 / \$70 \$55 / \$110	Full cost until the \$2,800 Deductible is met. Then 100% covered in Network.
Prescription Drugs Out-of-Pocket Max - Individual - Family	\$4,500 \$9,000	\$4,500 \$9,000	N/A N/A

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. You can find the benefit summary on Parkway School District website. <https://www.parkwayschools.net/Page/8969>.

Please see plan summary for full details

Base Plan Highlights

- This plan has copays when you visit your physician, emergency room, or urgent care.
- Prescription Drug Benefit through CVS Caremark 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 CVS Caremark would have paid for the same prescription drug dispensed from a Network Pharmacy.
- Dependents are covered until the end of the month in which they turn 26 years old.
- Please see enclosed rate sheet
- If you require lab work, both LabCorp and Quest Diagnostics are considered **In-Network**.

Premium Plan Highlights

- This plan has copays when you visit your physician, emergency room, or urgent care.
- Prescription Drug Benefit through CVS Caremark 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 CVS Caremark 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 the end of the month in which they turn 26 years old.
- Please see enclosed rate sheet
- If you require lab work, both LabCorp and Quest Diagnostics are considered **In-Network**.

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 HAS are found on the following pages.
- Prescription Drug Benefits are through CVS Caremark.
- Dependents are covered until the end of the month in which they turn 26 years old.
- Please see enclosed rate sheet
- If you require lab work, both LabCorp and Quest Diagnostics are considered **In-Network**.

Parkway Employee Clinic provided by Care ATC – UHC members only

Retirees and their dependents over the age of 2 will have access to the Parkway Employee Clinic. The Clinic provides a multitude of services. Whether you are obtaining an annual physical, or caring for an unexpected illness, these services (and more) can be completed at the Parkway Employee Clinic. If the Clinic physician prescribes a generic medication, you may be able to have it dispensed right at the clinic.

For those on the UHC medical plans, no charges apply for preventive services and for those on the UHC Base or Premium Plans, no copay charged for non-preventive services. If you are on the UHC High Deductible Plan, a \$35 office visit will be charged for non-preventive services.

The Parkway Employee Clinic has five locations: Creve Coeur, St. Peters, O'Fallon, Bridgeton, and Claymont in Ballwin. Scheduling an appointment is easy! You have three options: 1) using the CareATC Mobile App, available 24/7; 2) using the website, careatc.com/patients; or 3) calling 800-993-8244.

HEALTH SAVINGS ACCOUNT (HSA): OPTUM BANK

Parkway School District offers a health savings account (HSA) paired alongside your qualified high deductible health plan with United Healthcare. Optum Bank Benefits will continue to be the administrator for the HSA benefit for employees, but for Retirees, you can go to any bank that sets up Health Savings Accounts.

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 2022?

- Single: \$3,650
- Family: \$7,300

- If you are over the age of 55, you can contribute an additional \$1,000 each year you are eligible

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 are the Differences 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.

You can use your HSA. for your spouse and dependents – even if they are not covered by your High Deductible Health Plan.

You can use HSA funds for IRS-approved items such as...

- Doctor's office visits
- Dental Services
- Eye exams, eyeglasses, contact lenses and solutions, and laser surgery
- Hearing aids
- Orthodontia, dental cleanings, and fillings
- Prescription drugs
- Physical therapy, speech therapy, and chiropractic expenses

For more information about approved items, plus additional details about the HSA, visit the IRS website at www.irs.gov



Dental Care: Delta Dental

The dental benefit is offered through Delta Dental of Missouri.

Cost Per Month:

Dental Monthly Premium				
	Retiree Only	Retiree & Spouse	Retiree & Spouse & 1 or more Child(ren)	Retiree & 1+ Child
RETIREES	\$50.32	\$88.08	\$146.58	\$108.76
COBRA/LOA	\$50.32	\$88.08	\$146.58	\$108.76

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 40%, Adults and Child (ren) to the age of 26.	



