



# 2025 Benefits Guide

Your Health & Wellness

Retiree / Cobra / Surviving Dependents  
**NOT ELIGIBLE FOR MEDICARE**

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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, ask questions if needed.

## Highlights:

**No changes in Dental and Vision premiums!**

**Check out changes to the medical plans on page 7**

**Pharmacy will be transitioning to Express Scripts**

**Continued access to CareATC**

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

[www.parkwayschools.net/Page/13976](http://www.parkwayschools.net/Page/13976)

# 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 4:00 pm (CST) on November 30, 2024. Any changes made during Open Enrollment will take effect on January 1, 2025.

Join us for an informative session to discuss the changes to your benefits plan for the 2025 plan year. Representatives from our insurance carriers and CareATC will be available to answer your questions. Marsh McLennan Agency, our insurance broker, will also be in attendance to answer questions and assist with your options on Medicare.

## IN PERSON & VIRTUAL MEETING

Wednesday, October 30th, 4:00 – 5:00 pm

Parkway South Middle School

760 Woods Mill Rd.

Manchester, MO 63011

Call in information below, or you can attend IN PERSON

Meeting Link:	<a href="https://meet.google.com/bnq-ayhy-inj">meet.google.com/bnq-ayhy-inj</a>
Join by telephone	+1 402-249-0967
PIN:	590 188 265#

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, 2024, you have until June 30, 2025 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 our Benefits Department at (314) 415-8059 or email [benefits@parkwayschools.net](mailto: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 (an email will suffice) needs to be received 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:** You can cancel any of your benefits during the year. We drop on the last day of each month. Complete and return the cancellation form on our website. Link: [www.parkwayschools.net/Page/13976](http://www.parkwayschools.net/Page/13976)

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

# Medical – United Healthcare

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

## How Medical Coverage Works

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



The plans have different:

- **Deductibles** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** – a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** – Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 10% for services and the plan pays 90% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** – the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.

## Before You Enroll

Consider this:

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

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

UNITED HEALTHCARE	BASE PLAN	PREMIUM PLAN	HIGH DEDUCTIBLE PLAN (HSA)
	Choice Plus	Choice Plus	Choice Plus
	In-Network	In-Network	In-Network
Calendar Year Deductible			
Individual	\$650	\$500	\$3,400
Family	\$1,300	\$1,000	\$6,400
Calendar Year Out-of-Pocket Maximum (Includes Deductible)			
Individual	\$3,000	\$1,500	\$3,400
Family	\$6,000	\$3,000	\$6,400
	You pay	You pay	You pay
Coinsurance	10%	0%	0%
Preventive Care	No Charge	No Charge	No Charge
Primary Care Physician	\$25	\$20	Deductible
Specialist	\$50	\$30	Deductible
Urgent Care	\$75	\$50	Deductible
Emergency Room	\$200	\$150	Deductible
Lab & X-ray	Deductible then 10%	Deductible	Deductible
Hospitalization	Deductible then 10%	Deductible	Deductible
Diagnostic Imaging (MRI/CT)	Deductible then 10%	Deductible	Deductible
Pharmacy			
Rx Deductible	N/A	N/A	Medical Deductible Applies
Rx Out-of-Pocket Max			
Individual	\$3,000	\$1,500	N/A
Family	\$6,000	\$3,000	N/A
Retail Rx (up to 30-day supply)			
Tier 1	\$12	\$12	Full cost until the \$3,400 Deductible is met; then 100% covered in Network
Tier 2	\$40	\$35	
Tier 3	\$60	\$55	
Mail Order Rx (90-day supply)	\$24 / \$80 / \$120	\$24 / \$70 / \$110	
UHC <u>ONLY</u> Medical Monthly Premiums			
	RETIREES & COBRA/LOA		
	BASE PLAN	PREMIUM PLAN	HIGH DEDUCTIBLE PLAN (HSA)
Retiree Only	\$759.99	\$906.42	\$629.22
Retiree & Spouse	\$1,324.45	\$1,666.53	\$1,054.67
Retiree & Spouse + 1 Child	\$1,601.01	\$2,075.96	\$1,321.99
Retiree & Spouse & 2+ Children	\$1,900.38	\$2,438.74	\$1,601.03
Retiree & 1 Child	\$1,036.43	\$1,315.72	\$844.22
Retiree & 2+ Children	\$1,324.45	\$1,690.10	\$1,075.58

# PAY \$0 FOR SELECT SPECIALTY MEDICATIONS

Participate in the  
SaveOnSP program

Specialty medications can cost a lot of money. That's why your plan offers a program called SaveOnSP, to lower your out-of-pocket costs to \$0.

