



2025 Benefits Guide

Your Health & Wellness



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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. Your benefits are an important part of your total compensation. 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, and make sure to enroll by the deadline.

Highlights:

No changes in Dental and Vision premiums!

Check out changes to the medical plans on page 7

Pharmacy 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

Eligibility

If you are regularly scheduled to work at least 30 hours per week, you are eligible for the Parkway School District benefits program. For newly hired individuals, most of your benefits are effective: Administrative and Certified staff members are eligible on the first date of employment, all other employees are eligible 30 days after their start date. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse;
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your company-sponsored Life and Disability benefits end on your date of termination.

Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, vision, or Health Care or Dependent Care Flexible Spending Accounts unless you experience a Qualified Life Event. If you experience a Qualified Life Event (examples below), you must do this through the Alight Worklife system 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). You will need to provide documentation of the change.

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

How to Enroll

Open enrollment for the 2024 plan year is **November 1, 2024 and concludes November 30, 2024**. **All changes must be received at Parkway by 4:00pm (CST) on November 30, 2024**. If you are a new hire, you have 30 days to enroll from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

Before You Enroll

- Carefully review the benefits listed in this guide and determine the medical, dental, vision and other coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Log in to the Alight (formerly SmartBen) site (instructions below)
- Select, review and submit your desired coverage.
- Be sure to complete beneficiary information for Life and AD&D benefits.

Alight Enrollment Instructions

The site is accessible via the internet at

<https://sso.smartben.com/SSO/SingleSignOn?partnerIdpName=Parkway%20School%20District> and can be accessed 24 hours a day, seven days a week..

You can easily access the Alight system from your Google account on a work computer. Just select the Google waffle, then scroll down to the yellow Alight Worklife icon.

If you're logged into your Parkway's Google Chrome account, the link will automatically sign you into Alight Worklife. If you are not signed into Chrome or using another web browser, you will need to use your Google credentials to sign in. Your username is your Google Chrome sign in information

For example: username- ljames@parkwayschools.net. Password: google password.

If you have issue with your Chrome access, please contact the help desk at 314-415-8181 or helpdesk@parkwayschools.net

Medical

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 pay period 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 20% for services and the plan pays 80% 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 per-pay-period 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. 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.

	BASE PLAN	PREMIUM PLAN	HIGH DEDUCTIBLE PLAN
	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

Note: Pharmacy summary located on page 9

Medical Premiums

Medical Premium Rates - Year Round Employee (26 Pays)

Employee Pays Per Check

	Employee Only	Employee & Spouse	Employee & Spouse + 1	Employee & Spouse + 2	Employee & Children (1)	Employee & Children (2)
BASE	\$0	\$137.47	\$204.82	\$277.72	\$67.32	\$137.47
PREMIUM	\$73.21	\$308.51	\$442.29	\$546.90	\$206.97	\$320.29
HSA	\$0	\$67.97	\$130.70	\$193.43	\$36.60	\$78.42

District Pays Per Check - Medical Monthly Premium

	Employee Only	Employee & Spouse	Employee & Spouse + 1	Employee & Spouse + 2	Employee & Children (1)	Employee & Children (2)
BASE	\$380.00	\$524.76	\$595.69	\$672.48	\$450.90	\$524.76
PREMIUM	\$380.00	\$524.76	\$595.69	\$672.48	\$450.90	\$524.76
HSA	\$380.00	\$524.76	\$595.69	\$672.48	\$450.90	\$524.76

Medical Premium Rates – Non-Year Round Employee (Less Than 26 Pays)

Employee Pays Per Check

	Employee Only	Employee & Spouse	Employee & Spouse + 1	Employee & Spouse + 2	Employee & Children (1)	Employee & Children (2)
BASE	\$0	\$173.64	\$258.71	\$350.80	\$85.04	\$173.64
PREMIUM	\$92.48	\$389.69	\$558.68	\$690.81	\$261.43	\$404.58
HSA	\$0	\$85.84	\$165.09	\$244.33	\$46.23	\$99.05

District Pays Per Check - Medical Monthly Premium

	Employee Only	Employee & Spouse	Employee & Spouse + 1	Employee & Spouse + 2	Employee & Children (1)	Employee & Children (2)
BASE	\$479.99	\$662.85	\$752.45	\$849.44	\$569.55	\$662.85
PREMIUM	\$479.99	\$662.85	\$752.45	\$849.44	\$569.55	\$662.85
HSA	\$479.99	\$662.85	\$752.45	\$849.44	\$569.55	\$662.85

Pharmacy

Just like your medical plan covers visits to your doctor, your Express Scripts prescription plan covers the medication your doctor prescribes.