Dental Care: Assurant – now known as Sun Life

This dental benefit is offered through SunLife. **Not open to new enrollees.**

Cost Per Month:

Dental Monthly Premium			
	Retiree Only	Retiree & 1 Dependent*	Retiree & 2 Dependents*
RETIREEES	\$14.55	\$23.45	\$35.91
COBRA / LOA	\$14.55	\$23.45	\$35.91

*A Dependent is defined as a spouse or a child.

The chart below provides an outline of the coverage you receive when you use in-network providers. This dental plan is in-network only. Services received from out of network providers will **not** be covered under this Assurant copay plan.

The network attached to the plan is the SunLife Dental DHMO network, formerly Assurant Dental.

Type of Service	Basic Plan
Annual Maximum	N/A
Deductible	\$0 per individual / \$0 per family
Preventive Care:	Scheduled Copayment
Basic Services:	Scheduled Copayment
Major Services:	Scheduled Copayment
Orthodontia:	Discounts Available



Vision Plan: EyeMed – Providing Parkway Vision Coverage Since 2017

The vision benefit continues to be offered through EyeMed.

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

Retiree Pays Per Month:

Vision Monthly Premium			
	Retiree Only	Retiree & 1 Dependent	Retiree & Family
RETIREE COST	\$5.38	\$9.64	\$13.62
COBRA / LOA	\$5.38	\$9.64	\$13.62



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

How to find a provider – Go to “www.eyemedvisioncare.com”

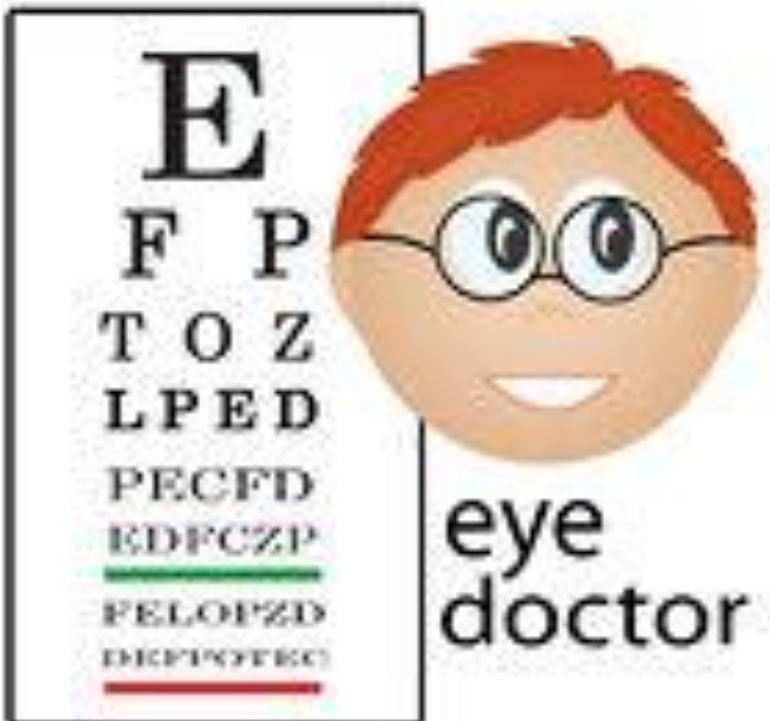
- Click “Find a Provider” at the top right of the webpage.
- Enter your zip code, select the *Insight* Network and hit the “Get Results” button.
- The search will generate a report of the search results, listing the providers closest to your zip code first.
- You can refine your search even more under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

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.



