



Rockwood School District



Benefit Enrollment Guide Essential Benefits – Retirees

Plan Year November 1, 2024 – October 31, 2025



Table of Contents

Benefit Company Contact Information.....	2	Cigna EAP.....	2
A Message to Our Retirees.....	3	Benefits for You and Your Family.....	4
Did you Know? and Need Help?.....	5	Online Enrollment.....	6
Medical Plan.....	7	Medical Benefits Overview.....	8
Staying in Network	9	Medicare Advantage Plans.....	10-11
Emergency Room Vs Urgent Care.....	12	Prescriptions.....	13
Diabetes & Hypertension Program and Insulin Savings..	14	Omada Diabetes Prevention Program	15
Virtual Care.....	16	Wellness and Incentives	17-18
Flu Vaccination Clinics.....	19	Flu Vaccination Schedule	20
Biometric Screenings and Health Fair	21	Retiree Benefit Guide	22-26
Mental Health Parity	27	COBRA.....	27
Women’s Cancer Rights Act	28	Newborns Act Disclosure	28
Notice of Special Enrollment	28	Wellness Notice	29-30
Disclosure of Medical Information.....	31-34	Medicare Part D.....	35-37
Children’s Health Information	38-40	Health Insurance through Marketplace	41-42
Glossary.....	43	RSD Office Staff.....	44
Essential Retiree Enrollment Form.....	45	Premiums for Medical.....	Back Cover

Contacts

Additional information regarding benefit plans can be found on worklife.alight.com/rockwoodschools. Please contact Benefits to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

BENEFITS PLAN	CARRIER	PHONE NUMBER	WEBSITE
Medical OAP		1-800-CIGNA24 (1-800-244-6224) Pre-Enrollment Hotline 1-800-401-4041	www.mycigna.com
Pharmacy		1-844-494-1052	www.express-scripts.com

All Retirees also have access to the USI Benefits Resource Center (BRC) to answer benefit/policy questions, assist you with eligibility and claim problems, provide claim appeals information, and explain allowable family status election changes (adding newborns, marriage, divorce, etc.).

Call BRC toll free at 855-874-0829
2024-25 Rockwood School District
Retiree Group Insurance Rates
November 1, 2024 to October 31, 2025

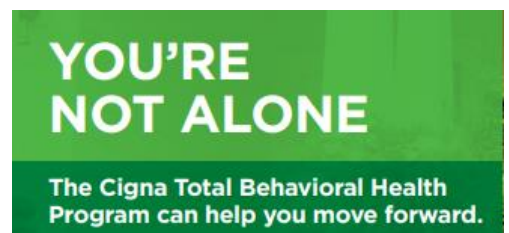


Our Benefits Specialists can assist you Monday through Friday,
8am to 5pm EST & CST



Cigna EAP

If you or a loved one has been diagnosed with a behavioral health condition, we are here for you. Our comprehensive program provides help with life events, dedicated support, lifestyle coaching, and online tools. We help you take control of your health – mind and body.



You can call us anytime, any day. We're here 24/7 to assist you with your routine or urgent needs. After our first conversation we follow up to ensure you're getting the support you need. We can also help you find a provider with confirmed appointment availability.

Services to help manage life events. At no additional charge to you, you can receive face-to-face sessions with a licensed mental health professional in our Employee Assistance Program network. You also get online, on-demand seminars, as well as community resources and referrals on a range of topics, including:

- > Child Care > Adoption > Senior Care > Pet Care > Legal and Financial Consultation Services
- > Identity Theft Support > Summer Camps > Parenting > Convenience Services

Call 800-554-6931 or the number on your ID card

A Message to Our Retirees

Your Benefits Open Enrollment Period Is August 28, 2024 – September 16, 2024

The Rockwood School District is committed to providing a comprehensive benefits package to its Retirees even as healthcare costs continue to rise due to an increase in the frequency and severity of healthcare claims. This increase in healthcare costs is a scenario occurring across the market. Rockwood is committed to supporting our Retirees in this current healthcare climate the best we can.

Open Enrollment at a Glance

August 28, 2024 to September 16, 2024 is the open enrollment window. All changes must be made by 4:30 p.m., September 16, 2024.

Adding Dependents

If you are adding a spouse or dependent(s) to your medical plan for the first time, please send a copy of their birth certificate(s) for your dependent(s) and/or marriage certificate for your spouse to the Benefits Office by October 16, 2024.

We have a spousal exclusion policy which means your spouse is only allowed to be on your plan if they do not have an offer of coverage from their employer-no matter the cost. You will need to complete a spousal healthcare affidavit form to add your spouse to your plan.



Cigna ID Cards

Cigna no longer mails out a physical copy of your insurance card. You can download the mobile app to access a digital card. To request a physical ID card, log into mycigna.com and submit a request on the ID cards page or call 1-800-244-6224.

Earn Gift Cards!!

Rockwood wants retirees to stay healthy and offers a \$100 gift card for those who complete their annual preventative exam and online health assessment. See pages 17-18 for more information.

Programs to Improve Your Health

Rockwood offers many programs to support your physical and mental wellbeing, participation in some can even earn you incentive awards. For more information, turn to pages 14-21.

Premiums & Benefits

There is an increase to Medical. See the rate chart on the back cover for more details.

Message, Continued

Rockwood School District (RSD) is pleased to announce our 2024 benefits program, which is designed to help you stay healthy and feel secure. Offering a competitive benefits package is just one way we strive to provide our Retirees with a rewarding retirement. Please read the information provided in this guide carefully. For full details about our plan, please refer to the summary plan descriptions on One Rockwood or on Alight. During Open Enrollment, you can make changes to your Medical plan.

Who is Eligible?

All eligible retirees (those that retired with RSD and also retired with PSRS/PEERS on the same date) and their eligible dependents may participate in the Rockwood School District benefits program.

Generally, for the Rockwood School District benefit programs, dependents are defined as:

- Dependent “child” up to age 26. (Child means the Retiree’s natural child or adopted child and any other child as defined in the certificate of coverage)
- Your lawful spouse (*Please note, spouse cannot have an offer of coverage through their employer.*)

Benefits or You & Your Family

Do I Need to Log in During Open Enrollment?

Open enrollment will be conducted August 28, 2024 – September 16, 2024.

You do not need to log in if you want your benefits to remain the same.

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the event. The change must be consistent with the event.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

If you do not contact RSD within 30 days of a qualifying event, you will have to wait until the next Annual Open Enrollment period to make benefit changes unless you have another qualifying event. Visit rsdmo.org, click on Departments, Human Resources and Retiree Benefits for information on making your change request.

Did You Know?

- Rockwood School District’s medical and prescription plans are self-insured. When a plan is self-insured, the employer pays all the costs of health care (retirees pay their premiums), plus administrative fees. When a plan is fully-insured, the insurance company pays for the healthcare costs and the retiree pays premiums to the insurance company.
- RSD’s annual insurance fund is over **\$29,000,000**.
- RSD has an Insurance Committee whose main charge is to make recommendations to the Board of Education, for their final decision, on funding, plan design, impact of any vendor changes, district’s contribution increases, and the rate of the percent of dependent coverage.

Need Help?

- | | |
|----------------|---|
| Phone or email | Call or email RSD Benefit Staff during regular business hours between 8:00 a.m. – 4:30 p.m. Contact information may be found on page 44. |
| 24/7 | Contact the Cigna Pre-Enrollment Helpline at 1-800-401-4041. Representatives can help explain our medical plans and answer your medical plan questions. |
| By appointment | Make an appointment for a one-on-one phone consultation with one of our RSD Benefit Staff. Call 636-733-2043 to schedule your appointment. |

Medicare Meeting: If you are nearing Medicare eligibility, this meeting is for you. Learn from our Aetna rep about the RSD Medicare Supplement Plan. If you are already enrolled in Medicare or Aetna, learn what has changed for the upcoming year. This meeting will take place September 5, 2024 at 9:00 a.m. at the Crestview Middle School Theater. More information will be mailed to your home.