A 3-tier copay structure applies for both plans, but when enrolled in the high deductible health plan you pay the full cost of the medication until you meet the deductible.

The SaveON SP program is available to you, please see page 10 for more information.

EncircleRx and Omada Health are also available, please see page 11 for more information.



	BASE PLAN	PREMIUM PLAN	HIGH DEDUCTIBLE PLAN
Pharmacy			
Rx Deductible	N/A	N/A	Medical Deductible Applies
Rx Out-of-Pocket Max Individual Family	\$3,000 \$6,000	\$1,500 \$3,000	N/A 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	

Note: If you request a brand-name medication when a generic equivalent is available, you'll pay your cost share, plus the difference in cost between the brand and the generic.

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.¹ 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.²

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

EncircleRxSM 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 to get your access code



Then sign up at 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 contributions to the HSA are taken out of your paycheck and are tax-free. Once you enroll in the HSA, you'll receive a debit card 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).

How a Health Savings Account (HSA) Works



Eligibility

Anyone who is:

- Covered by a High Deductible Health Plan (HDHP);
- Not covered under another medical plan that is not an 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 choose how much to contribute from each paycheck on a pretax basis.

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.



Parkway School District's Contribution

\$1,570 to the HSA each year which lowers the maximum amount you are able to contribute. The District contributes a one-time lump sum payment of \$650 into the HSA with the first payroll in January and \$40 per payroll thereafter.



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. And if you leave the Company or retire, your HSA goes with you.

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 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!

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are three types of FSAs — the Health Care FSA, the Limited Purpose Health Care FSA and the Dependent Care FSA:

- **Health Care FSA** — Used to pay for out-of-pocket expenses associated with your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.
- **Limited Purpose Health Care FSA** — Used if you are enrolled in the HDHP medical plan. It works the same way as the standard Health Care FSA; however, you may only use it to pay for eligible vision and dental expenses.
- **Dependent Care FSA** — Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time.

You cannot use your Health Care FSA to pay for dependent care expenses, and you cannot use your dependent care FSA to pay for health care expenses.

Important: The IRS has a “use it or lose it” rule. If you do not spend all of the money in your FSA by the annual deadline, any unused dollars in your account(s) will be forfeited.

How the Health Care/Limited Purpose Health Care FSA Works	How the Dependent Care FSA Works
You may contribute up to \$3,200 per year, pretax	You may contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns
You receive a debit card to pay for eligible medical expenses (funds must be available in your account)	You submit claims for reimbursement; no debit cards are provided
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor	Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs
Submit claims up to March 31 of the following year for expenses from January 1 to December 31	Submit claims up to March 31 of the following year for expenses from January 1 to December 31
If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations	If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations

It's important to note that if you participate in a Health Savings Account (HSA), you may not participate in the Health Care FSA reimbursement account.

How You Can Save on Taxes with FSAs

Here's an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

	Health Care FSA		Dependent Care FSA	
	Without FSA	With FSA	Without FSA	With FSA
Your taxable annual income	\$50,000	\$50,000	\$50,000	\$50,000
Account deposit (before taxes)	N/A	\$3,200	N/A	\$5,000
Taxable wages	\$50,000	\$46,800	\$50,000	\$45,000
Federal and Social Security taxes	\$14,325	\$13,609	\$14,325	\$12,894
Expense (after taxes)	\$3,200	N/A	\$5,000	N/A
Take home (net)	\$32,475	\$33,191	\$30,675	\$32,106
Annual tax savings with the FSAs	\$0	\$716	\$0	\$1,431



United Health Care Programs

Register for your personalized website on 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 or FSA.

Real Appeal

Real Appeal is a weight loss and health 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 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 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 2nd 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.

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 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 today.



One Pass Select is a health plan sponsored program.