## Participate in SaveOnSP and save.

Over 300 specialty medications are eligible for the SaveOnSP program.<sup>1</sup> If you're filling an eligible medication, a representative from SaveOnSP will contact you to discuss the program.

You'll pay \$0 for your medication when you participate in SaveOnSP. If you choose not to participate, you'll pay a higher cost share when you fill your medication.

**Conditions covered by SaveOnSP include, but are not limited to:**

- Hepatitis C
- Multiple Sclerosis
- Psoriasis
- Inflammatory Bowel Disease
- Rheumatoid Arthritis
- Cancer



### Here's an example of how it works.<sup>2</sup>

John's taking a specialty medication that's eligible for the SaveOnSP program. His copay is currently \$70. His new cost share will be \$1,150.

- **When he participates in SaveOnSP, he won't pay anything (\$0) out-of-pocket.** He will work with SaveOnSP to enroll with the applicable manufacturer copay assistance program.
- **If he decides not to participate in SaveOnSP, he'll pay his full cost share of \$1,150 out-of-pocket.**

In both of these examples, John's cost share wouldn't count toward his deductible or out-of-pocket maximum.

1. The drug classes and medications in this program are subject to change. Check your plan materials to see which medications are eligible for the SaveOnSP program.

2. For illustrative purposes only. Plans may vary.





# Add healthy habits to medication for lasting results

EncircleRx<sup>SM</sup> and Omada Health



## What

**Enroll and engage in Omada to get your medication\* covered, if clinically eligible.**

- + Omada is a virtual health program that helps members create healthier habits to achieve long-lasting results
- + Omada is \$0 cost to you
- + Filling your medication requires prior authorization from your doctor to confirm eligibility criteria is met

## Why

Omada will help you on your journey by complementing the impact of your medication.

- + Support from a personal health coach
- + Easy monitoring with smart devices (you keep)
- + Motivation from a peer group and online communities
- + Tools to guide and support you with achieving long-term goals

## How

You will need to participate in the Omada program meeting the following requirements each month:

- + Engage four times on the smart device provided by Omada
- + Use the Omada app four times, by doing lessons or engaging with your health coach, peer group or online community

CRP1224504A

**Enroll today!**



Register or log in to [esrx.com/healthsolutions](https://esrx.com/healthsolutions) to get your access code



Then sign up at [omadahealth.com/esi](https://omadahealth.com/esi) or download the Omada mobile application



For more information, contact your Express Scripts representative

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\*Omada is available at no additional cost to you. Your health plan benefits may require you to pay out-of-pocket costs for your medication and meet additional requirements for medication coverage.

# Health Savings Account (HSA)

A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for qualified out-of-pocket medical expenses. Your HSA can be used to pay for your health care expenses and those of your spouse and dependents, even if they are not covered by the High Deductible Health Plan (HDHP). If you had the HSA while you were an employee, then you can continue contributing to Optum Bank directly on your own. Go to [myuhc.com](https://myuhc.com) for further information on how to contribute. If you are a Retiree and switching over to the High Deductible Account, you will need to go to any bank and set up an HSA (Health Savings Account) with that bank.

## What happens to your HSA Once you enroll in Medicare?

This is the important thing to remember about your HSA when enrolling in Medicare: **once you enroll in any part of Medicare, you're no longer eligible to make HSA contributions.** This includes Medicare Part A or Medicare Part B – either one will prevent you from contributing further to your HSA. Many people turning 65 who continue to work may consider getting Medicare Part A since it's premium-free. But, as stated, once you enroll in Part A, you can't make any more pre-tax contributions to your HSA. If you plan to keep working and want to continue building your HSA up, check to see if you're eligible to delay Medicare enrollment. If you're receiving Social Security benefits however, Medicare Part A is mandatory.

## What to do with your HSA if you get Medicare Part A

If you have to (or choose to) enroll in Medicare Part A, the coverage is retroactive for up to 6 months, but no earlier than your eligibility date. Because of this, you should plan to stop HSA contributions around 6 months before enrolling in Medical. You can contribute to your HSA for the months that you were eligible for Medicare and were not yet enrolled.

## The good news: You can keep using your HSA funds

Now for the good news! Even after you enroll in Medicare and stop HSA contributions, you are still able to withdraw funds tax-free for qualified medical expenses. You can even use your HSA to pay for some Medicare expenses including your Medicare Part B, Part D and Medicare Advantage plan premiums, deductibles, copays and coinsurance. Note: HSA funds cannot be used to pay for Medigap premiums.

## How an HSA Account Works



### Eligibility

Anyone who is:

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



### Your Contributions

You can contribute up to the IRS maximum of \$4,300/individual or \$8,550/family.

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



### Eligible Expenses

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



### Using Your Account

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



### Your HSA is always yours – no matter what

One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future.

## The Triple Tax Advantage

HSAs offer three significant tax advantages:

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

If you want to save tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

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

Year 1 Example: You enroll in the HDHP with HSA during enrollment		Year 2 Example: You enroll in the HDHP plan again next year
You contribute \$4,300 for a total of \$4,300		\$3,600 rolls over from last year and you contribute \$4,300 for a total of \$7,900
You use the HSA to pay \$700 of eligible expenses		You use the HSA to pay \$1,250 of eligible expenses
You have \$3,600 in the HSA to roll over to next year!		You have \$6,650 in the HSA to roll over to next year!

# Dental

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

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

Parkway School District offers dental coverage through Delta Dental. For information on finding a dental provider, visit [deltadentalmo.com](https://deltadentalmo.com) and click on Find a Provider.

## Before You Enroll

Consider this:

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

Grandfathered Dental Care: SunLife – formerly known as Assurant

### Who is Eligible and When:

This dental option is closed to new enrollees. This is a grandfathered plan for existing employees. The SunLife Dental plan offers a copay type plan for in network services only. The premium rates are not changing for 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](https://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(ren)	\$108.76	

Once enrolled, 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.

# 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 SunLife 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
<b>Dental Monthly Premium – NO rate increase in 2025</b>	
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 [member.eyemedvisioncare.com/member](https://member.eyemedvisioncare.com/member) and click on Find a Provider. The network attached to the plan is the EyeMed Insight Network.

If you have lost your EyeMed Vision ID card, please call EyeMed Vision at 1-866-800-5457 to request a new ID card. Parkway's Group Number is 1006768 Insight Network.

## Vision Monthly Premium (RETIRES & 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](https://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
<b>EXAM SERVICES</b>		
Exam	\$0 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
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
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
<b>STANDARD PLASTIC LENSES</b>		
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
<b>LENS OPTIONS</b>		
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
<b>CONTACT LENSES</b>		
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
<b>OTHER</b>		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call <a href="tel:1.877.203.0675">1.877.203.0675</a>	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call <a href="tel:1.800.988.4221">1.800.988.4221</a>	Not covered
<b>FREQUENCY</b>	<b>ALLOWED FREQUENCY - ADULTS</b>	<b>ALLOWED FREQUENCY - KIDS</b>
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.



# United Health Care Programs

**Register for your personalized website on [myuhc.com](https://myuhc.com) and download the United Healthcare app.**

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

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

## Real Appeal

Real Appeal is a weight loss and health lifestyle program, available to eligible Parkway School District Retirees 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 Retirees, 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 [www.parkway.realappeal.com](https://www.parkway.realappeal.com)

## 24/7 Virtual Visits

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

## Advocate4Me

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

# Wellness Offerings – UHC members only

## Wellness Offerings

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 programs 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 2025 Include (but not limited to):

- Care ATC Employee Clinics providing accessible and great primary care, Immunizations, Personal health assessments
- 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
- Onsite mobile mammography van
- Maven Maternity
- KAIA and 2<sup>nd</sup> MD
- Virtual Therapy
- **One Pass Select** – a holistic offering that includes physical & digital fitness options

**THESE OFFERINGS ARE ONLY OPEN TO MEMBERS WHO ARE ON ANY OF THE UHC MEDICAL PLANS. ACCESS VIA [myuhc.com](https://myuhc.com).**

In addition to the listed wellbeing opportunities, the employer sponsors various wellbeing offerings and challenges each year, related to mental wellbeing, movement, eating well and preventive care. Contact Leah Gonzalez, Wellness Coordinator at [lgonzalez1@parkwayschools.net](mailto:lgonzalez1@parkwayschools.net) or (314) 415-8034.

# One Pass Select™

## Rediscover your passion for health

With One Pass Select, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members (18+) can get started with One Pass Select on January 01, 2024.



### Find your fit with One Pass Select



#### At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



#### At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you, no matter what your fitness level and interests are.



#### In the kitchen

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.

## \$29/Mo

#### Classic

11,000+ gym locations

## \$64/Mo

#### Standard

12,000+ gym and premium locations

## \$99/Mo

#### Premium

14,000+ gym and premium locations

## \$144/Mo

#### Elite

16,000+ gym and premium locations



Learn more about One Pass Select\* at [OnePassSelect.com](https://OnePassSelect.com).

**Enroll in One Pass Select starting on January 01, 2024**

\*Eligible One Pass Select members will not be able to enroll in One Pass Select until January 01, 2024.

**An enrollment fee may apply**

**Or get started with a digital-only plan for \$10/Mo**

**All tiers Classic or above come with grocery and home essentials delivery at no extra cost.**



One Pass Select is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships under this program.

This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. Please discuss with your doctor how the information provided may be right for you. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

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# Live healthier at no cost to you



When you join, you'll have access to connected chronic care management devices and the support you need. It's all available to you and 100% paid for by your plan sponsor.

## Diabetes Management

- ✓ Connected meter
- ✓ Unlimited strips

## Hypertension Management

- ✓ Connected monitor
- ✓ One-on-one coaching

## Weight Management and Diabetes Prevention Program

- ✓ Connected scale
- ✓ Expert guidance

## ...And more programs!

- ✓ Health experts
- ✓ Personalized plans

## Get started

Visit **TeladocHealth.com/Smile**  
Or call **800-835-2362**

Program includes trends and support on your secure Teladoc Health account and mobile app but does not include a phone, tablet or smartwatch.

Las comunicaciones del programa Teladoc Health están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-835-2362 o visite [TeladocHealth.com/hola](https://TeladocHealth.com/hola).  
Program eligibility varies. Visit our website to learn more.



# Don't wish pain away ... do this instead

## Download the Kaia app for on-demand, personalized support to help relieve pain and live healthier

Whether it's a stiff neck, aching shoulders or more severe back issues, it can be hard to enjoy life when pain shows up. That's where Kaia steps in. It's a new app here to show how pain relief is possible — **at no extra cost** as part of your health plan.

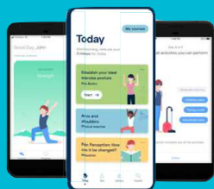
### Connecting with Kaia connects you with so much

- ✓ **On-demand pain relief care** in the convenience of an app
- ✓ **1-on-1 health coaching** with certified professionals
- ✓ **Workouts tailored to you** with some as short as 15 minutes
- ✓ **No extra cost**—this is included as part of your health plan
- ✓ **Bite-sized lessons** to help you recognize where pain is coming from
- ✓ **Strengthening exercises** plus relaxation techniques for pain management



### Download Kaia today

You'll get a personalized pain relief program created on the spot after you sign up. Get started with a personalized pain relief program and learn helpful exercises with no scheduling, waiting rooms or travel required.



### For real-time feedback while you exercise



Kaia tracks your movements using AI technology to ensure you're doing each exercise correctly, providing real-time audio and video feedback for help along the way. So you get a program tailored to your fitness, pain and mobility levels to help manage pain.

 Visit [startkaia.com/uhc](https://startkaia.com/uhc)



\*Provided at no extra cost as part of your health plan.

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# Stressed? Anxious? With virtual therapy, getting help may now be easier than ever.



Reaching out may be hard—especially if you might not want anyone to know you're hurting. From the privacy of home and the convenience of your mobile device\* or computer, you can receive caring support from a licensed behavioral health virtual therapist.

## Virtual therapy offers confidential counseling and includes:

### Private video sessions.

Get 1-on-1 support—in your home and at a time that's convenient for you.

### Help with coping—for children, teens and adults.

Your licensed virtual therapist may provide a diagnosis, treatment and medication if needed.

### Similar standard of care as in-person visits.

You can see the same therapist with each appointment and establish an ongoing relationship.

### Virtual therapy is designed to help treat conditions like:

- ADD/ADHD
- Depression
- Addiction
- Mental health disorders
- Anxiety



### A quicker way for the whole family to get care.

Virtual therapy may be a great way for children and teens to get an appointment.

## To find a provider and schedule a visit:

- 1 Sign in or register on [myuhc.com](https://myuhc.com)®. Then, go to **Find a Doctor > Mental Health Directory > People > Provider Type > Telemental Health Providers**.
- 2 Call the provider to set up an appointment.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Costs and coverage may vary. Check your plan for details.

\*Data rates may apply.

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**United  
Healthcare**



# WE SPECIALIZE IN MEDICAL CERTAINTY

Through your company, you have an exclusive membership to 2nd.MD, a virtual expert medical consultation and navigation service. We connect you with a board-certified, elite specialist for a virtual expert medical consultation via phone or video from the comfort of home.

2nd.MD specializes in medical certainty by providing access to elite specialists for questions about:

- Diseases, cancer, or chronic conditions
- Surgeries or procedures
- Medications and treatment plans

## WHO IS ELIGIBLE?

2nd.MD is confidential, fast and no additional cost to you and covered dependents on the UnitedHealthcare medical plan.

## GET STARTED TODAY

Call at 1.866.269.3534

Visit [www.2nd.MD/activate](http://www.2nd.MD/activate)  
or download our 2nd.MD app



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CALL 911 IMMEDIATELY IF YOU ARE HAVING A MEDICAL EMERGENCY. 2nd.MD is not an emergency service. 2nd.MD is an independent resource to support you in receiving information from Expert Medical Specialists. 2nd.MD does not practice medicine or provide patient care and is independent from the Specialists providing the expert medical consultations.



## HOW IT WORKS: *3 Simple Steps*

- 1. ACTIVATE YOUR ACCOUNT AND REQUEST A CONSULT**  
Visit [www.2nd.MD/activate](http://www.2nd.MD/activate), download our app or call us at 1.866.269.3534
- 2. SPEAK WITH A NURSE**  
Explain your medical issues and an experienced nurse will handle the rest, including collecting medical records and connecting you with a leading specialist who is an expert in your condition.
- 3. CONSULT WITH A LEADING SPECIALIST** Get information about your diagnosis, treatment plan and next steps in care from a nationally recognized specialist. Consult via video or phone at a time that works best for you, including evenings and weekends!

## AFTER YOUR CONSULTATION

You'll receive a written summary of your consultation so you're prepared for a conversation with your treating doctor or we can refer you to another in-network doctor in your area.

See how one member avoided an unnecessary surgery and learned how to manage her rare condition.

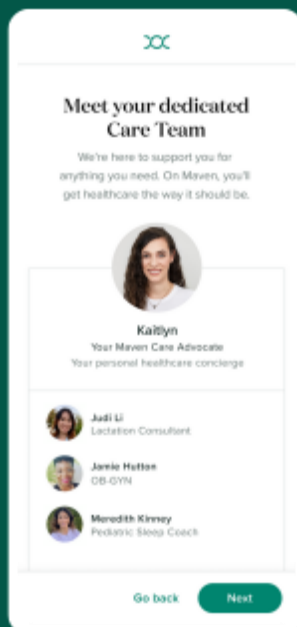




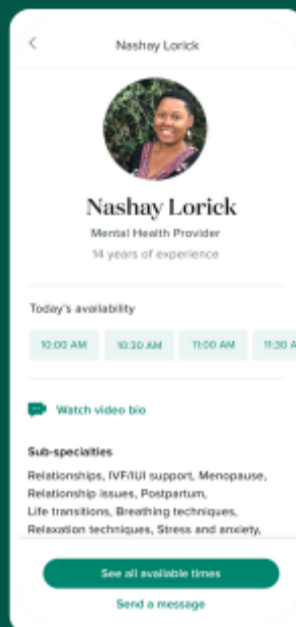
Meet Maven. Free virtual support for those sleepless nights, first smiles, and everything in between.

You and your partner have free access to Maven for 24/7 pregnancy and postpartum support and guidance—all in one app.

Your membership includes:



24/7 personalized support from a dedicated Care Advocate



Virtual appointments and messaging with providers—any time day or night



On-demand classes, groups and articles for expert guidance you can trust

Get support with things like:



Creating your birth plan



Breastfeeding or bottle feeding support



Navigating infant sleep



Returning to work



Managing your mental health



Scan the QR code to get started or go to [mavenclinic.com/join/uhc-join](https://mavenclinic.com/join/uhc-join) or download the Maven Clinic app

Join today for free



# The CareATC Difference

## Meet Your St. Louis Area Providers

### Treatments and services include:

- Allergies / Asthma
- Cold / Flu / Congestion
- Diabetes Management
- Headaches
- High Blood Pressure
- High Cholesterol
- Lab Work/Tests
- Mental Health
- Occupational Health *(referral required)*
- Personal Health Assessments (PHA)
- Physicals
- Sports Physicals
- Thyroid Disorders
- Tobacco Cessation
- Weight Management
- Well Woman Exams



David Dunn, MD  
Claymont Health Center



Rachel Mergenmeier, DO  
McKelvey Park Health Center



Nicholas Powers, DO  
Keaton Health Center



Rosemary Wensley, MD  
Dougherty Ferry Health Center



Michael Barajas, PA  
Dougherty Ferry and Keaton



Erin Keller, LCSW  
Dougherty Ferry Health Center



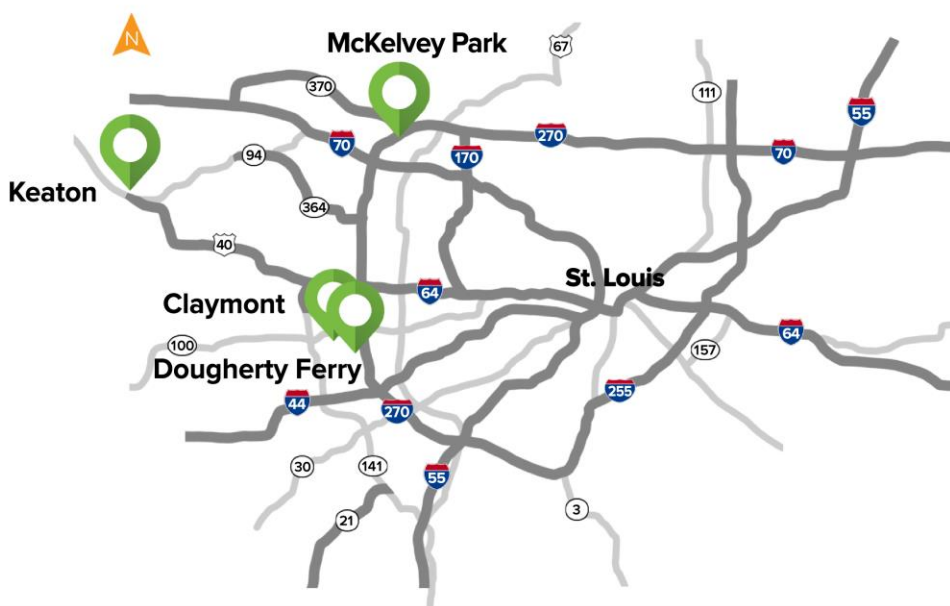
Jackie Bode, NP  
McKelvey Park

# CareATC Health & Wellness Center

## Area Health Center Locations

### Pay nothing, get a lot.

- No co-pay  
(Office visit fee may apply for HSA participants.)
- Quick and easy appointments
- Preventive care, as well as illness, injury, and chronic disease management
- Free lab work and generic medications provided during your visit
- Less wait time, more face time with your medical provider
- No insurance billing



#### Claymont Health Center

15421 Clayton Rd,  
Ballwin  
M/W/F 7am - 4pm  
Tu/Th 8am - 5pm

#### Dougherty Ferry Health Center

2315 Dougherty Ferry Rd  
Ste 110, St. Louis  
M - F 8am - 12pm / 1 - 5pm

#### Keaton Health Center

6698 Keaton Corp Pkwy  
Ste 101, O'Fallon  
M/W/Th/F 7am - 4pm  
Tu 9am - 6pm

#### McKelvey Park Health Center

3165 McKelvey Rd  
Ste 205, Bridgeton  
M - F 7:30am - 4:30pm

## Three Easy Ways To Schedule:

Call **314.314.7434**

Visit **[www.careatc.com/patients](http://www.careatc.com/patients)**

Download the **CareATC app**



Show Me  
The App!



# Who is Eligible for CareATC Clinics?

**All UHC Covered Employees  
& Retirees**

**All UHC Covered  
Dependents**

CareATC Mobile App

**24/7 Appointment  
Scheduling**

Schedule in-person and virtual visits.

**Prescription Refill Requests**

Never run out of essential medications.

**Message Your Care Team**

Connect with your care team with secure messaging.



**Show Me  
The App!**



# Employee Assistance Program

## Available to Retirees and their Families Who Are On Any UHC Medical Plan

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

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

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

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

## To book an appointment or get other information about PAS:

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





## Parkway School District's PAS Mindfulness Benefit: eM Life

Discover a proven way to take on life's challenges

eM Life is a live, virtual mindfulness solution to help you create connections with yourself and others while building skills to manage stress and anxiety, improve focus and enhance your overall well-being.

**eM Life is available to you, your spouse, and your dependents as part of your benefits package.**



**Step 1.** Download eM Life from the App Store or Google Play.



Download on the  
App Store



GET IT ON  
Google Play

**Step 2.** Scan this QR code to create an account.



**Optional:** Or click below to sign up online.



**Desktop App Sign Up**

<https://vibe.emindful.com/signup/ParkwaySD>


### One Solution, Many Features:

- Live daily 14-minute mindfulness programs led by experts multiple times a day
- Live monthly online programs led by experts covering everything from stress to weight balance
- Hundreds of hours of on-demand content on a wide range of topics including leadership, diversity and inclusion and anxiety
- Expert-led community to gain support and purpose

#### eM Life helps you:

- Reduce Stress and Anxiety
- Boost Immunity
- Improve Sleep
- Enhance Focus
- Build Connections with Yourself and Others

### Multi-Week Immersive Programs

-  Better Living with Diabetes™
-  Cultivating Compassion
-  Living Well with Chronic Pain™
-  Mindfully Overcoming Addictive Behaviors
-  Mindfulness At Work™
-  Mindfulness-Based Cancer Recovery™
-  Mindfulness-Based Cognitive Training
-  QuitSmart® Mindfully
-  Skills to Thrive in Anxious Times
-  The Journey Forward: Your M.M.A.P. For Success
-  Weight Balance for Life™

# Guidelines for Retiree Benefits

## RETIREE INSURANCE COVERAGE

Retirees can continue their participation in Parkway's group medical, dental and vision plans. We do not offer group life insurance or other voluntary insurances to retirees. However, employees who retire 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.

### Enrollment

The Benefits Department will send information via email on how to continue group health coverage after an employee notifies HR of their planned retirement date. 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, Retirees 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.

### Canceling Coverage (not a qualifying life event)

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 we receive a cancellation request.

To cancel coverage, a cancellation form (posted on our 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 us no later than 5 business days prior to May 1. We can accept the form via email, mail, or you can drop it off.

### 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.

# Guidelines for Retiree Benefits

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.

## 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 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.

# Important Contacts

Plan	Whom To Call	Phone	Website
Employee Clinic	CareATC	1-314-314-7434	<a href="http://www.careatc.com">www.careatc.com</a>
Pharmacy	Express Scripts	1-877-777-8225	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Health Advocate	United Healthcare	Call Number on Back of Medical ID Card	<a href="http://www.myuhc.com">www.myuhc.com</a>
Wellness Program	Wellness Coordinator	314-415-8034	
Medical (Base and Premium Plan)	United Healthcare	1-866-633-2474	<a href="http://www.myuhc.com">www.myuhc.com</a>
Medical (High Deductible Plan)	United Healthcare	1-866-734-7670	<a href="http://www.myuhc.com">www.myuhc.com</a>
Health Savings Account (HSA)	Optum Bank	1-800-791-9361 (Option 1)	<a href="http://www.optumbank.com">www.optumbank.com</a>
Anthem Help Line	Anthem Customer Svc CareltonRx New Member Help Line	1-833-848-8730 1-833-360-3662 1-833-848-8729	<a href="http://www.anthem.com">www.anthem.com</a>
Aetna Medicare Advantage	Aetna Customer Svc & CVS Caremark Rx New Member Help Line	1-855-275-5888 1-800-307-4830	<a href="http://www.aetnaretireeplans.com">www.aetnaretireeplans.com</a>
Dental Plan (PPO)	Delta Dental	1-800-335-8266 or 1-314-656-3001	<a href="http://www.deltadentalmo.com">www.deltadentalmo.com</a>
Dental Plan (Pre-Paid)	SunLife (Assurant)	1-800-733-7879	<a href="http://www.sunlife.com">www.sunlife.com</a>
Vision	EyeMed	1-866-800-5457	<a href="http://www.eyemed.com/member">www.eyemed.com/member</a>
Near Site Clinics	CareATC	1-314-314-7434	<a href="http://www.careatc.com">www.careatc.com</a>
Employee Assistance Program (EAP)	PAS	1-800-356-0845	<a href="http://www.paseap.com">www.paseap.com</a>
Benefits Team		Phone	Website
General Benefits Email			<a href="mailto:benefits@parkwayschools.net">benefits@parkwayschools.net</a>
Coby Peters	Benefit Specialist	1-314-415-8059	<a href="mailto:cpeters@parkwayschools.net">cpeters@parkwayschools.net</a>
Deb Nolan	Benefits Coordinator	1-314-415-8049	<a href="mailto:dnolan@parkwayschools.net">dnolan@parkwayschools.net</a>
Leah Gonzalez	Coordinator, Employee Wellbeing	1-314-415-8034	<a href="mailto:lgonzalez1@parkwayschools.net">lgonzalez1@parkwayschools.net</a>
Dawne Trokey	Executive Director of Finance	1-314-415-8060	<a href="mailto:dtrokey1@parkwayschools.net">dtrokey1@parkwayschools.net</a>



# 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.

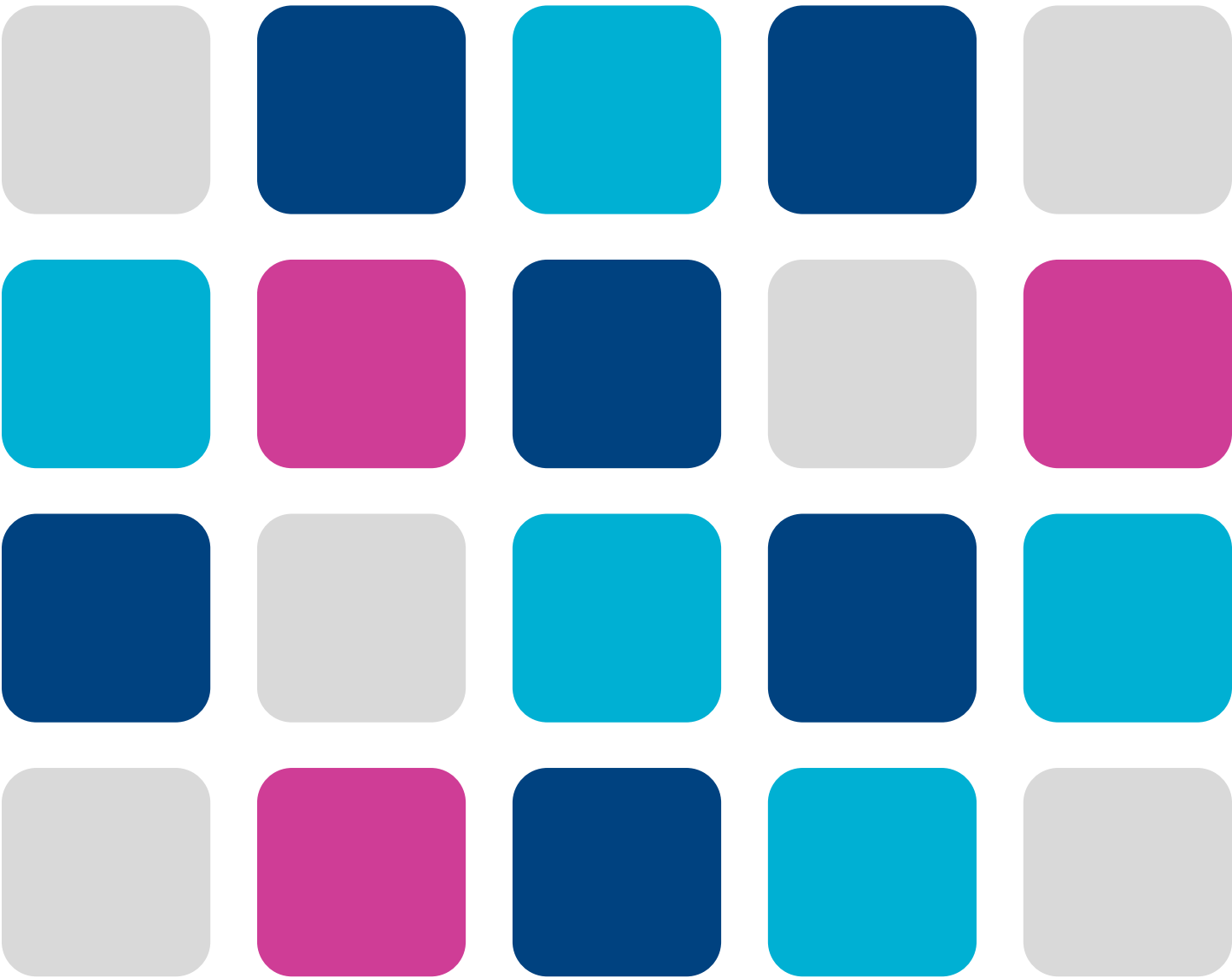
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MARSH & McLENNAN  
AGENCY