Online Enrollment

Alight is our online enrollment tool. The site is accessible at worklife.alight.com/rockwoodschoools and can be accessed 24 hours a day, 7 days a week.

After you log in, your username is your 10-digit employee ID preceded by RSD. Your password is your birth date without dashes. You will immediately be prompted to change your password.

Example: Username: RSD0000123456
Password: 01031973 (January 3, 1973)

Plan	Status	Start Date	Employer Cost	Your Cost
Medical Insurance Essential Retiree Only <i>12 Deductions/Year</i>	● Complete	11/1/2023	\$0.00	\$403.88
Totals			\$0.00	\$403.88

Click on the Benefit to update

- Make sure you have the correct coverage level selected.
- Make sure the correct people are assigned to your medical.

You will know you are done when you can print a confirmation page. Be sure to review for accuracy.

Paper Enrollment Form

Retirees can also tear out and submit the enrollment form at the back of this book on page 46 instead of using logging into Alight.

Medical Plans Under Age 65

Provider Network: **Cigna**

mycigna.com or 1-800-CIGNA24 (1-800-244-6224)

Cigna's Pre-Enrollment Hotline 1-800-401-4041

Pharmacy Administration: Express Scripts

express-scripts.com or 1-844-494-1052

Essential Medical Plan



Important features:

- Option to choose a primary care doctor to help guide your care. It's recommended, but not required.
- No referral is needed to see a specialist, although precertification may be required.
- Certain in-network preventive care services are covered at no added cost to you.
- 24-hour emergency care, in or out-of-network.
- The amount you pay out-of-pocket is limited by your plan's out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays your covered health care costs at 100%.
- No claim paperwork necessary when you receive care in-network.
- Remember, this is a guide only. Plan details may vary.

Life doesn't operate 9 to 5, and neither should your health plan. Call Cigna whenever you have a question or need help. They are open 24 hours a day, seven days a week, 365 days a year at 1-800-CIGNA24 (1-800-244-6224).

- Find a doctor, check your coverage and ask about a claim.
- Talk with a trained nurse on the phone for help finding answers to health questions, deciding the most appropriate place for care (for example ER vs. urgent care center) and helpful home care suggestions.
- Log in to mycigna.com to view your ID card information and get the details you need to make the right decisions for you and your family. mycigna.com gives you personalized search results via the web or mobile app to help you easily find the right doctors and health care facilities.
- Visit mycigna.com to print ID cards, check coverage, view claims, find a provider, view your incentive points and much more!

Medical Benefits Overview

Cigna

	Essential Plan	
	The individual deductible is embedded in the family deductible. See the glossary on page 43 for the definition of embedded.	
Plan Network	Open Access Plus	Out of Network
Deductible		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance	30%	50%
Out of Pocket Max		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400
Office Visit		
Primary Care & Specialist	Deductible then 30%	Deductible then 50%
Virtual Care (Cigna Telehealth)	See page 16 for cost	Not covered
Wellness Care	No Charge	Deductible then 50%
Emergency Room	Deductible then 30%	Deductible then 30%
Urgent Care	Deductible then 30%	Deductible then 30%
Inpatient Hospital	Deductible then 30%	Deductible then 50%
Outpatient Hospital	Deductible then 30%	Deductible then 50%
Outpatient Surgery	Deductible then 30%	Deductible then 50%
Lab / X-ray	Deductible then 30%	Deductible then 50%

Essential Medical	Total Cost
Retiree	\$413.84
Retiree & Spouse	\$853.60
Retiree & Child(ren)	\$747.80
Retiree & Family	\$1,187.56

Note: Medical and Hospital care and costs for the infant child of a Dependent, unless the infant child is otherwise eligible, are not covered under this plan. Call Cigna at 1-800-244-6224 for more information.

For a detailed plan document, visit worklife.alight.com/rockwoodschoools. Pre-certification for outpatient services will be required. Examples are (but not limited to): outpatient surgery, infusions, high-tech radiology, home health care/home infusions therapy, dialysis, durable medical equipment, prosthetic appliances, biofeedback, speech therapy, cosmetic or reconstructive procedures, infertility treatment, radiation therapy, sleep management, and transplants. Covered expenses incurred by an out-of-network provider will be reduced by 50% for charges if pre-certification is not received prior to the date the testing or procedure is performed. **If you have questions, please call Cigna Customer Support at: 1-800-CIGNA24 (1-800-244-6224).**

Staying In-Network

If you choose to see an out-of-network provider or pharmacy, you will still be able to use insurance; however, your costs will be *substantially* higher, and your deductible and out-of-pocket maximums will be higher.

Your medical network is made of:

- Virtual care
- Convenience care (quick) clinics
- Physicians
- Facilities (urgent care, emergency room)
- Nurse practitioners
- Specialist
- Pharmacies
- Labs

TIP

When possible, choose virtual care or urgent care facilities over the emergency room to save time and money.

When you see an in-network provider, you will:

- Have lower health care costs for medical services and prescription drugs.
- Not have to handle obtaining any necessary pre-authorization. Your in-network provider will handle it before a procedure (such as surgery or imaging) on your behalf.
- Not have to worry about paying for balance-billed charges and charges above the usual, reasonable, and customary fees.
- Not have to fill out forms to send to the insurance carrier in order to receive reimbursement; your in-network provider will handle this on your behalf.

How to find an in-network provider:

- Visit Cigna website at www.mycigna.com
 - ✓ If you haven't registered before, you will need to register. Once you are logged in, click on Find Care & Costs. You will then be able to look up a doctor by type or name.
- Call 1-800-CIGNA24 (1-800-244-6224)
- Check the myCigna mobile app

How to price medications:

- Visit Express-Scripts website at www.express-scripts.com
- If you haven't registered before, you will need to register. Once you are logged in:
 - ✓ To price medications, hover over prescriptions and then click on Price a Medication. Type in the medication you are wanting to price and the dose, if you have it, and enter your zip code. You will see different in-network locations to purchase it and how much it costs at each location.
 - ✓ To find an in-network pharmacy, hover over prescriptions and then click on Find a Pharmacy and enter your zip code.

Medicare Advantage Plan

Provider: **Aetna, Medicare Advantage Plan for RSD Retirees**

- For claims related questions: 1-888-267-2637. When you call, have your ID number from your Aetna ID card ready.
- For enrollment: Lynda Bott, lbott@aetna.com or 314-920-7962 or Krisinda Chadwell kchadwell@aetna.com or 314-348-7214.

Once a retiree becomes eligible for Medicare, the Cigna medical plans pay secondary to Medicare Part B, so it is important the retiree enroll in Part B. Because of this, the District partners with Aetna to provide alternative insurance options that closely mirror the plan design of the Rockwood plan at a much-reduced premium. **This plan has a St. Louis only area network of providers.**

There are two plans to choose from, HMO (High) plan and PPO (Low) plan. Please see the Overview of Coverage and Premiums on the next page for more information or contact Aetna for a summary plan document.

To enroll in one of the Aetna Advantage Plans for RSD Retirees, you will need to enroll in Medicare A and B. This plan includes Part D coverage, so you cannot enroll in a separate Part D plan. You will waive your Cigna coverage. For this reason, you will need to contact our local Aetna Account Executive, Lynda Bott, to enroll and contact the RSD Benefits office to waive your Cigna coverage. You can start this process 3 months prior to your 65th birthday.