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

12,000+ gym locations

\$64/Mo

Standard

14,000+ gym and premium locations

\$99/Mo

Premium

16,000+ gym and premium locations

\$144/Mo

Elite

19,000+ gym and premium locations

An enrollment fee may apply.

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

All tiers Classic or above include the digital tier, grocery delivery and additional benefits at no extra cost.

Enroll today:

1. Scan QR code below or visit: <https://member.uhc.com/coverage/additional/>
2. Sign in or register
3. Select the One Pass Select tile



One Pass Select is a voluntary program featuring a subscription based nationwide gym network, digital fitness and grocery delivery service. 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, digital fitness or grocery delivery services 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 or services under this program, as applicable. One Pass Select is a program offered by Optum. Subscription costs are payable to Optum.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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.
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.

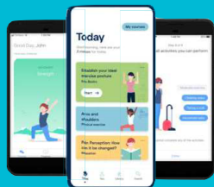
Connecting with Kaia connects you with so much

- ✓ **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

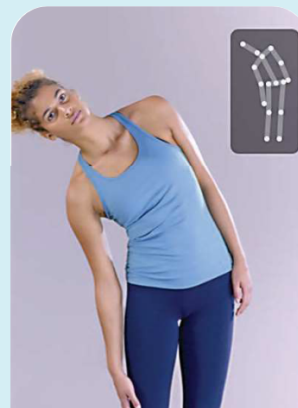


Download Kaia today

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



*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 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 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
- Anxiety
- Mental health disorders
- Addiction
- Depression



A quicker way for the whole family to get care

A virtual visit for mental health care may be a great way for children and teens to get an appointment.

To find a provider and schedule a visit

Sign in or register on myuhc.com®. Then, go to **Find Care & Costs > Virtual Care > Behavioral Health Care > Get Started** and call the provider to set up an appointment. Or call the telephone number on your health plan ID card.

*Data rates may apply.

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

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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
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,
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.

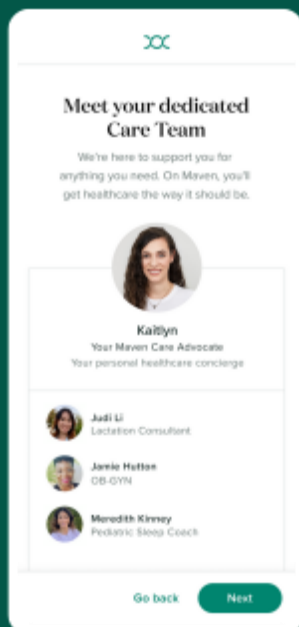




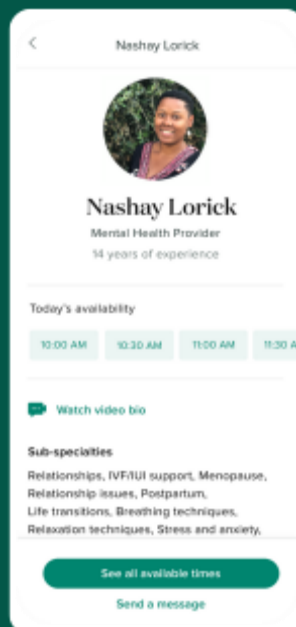
Meet Maven. Free virtual support for those sleepless nights, first smiles, and everything in between.

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 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



