



2025 Benefits Guide

Your Health & Wellness

Dental and Vision Benefits Only

Retiree / Surviving Dependents / COBRA / LOA



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

Welcome to Your 2025 Benefits!

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

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully and ask questions if needed.

Retirees can continue their participation in Parkway's group dental and vision plans. Parkway does not offer group life insurance or other voluntary insurance to retirees or COBRA participants. However, employees who retiree or leave the district shall have the opportunity to convert their life insurance to individual policies, subject to the limitations established by the insuring company.

Highlights:

No changes in premiums for Delta Dental or EyeMed Vision Care Plans!

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



Open Enrollment

The open enrollment period for the 2025 calendar year for health benefits is scheduled to begin November 1, 2024 and conclude November 30, 2024. All changes must be received at Parkway by 4:00pm (CST) on November 30, 2024. Any changes received will take effect on January 1, 2025.

There are no changes in the providers or plan structure for the Delta Dental or EyeMed vision plans. There are no increases in the rates.

IF NO CHANGES ARE BEING MADE AT THIS TIME, NOTHING NEEDS TO BE RETURNED TO THE FINANCE/BENEFITS OFFICE. YOUR BENEFITS WILL AUTOMATICALLY ROLL OVER TO 2025.

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

Parkway School District
Attn: Benefits Department
455 N. Woods Mills Road
Chesterfield, MO 63017

Or EMAIL to: benefits@parkwayschools.net

Information You Need to Know About Open Enrollment - Retirees

Once the Benefits Department is notified by HR that an employee is retiring, a full retirement packet will be emailed to the employee. Additionally, Retirees may visit the Benefits website for the most up to date information on their benefits options and coverage.

Retirees who choose not to continue their medical, dental and or vision coverage at the time of retirement will be granted one (1) year from the date their district-paid benefits end to return to Parkway's group coverage. In addition, Retiree may add a spouse or dependent child(ren) (under age 26) to their coverage during the one (1) year period. No exceptions will be made to this timeframe. Should you have any questions regarding your insurance coverage, please feel free to contact our Benefits Department at (314) 415-8059 or you can email us at benefits@parkwayschools.net.

If you or your spouse will be turning 65 during this 2025 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.

Changing Coverage During the Year

Changing Benefits After Open Enrollment

During the year, you cannot make changes to your medical, dental, or vision plans, unless you experience a Qualified Life Event, such as Marriage, Divorce, Spouse lost coverage, etc. If you experience a Qualified Life Event (examples below), you must contact the Parkway Benefits Department. A written notice should be provided to the Parkway Benefits Department within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualified Life Event).

NOTE: Retirees may cancel their group health insurance coverage at any time. However, coverage will be in effect until the end of the month in which Parkway receives a cancellation request. To cancel coverage, a cancellation form (posted on the Parkway website) must be completed and submitted to the Benefits Department no later than 5 business days prior to the first day of the month that you wish to drop coverage. (EXAMPLE: To drop coverage for May, you would have to notify Parkway no later than 5 business days prior to May 1. Parkway can accept the form via email, mail, or you can drop it off).

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

Retirees – Payment of Premiums

Retirees who choose to continue their group health coverage are responsible for paying the full cost of their premiums. Premiums are collected using ACH direct debit. Premiums are collected from one (1) account which can be set up by the retiree. The account on file can be changed at any time, provided we are notified 3 business days prior to the next scheduled payment. Retirees can choose for their monthly payment to occur on either the 1st or the 15th of each month. Payment is for the current month of coverage. Coverage will be permanently terminated for any account that is more than 60 days past due. Additionally, any account with several consecutive late payments will be considered for termination.

When a scheduled ACH payment request is returned, the Benefits Department will attempt to notify the retiree by phone, email, and/or mail. Upon notice, we request that payment arrangements be made for the returned payment. A \$10 return fee will be added to the account balance.

HSA funds will not generally be accepted as payment for retiree insurance premiums. Per IRS Publication 969: Health Savings Accounts and Other Tax-Favored Health Plans, you can't treat insurance premiums as qualified medical expenses unless the premiums are for any of the following:

1. Long-term care insurance. CAUTION
2. Health care continuation coverage (such as coverage under COBRA).
3. Health care coverage while receiving unemployment compensation under federal or state law.
4. Medicare and other health care coverage if you were 65 or older (other than premiums for a Medicare supplemental policy, such as Medigap).

For further guidance, please review IRS Publication 969 or consult with a certified tax preparer. Parkway is not responsible for any issues caused from using or contributing HSA funds after retirement.

More Information

Medicare Eligibility

The retiree must notify the Benefits Department when they are medicare-eligible if they wish to cancel their group health coverage.

The district offers two (2) medicare advantage plans for medicare-eligible retirees and their spouses. We will notify retirees of their options through our annual open enrollment communications.