Since RSD's plan year starts November 1 and Aetna starts January 1, retirees have three options on when they can change from the Cigna coverage to Aetna Medicare Advantage Plan.

65th Birthday

- Retirees can notify RSD Benefits at least the month prior to their birthdate with notification that they are starting a Medicare plan as of the first of the month of their birthday.

November 1 RSD Open Enrollment

- If you want to drop RSD Cigna coverage starting November 1, you can make this change during our open enrollment time. This change in coverage will allow you to join Aetna plan starting November 1. You would pay the 2024 Aetna rates for November and December and start the 2025 rates in January. Once you are Medicare eligible though, Cigna will only pay secondary to Medicare on medical claims regardless if you are enrolled in Medicare or not. We don't advise you to enroll late in Medicare. There could be penalties.

January 1 Aetna Open Enrollment

- If you want to keep your Cigna coverage through December 31, you can do so and join the Aetna plan during their open enrollment time frame. You would need to provide us notice in December so that we can update our records prior to January billing. Once you are Medicare eligible though, Cigna will only pay secondary to Medicare on medical claims regardless if you are enrolled in Medicare or not. We don't advise you to enroll late in Medicare. There could be penalties.

Medicare Advantage Plan – Plan Option Highlights

For more detail, refer to the Summary Plan Description. Aetna website, www.aetnahealth.com.

Rockwood doesn't receive 2025 plan & rate information prior to the printing of this book so listed below is 2024 information.

2024 Plan Name	High Plan	Low Plan
Eligibility	Enrolled in Medicare Part A & B and live within the service area	Enrolled in Medicare Part A & B and live within the service area
Network	Aetna Medicare HMO	Aetna PPO network
Out-of-Network Benefit	In-network benefits only	The PPO (ESA) out-of-network benefits are the same as the in-network
2025 Premium	\$262.88	\$29.16
Deductible**	\$0	\$500
Out of Pocket Max*	\$3,000	\$3,400
Inpatient	\$150 day (1-5)	\$200 day (1-5)
Outpatient	\$200 visit	\$150 visit
PCP/Specialist	\$15/\$25	\$20/\$30
Telehealth	\$15/\$25	\$20/\$30
Lab	\$0	\$0
X-Ray	\$0	\$0
Diagnostic Radiology	20%	\$120
Diagnostic Testing & Procedures	20%	20%
Urgent Care	\$25	\$50
ER	\$50	\$120
Ambulance	\$100	\$120
RX (standard)	\$10/\$35/\$55/25%	\$10/\$35/\$55/25%
90-Day RX	2x copay (Tier 4-NA)	2x copay (Tier 4-NA)
GAP (Donut Hole)	\$4,660-\$7,400	\$4,660-\$7,400
GAP Coverage	Full Coverage	Full Coverage
Vision Eyewear Reimbursement	\$100 every 12 months	\$265 every 12 months
Hearing Aid Reimbursement	\$500 every 12 months	\$2,500 every 12 months
Teladoc	\$0	\$0
Resources for Living	\$0 cost to member EAP (Employee Assistance Program)	\$0 cost to member EAP (Employee Assistance Program)
Silver Sneakers	Free Fitness Program	Free Fitness Program
Meals	N/A	Covered up to 14 meals following an inpatient stay
Dental	Value – EPO, \$750 max benefit each year, \$0 deductible/0% coinsurance	Premier- EPO, \$1,000 max benefit each year, \$0 deductible/0% coinsurance, \$25 deductible, 50% coinsurance
Annual 2024 Cost	\$3,154.56	\$349.92
		** Do Not apply to the PPO deductible: \$0 preventive care, including annual physicals, PCP services; specialist services; routine x-rays, labs and diagnostic test/procedures; routine eye and hearing exams; medical supplies; ambulance & emergency room.

*Does Not Include Copays or Rx Copays

Both the High and Low Plans are St. Louis only area networks.

Emergency Room vs. Urgent Care

More than 10 percent of all emergency room visits could have been better addressed in an urgent care facility or a doctor’s office. Your health plan with Rockwood School District covers both emergency room and urgent care visits. If you’re suddenly faced with symptoms of an illness or injury, how can you determine which facility is most appropriate for your condition?

Emergency Room

The emergency room (ER) is equipped to handle **life-threatening injuries and illnesses** and other serious medical conditions. Patients are generally seen according to the seriousness of their conditions in relation to other patients.

Go to the nearest ER if you experience any of the following:

- Compound fractures
- Shortness of breath
- Broken bones
- Poisoning
- Seizures
- Chest pain or difficulty breathing
- Uncontrollable bleeding

Cost with CIGNA Medical Essential Plan: 30% after Deductible is met

Urgent Care

Urgent care centers also offer after-hour care. Unlike emergency rooms, they are not equipped to handle life-threatening situations. Rather, they are designed to address **conditions where delaying treatment could cause serious problems or discomfort.**

These conditions can be treated in an urgent care center:

- Cuts that require stitches
- Diagnostic tests (x-rays, labs)
- Ear infections
- Fever or the flu
- Sprains or strains
- Vomiting, diarrhea or dehydration
- Urinary tract infections

Cost with CIGNA Medical Essential Plan: 30% after deductible is met

Choosing the appropriate place of care not only ensures prompt and adequate medical attention, it also helps reduce unnecessary medical expenses. Although urgent care centers are usually more cost-effective, they are not a substitute for emergency care.

Tips for Saving on Your Health Plan Year Round

More Expensive Options		Less Expensive Options
Out-of-network doctors and pharmacies	Vs	In-network doctors and pharmacies
Brand name medications	Vs	Generic medications
Emergency room, average cost \$1,523 (for non-emergencies)	Vs	Urgent Care, average cost \$131 Convenience clinic, average cost \$76 (for non-emergencies)
Hospital lab, average cost \$48	Vs	Quest or Lab Corp, average cost \$9
Hospital radiology CT, average cost \$1,198	Vs	Independent radiology center CT, average cost \$591
Hospital radiology MRI, average cost \$1,676	Vs	Independent radiology center MRI, average cost \$706
Outpatient surgery in a hospital, average cost \$2,821	Vs	Outpatient surgery in a surgery center, average cost \$1,438

Please note that every health plan is different.

You should check your plan documents to determine which tips apply to your plan.

Prescription Medication Coverage

Our medical plans include prescription drug coverage through **Express Scripts**. The cost of each prescription is determined by the tier it falls under. The three tiers are Generic, Preferred, and Non-Preferred. You can find in-network pharmacies and a list of covered prescriptions at [express-scripts.com](https://www.express-scripts.com) or 1-844-494-1052. Whenever possible, generics provide the most economical way to fill your prescriptions.

You can access your ID card on the mobile app. If you still want a physical copy of your ID card, you can call Express-Scripts to get a card.

Generic Drugs

To get more out of your health care plan, choose generic drugs when possible. Generic drugs are the chemical equivalent of their more expensive brand name drug counterparts. Even if your doctor prescribes a brand name drug, you can always ask for the generic equivalent.

Preferred Drugs

Preferred brand drugs are prescriptions that your pharmacy benefit plan has selected as the most effective and cost efficient to treat certain conditions or illnesses. These brand name drugs are often more expensive than their generic counterpart.

Non-Preferred Drugs

Non-preferred brand drugs treat conditions or illnesses that can also be treated by a preferred brand or generic prescription. These drugs typically have a higher copayment.

TIP

Use the Express Scripts mobile app to price medication while talking to your doctor.