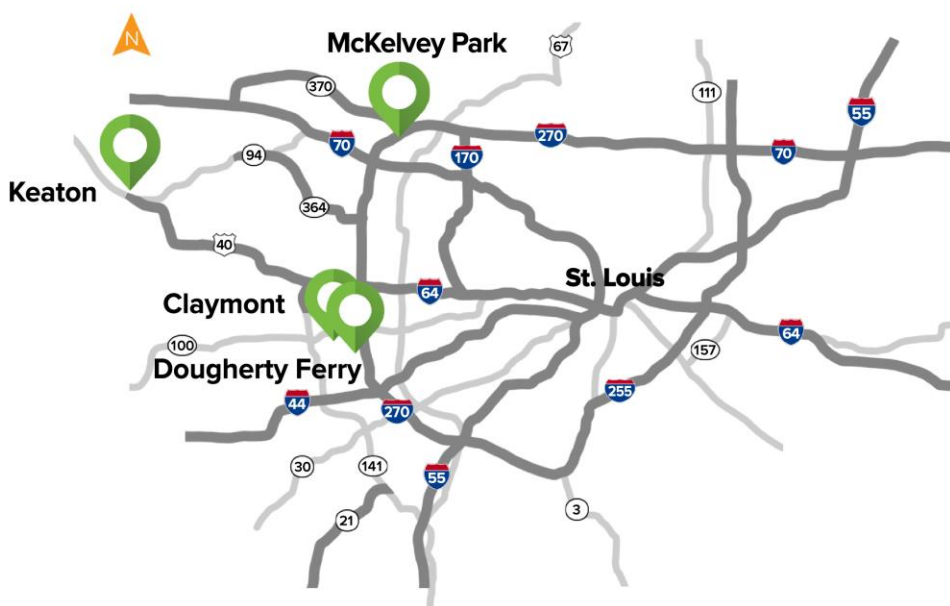
Jackie Bode, NP
McKelvey Park

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**

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!**



Parkway Care ATC Clinic Incentive 2025

Care ATC Clinic Well Incentive= A one time \$50 on your paycheck or one time \$50 HSA deposit for visiting the CareATC Clinics in 2025.

Participation in the Parkway clinic incentive program is strictly voluntary. In order to receive the incentive, employees can voluntarily participate in the program by completing the steps below. The \$50 incentive for visiting Care ATC is paid via paycheck or a \$50 deposit to your Health Savings Account (HSA) with Optum Bank. **You must be on the high deductible plan in order to receive the \$50 contribution to your HSA account.**

Incentives will be paid on a rolling basis, monthly. The incentive payout will be on the second paycheck of the month, after the employee completes the [form](#).

In order to be eligible for the incentive you must be enrolled in one of Parkway's UHC medical plans through December 31, 2025. You must have a visit or a Personal Health Assessment (PHA) with the Parkway Employee Clinic (Care ATC) in 2025.

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. For more details on scheduling, please see: [Scheduling](#)

Step Two: Please let us know the date that you were seen at the clinic at https://docs.google.com/forms/d/1AYtHnxQUFr3zkkK-KQaSFjiGM-PEr_kX_Nx-GpK6ogs/edit. The deadline to complete the steps for 2025 is December 31, 2025. \$50 incentives will be added to paychecks or HSA accounts monthly, on a rolling basis. You will receive a one time \$50 payment.

Frequently Asked Questions:

- 1. How do I make a Care ATC Clinic appointment?** There are two easy ways to schedule: <https://www.careatc.com/patients> or call 800.993.8244. For more details on scheduling, please see [Scheduling](#)
- 2. Is this confidential?** It's the law! Your individual results are never shared with another - including your employer. Your results remain confidential and secure with Care ATC.
- 3. I already was a patient at the clinic - will that count?** Any clinic visit in 2025 will count.
- 4. I had a preventive visit with my primary care provider in 2025 - will that count?** We ask that you receive care with Care ATC. Keep in mind that wellbeing visits, including the PHA, are without cost to you and the information can be shared back to your own Primary Care Provider.
- 5. 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](#)
- 6. 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.

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 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 already enrolled, existing employees. If you decided to drop the Assurant Dental coverage you will not be able to re-enroll in the future years. The Assurant Dental plan offers a copay type plan for in network services only. Services received from out of network providers will not be covered under this Assurant copay plan. The premium rates are not changing for 2025.

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.

	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 Premium Rates Per Check - Year Round Employee (26 Pays)		
Employee Only	\$0	
Employee + Spouse	\$8.99	
Employee + Child(ren)	\$13.90	
Employee + Family	\$22.89	
Dental Premium Rates Per Check – Non-Year Round Employee (Less Than 26 Pays)		
Employee Only	\$0	
Employee + Spouse	\$11.36	
Employee + Child(ren)	\$17.56	
Employee + Family	\$28.91	

The network attached to the plan is the Delta Dental PPO Premier. To search the network, visit deltadentalmo.com. 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.

Vision: 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/member and click on Find an Eye Doctor. 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 Premium Rate Per Check – Year Round Employees (26 Pays)

Employee Only	\$0
Employee + 1 Dependent	\$1.07
Employee + Family	\$2.06

Vision Premium Rate Per Check – Non-Year Round Employees (Less Than 26 Pays)

Employee Only	\$0
Employee + 1 Dependent	\$1.35
Employee + Family	\$2.60



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.