Anthem – Blue Cross/Blue Shield Advantage Plan (Medicare Eligible Only)

Medicare (Part A) Hospital Services – Per Benefit Period

*A Benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

COVERED MEDICAL BENEFITS	Medicare Advantage with Part D
	In/Out of-Network Member Pays
Annual Medical Deductible	\$0 combined in-network and out-of-network
Maximum Out-of-Pocket responsibility	\$3,400 combined in-network and out-of-network.
BENEFITS	
Inpatient Hospital Care	\$0 copay, No limit to the number of days covered. \$0 copay for Medicare-covered physician services
Outpatient Hospital Care Facility or ambulatory surgical center visit for surgery	\$0 copay
Primary care office visit	\$0 copay
Specialty care office visit	\$0 copay
Emergency room visit	\$50 copay
Urgently needed services	\$0 copay
Hearing services Medicare-covered diagnostic hearing and balance evaluations	\$0 copay
Non-Medicare covered - Routine Hearing Exams	\$0 copay, \$70 every 12 months, combined in-network and out-of-network
Non-Medicare covered - Hearing Aids	\$0 copay Hearing aids are limited to a benefit maximum of \$500 every 12 months, combined in-network and out-of-network.
Non-Medicare covered - Hearing aid fitting evaluations	\$0 copay
Vision Services Medicare-covered exams to diagnose and treat eye diseases and conditions - Specialist	\$0 copay
Medicare-covered eyewear following Cataract Surgery	\$0 copay

COVERED MEDICAL BENEFITS	Medicare Advantage with Part D
	In/Out of-Network Member Pays
Non-Medicare covered eye exam	\$0 copay exam every year up to a benefit maximum of \$70, combined in-network and out-of-network.
Non-Medicare covered eyewear	\$0 copay, Eyewear is limited to a \$100 maximum benefit every 2 calendar years combined in-network and out-of-network.
Mental Health Services Inpatient visit	\$0 copay, No limit to the number of days covered
Professional partial hospitalization	\$0 copay
Skilled Nursing Facility (SNF)	\$0 copay for days 1-100
Ambulance service	\$50 copay
Foreign travel emergency (outside U.S. territories) Emergency care	\$0 copay
Urgently needed services	\$0 copay
Inpatient emergency care	\$0 copay
SilverSneakers® (Health and Fitness designed for 65+)	\$0 copay
Medicare Community Resource Support (Community based services & support in member's local area)	\$0 copay
Healthy Meals (Post Inpatient Discharge or Chronic Condition)	\$0 copay, 56 Meals
Healthy Pantry (Supplemental Benefits for the Chronically Ill)	\$0 copay

You will be automatically enrolled in this new plan effective 1/1/2022.

If you want to drop this plan, I would need you to complete the OPT-OUT form enclosed or attached with this guide and return it with your Parkway Change Form. Please mail both forms back to Parkway School District.

If you have any questions on the NEW plan, please call the Anthem Help Line at 1-833-848-8729.

Anthem Advantage Plan - Prescription Drug Coverage

Formulary	Premier
Deductible	None
Covered Services	What you pay

Part D Initial Coverage

Below is your payment responsibility until the amount paid by you and the Coverage Gap Discount Program for covered Part D prescriptions reaches your True Out of Pocket limit of \$7,050.

Retail Pharmacy	per 30-day supply (Specialty limited to a 30-day supply)
<ul style="list-style-type: none"> Select Generics 	\$0 copay
<ul style="list-style-type: none"> Generics 	\$15 copay
<ul style="list-style-type: none"> Preferred Brands 	\$30 copay
<ul style="list-style-type: none"> Non-Preferred Drugs, including Specialty Drugs and Non-Formulary Drugs 	\$60 copay

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

Mail-Order Pharmacy	per 90-day supply (Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)
<ul style="list-style-type: none"> Select Generics 	\$0 copay
<ul style="list-style-type: none"> Generics 	\$25 copay
<ul style="list-style-type: none"> Preferred Brands 	\$75 copay
<ul style="list-style-type: none"> Non-Preferred Drugs, including Specialty Drugs and Non-Formulary Drugs 	\$150 copay

Anthem Advantage Plan - Prescription Drug Coverage (continued)

Covered Services	What you pay
Part D Catastrophic Coverage	
Your payment responsibility changes after the cost you and the Coverage Gap Discount Program have paid for covered drugs reaches your True Out of Pocket limit of \$6,550.	
Retail and Mail-Order Pharmacies	Up to a 90-day supply (Specialty limited to a 30-day supply)
<ul style="list-style-type: none"> Select Generics 	\$0 copay
<ul style="list-style-type: none"> Generic Drugs 	5% coinsurance with a minimum of \$3.70 and a maximum of \$15
<ul style="list-style-type: none"> Brand-Name Drugs 	5% coinsurance with a minimum of \$9.20 and a maximum of \$30

Vaccines: Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever, and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under drug coverage unless you fall into a high risk category, then it is covered under medical coverage. Other common vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65. You can fill your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to pay its share of the cost. Please see your Evidence of Coverage for complete details on what you pay for vaccines.

Senior Rx Plus: Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits and the Coverage Gap Discount. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

PREMIUM RATES for Anthem Advantage Plan with Part D is **\$262.35 per member per month.**

Aetna Health Care –Medicare Advantage Plan, Preferred PPO Network

The Part D pharmacy benefit for Aetna is managed by CVS Caremark. The CVS Caremark network is very large and has all of the major pharmacy retail chains.

Primary Care Physician (PCP): You have the option to choose a PCP. When we know who your doctor is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.

Prior Authorizations: Your doctor will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

PLAN FEATURES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.	
Annual Deductible	\$0	\$0
This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.		
Annual Maximum Out-of-Pocket Amount	Network Services: Annual maximum out-of-pocket limit amount includes any deductible, copayment or coinsurance that you pay. \$1,500	Network and out-of-network services: \$11,300 for in and out-of-network services combined
It will apply to all medical expenses except Hearing Aid Reimbursement , Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.		

HOSPITAL CARE*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Inpatient Hospital Care	\$300 per day, days 1-5; \$0 Unlimited Additional Days	25% per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.		
Observation Care	Your cost share for Observation Care is based upon the services you receive.	
Outpatient Services & Surgery	\$250	25%
Ambulatory Surgery Center	\$250	25%
PHYSICIAN SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Primary Care Physician Visits	\$10	25%
Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.		
Physician Specialist Visits	\$25	25%
EMERGENCY AND URGENT MEDICAL CARE	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Emergency Care; Worldwide (waived if admitted)	\$50	\$50
Urgently Needed Care; Worldwide	\$50	\$50
DIAGNOSTIC PROCEDURES*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Diagnostic Radiology MRI and CT scans	20%	25%
Lab Services	\$0	25%
Diagnostic testing & procedures	20%	25%
Outpatient X-rays	\$15	25%

HEARING SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
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Routine Hearing Screening	\$25	25%
We cover one every twelve months		

Medicare Covered Hearing Examination	\$25	25%
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Hearing Aid Reimbursement	\$500 once every 12 months	
Applies to in or out of network		

DENTAL SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
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Dental - Value PPO
Coverage for preventive dental services including basic cleanings, checkups and X-rays

Annual Benefit Maximum - \$750 each year	\$0 dental deductible 0% coinsurance for each preventative dental service	\$75 dental deductible 30% co insurance for each dental service
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Medicare Covered Dental*	\$25	25%
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VISION SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
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Routine Eye Exams	\$25	25%
One annual exam every 12 months.		

Diabetic Eye Exams	\$0	25%
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Vision Eyewear Reimbursement	\$100 once every 24 months	
Applies to in or out of network		

PHARMACY - PRESCRIPTION DRUG BENEFITS

Calendar-Year deductible for Prescription drugs \$0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Pharmacy Network S2

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (<http://www.aetnaretireplans.com>.)

Formulary (Drug List) GRP B2

Your cost for generic drugs is usually lower than your cost for brand drugs. However, some higher cost generic drugs are combined on brand tiers.

Initial Coverage Limit (ICL) \$4,430

The Initial Coverage Limit includes the plan deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied, if your plan has a deductible):

4 Tier Plan	30-day Supply through Retail	90-day Supply through Retail or Mail	
	Standard	Preferred Mail	Standard Retail or Mail
Tier 1 - Generic Generic Drugs	\$10	\$20	\$20
Tier 2 - Preferred Brand Includes some high-cost generic and preferred brand drugs	\$30	\$60	\$60
Tier 3 - Non-Preferred Drug Includes some high-cost generic and non-preferred brand drugs	\$50	\$100	\$100
Tier 4 - Specialty Includes high-cost/unique generic and brand drugs	25%	Limited to one-month supply	Limited to one-month supply

The Silver Sneakers Program is included with the Aetna Advantage Plan

Additional Information

- Prior Authorization and Step Therapy processes may apply.
- Referrals are NOT required to see a specialist.
- Traditional Rx Formulary updates will occur in January. If there is a change to a member's Rx, a letter will be mailed to the member's home.
- No over the counter (OTC) drugs will be covered in 2022.
- The new CMS standard for 2022 Rx Gap starts at \$4,430 and ends at \$7,050.
- The new CMS standard for catastrophic: member pays the greater of 5%; \$3.95 generic preferred or a drug that is treated like a generic and \$9.85 for all other drugs.
- With the new website, www.AetnaRetireePlans.com, Aetna requires members to register and create new login account.
- Part D Explanation of Benefits (EOBs) will refer to Aetna.

PREMIUM RATES for Aetna Advantage Plan is **\$275.00** per month per member.

Wellness Offerings & Wellness Incentive Form – UHC Members only

The goal of employee/retiree wellness at Parkway is simple. We wish to create and maintain a culture of health. We wish to provide a positive, inclusive, holistic wellness program that employees and retirees can enter and exit based on their needs and desire. Wellness programs seek to create an environment that increases health awareness, promotes positive lifestyles, decreases the risk of disease, and enhances the quality of life for employees/retirees. **THESE SERVICES ARE ONLY FOR THOSE ON UHC PLAN.**

Our wellness offerings include help managing chronic conditions like diabetes and high blood pressure, to onsite exercise, to learning about nutrition, to mental wellness support through our employee assistance program.

Our wellness offerings for 2022 Include (but not limited to):

- Wondr Health (formally Naturally Slim) is an online program for mindful eating , weight loss, better sleep and stress management
- Care ATC Employee Clinics providing accessible and great primary care
- Personal Assistance Services (PAS), our Employee Assistance Program
- Partnership with local gyms, Community Ed and Fleet Feet Training to provide low cost options for physical activity
- Real Appeal - a weight management program free to members
- Flu immunization with Care ATC
- Onsite mammography
- Personal health assessments with Care ATC

Please visit our wellness site for more information as well as the complete list of offerings, <https://www.parkwayschools.net/Page/3889> .

Or contact Leah Gonzalez, Wellness Coordinator at lgonzalez1@parkwayschools.net or (314) 415-8034.

Wondr Health (formally Naturally Slim) – ONLY FOR THOSE ON UHC

Naturally Slim (NS) is digital behavior change program that will help you build lifelong skills for less stress, better sleep, and weight loss that sticks – no restrictive diets, calorie-counting, or specialty foods required. With the NS program, you'll learn to change *when* and *how* you eat, not *what* you eat, so you can improve your physical and mental health without giving up the foods you love. The program is offered at **no additional cost** to all Parkway Schools Retiree, spouses/domestic partners and adult dependents 18 and older who are members of our United Healthcare plan. Participation in Naturally Slim is confidential and information will not be shared with Parkway School District. You can participate in Naturally Slim wherever and whenever you want on your phone, computer, or through the Naturally Slim mobile app.

This program is not available if you are Medicare Eligible.

The Wondr Health program includes:

- Personalized video curriculum to help you meet your goals
- Digital dashboard for learning, goal setting, tracking, and more
- Motivation in the form of regular emails and texts to keep you motivated and on track
- Health coaches to help you work through specific challenges
- Mobile app for easy access to NS matter where you are
- Online community for social support
- Online tools to give you feedback, provide accountability, and build skills
- Digital integration with activity trackers, scales, and digital assistants like Amazon Alexa

To learn more and apply, go to www.wondrhealth.com

What to Expect

Currently there is a waitlist. The next enrollment will be in January 2022. More details will be sent at that time via email.

Parkway Care ATC Clinic Wellness Incentive 2022 – Retirees on UHC

Care ATC Clinic Incentive= \$50 sent via mail to your home around 1st week of February 2022.

- Participation in the Parkway wellness incentive program is strictly voluntary.
- In order to receive the wellness incentive, retirees can voluntarily participate in the program by completing the steps below, by December 31, 2021.
- The \$50 incentive for visiting Care ATC is paid via a check mailed to your home around the 1st week of February, 2022.

Steps for the \$50 Care ATC Clinic Incentive:

Step One: See the clinic for preventive/wellness care, a [Personal Health Assessment](#) or even get- well care. There are two easy ways to schedule: www.careatc.com/patients or call 800.993.8244.

Step Two: Please let us know the date that you were seen at the clinic by completing the attached form. The deadline to complete the steps is December 31, 2021. A \$50 incentive check will be mailed to Retirees around the 1st week of February 2022.

Frequently Asked Questions:

1. **How do I make a Care ATC Clinic appointment?** There are two easy ways to schedule: www.careatc.com/patients or call 800.993.8244.
2. **Is this confidential?** It's the law! Your medical information is never shared with another - including your employer. Your results remain confidential and secure with Care ATC.
3. **Will there be onsite opportunities to get a Personal Health Assessment?** No, due to covid-19 restrictions and social distancing, we will not have any onsite offerings.
4. **I already was a patient at the clinic - will that count?** Any Care ATC clinic visit in 2021 will count.
5. **I already had a preventive visit with my primary care provider in 2021 - will that count?** No, we ask that you receive your screening or preventive visit with Care ATC for the clinic incentive. Keep in mind that wellbeing visits, including Personal Health Assessments, are without cost to you and the information can be shared back to your own Primary Care Provider.
6. **What does the Personal Health Assessment (PHA) include?** Personal Health Assessments provide a snapshot of your health through laboratory screenings, medical history, and physical factors. The PHA is not a drug test. The test will include height, weight, blood pressure and 30+ lab values including cholesterol and blood glucose. More information is available [on the Employee Clinic Page](#)
7. **What are the benefits of the 2021 Clinic Incentive?** The amount of employees completing the wellness incentive has remained the same or decreased in the last five years. Employees have experienced difficulty with preventive care visits or lab work being incorrectly submitted to insurance. With the use of Parkway's Care ATC Clinic, this problem is avoided. This incentive is a shorter and simpler process to complete. The PHA offers a preventative tool that enables you to identify potential health risks before they become catastrophic.
8. **Do I have to change to the clinic? I like my provider.** You do not have to change your primary care provider. You may have the Personal Health Assessment at the Care ATC Clinic and share those results with your primary care provider.

WELLNESS INCENTIVE FORM – RETURN TO PARKWAY (Step 2)

Complete and Return this form to receive the \$50 Wellness incentive for plan year 2021.

In order to be eligible for the incentive, you must be enrolled in one of Parkway's UHC medical plans through December 31, 2021. You must have a Personal Health Assessment with the Parkway Employee Clinic (Care ATC) in order to receive this incentive. You must complete this form and return it to Parkway School District by December 31, 2021.

1. On what date was your Care ATC visit?

If you do not know the exact date, just put the month you completed your visit. (Must be in calendar year 2021).

2. Complete this form and return to Parkway School District before 12/31/2021.

3. Please print your name, address and last 4 digits of your SSN

Print Name

last 4 SSN

Return this form by December 31, 2021 to:

Parkway School District
Attn: Benefits
455 N. Woods Mill Rd.
Chesterfield, MO 63017

Email: jbovaconti@parkwayschools.net

Fax: (314) 415-8050

\$50 incentive checks will be mailed to your home first week in February 2022

Employee Assistance Program (EAP) – NOW AVAILABLE TO RETIREES AND THEIR FAMILIES WHO ARE ON ANY MEDICAL PLAN.

Parkway offers an Employee Assistance Program at no cost to our employees. This benefit is through PAS and offers confidential, short-term counseling for personal and family issues.

Our employee assistance program is designed to save you time and stress. The program can give you a way to cope with personal issues or work-related stress. PAS provides an extensive suite of counseling and life coaching services to help you navigate challenges, and improve your quality of life – emotionally, physically, financially, personally, and professionally.

Program Features

Work Life Services	Will Preparation
Legal and Financial Counseling	Legal Document Preparation
Identity Theft	Funeral Preparation
Tax Consultation	Bereavement/Daily Living Resource
Healthy Eating	Life Coaching
Employee Discounts	Tobacco Cessation
Child and Elder Care Consultation	Chronic Medical Condition Management

Remember, your communications with the EAP are always confidential.

First-Time Users:

1. Go to www.paseap.com and click on “Register”.
2. Provide your organization web ID: 0526 and wayForward app code Parkway SD
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, call 1-888-327-9573.

Employee Assistance Program



© Personal Assistance Services

website: <https://www.paseap.com>
To register, use organization code: 0526
wayForward app code: Parkway SD



Free & Confidential
800.356.0845 • www.paseap.com

To download the wayForward app

Your Resource for Life's Questions

Each of us experiences demands for our time and energy, both on and off the job. In addition to our responsibilities at work, we also seek to fulfill our family responsibilities, meet our financial obligations, enjoy personal interests, and maintain a healthy family and social life. The key to balancing it all is having access to the right tools, resources and support.

Personal Assistance Services (PAS) provides you with a wealth of confidential, professional services that can help you address challenges and strengthen your work and home life.

This is a pre-paid benefit funded completely by your employer and free to you and your dependents. The EAP is confidential - PAS does not disclose information to anyone about your participation unless you give your consent to do so (except as required by law).

Through PAS you have access to:

- Elder care managers
- Child care specialists
- Certified child development and parenting professional
- Organization and time management specialists
- Retirement coaches
- Career coaches
- Tobacco cessation coaches
- Master's level licensed counselors
- Registered and licensed dietitians
- Certified financial counselors
- Attorneys
- Life coaches
- Health coaches
- Self-paced cognitive behavioral therapy through the wayForward digital app
- Downloadable resources, financial tools, legal forms and more on the PAS website

Additional Health Benefits and Parkway Employee Clinic- UHC Members only

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

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

Find Care and Cost tool

Quickly and easily estimate your health care costs on www.myuhc.com. A mobile version of the Find Care and Cost tool 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 and Save money, Budget for medical expense, Find doctors that better meet your needs, or Learn about new treatment options

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 motivated 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	Pink Eye	Rash
Bronchitis	Fever	Sinus Problems
Cold/Flu	Migraine/Headaches	Sore Throat

To Access, 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 until 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. 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. 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.

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!

Livongo

Livongo is offered at **no cost** to eligible members enrolled in the UHC medical plan. The Livongo for Diabetes and Livongo for Hypertension programs make living with diabetes and high blood pressure easier!

The Diabetes program is for members diagnosed with Type 1 or Type 2 diabetes. A wireless connected meter uploads readings and provides real-time tips. Test strips and lancets are shipped to your home, free of charge. Certified Diabetic Educators assist you with nutrition and lifestyle changes.

The Hypertension program includes a remote monitoring wireless blood pressure cuff which tracks progress and provides tips to help you stay on track. Licensed professionals provide live coaching, virtual care, and 24/7 digital alerts.

Care Options and When to Use Them

Parkway Employee Clinic provided by Care ATC

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 the Parkway Employee Clinic or a Convenience Care Center – they can be an alternative to seeing your doctor.

The Parkway Employee Clinic has five locations: Creve Coeur, St. Peters, O'Fallon, Bridgeton and Claymont in Ballwin. Scheduling an appointment is easy! You have three options: 1) using the CareATC Mobile App, available 24/7; 2) using the website, careatc.com/patients; or 3) calling 800-993-8244. For more information, visit the Parkway Cares site link: <https://www.careatc.com/parkwaycares>

Retirees enrolled in a UHC Medical Plan, will have access to the Parkway Employee Clinic. The Clinic provides a multitude of services. Whether you are obtaining an annual physical, or caring for an unexpected illness, these services (and more) can be completed at the Parkway Employee Clinic. If the Clinic physician prescribes a medication, you may be able to have it dispensed right at the clinic.

For those on the UHC medical plans, no charges apply for preventive services and for those on the UHC Base or Premium Plans, no copay charged for non-preventive services. If you are on the UHC High Deductible Plan, a \$35 office visit will be charged for non-preventive services.

Convenience Care Centers

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 an Urgent 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 or Quest Diagnostics. They are both now In-Network. In most cases, the cost of any preventive lab work should be covered at 100% if coded as preventive.

15 Important Notices

Important Medicare Information

When a covered employee either retires or goes on COBRA and becomes eligible for Medicare coverage, generally at age 65, it becomes necessary for this individual and spouse (if Medicare eligible) to sign up for Medicare Part B. If Medicare Part B is not elected, the coverage provided by Parkway will more than likely not be a benefit for you.

The Parkway School District Employee Health Care Plan, administered by United Healthcare will become the **secondary** insurance to Medicare as opposed to a **supplemental** insurer. What this means, is that, the Parkway Plan will base its payment upon benefits that would have been paid if it had been primary, then will deduct the amount assumed or paid by Medicare under Parts A and B, regardless of whether or not the person was enrolled under both of these parts. Depending on the claim, Parkway's plan may or may not pay anything towards the claim.

If you are Medicare Eligible, and want to get the most out of Parkway's insurance, you may want to consider either the Anthem Advantage Plan or the Aetna Advantage Plan. Both of these plans offer Medicare Part C coverage for amounts paid by Medicare subject to the co-pays and deductible associated with these two plans.

For more information on how to sign up for Medicare, please contact a Social Security Office nearest your home.

You may also contact Janet Bova Conti at (314) 415-8059 for more information on Medicare options offered by the Parkway School District.

What does Medicare Cover? Find Out!

1. Go to www.medicare.gov
2. Go to the top of the page, on the tool bar go to "What Medicare Covers"
3. Under "What Medicare Covers", click on "Your Medicare Coverage"
4. In the dialog box, enter what medical care you need to determine is covered.
5. After you have entered the information, click on "Go"
6. View results

YOU MAY CALL MEDICARE WITH YOUR QUESTIONS OR CLAIMS
(State Health Insurance Assistance Program)
1-800-633-4227 or 1-800-390-3330

Important Notices

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.

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

CREDITABLE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your company 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 company has determined that the prescription drug coverage offered by the Company Plan 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.

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 Company coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Company coverage, be aware that you and your dependents will be able to get this coverage back.

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 with your company 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 call your benefit administrator. 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 this coverage through your company 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).

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

Notice of Patient Protections

Your plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact

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For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from this plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact

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COBRA ELIGIBLES ONLY

Health Insurance Exchange Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

For Employers Who Offer a Health Plan to Some or All Employees

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 and employment-based health coverage offered by your employer.

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. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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 9.5% 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. 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.

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:

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

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 a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any 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.

4. Employer name Parkway Schools	5. Employer Identification Number (EIN) 43-6000857	
6. Employer address 455 North Woods Mill Rd	6. Employer phone number 314-415-8100	
7. City Chesterfield	8. State MO	9. ZIP code 63017
10. Who can we contact about employee health coverage at this job? Brian Whittle		
11. Phone number 314-415-8060	12. Email address bwhittle@parkwayschools.net	

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

- As your employer, we offer a health plan to:

Some employees. Eligible employees are:

Employees working 30+ hours per week

- With respect to dependents:

We do offer coverage. Eligible dependents are: Domestic Partners, Spouses and Dependent Children. Eligible dependents are covered to age 26.

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

Note: 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 a 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.

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.