You will pay full cost of the medication until the plan deductible is met. After the deductible is met, you will pay 30% of the cost and the plan will pay 70%

Programs

Livongo Diabetes Program Key Features:

- For members diagnosed with type 1 or type 2 diabetes.
- More than a standard meter – The Livongo connected blood glucose meter uploads readings and provides real-time tips, making log books a thing of the past.
- Get as many test strips and lancets as you need shipped to your door, with no hidden costs.
- Coaches are Certified Diabetes Educators who can assist you with nutrition and lifestyle changes.



Diabetes & Hypertension Program Key Features:

- Easy remote monitoring via wireless-connected blood pressure cuff.
- Intuitive mobile experience to track progress and receive personalized, clinically-grounded coaching and educational content.
- Tips to help you stay on track – Receive useful information and reminders to manage your blood pressure and feel your best.
- Coaching in nutrition and weight, stress and blood pressure management – Licensed professionals provide live coaching, virtual care, and 24/7 digital alerts.



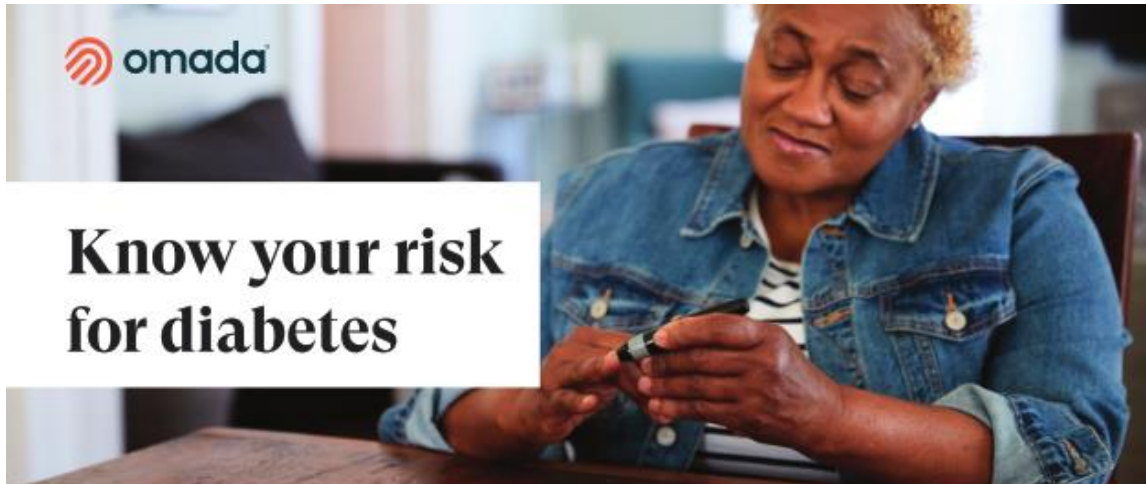
If you qualify for one or both of the Livongo programs, you will be contacted by Livongo.

Insulin Help - Patient Assurance Protection Program Key Features:

- We have partnered with Express Scripts to bring down the cost of preferred insulin products for you and your family members living with diabetes.
- Eligible members will pay no more than \$25 per 30-day supply. That can mean more affordable access to insulin, and more money in your pocket.
- There is no additional charge to RSD or to you!
- Contact Express Scripts, (844) 494-1052, for more information or details about participating medications.

The Cigna Diabetes Program in Collaboration with Omada

- If you are at risk for diabetes or heart disease, you may be eligible for Omada, an intensive, virtual program that coaches you in making healthy lifestyle changes that last. It is a preventive care service that is covered at 100%.
- Participation in the program includes a virtual coach, an online community for support and encouragement, an app to track food, weight and physical activity, and a “smart” scale that automatically sends data to the app.
- Visit myCigna.com – Wellness & Incentives or call 1-800-CIGNA24 for more information.



More than 80% of people with prediabetes don't know they have it.

Omada is included in your complimentary health benefits to help you build healthy habits and reduce your risk for diabetes, one small change at a time.

Claim your benefit:*
www.omadahealth.com/rockwood

Get ahead of diabetes:

- ✓ Know your risk factors
- ✓ Speak with your health coach
- ✓ Make small changes for a healthier lifestyle

Risk factors for diabetes:

Are you 45 years or older?

Your risk for diabetes increases as you age, but there are steps you can take to prevent it.

Is type 2 diabetes in your family?

Family history matters. If your parents, brother, or sister have diabetes, you may be at risk.

Physically active less than 3 times a week?

There's good news. You can prevent or delay the onset of type 2 diabetes by making simple lifestyle changes, like moving more.

*If covered by your employer or health plan: Omada for Prevention, Diabetes or Hypertension is available at no cost to you, and Omada for Joint & Muscle Health is subject to deductibles, copays and co-insurance as decided by your health plan. Some of the program features described in this email are specific to certain Omada programs. Certain connected devices provided by Omada as a part of an Omada program are only available to members who meet certain program and clinical eligibility.

Virtual Care

Try Cigna’s virtual care options
Find out more at mycigna.com

Cigna’s Nurse Help Line

Need help deciding about your health or medical treatment? Call 1-800-244-6224 to get immediate support and advice from a Registered Nurse. This service is available 24/7 and free to those enrolled in Cigna medical coverage.

Talk to a board-certified doctor 24/7

The cost of Virtual Care depends on the type of provider seen. Visit mycigna.com, “Talk to a Doctor” or myCigna app, “Find Care & Costs”. Some examples of care are:






- Routine care visits - Prescriptions available through home delivery or at local pharmacies, if appropriate – Receive orders for biometrics, blood work and screenings at local facilities
- Urgent care – On demand 24/7/365, including holidays – Care for hundreds of minor medical conditions – A convenient and affordable alternative to urgent care centers and the emergency room
- Behavioral care – Talk therapy and psychiatry from the privacy of home – Option to select the same provider for every session – Care for issues as anxiety, stress, life changes, grief and depression
- Dermatology – Board certified dermatologist review pictures and symptoms; prescriptions available – care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more

Virtual care prices are not flat rates and are subject to change. The most current cost of care will be shown before making an appointment on mycigna.com. You can also call 1-888-726-3171 for costs.

Must access MDLive through mycigna.com or MDLiveforCigna.com to receive plan rates.

Virtual Care Price examples are listed below:

Book an Appointment MO

 <p>Urgent Care</p> <p>● Wait 10 minutes or less*</p> <p>On-demand care 24/7 by phone or video for non-emergency illness and injuries.</p> <p>Learn More</p> <p>\$63 per appointment</p> <p>Get Started</p>	 <p>Primary Care</p> <p>● Appointments in 2-5 days*</p> <p>Annual wellness screenings, specialist referrals, and ongoing routine care.</p> <p>Learn More</p> <p>\$105 Routine Care \$0 Wellness Screening</p> <p>Get Started</p>	 <p>Therapy</p> <p>● Appointments in 1-2 days*</p> <p>Talk therapy and coping strategies from the comfort and privacy of home.</p> <p>Learn More</p> <p>\$140 per appointment</p> <p>Get Started</p>	 <p>Psychiatry</p> <p>● Appointments in 2-3 days*</p> <p>Assessment and support for mental health issues with medication management.</p> <p>Learn More</p> <p>\$290 per appointment</p> <p>Get Started</p>	 <p>Dermatology</p> <p>● Responses within 48 hours*</p> <p>Dermatology assessments via secure messaging. Receive a treatment plan within 48 hours.</p> <p>Learn More</p> <p>\$90 per appointment</p> <p>Get Started</p>
---	--	--	---	---

* Indicates the earliest availability for the service. Actual timing may vary per provider.