Life and Accidental Death & Dismemberment (AD&D)

Life insurance will be provided by The Hartford Group in 2025. Life insurance pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage based on the severity of the accidental injury.

Parkway offers Basic Life and AD&D at no cost to you and provides you with the opportunity to purchase additional coverage on a voluntary basis.

Who is Eligible and When

Basic Life and AD&D: Full time teachers and administrators working at least 30 hours per week are eligible their date of hire. Full time Operations Staff working at least 30 hours per week are eligible 30 days following their date of hire.

Life / AD&D Insurance - For You	
	Life and AD&D
Coverage Amount	All Full-Time Support Staff Employees and Bus Drivers: \$35,000 All Full-Time Certified Employees and Nurses: 1x Basic Annual Earnings, rounded to the nearest \$1,000; Up to \$50,000
Age Reduction Schedule	Benefits reduce by 40% at age 70. Benefits reduce by 65% at age 75. Benefits reduce by 80% at age 80.

Imputed Income

Under current tax laws, imputed income is the value of your basic life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

Voluntary Life and Accidental Death & Dismemberment

Voluntary life and AD&D insurance allows you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury.

Voluntary life insurance for you and your dependents, provided by the Hartford Group, can help protect your family during difficult times. When you enroll yourself and/or your dependents, in this benefit, you pay the full cost through payroll deductions. Voluntary Life and voluntary AD&D are elected separately.

Who is Eligible and When

Full time teachers, administrators working at least 30 hours per week and their dependents are eligible on their date of hire. Full time Operations Staff working at least 30 hours per week and their dependents are eligible 30 days following their date of hire.

Life / AD&D Insurance - For Your Dependents

	Employee	Spouse	Child(ren) up to age 26
Coverage Amount	\$25,000, \$50,000, \$100,000, \$150,000 or \$200,000	\$10,000, \$15,000, \$25,000 or \$50,000	\$5,000 or \$10,000
Guaranteed Issue	\$200,000	\$50,000	Benefit Amount

Monthly Employee Rate per \$1,000 of Insurance by Attained Age (See plan summary for spouse & child rates)

<25	\$0.05	55-59	\$0.40
25-29	\$0.05	60-64	\$0.60
30-34	\$0.05	65-69	\$0.95
35-39	\$0.06	70-74	\$1.46
40-44	\$0.10	75-79	\$2.06
45-49	\$0.15	80+	\$2.06
50-54	\$0.23	Monthly AD&D Rate: \$0.026	

Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI (Evidence of Insurability) rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you will need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Premium Worksheet



Rates and/or benefits may be changed on a class basis. Rates are based on the employee's age and increase as you enter each new age category.

SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$25,000	\$0.95	\$0.95	\$0.95	\$1.08	\$1.58	\$2.20	\$3.20	\$5.33	\$7.83	\$12.20	\$18.58	\$26.08
\$50,000	\$1.90	\$1.90	\$1.90	\$2.15	\$3.15	\$4.40	\$6.40	\$10.65	\$15.65	\$24.40	\$37.15	\$52.15
\$75,000	\$2.85	\$2.85	\$2.85	\$3.23	\$4.73	\$6.60	\$9.60	\$15.98	\$23.48	\$36.60	\$55.73	\$78.23
\$100,000	\$3.80	\$3.80	\$3.80	\$4.30	\$6.30	\$8.80	\$12.80	\$21.30	\$31.30	\$48.80	\$74.30	\$104.30
\$125,000	\$4.75	\$4.75	\$4.75	\$5.38	\$7.88	\$11.00	\$16.00	\$26.63	\$39.13	\$61.00	\$92.88	\$130.38
\$150,000	\$5.70	\$5.70	\$5.70	\$6.45	\$9.45	\$13.20	\$19.20	\$31.95	\$46.95	\$73.20	\$111.45	\$156.45
\$175,000	\$6.65	\$6.65	\$6.65	\$7.53	\$11.03	\$15.40	\$22.40	\$37.28	\$54.78	\$85.40	\$130.03	\$182.53
\$200,000	\$7.60	\$7.60	\$7.60	\$8.60	\$12.60	\$17.60	\$25.60	\$42.60	\$62.60	\$97.60	\$148.60	\$208.60

