PARKWAY SCHOOL DISTRICT

Open Enrollment Guide - 2022

Retiree / Cobra / Surviving Dependents

NOT ELIGIBLE FOR MEDICARE

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Open Enrollment

The open enrollment period for the 2022 calendar year for health benefits is scheduled to begin November 1, 2021 and conclude November 30, 2021. All changes must be received at Parkway by 4:00pm on November 30, 2021. Any changes made during Open Enrollment will take effect on January 1, 2021.

We will hold two informational VIRTUAL meetings for retirees of the district. Representatives from United Healthcare and CVS Pharmacy will attend the virtual meetings to address any questions you may have regarding the changes from Express Scripts to CVS Pharmacy. There will also be representatives from the Medicare Plans we offer for those turning 65 or are Medicare Eligible.

Retiree Virtual Meetings will be held:

Monday, November 8, 2021 from 9am to11am (Meeting #1) and

Wednesday, November 10, 2021 from 1pm to 3pm (Meeting #2)

See the next page for full Virtual Meeting Instructions.

IF NO CHANGES ARE BEING MADE AT THIS TIME, NOTHING NEEDS TO BE RETURNED TO THE FINANCE/BENEFITS OFFICE. ALL YOUR BENEFITS WILL AUTOMATICALLY MOVE OVER IN 2022.

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

Parkway School District
Attn: Benefits Department
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

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2022 Renewal Highlights

- **Premium Increases** – There has been a slight premium increase on all the UHC medical Plans. See rate sheet for changes.

- There are no changes in the providers or plan structure for the UHC Medical, Dental or Vision Plans. This means co-pays, deductible 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 -** your pharmacy claims manager will change from Express Scripts to 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. Express Scripts will no longer be your pharmacy manager after 12/31/2021. **YOU WILL GET A NEW ID CARD FROM UHC WITH THE NEW PHARMACY INFORMATION ON THE ID CARD. You should receive this 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. Slight increases in premiums in 2022.

- **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 21 and 22 of this guide. This is a new program for any Retiree and their family who are enrolled in any of the United Health Care Medical Plans that Parkway offers.

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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**
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**
Employee Clinic	**Care ATC**	**1-800-993-8244**	**www.careatc.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**

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Prescription Drug Coverage

For Retirees enrolled in one of United Healthcare Medical plans, the **NEW** prescription drug carrier will be CVS Caremark starting on 1/1/2022. Express Scripts will no longer be your prescription manager after 12/31/2021. 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. **YOU WILL GET A NEW ID CARD FROM UHC WITH THE NEW PHARMACY INFORMATION ON THE ID CARD. You should receive this id card before 1/1/2022.**

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.

Dental Insurance

We offer one dental plan through Delta Dental. 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 and no increase to the Assurant Dental premiums for the calendar year 2022.

Vision Insurance

The vision carrier for 2021 is EyeMed Vision Care. The rates will increase slightly 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

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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
	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.
- You cannot enroll in a Health Savings Account if you elect his plan.
- 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.
- 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.
- You cannot enroll in a Health Savings Account if you elect his plan.
- 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.
- 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 HSA are on the following pages.
- With an embedded deductible, the health plan begins to make payments as soon as one member of the family has reached the $2,800 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 $5,600 has not be met.
- Prescription Drug Benefits are through CVS Caremark.
- Dependents are covered until the end of the month in which they turn 26 years old.
- If you require lab work, Both LabCorp and Quest Diagnostics are considered **In-Network**.

Parkway Employee Clinic provided by Care ATC

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.

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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 H.S.A. 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

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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 SunLife

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***
RETIREES	$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. To search the network for participating providers please visit www.slfserviceresources.com. You must use one of these dentists.

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

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Vision Plan: EyeMed – Providing Parkway Vision Coverage Since 2017

The vision benefit continues to be offered through EyeMed Vision Care.

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 fashions 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 Vison 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.

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Wellness Offerings & Wellness Incentive Form

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.

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
- Healthy Pregnancy Program
- 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)

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

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.

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

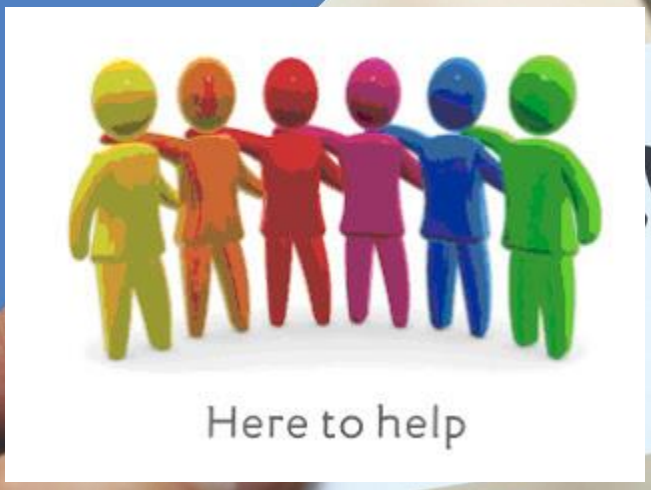
First-Time Users:

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

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Additional Health Benefits and Parkway Employee Clinic

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 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	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 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. 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 health benefit is offered at **no cost** to eligible members enrolled in the 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. Licenses professionals provide live coaching, virtual care, and 24/7 digital alerts.

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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 any of the UHC Medical Plans, 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.

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Important Notes and Reminders

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).

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, 2018. Contact your State for more information on eligibility –

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

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347

NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/agencies/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, Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Mental Health Parity and Addiction Equity Act Disclosure

The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the Company Plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at **(314) 415-8100**.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act Notices

Enrollment Notice

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 at **(314) 415-8100**.

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **(314) 415-8100** for more information.

Notice of Special Enrollment Rights

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

In addition, if you have a new dependent as a result of 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 after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact
Parkway School District
Brian Whittle
455 North Woods Mill Road
Chesterfield, MO 63017
bwhittle@parkwayschools.net

Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

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

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

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 $26,500 - $106,000 for a family of four or $12,880 - $51,520 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.

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.

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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.