Retiree Wellness

2024 – 2025 Incentives*

Retirees Earn \$300 & Spouses Earn \$50
by Improving Your Health!

Your health is a priority! Earn \$300 in incentives, redeemable in gift cards, just by taking steps to maintain or improve your wellbeing.

You **MUST** complete the two goals below in order to REDEEM your incentive dollars for gift cards on mycigna.com. **You will not be able to see any other completed goals until you complete these two.**



- Personal Health Assessment – Log into mycigna.com to complete, hover your mouse over Wellness and click on My Health Assessment.



- Complete your annual wellness exam with your primary care doctor. Annual wellness exams are covered at 100% under all RSD Cigna medical plans.

Visit the next page to see a complete list of goals in addition to the two listed above.

Get started earning incentives as soon as November 1, 2024 by visiting the Wellness page on mycigna.com and completing your Personal Health Assessment.

Incentive rewards expire 90 days after the plan year ends.

If you leave Rockwood, you have 90 days after your termination date to redeem your incentives.

Spouses on your Rockwood plan can earn \$50 (total) for completing the health assessment and their annual wellness visit.

For questions, contact our On-Site Cigna Rep/Wellness Coordinator at 636-733-2062.

*Incentive rewards are available to Retirees covered by the Cigna medical plan through RSD. Incentive points are redeemable as gift cards through myCigna.com. InComm is the vendor that Cigna partners with for the gift card awards. Gift cards are taxable income. Incentive points must be redeemed within 90 days of the end of the plan year. If you're unable to meet a goal's objectives, you may still be able to earn the award by completing an alternate activity. Visit myCigna.com and select a goal to see its alternate activities.

2024-25 Incentive Goals

Complete between November 1 2024-October 31, 2025

Goal	Details	Retiree Award Amount Max \$300	Spouse Award Amount Max \$50
Health Assessment	Complete a Personalized Health Assessment on myCigna.com	\$0	\$0
Annual Preventive Exam	Complete your annual preventive exam with your primary care provider (your doctor must code the visit as preventive for the goal to be posted and rewarded)	\$100	\$50
You must complete the above 2 goals to redeem your incentives. You may complete the goals in any order but, you will not be able to see the “Redeem” button on myCigna.com until the above 2 goals are completed.			
Biometric screening	Complete a biometric health screening at an on-site biometric event, a Quest patient service center or with the health screening form completed by your provider	\$50	N/A
Cancer screening	Complete a cancer screening (prostate, breast, cervical, colonoscopy, skin*) *the skin cancer screening claim has to have the code DXCD Z12.83 for the goal to be posted and rewarded.	\$50 each	N/A
Achieve a health goal to overcome a chronic health problem	Work with a trained health coach to identify and work towards a personal goal related to a serious health problem* Call a health coach at 1-800-244-6224 *Included health conditions: Asthma, Chronic Obstructive Pulmonary Disorder (COPD), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Depression, Diabetes, Low Back Pain, Osteoarthritis, Peripheral Artery Disease (PAD)	\$75	N/A
Get help understanding medical treatment options	Discuss treatment options for back pain, hip/knee osteoarthritis, heart problems, benign uterine conditions, prostate cancer or breast cancer and make an informed choice with your health coach Call a health coach at 1-800-244-6224	\$75	N/A
Manage Stress &/or Weight Loss Participate in the Lifestyle Management Program	Complete the Manage Stress or Lose Weight coaching program over the phone through Cigna Call a health coach at 1-800-244-6224	\$25 each	N/A
Complete the Omada Program	Complete the 16-week Omada program (Incentivized once per lifetime)	\$50	N/A
Flu shot	Get your flu shot using your Cigna insurance. Self-report date completed on myCigna.com.	\$10	N/A
Preventive dental cleaning	Get a preventive dental cleaning (2x per year). Self-report dates completed on myCigna.com.	\$25 each maximum of \$50	N/A
Healthy Pregnancies, Healthy Babies	Participate in and complete the Healthy Pregnancies/Healthy Babies program, while pregnant, for help staying healthy during and after pregnancy	\$100-enrolled in 1 st trimester \$50-enrolled in 2 nd trimester	N/A

Flu Vaccinations

Influenza (also known as the flu) is a serious disease that can lead to hospitalization and even death. Every flu season is different, and influenza infections can affect people differently. While millions of people get the flu every year, hundreds of thousands of people are hospitalized, and tens of thousands die from flu-related causes every year. Even healthy people can get very sick from the flu and spread it to others. (cdc.gov/flu)

To help our employees, retirees and students stay well, RSD provides on-site flu vaccination clinics. These clinics are staffed by the Visiting Nurses Association (VNA).

Here's what you need to know about getting your flu vaccination on-site:

1. **Bring your insurance card.** Flu vaccinations are required by the ACA (Affordable Care Act) to be paid by insurance plans at no cost to the individual. If you have Cigna insurance or another insurance accepted by VNA, you will have no out of pocket expense.
 - If you have a spouse or dependent on Cigna coverage through RSD and want them to be vaccinated at an RSD clinic, please bring their insurance ID card.
2. Insurance accepted by VNA at Rockwood flu clinics: Aetna, Anthem-Blue Cross and Blue Shield (No EPO's), Cigna (No EPO's), Coventry, HealthLink, Humana, Medica, TRICARE, United HealthCare (including AllSavers, GoldenRule, UMR, & GEHA); Medicare Plans: Medicare Part B, Aetna (HMO/PPO), Anthem/BCBS Advantage (HMO/PPO), Essence; Medicare Advantage Plans – PPO Only (no HMO): Cigna, Coventry, Humana, UHC (including PPO AARP); Missouri Medicaid (18 and Younger Only): Homestate Health, Missouri Care, United HealthCare Community Plans, Healthy Blue, Ambetter, MO Healthnet.
****VNA cannot accept Medicaid plans for those over the age of 18.
3. Students and community members may also receive a flu vaccination at an RSD flu clinic. These individuals can either pay using their medical insurance or by cash.
4. Individuals 6 months of age and older can receive a vaccination at our RSD on-site clinics. A signed consent form (by a parent or legal guardian) must be provided in order to vaccinate anyone 17 years old or younger.
5. If you miss an RSD flu clinic, don't worry! You can still get a flu vaccination at your primary care provider's office or at a convenience care clinic like Walgreens, CVS and Walmart. They will need a pediatrician prescription for kids 12 and under. Bring your insurance card and there will be no cost to you!



Schedule of RSD Flu Vaccination Clinics can be found on
Rsdmo.org/departments/human-resources/retirees/wellness