SPOUSE SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE			
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)			
Benefit Amount	Premium Amount	Benefit Amount	Premium Amount
\$10,000	\$1.45	\$25,000	\$3.63
\$15,000	\$2.18	\$50,000	\$7.25

CHILD(REN) SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE					
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)					
Benefit Amount	Cost For Each Child	x	Number of Covered Children	=	Cost For All Children
\$5,000	\$0.47	x		=	
\$10,000	\$0.94	x		=	

5962a NS 07/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2020 The Hartford.

This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

Long Term Disability

Disability insurance can help you remain financially stable by providing a portion of your income if you become disabled and are unable to work. These benefits are provided through The Hartford Group. This is an employer paid benefit so there is no cost to the employee.

Who is Eligible and When

Full time operations staff and administrators working at least 30 hours per week are eligible 30 days following their date of hire.

Long-Term Disability Benefits at a Glance

	Long-Term Disability
Monthly Benefit	All Full-Time Support Staff Employees & Bus Drivers: 60% of Monthly Earnings
Monthly Maximum	All Full-Time Support Staff Employees & Bus Drivers: \$2,000 per Month
Benefit Duration	The greater of your Social Security Normal Retirement Age or 4 years
Elimination Period	30 Days
Pre-Existing Limitation	6/6/12*

**Benefits may not be paid for any condition treated within six months prior to your effective date until you have been covered under this plan for 12 months, or you have not received treatment for the condition for 6 months after the effective date.*

What is Long Term Disability insurance?

When an employee cannot work for an extended period of time due to a disability, a long term disability plan can help cover a portion of the employee's salary.

Why is Long Term Disability insurance important?

Statistics show 3 out of every 10 workers between the ages of 25 and 65 will experience an accident or illness that keeps them out of work for 3 months or longer, with nearly 60% of these injuries occurring off the job. If an employee is hurt off the job, worker's compensation will not cover them.

A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.

Voluntary Supplemental Benefits

Just like it sounds, supplemental benefits plans such as accident, critical illness and hospital indemnity insurance can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans, offered through The Hartford, are voluntary and are not medical insurance. Coverage is available for your spouse and children with most plans. Premiums are covered 100% by the employee on an after-tax basis.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, childcare, travel to and from treatment, home health care costs or regular household expenses.

Before You Enroll

Consider this:

1. What would happen if you had an accident or became seriously ill and became unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

Accident

Accident coverage is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance. For more information click here: [Accident Insurance | The Hartford](#)

Critical Illness Insurance

Critical Illness coverage provides a lump-sum cash benefit in the event you are diagnosed with a qualifying illness to help offset the unexpected associated costs. The plan will pay regardless of any other insurance. Critical Illness coverage is **not medical** insurance. For more information click here: [Critical Illness Insurance | The Hartford](#)

Hospital Indemnity Insurance

Hospital Indemnity coverage is designed to provide a cash benefit in the event of a hospitalization and can help pay for expenses not covered by your medical plan. The plan will pay regardless of any other insurance. For more information click here: [Hospital Indemnity Insurance | The Hartford](#)

GET COVERED TODAY. REST EASY TOMORROW.



ACCIDENTAL INJURY BENEFITS

Accident insurance, which we call **Accidental Injury Benefits**, provides a cash benefit for an accident.

How Could These Benefits Help Me?

When an accidental injury like a fracture dislocation or concussion interrupts your daily life, medical insurance protects you from doctor's office and medical costs, but **Accidental Injury Benefits** provide an additional cash benefit after an accident.

It can be used any way you choose, like:



**Deductibles
or X-ray
copays**



Food



Housing



Utilities

Accidents happen. Accidental Injury Benefits help give you peace of mind when you need it most. Get covered today so you can enjoy tomorrow.



BENEFITS IN ACTION

IS THIS COVERAGE FOR ME? >

Watch a short video to help you decide.
[TheHartford.com/bia/accident](https://www.TheHartford.com/bia/accident)



Scan the QR Code or visit the link below to learn more about these valuable benefits.

www.TheHartford.com/EmployeeBenefits



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THE ACCIDENT POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

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YOU CAN'T ALWAYS PREDICT, BUT YOU CAN PLAN.