These plans are not managed by Parkway. They are provided as a courtesy to our retirees and provide additional and optional coverage for our retirees that are medicare enrolled. For more information or to sign up for either of these plans, please contact the Benefits Department.

COBRA after Retirement

The Benefits Department will offer COBRA Continuation Coverage to the qualified beneficiaries of retirees in the event that they experience a qualifying event.

Dental and Vision – No Changes

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.
- If you have lost your Delta Dental ID card, please call Delta Dental at 314-656-3001 to request a new ID card. Parkway's Group Number is 15271000.
- There will be no increase to the Delta Dental plan and no increase to the Assurant Dental Premiums for the calendar year 2025.

Vision Insurance

- The vision carrier for 2025 is EyeMed Vision Care.
- If you have lost your EyeMed Vision ID card, please call EyeMed Vision at 866-800-5457 to request a new ID card. Parkway's Group Number is 1006768 Insight Network.
- The rates will not increase in 2025.

Dental Care: Delta Dental of Missouri

The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions. The network attached to the plan is the Delta Dental PPO Premier. To search the network, visit deltadentalmo.com.

	Delta Dental of Missouri	
	PPO	
	In-Network	Premier/Out-of-Network
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Per Individual Annual Maximum	\$1,250 Per Person	
	You pay	
Preventive Care		
Exams, Cleanings, X-rays, Fluoride Treatments (< Age 19), Sealants, Space Maintainers (< Age 16)	0%	0%
Basic Services		
Fillings, Extractions, Endodontics	20%	25%
Major Services		
Crowns, Inlays/Outlays, Dentures and Bridgework, Oral Surgery, Periodontics	40%	45%
Orthodontia		
Adults	40%; \$1,500 Lifetime Maximum	
Children (up to 26th birthday)		
Dental Monthly Premium – NO rate increase in 2025:		
	RETIREES & COBRA/LOA	
Retiree Only	\$50.32	
Retiree + Spouse	\$88.08	
Retiree & Spouse & 1+ Child(ren)	\$146.58	
Retiree 1+ child	\$108.76	

Dental Care:

Assurant – now known as SunLife Dental DHMO

This dental benefit is offered through SunLife. **Not open to new enrollees.** Only those already on this plan can continue on this plan. This dental plan is in-network only. Services received from out of network providers will not be covered under this Assurant copay plan.

	SunLife Dental Heritage Series
	DHMO Network Providers
	Basic Plan #903221
Individual Deductible	\$0
Family Deductible	\$0
Annual Maximum	NA
	You pay
Preventive Care	Scheduled Copayment
Basic Services	Scheduled Copayment
Major Services	Scheduled Copayment
Orthodontia	Discounts Available
Dental Monthly Premium – NO rate increase 2025	
Retiree Only	\$14.55
Retiree + 1 Dependent (Dependent is defined as a spouse or child)	\$23.45
Retiree + 2+ Dependents (Dependent is defined as a spouse or child)	\$35.91

Vision Plan: EyeMed Vision Care

Parkway School District continues to offer vision coverage through EyeMed. Healthy eyes and clear vision are an important part of your overall health and quality of life.

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

For information on finding a vision provider, visit eyemed.com and click on Find a Provider. The network attached to the plan is the EyeMed Insight Network.

Vision Monthly Premium (RETIREEES & COBRA/LOA) – NO rate increase in 2025:	
Retiree Only	\$5.38
Retiree + 1 Dependent	\$9.64
Retiree + 2+ Dependents	\$13.62



Parkway School District



40% OFF

additional complete pair of prescription eyeglasses

20% FF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call [1.800.988.4221](tel:1.800.988.4221)

Heads Up

You may have additional benefits.

Log into

eyemed.com/member

to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
STANDARD PLASTIC LENSES		
Single Vision	\$20 copay	Up to \$30
Bifocal	\$20 copay	Up to \$50
Trifocal	\$20 copay	Up to \$65
Lenticular	\$20 copay	Up to \$65
Progressive - Standard	\$85 copay	Up to \$65
Progressive - Premium Tier 1 - 3	\$105 - 130 copay	Up to \$65
Progressive - Premium Tier 4	\$85 copay; 20% off retail price less \$120 allowance	Up to \$65
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$0 copay	Up to \$5
Tint - Solid and Gradient	\$0 copay	Up to \$5
UV Treatment	\$0 copay	Up to \$5
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$104
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$104
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$210
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every calendar year	Once every calendar year
Frame	Once every other calendar year	Once every other calendar year
Lenses	Once every calendar year	Once every calendar year
Contact Lenses	Once every calendar year	Once every calendar year

(Plan allows member to receive either contacts and frame, or frames and lens services)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Important Contacts

Plan	Whom To Call	Phone	Website
Dental (PPO)	Delta Dental	1-800-335-8266 or 314-656-3001	www.deltadentalmo.com
Dental Plan (Pre-Paid)	SunLife (Assurant)	1-800-247-6875	www.sunlife.com
Vision	EyeMed	1-866-800-5457	www.eyemed.com
Benefits Team		Phone	Website
General Benefits Email			benefits@parkwayschools.net
Coby Peters	Benefit Specialist	1-314-415-8059	cpeters@parkwayschools.net
Deb Nolan	Benefits Coordinator	1-314-415-8049	dnolan@parkwayschools.net
Leah Gonzalez	Coordinator, Employee Wellbeing	1-314-415-8034	lgonzalez1@parkwayschools.net
Dawne Trokey	Executive Director of Finance	1-314-415-8060	dtrokey1@parkwayschools.net

Glossary

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

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

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

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

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

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

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

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

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

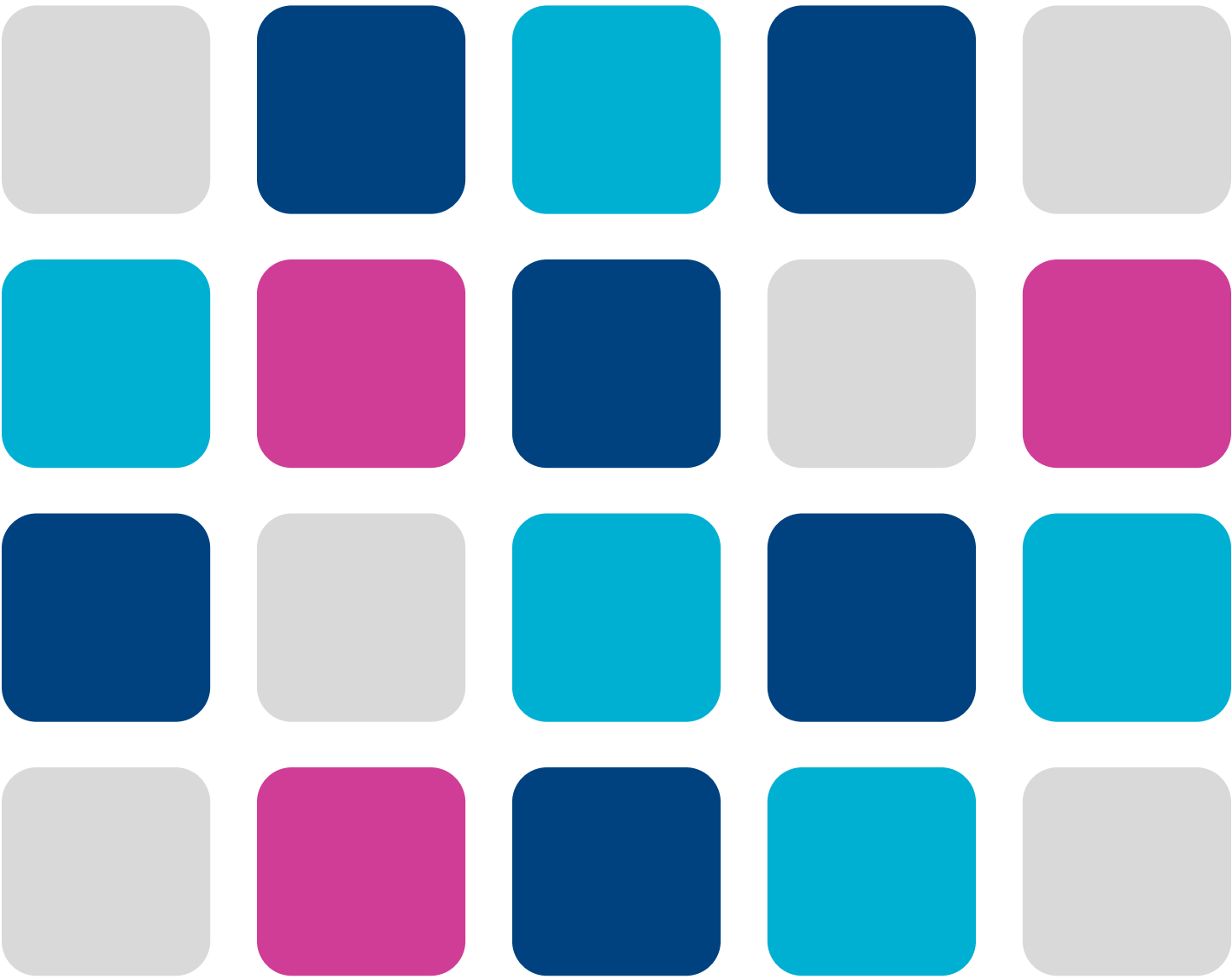
Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything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

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

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

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

NOTES:



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