2024 RSD Flu Vaccine Schedule

DATE	LOCATION	TIME
9/18/24	Chesterfield Elementary	8:00AM-10:00AM
9/19/24	Kellison Elementary* & Fenton Bus Garage	3:30PM-5:30PM
9/20/24	Ellisville Elementary* & Center for Creative Learning	7:00AM-9:00AM
9/23/24	Bowles Elementary* & Vandover Early Childhood Center	11:30AM-2:00PM
9/23/24	Crestview Middle School	1:30PM-3:45PM
9/23/24	Eureka Elementary	3:00PM-4:30PM
9/24/24	Westridge Elementary	11:15AM-1:45PM
9/26/24	Uthoff Valley Elementary	3:30PM-5:30PM
10/2/24	Eureka Early Childhood Center	11:30AM-1:30PM
10/2/24	Rockwood South Middle School	2:30PM-5:30PM
10/2/24	Fairway Elementary	3:00PM-5:30PM
10/3/24	Marquette High School	8:00AM-11:30AM
10/4/24	Admin Annex* & Admin Center	8:30AM-11:00AM
10/4/24	Clarkson Valley Early Childhood	10:00AM-12:00PM
10/8/24	Geggie Elementary	3:00PM-5:30PM
10/9/24	Rockwood Summit High School	3:00PM-5:30PM
10/10/24	Babler Elementary	4:00PM-6:00PM
10/10/24	Blevins Elementary	3:00PM-6:00PM
10/11/24	Woerther Elementary	7:30AM-10:00AM
10/11/24	Wildwood Middle	11:00AM-2:00PM
10/14/24	Pond Elementary* & Facilities/Child Nutrition Services/Pond Bus Lot	10:30AM-1:00PM
10/14/24	LaSalle Springs Middle School	2:00PM-5:30PM
10/15/24	Selvidge Middle School	1:00PM-3:30PM
10/15/24	Ballwin Elementary	3:30PM-6:00PM
10/17/24	Ridge Meadows Elementary	3:00PM-5:30PM
10/17/24	Eureka High School	3:00PM-6:00PM
10/18/24	Kehrs Mill Elementary	11:30AM-2:30PM
10/22/24	Wild Horse Elementary	2:00PM-4:30PM
10/22/24	Green Pines Elementary	3:30PM-6:00PM
10/24/24	Lafayette High School	3:30PM-6:00PM
10/25/24	Rockwood Valley Middle	2:30PM-4:30PM
10/29/24	Stanton Elementary* & Vandover Early Childhood Center	3:00PM-5:00PM

* indicates physical location of flu shot clinic

Bring your insurance card for a vaccine at no cost to you.

Biometric Screenings and Health Fair

Your cholesterol, blood pressure, blood sugar and body mass index numbers are key indicators of your risk for serious illness. If you know your numbers, you can make changes to improve your health and reduce your risk of developing heart disease, diabetes and other serious illnesses. We want to make it convenient and rewarding to know your numbers.

Complete your Preventive Annual Wellness Exam with your Primary Care Provider (\$100 incentive)

In-network preventive care is covered at 100%, at no cost to you, not even for the labs!

Your in-network provider will share data with Cigna to electronically complete your incentive.

Easy ways to complete your biometric screening (\$50 incentive-see page 18 for more information)

At an onsite event: Rockwood hosts onsite biometric screening events throughout the year. Complete your biometric screening onsite and the data is shared with Cigna electronically to complete your incentive.

At a Quest Lab location: Make an appointment to complete your biometric screening at a Quest location. The lab will send data electronically to Cigna in order to complete your incentive.

By your doctor: Your own doctor can perform the screening as part of your annual wellness visit. Ask your doctor to complete the wellness screening form, found on myCigna.com, and submit it to Cigna to complete your incentive.

Virtually: You can schedule a virtual preventive visit with MDLIVE that includes a biometric screening. After this appointment is completed, information will be sent electronically to Cigna in order to complete your incentive.

RSD Health Fair:

We hope to bring you a Health Fair again this year. The date is TBD.

When we determine the date, you will want to come learn more about your health and wellbeing, leave with peace of mind. We will have games, **Raffle off high dollar gift cards**, snacks, photo-booth & more fun activities! You can earn a gift card by visiting 5 vendors!

Mammograms & On-Site Health Screenings will also be available. More information about scheduling and times will be shared at a later date!



Check the One Rockwood Retiree Wellness page for dates for biometric screenings and the registration link.

Required Notifications

Retiree Benefit Guide

Definitions

Retiree – A retiree of the District who retires with the Missouri Public School Retirement System (PSRS) or the Public Education Employee Retirement System (PEERS).

Retirement Date – The first day of the month for which the retiree receives their first retirement benefit from the PSRS or PEERS.

Eligible Spouse – Legal spouse of the retiree who does not have an offer of coverage from their employer.

Eligible Dependent – Legal dependent of the retiree under the age of 26.

Spouse Only Rate – The amount equal to the retiree only rate.

Child Only Rate (Underage Dependent) – The amount equal to the retiree plus child rate minus the retiree only rate.

Spouse and Child Only Rate – The amount equal to the retiree plus family rate minus the retiree only rate.

Open Enrollment – The annual time when benefit changes can be made.

Retiree Eligibility

Retirees may continue District health coverage provided that they elect to continue health coverage within one (1) year from the date they retired from the District. The election must be made by following District procedures.

If a retiree passes away, any spouse or child on the plan at the time of the retiree's passing, may continue to remain on the plan as long as premiums continue to be paid, until the child turns 26, and/or as long as the spouse is not offered coverage through their employer. The foregoing is not intended to limit or change any benefits or features provided under District health coverage under the Affordable Care Act or COBRA.

If a spouse or children are covered under the District's health plan on the retiree's date of death and are eligible for special enrollment under RSMo § 169.590, such individuals may continue coverage under the District's health plan, provided that such individuals pay for the cost of coverage and enrollment is made following District procedures within 30 days of the date of death. Once enrollment deadlines have passed, enrollment is not permitted.

As a retiree, you are responsible for the full amount, which includes the portion the District paid for you and the portion you previously paid as an employee. You can elect retiree only, retiree plus spouse, retiree plus child, or retiree plus family.

Retiree Enrollment

A retiree should apply for retiree health coverage at least 30 days prior to their Retirement Date to avoid a temporary lapse in coverage. Assuming timely enrollment, the effective date of the retiree coverage will be the first day of the month following retirement as an active retiree. Once benefit elections are submitted, dependents or spouses can only be added due to a Special Enrollment for certain life events or new dependents/spouses or at Annual Open Enrollment.

Retiree Health and Other Coverage Checklist

Be sure to complete the following checklist to enroll for retiree health benefits:

- Complete and submit to the Benefits Office the RSD Retiree Enrollment Form in the back of this book or submit elections through the on-line enrollment site (Alight) if applicable, whether electing or waiving.
- Complete and submit the Automatic Debit Authorization form along with a voided check.
- Bank accounts are debited for premium payments the 7th of the month for the current month, or the next business day if the 7th is on a holiday or weekend.
- Submit a copy of your proof of retirement through PSRS or PEERS showing your eligibility as a retiree and listing your spouse or dependents.
- If you or your spouse is eligible for Medicare, contact your local Social Security Administration office to enroll in Parts A, B, and D of Medicare. It is important to enroll in Medicare Parts A, B, and D to receive maximum health benefits. If Medicare is not elected and you or your spouse are eligible for Medicare, benefits under the District's health plan will be reduced as though Medicare is the primary payor.

Open Enrollment

Retirees will have the opportunity to make changes to their health benefits each year at open enrollment provided those changes are consistent with the eligibility rules stated herein.

You have one year from your retirement date to elect medical benefits. If you do not, you can never enroll in them. If you ever enroll in medical and drop it, you can never add it back.

Coverage is provided on a monthly basis and months of coverage and premiums are not pro-rated.

Special Enrollment Periods due to Loss of Other Health Coverage

An eligible dependent (under age 26) of a covered retiree (or covered surviving spouse) who loses coverage under another health plan will be eligible to enroll for coverage in the District's health plan if the following apply:

- The covered retiree (or covered surviving spouse) declined coverage for the dependent when first eligible because the dependent was covered by other health coverage; and
- The dependent lost other coverage as a result of any of the following qualifying events: Divorce or legal separation causes the dependent to lose coverage; or the dependent is no longer eligible for coverage because the dependent is no longer considered a dependent under the other plan because of age, work or school status (loss of coverage due to non-payment of premiums does not qualify); death of the retiree covered by the other plan; reduction in the number of hours of employment; the plan decides to no longer offer any benefits to a class of similarly situated individuals; the employer contributions to the other plan cease regardless of whether the individual is still eligible for coverage under the other plan; the individual was in an HMO or other arrangement and no longer resides, lives or works in the service area; or the dependent's COBRA continuation coverage has expired.

To enroll for coverage under these circumstances, a Retiree Enrollment Form must be submitted within 30 days of losing coverage under the other plan and appropriate premium payments must be made. This 30-day period is the special enrollment period for these events.

As part of the application process, proof of loss of coverage must be provided. If these requirements are met, coverage under the District's health plan will take effect the first day of the month following receipt of the Retiree Enrollment Form.

Special Enrollment Period as a Result of Gaining a New Dependent or Spouse

A covered retiree (or covered surviving spouse) may enroll a new dependent if the new dependent was acquired as a result of any of the following qualifying events:

- Marriage
- Birth
- Adoption, or placement in anticipation of adoption
- Placement for foster care
- Legal guardianship
- Legal custody, or
- Qualified Medical Child Support Order (QMCSO)

To enroll the new dependent, a Retiree Enrollment Form must be submitted within 30 days of the date of the qualifying event and the appropriate premiums must be paid. This 30-day period is the special enrollment period for these life events.

District's Right to Request Documentation

Documentation of dependent relationship, such as marriage license or birth certificate, must be provided. To enroll a child due to adoption, placement in anticipation of adoption, placement for foster care, legal guardianship, or legal custody, a copy of the applicable court order must be submitted with the Retiree Enrollment Form.

Retiree Reemployment

A covered retiree who returns to work (other than full-time) while continuing to receive retirement benefits will remain covered as a retiree. The retired retiree will not be eligible for employer-paid coverage as an active retiree under the District's health plan. A retiree who returns to full-time employment is eligible for employer-paid coverage as an active retiree.

Changes in Enrollment Status

Any change in enrollment status, such as death, divorce, entitlement to Medicare, etc., must be reported within 30 days of the event. The change must be reported on a Retiree Enrollment Form. This form is in the back of this book on page 46.

Participants Eligible for Medicare

The District's health plan offerings provide for a Medicare supplement plan. The eligible spouse of a retiree can elect the Medicare supplement plan provided the non-Medicare eligible retiree remains in the District's non-Medicare medical plan. The Medicare eligible retiree can elect the Medicare supplement plan and the eligible spouse of the covered retiree can remain on the non-Medicare medical plan. In all events, the premiums for the applicable plan must be paid.

The District's non-Medicare eligible Essential plan are not considered creditable coverage under Medicare Part D.

An individual becomes eligible for Medicare Part A on the 1st of the month in which he or she turns 65. If the birthday occurs on the 1st of the month, he or she would be eligible for Medicare on the 1st day of the previous month. To elect Medicare Part A or Part B please contact Social Security directly. Medicare will be regarded as the primary insurance over the District's health plan once a District retiree electing to be covered under the District's health plan as a retiree, retires and has reached age 65.

The following discussion assumes the facts in the preceding sentence apply. If you are eligible to be covered under Medicare but have not elected Medicare, the health plan will estimate what Medicare would have paid. This means that the District's health plan will not consider for reimbursement any costs that would have been paid under Medicare. If you purchase an individual Medicare supplement policy and also elect coverage under the District's health plan, Medicare will be primary. The District's health plan will be secondary as it does not coordinate with individual plans. You must consult the supplemental carrier to determine what coverage it will provide in these circumstances.

This summary regarding Medicare and coordination of coverage with Medicare does not address details concerning Medicare eligibility and or enrollment nor does it address all of the circumstances and situations in which Medicare may be primary or secondary. For questions about coordination of benefits, please call the customer service number on your District health plan ID card or contact the Rockwood Human Resources Benefits department and ask for a copy of the health plan summary plan document. You may also contact Medicare with your questions at a local office, Medicare.gov or 1-800-633-4227.

Cancelling Coverage

A retiree desiring to terminate retiree coverage in the District's health plan must send a written request to the Benefits Office to cancel coverage under the plan. Once coverage is canceled (after the one-year special retiree enrollment period permitted under RSMo §169.590), the coverage cannot be elected at any point in the future. Once the retiree cancels his/her coverage, all rights to District health coverage for dependents and spouse cease.

Where coverage is canceled for a benefit eligible person, the coverage will end at the end of the month in which the written request is received. Dependent coverage ends at the same time the retiree coverage ends. If coverage ends due to loss of eligibility, coverage ends at the end of the month in which eligibility is lost. Requests for retroactive cancellation are not allowed. Termination of coverage ends all rights of the enrollee to benefits under the District's health plan as of the date coverage ends.

Retirees desiring to cancel dependent coverage other than at open enrollment must make this request within 30 days of the dependent gaining other coverage.

Coverage under the District's health plan will also end if any required contributions are not paid, or if the District's health plan is terminated.

Missed Payments

If the retiree misses payment, the District reserves the right to cancel coverage at the end of the month for which payment was made unless payment is made during the grace period. Retirees who miss a payment will be given a late/missed payment notice describing the grace period to submit the late/missed payment.

Authority

The District has exclusive authority to determine eligibility for coverage under its benefit plans. The decision of the District on all matters related to retiree/dependent eligibility and any determinations by the District of disputed issues are final and binding on all parties.

Mental Health Parity and Addiction Equity Act Disclosure

The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the Company Plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at **Benefits Office, Rockwood School District 636-733-2043**.

COBRA

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. After a qualifying life event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

You will be offered the same medical plan you are enrolled in as an eligible Retiree, but you will pay 102% of the cost of the plans you elect to enroll in through COBRA. You will have 60 days from the date your benefits end to enroll. For more information, please call 636-733-2043.

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE - FEDERAL

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the Benefit Specialist at 636-733-2043.

NOTICE REGARDING WELLNESS PROGRAMS

MotivateMe® is a voluntary wellness program available to all benefit eligible Retirees and spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve retiree health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a preventative exam with your primary care doctor.

However, retirees who choose to participate in the wellness program will receive an incentive of \$100 minimum in gift cards and other miscellaneous prizes not exceeding \$300 for completing the incentive activities. Although you are not required to complete the health risk assessment or preventive exam, only retirees who do so will receive the incentive rewards. Additional incentives of up to \$200 (besides the \$100 earned for completing the Physical and HRA) may be available for retirees who participate in certain health-related activities, for example: online coaching, cancer screenings, or achieve certain health outcomes. Spouses on your plan who choose to complete a preventative exam and online health risk assessment will receive an incentive of a \$50 gift card.

All incentive rewards earned will be regarded as taxable income.

For all participants – if you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Cigna at 1-800-CIGNA24 and they will work with you and, if you wish, with your doctor.

For participants who may have an impairment – if you are unable to participate in any of the program events, activities or goals, because of a disability you may be entitled to a reasonable accommodation for participation, or an alternative standard for rewards. For work-site accommodations please contact Brenda Tinsley, Rockwood School District Benefit Coordinator at tinsleybrenda@rsdmo.org or 636-733-2043, for accommodations with online, phone, or other Cigna programs, please contact Cigna at 1-800-CIGNA24.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as “online coaching”, “telephonic coaching”, or other applicable services. You are also encouraged to share your results or concerns with your own doctor.

WELLNESS PROGRAMS (continued)

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Rockwood School District may use aggregate information it collects to design a program based on identified health risks in the workplace, MotivateMe® will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are registered nurses, health coaches, or doctors in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact **Brenda Tinsley, 111 E North Street, Eureka, MO 63025, 636-733-2043, tinsleybrenda@rsdmo.org**.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases, we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective November 1, 2024
- Contact Information:
Brenda Tinsley
111 East North Street
Eureka, MO 63025
636-733-2043
tinsleybrenda@rsdmo.org

Medicare Part D Non-Creditable Coverage Notice

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Rockwood School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Rockwood School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Rockwood School District has determined that the prescription drug coverage offered by the Cigna Essential Plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Cigna Essential Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.**
- 3. You can keep your current coverage from Cigna. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you decide to drop your current coverage with Rockwood School District, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment

Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Cigna Essential Plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Rockwood School District coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current Rockwood School District coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under the Cigna Essential Plan is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Rockwood School District changes. You also may request a copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Non-Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: November 1, 2024
Name of Entity/Sender: Rockwood School District
Contact--Position/Office: Brenda Tinsley
Address: 111 E. North Street, Eureka, MO 63025
Phone Number: 636-733-2043

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of October 15, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

<p>GEORGIA – Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/info-details/mashealth-premium-assistance-pa Phone: 1-800-862-4840</p>
<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	TEXAS – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://mywvhpp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since October 15, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Retiree Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Key parts of the health care law take effect in 2014. There is a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your Retiree contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your Coordinator of Benefits at 636-733-2043.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer name Rockwood School District	2. Employer Identification Number (EIN) 43-6004215	
3. Employer address 111 E. North Street	4. Employer phone number 636-733-2000	
5. City Eureka	6. State MO	7. ZIP code 63025
8. Who can we contact about Retiree health coverage at this job? Brenda Tinsley		
9. Phone number (if different from above) 636-733-2043	10. Email address tinsleybrenda@rsdmo.org	

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

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

All Retirees. Eligible Retirees are:

Some Retirees. Eligible Retirees are:

A retiree of the District who retires with the Missouri Public School System (PSRS) or the Public Education Employee Retirement System (PEERS) on the same date.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

**Spouse (if not offered insurance through their employer)
Married dependent(s) to age 26
Unmarried dependent(s) to age 26**

We do not offer coverage.

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

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly Retiree or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Above is the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

* An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Glossary

Annual Open Enrollment – The one time per year when Retirees can make changes to their benefits (unless there is a qualifying life event).

Coinsurance – Typically in a percentage, this is the percentage of a cost of a service that you pay. The plan pays the other percentage of the cost. You will typically pay coinsurance after you meet the deductible.

Deductible – A health plan deductible is what you pay before the plan starts to pay.

Dependents – Children and spouses the Retiree chooses to cover on their insurance.

Embedded Deductible – In a health plan with an embedded deductible, no single individual on a family plan will have to pay a deductible higher than the individual deductible amount. Our Essential Plan has an embedded deductible. That means if there are two on the plan, each person has to reach their individual deductible before the coinsurance kicks in. If there are more than two on the plan, at least one person has to meet the individual deductible. The others, together, need to reach the remaining deductible.

Life Event – A change in status or life event that could qualify a Retiree to request a special enrollment. Examples include marriage, birth, divorce, gaining or losing other coverage. Please see One Rockwood or contact the Benefits Office for more information if you think you might qualify.

Out-of-Pocket Max – This is the yearly maximum you would pay in medical expenses not including premiums.

Plan Year – The period between November 1 and October 31 each year is our plan year. Plan changes and premium changes can happen at the start of each plan year.

Premiums – The amount you and the district pay to have coverage.

Self-Funded Insurance – Type of plan usually present in larger companies where the employer itself collects premiums from enrollees and takes on the responsibility of paying Retirees' and dependents' medical claims. In RSD we contract with Cigna and Express Scripts for the use of their networks and for them to process, pay, and adjudicate claims.

Your cost of health care is the amount of premiums you pay and the amount you pay in out-of-pocket costs like your deductible and expenses up to your out-of-pocket maximum.

RSD Benefits Office Staff

Please contact the Benefits Office if you have questions or need further information. Copies of the benefit summaries can be found at worklife.alight.com/rockwoodschoools.

Coordinator of Benefits Brenda Tinsley
636-733-2043
tinsleybrenda@rsdmo.org

Benefits Specialist Amber Gogel
636-733-2006
gogelamber@rsdmo.org

Amber helps retirees with enrolling in benefits, making changes to benefits, and child rearing leaves.

Human Resources Assistant Lisa Livingston
636-733-2050
livingstonlisa@rsdmo.org

Lisa enters benefit payroll deductions, processes COBRA, and manages online trainings.

Human Resources Assistant Laura Lovendahl
636-733-2009
lovendahlaura@rsdmo.org

Laura handles medical leaves of absence (non-child rearing leaves) and worker's compensation.

On-Site Cigna Rep/Wellness Coordinator Amber Branson
636-733-2062
bransonamber@rsdmo.org

Amber helps with incentives and anything wellness related.

Rockwood School District is proud to offer a comprehensive benefits package to eligible Retirees. The complete benefits package is briefly summarized in this booklet. For more detailed information, please log on to worklife.alight.com/rockwoodschoools and review Summary Plan Descriptions and Schedules of Benefits for each option.

If you have any questions or concerns regarding any information in this booklet, please contact the RSD Benefit Office.

This booklet gives you an overview of the main features of your benefit plans. The plans are administered according to legal plan documents and insurance contracts. Although we've tried to summarize the provisions of these legal documents clearly and accurately, if any information presented here conflicts with the legal documents, the legal documents will govern.

For more detailed information on the plans and your legal rights under the plans, be sure to read the summary plan descriptions or request a copy of the plan documents. All benefit plans are subject to change. RSD reserves the right to amend or cancel any benefits in this booklet in whole or in part at any time and for any reason. This document does not guarantee any benefits.

Essential Retiree Enrollment Form 2024-25

Name: _____ Date of Birth: _____

Address: _____

Email Address: _____ Phone: _____

PER MONTH	Total Cost of Coverage	If adding Dependent(s) List their name, SSN and DOB
-----------	------------------------	---

Medical – Choose one option

Essential

<input type="checkbox"/>	Retiree	\$413.84	_____
<input type="checkbox"/>	Retiree + Spouse	\$853.60	_____
<input type="checkbox"/>	Retiree + Child(ren)	\$747.80	_____
<input type="checkbox"/>	Retiree + Family	\$1,187.56	_____

<input type="checkbox"/>	Aetna (Coventry)	I have contacted Aetna (Coventry) to enroll in the RSD Medicare Advantage Plan.
<input type="checkbox"/>	Waive all Medical	

Please return this form to:
 111 E North Street
 Eureka, MO 63025
 Or email to
 benefits@rsdmo.org

Failure to provide appropriate documentation can result in loss of coverage changes.
 By submitting the coverage selections for my listed dependents and myself, I agree to the following:

- Payment is due the 7th of each month through electronic funds transfer from my designated account.
- Requested changes will become effective 1st of the month following receipt of request for change.
- Selections under the Plan can be changed or revoked by me only at each annual enrollment, on account of, and consistent with a Life Event (as defined by the Plan), or as otherwise permitted under federal law, including the HIPAA Special Enrollment regulations.
- The information I have furnished, to the best of my knowledge and belief, is correct and complete.
- I understand that any person who knowingly and with the intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.
- I understand all benefits are subject to conditions stated in the Plan Document.

Signature: _____ Date: _____

Retiree Group Insurance Rates
November 1, 2024 to October 31, 2025

Retiree	\$413.84
Retiree & Spouse	\$853.60
Retiree & Child(ren)	\$747.80
Retiree & Family	\$1,187.56

Once a line of coverage is discontinued, the retiree cannot return to that line of coverage.

This brochure summarizes the benefit plans that are available to Rockwood School District eligible Retirees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.