HOSPITAL CASH BENEFITS

Hospital Indemnity insurance, which we call Hospital Cash Benefits, provides financial support for each day you or your dependent stays in the hospital.

How Could These Benefits Help Me?

You've worked hard to build a life that matters to you. The financial impact of a hospital stay, planned or not, can upend that hard work without the right protections in place.

Yes, health insurance will help cover your medical costs. But these benefits help provide an additional layer of financial protection with a cash benefit in the event of a hospital stay, like after childbirth or during recovery from surgery. You can use the cash for anything, including:



**Medical
Deductibles**



Housing



In-home help



Groceries

You can't always predict a hospital stay, but you can plan for it. Whether an unexpected accident or a planned event, like childbirth, requires you to stay in the hospital for an extended period—you don't have to face it without a financial safety net.



BENEFITS IN ACTION

IS THIS COVERAGE FOR ME?

Watch a short video to help you decide.
TheHartford.com/bia/hospital



Scan the QR Code or visit the link below to learn more about these valuable benefits.

www.TheHartford.com/EmployeeBenefits



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THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.

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Premium Worksheet



Rates and/or benefits may be changed on a class basis.

VOLUNTARY ACCIDENT INSURANCE	
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)	
COVERAGE TIER	PLAN
Employee Only	\$4.48 (\$0.29 per day)
Employee & Spouse	\$7.06 (\$0.46 per day)
Employee & Child(ren)	\$7.68 (\$0.50 per day)
Employee & Family	\$12.01 (\$0.79 per day)

5962g NS 07/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE	
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)	
COVERAGE TIER	PLAN
Employee Only	\$8.54 (\$0.56 per day)
Employee & Spouse	\$15.98 (\$1.05 per day)
Employee & Child(ren)	\$15.43 (\$1.01 per day)
Employee & Family	\$24.01 (\$1.58 per day)

5962h NS 07/21 Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

The Buck's Got Your Back[®]

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

THE PROTECTION YOU NEED WHEN IT MATTERS MOST.



CRITICAL ILLNESS BENEFITS

Critical Illness¹ insurance, which we call Critical Illness Benefits, provide a cash benefit for a covered illness.

How Could These Benefits Help Me?

No one likes being sick, and a serious illness can have a major financial impact on your life. Health insurance can help with some medical expenses, but **Critical Illness Benefits** can help with your other bills.

These benefits help relieve financial strain with cash benefits for covered illnesses, like cancer, a heart attack, or stroke. You can use the money however you need. Examples could include:



Food



Housing

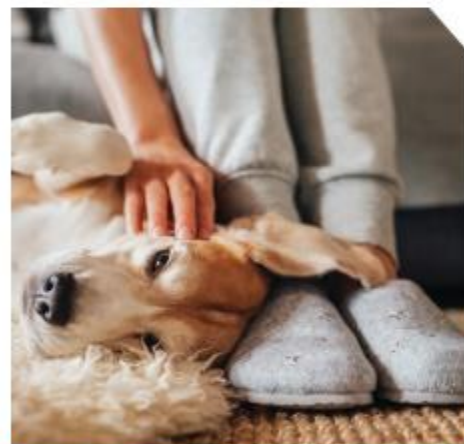


Utilities



Medical Expenses

You may not be able to predict a serious illness, but you can help protect yourself financially. Critical Illness Benefits help you focus on recovery, instead of the expenses that come with it. Getting covered can give you peace of mind today and provide major relief later.



BENEFITS IN ACTION

IS THIS COVERAGE FOR ME? >

Watch a short video to help you decide.
[TheHartford.com/bia/criticalillness](https://www.TheHartford.com/bia/criticalillness)



PARKWAY
SCHOOLS



Scan the QR Code or visit the link below to learn more about these valuable benefits.

www.TheHartford.com/EmployeeBenefits



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THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Critical Illness Form Series includes GBD-2600, GBD-2700, GBD-3600, GBD-3700 or state equivalent.

¹ Critical Illness is referred to as "Specified Disease" in New York.

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GROUP CRITICAL ILLNESS INSURANCE PREMIUM WORKSHEET

For Employee of:

PARKWAY SCHOOL DISTRICT (Policyholder)



This worksheet will assist you in determining the premium for the coverage you elect for yourself and any dependent(s). The amounts presented below may vary from amount(s) provided to you when you enroll or from amount(s) you actually pay for the coverage due to rounding or changes in your age/how your age is calculated for purposes of this coverage.

A few important things to know:

- Employee and Spouse premiums are determined/calculated using the Employee's age as of the Policy Effective Date or as of the most recent Policy Anniversary (whichever is later).
- Premiums for Employee and Spouse coverage will increase over time as the Employee reaches the starting age of each subsequent age band.
- Please contact the Policyholder or your benefits administrator if questions or for additional information on premiums for this coverage.

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Full-Time Administrator

Policy Situs/Issue State: Missouri

Policy Number: VCI-715343

Policy Effective Date: January 1, 2024

Policy Anniversary: January 1

EMPLOYEE PREMIUMS (24 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Age

Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$20,000	\$2.60	\$3.50	\$4.50	\$6.00	\$8.40	\$12.70	\$17.50	\$23.20	\$31.90	\$43.30	\$56.80	\$72.20	\$90.40

SPOUSE PREMIUMS (24 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Age

Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$20,000	\$2.60	\$3.50	\$4.50	\$6.00	\$8.40	\$12.70	\$17.50	\$23.20	\$31.90	\$43.30	\$56.80	\$72.20	\$90.40

CHILD(REN) PREMIUMS (24 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Coverage Amount	\$10,000
All Ages	\$2.80

Planning for Retirement

What does retirement look like for you? Whatever your vision for retirement is, it's important to plan ahead so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 403/457 savings plans allow you to save for retirement on a pretax basis. You can begin contributing to the plan through pretax payroll deductions as soon as you become eligible.

Increase Your Retirement Savings with a 403/457

- You can contribute using convenient payroll deductions up to the IRS limit of \$23,000 per year.
- You can change the amount of your contributions or stop your payroll contributions at any time.
- You can decide how to invest your 403/457 or allow the plan to choose for you.
- Are you age 50 or older? You can make contributions of up to \$30,500 to save even more.
- Visit the benefit page for more information on the eligible providers and sign-up information.
[Parkwayschools.net](https://parkwayschools.net)



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.

Employee Assistance Program

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.
- 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™

Important Contacts

Coverage	Administrator	Phone	Website
Employee Clinic	CareATC	1-314-314-7434	www.careatc.com
Pharmacy	Express Scripts	1-877-777-8225	www.express-scripts.com
Health Advocate	United Healthcare	Call Number on Back of Medical ID Card	www.myuhc.com
Wellness Program	Wellness Coordinator	314-415-8034	
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 (HSA)	Optum Bank	1-800-791-9361 (Option 1)	www.optumbank.com
Flexible Spending Accounts	United Healthcare	1-866-414-1959	www.myuhc.com
Dental Plan (PPO)	Delta Dental	1-800-335-8266 or 1-314-656-3001	www.deltadentalmo.com
Dental Plan (Pre-Paid)	SunLife (Assurant)	1-800-733-7879	www.sunlife.com
Vision	EyeMed	1-866-939-3633	www.eyemed.com/member
Life and AD&D	The Hartford	800-523-2233 Claims 888-563-1124	www.thehartford.com
Disability	The Hartford	800-523-2233 Claims 800-549-6514	www.thehartford.com
Supplemental Health (CI, HI, Accident)	The Hartford	800-523-2233 Claims 866-547-4205	www.thehartford.com
Employee Assistance Program (EAP)	PAS	1-800-356-0845	www.paseap.com
Benefits Team	Title	Phone	Email
General Benefits Email			benefits@parkwayschools.net
Deb Nolan	Benefits Coordinator	1-314-415-8049	dnolan@parkwayschools.net
Dawne Trokey	Executive Director of Finance	1-314-415-8060	dtrokey1@parkwayschools.net
Coby Peters	Benefit Specialist	1-314-415-8059	cpeters@parkwayschools.net
Leah Gonzalez	Coordinator, Employee Wellbeing	1-314-415-8034	lgonzalez1@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:

