

2020



Park Hill School District

Building Successful Futures • Each Student • Every Day

Employee Benefits Overview



2025 BENEFITS OVERVIEW

Welcome to the 2025 Benefits Open Enrollment

For Benefits Effective 1/1/2025—12/31/2025

Open enrollment runs:
October 7th – October 29th

Enroll online at:

www.cbizesc.com/parkhill

**NOTE: Use laptop or desktop computer to enroll
(iPads and other portables are not compatible)**

NOT SURE HOW TO GET STARTED? DON'T WORRY!

Now is the perfect time to make
preparations by:

- ✓ Checking that your personal information is accurate and reviewing your current benefits at www.cbizesc.com/parkhill
- ✓ Taking a look at the changes for 2025
- ✓ Checking out additional tools which can be accessed at www.Parkhill.k12.mo.us.

2025 HIGHLIGHTS AT A GLANCE

- **NEW!** HDHP plans: deductibles & out-of-pocket maximums lowering from \$4,000 / \$8,000 to **\$3,500 / \$7,000**
- **NEW!** Vision: increased contact lens and frame allowance and adding a new “Blue Light Filtering” lens enhancement covered in full!
- **NEW!** Legal: plan upgrade to ML4.0— includes 3 new plan enhancements with slight increase in premium.

Rate sheets for all plans and pay schedules are available at www.Parkhill.k12.mo.us/staff

One-On-One Benefit Counseling Meetings

For your convenience:

- One-on-one benefit counseling sessions will be available via MS Teams, phone call, or in person.
- To schedule a one-on-one appointment click on the link below and pick a date and time that works for you.

Link to Sign-up: <https://tinyurl.com/y4d6h4tk>

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CONTACT INFORMATION

If you have any questions regarding your benefits, please contact your benefits team listed below.

Medical

Blue Cross Blue Shield (Blue KC)
myBlueKC.com
816-395-2270

Virtual Benefits

Blue KC Virtual Care
bluekcvirtualcare.com
888-658-6653

Dental

Blue Cross Blue Shield
myBlueKC.com
816-395-2270

Vision

Vision Service Plan
vsp.com
800-877-7195

Basic Life and AD&D, Voluntary Life and AD&D, Dependent Life

Ochs
ochsinc.com
651-665-3789

Flexible Spending Accounts

Tri-Star Systems
tri-starsystems.com
800-727-0182

Accident, Critical Illness, Hospital Indemnity Insurance, and Identity Theft

MetLife
mybenefits.metlife.com
800-438-6388

Legal Services

MetLife
members.legalplans.com
800-821-6400

Short-Term and Long-Term Disability

One America
longtermcareclaims.ind@oneamerica.com
800-553-5318

Pet Insurance

Pet Partners
www.petpartners.com
800-956-2495

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Your Benefits Team

Park Hill School District Benefits Department
816.359.4021

Jo Ann Blakely, Benefits Coordinator
blakelyj@parkhill.k12.mo.us, 816-359-6197

Melissa Martinez, Benefits Assistant
martinezm@parkhill.k12.mo.us, 816-359-6203

QUALIFYING LIFE EVENTS

WHAT IS A QUALIFYING LIFE EVENT?

A qualifying life event is an event that triggers a special enrollment period for an individual or family to purchase health insurance outside of the regular annual open enrollment period.

Qualifying life events typically include, but are not limited to:

- Becoming newly married or divorced.
- Having a baby or adopting a child.
- Experiencing a death of the insurer in the family.
- Losing health insurance coverage due to job loss.
- Losing eligibility for Medicare, Medicaid, or Children's Health Insurance Program (CHIP).
- Turning 26 and losing coverage from your parent's health insurance plan.
- Moving to a different zip code or county that changes your health plan area.

Because every situation is different, you may need to present documentation to show how the life event impacts your health insurance coverage.

WHO SHOULD I NOTIFY IF I EXPERIENCE A QUALIFYING LIFE EVENT?

If you believe you have experienced a qualifying life event and want to make changes to your insurance, please notify the Benefits Department by submitting a Qualifying Life Event change request through the online enrollment site or emailing the Benefits Department at blakelyj@parkhill.k12.mo.us **within 31 days** of the date of the event. You will have to wait until Open Enrollment if you notifying the Benefits Department outside of your qualifying event outside of the 31 days.



Changes in
income or job



Loss of health, COBRA
or Medicaid



Changes in
marital status



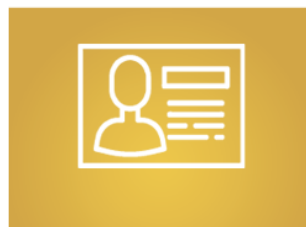
Change in residence



Having a child through
birth or adoption



Turning 26



Gaining U.S.
Legal Status

MEDICAL INSURANCE



HOW TO GET STARTED

SELECT YOUR MEDICAL PLAN

- ☐ **Spira-BlueSelect Plus HDHP**
- ☐ **Core B-Preferred-Care Blue HDHP**
- ☐ **Buy Up I-BlueSelect Plus– Traditional**
- ☐ **Buy Up II-Preferred-Care Blue– Traditional**

FREQUENTLY ASKED QUESTIONS

? **How many hours do I need to work to be eligible for insurance benefits?**

You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

? **Will I receive a new Medical ID card?**

Yes. Everyone will receive a new medical card even if you're not making any changes.

? **Does the deductible run on a calendar year basis?**

Yes.

? **How long can I cover my dependent children?**

Dependent children are eligible until the end of the year in which they turn age 26.

? **When will my benefits become effective?**

Elections and changes made during open enrollment will begin January 1, 2025.

YOUR HEALTH PLAN OPTIONS

As a full-time employee of Park Hill School District, you have the choice between four medical plan options.

Spira BlueSelect Plus HDHP Plan provides medical treatment at a low cost to you if received at a Spira Care facility. This plan is also a Qualified High Deductible Health plan which offers lower monthly premiums, and if you meet certain eligibility requirements, gives you the ability to open a Health Savings Account (HSA) where you can contribute all, or a portion of, the premium savings into the HSA. Outside of the Spira Care facilities, you can utilize providers in the BlueSelect Plus Network. It is important that you make sure the providers you want to see are a part of the BlueSelect Plus network.

Core B Plan is a Qualified High Deductible Health plan which offers lower monthly premiums, and if you meet certain eligibility requirements, gives you the ability to open an HSA where you can contribute all, or a portion of, the premium savings into the HSA. These funds can be used to cover medical expenses, including deductible, and they're yours forever—even if you leave the Park Hill School District. This plan utilizes the Preferred-Care Blue network.

BlueSelect Plus Buy Up I and **Preferred-Care Blue Buy Up II** are traditional PPO plans that include lower deductibles and coinsurance for medical care. These plans also feature copays for prescription drugs. The difference between these two plan options is the network of providers.

Important Provider Information

BlueSelect Plus Network is a high performing network that has in-network providers in a 6 county area (these counties include: Clay, Clinton, Jackson and Platte in Missouri and Johnson and Wyandotte counties in Kansas). You are highly encouraged to confirm that your providers are in the BlueSelect Plus network prior to selecting any of the BlueSelect Plus plan options (Spira and Buy Up I). Page 7 provides instructions on how to find out if your doctor is in this network.

MEDICAL INSURANCE PLAN OPTIONS - PLEASE NOTE PLAN CHANGES ARE ILLUSTRATED BELOW

(In-Network shown for Comparison Purposes)

Blue Cross Blue Shield	SPIRA - HDHP with HSA*	Core B - HDHP with HSA	Buy-Up I (Traditional PPO)	Buy-Up II (Traditional PPO)
Network	BlueSelect Plus	Preferred-Care Blue	BlueSelect Plus	Preferred-Care Blue
HSA Eligible	Yes	Yes	No	No
Deductible Individual Family	\$3,500 \$7,000	\$3,500 \$7,000	\$1,000 \$2,000	\$1,000 \$2,000
Coinsurance	0%	0%	10% / 25%	10% / 25%
Out-of-Pocket Maximum Individual Family (includes deductible, coinsurance & copay)	\$3,500 \$7,000	\$3,500 \$7,000	\$6,000 \$12,000	\$6,000 \$12,000
Office Visit Primary Care Physician / Specialist	Spira Center: \$60 BSP Provider: Deductible then 0%	Deductible then 0%	\$40/ \$80 Copay	\$40/ \$80 Copay
Preventive Care	0%	0%	0%	0%
MRI's, PET, CT Scans	Deductible then 0%	Deductible then 0%	\$500 Copay, then Deductible plus 25% (1 Copay per year)	\$500 Copay, then Deductible plus 25% (1 Copay per year)
Inpatient Hospital	Deductible then 0%	Deductible then 0%	\$500 Copay, then Deductible plus 25% (1 Copay per year)	\$500 Copay, then Deductible plus 25% (1 Copay per year)
Urgent Care	Deductible then 0%	Deductible then 0%	\$80 Copay	\$80 Copay
Emergency Room	Deductible then 0%	Deductible then 0%	\$250 Copay then Deductible, plus 10%	\$250 Copay then Deductible, plus 10%
Prescription Drug Retail (at participating pharmacies) Mail Order (90-days)	Deductible then 0%	Deductible then 0%	\$10 / \$50 / \$70 \$20 / \$100 / \$140	\$10 / \$50 / \$70 \$20 / \$100 / \$140

* You are not required to receive care at a Spira Center if you elect the Spira HDHP plan. The Spira Centers are an additional option for you to receive care.

Section 125 Tax Advantages (Available for any PHSD Benefit Eligible Employee)	Benefit	Annual Contribution Limit
Tax Sheltered Premium Payments	This allows your insurance premiums to be deducted from your paycheck before taxes	N/A
Medical Flexible Spending Account (There is a \$2.95 Monthly Administration Fee that will be deducted from your paycheck.)	Allows you to set money aside before taxes to pay for qualified medical, dental and vision expenses	\$3,300 per calendar year
Dependent Care Flexible Spending Account (There is a \$2.95 Monthly Administration Fee that will be deducted from your paycheck.)	Allows you to set money aside before taxes to pay for qualified dependent care expenses	\$5,000 per calendar year (\$2,500 if married filing separately)
Limited Flexible Spending Account (for HDHP enrollees with HSA only)	Allows you to set money aside before taxes to pay for qualified dental and vision expenses	\$3,300 per calendar year

Health Savings Account (HSA) (For SPIRA and Core B Medical Plan Enrollees ONLY)	2025 Annual Contribution Limit*
Employee-Only Enrollment	\$4,300
Family Enrollment (at least one child, spouse or family)	\$8,550
Catch-up Contributions for age 55 or older	\$1,000

UMB Bank is the bank of choice for Park Hill School District if you chose to have your HSA contributions payroll deducted.

*District contribution counts towards the annual contribution limit

HOW TO FIND PROVIDERS

Doctor and Hospital Finder

(For Employees who are considering changing networks)

STEP 1: Visit BlueKC.com

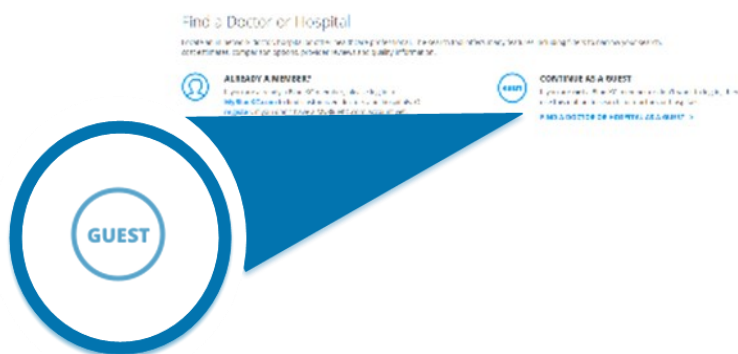
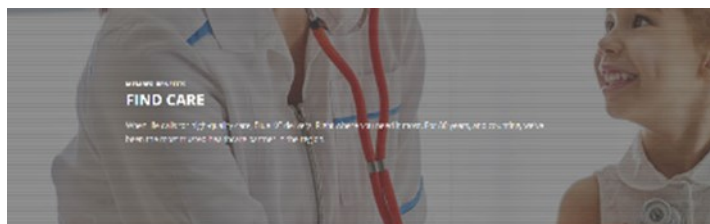
STEP 2: Select Find Care at the top of the page, then click Find Care as a **Guest**

STEP 3: Select I have or might get a Blue KC health plan through my employer

STEP 4: Select your Network under the Select a Medical Network drop down

STEP 5: Select your Location by Zip Code

STEP 6: Explore your Options



Doctor and Hospital Finder for an Existing Blue KC Member

**USE THE DOCTOR AND HOSPITAL FINDER TO
SEARCH FOR QUALITY PROVIDERS**

The Doctor and Hospital Finder helps you make more informed decisions using many features like **search filters**, **comparison options**, **provider reviews** and **quality information**.

An important feature of this search tool is the ability to search for a **Blue Distinction Total Care doctor**. Blue Distinction Total Care doctors focus on *health* care instead of sick care. These doctors go above and beyond to enhance the overall health of their patients, providing preventive services and health coaching, and supporting patients with chronic conditions to better meet their care needs.

START YOUR SEARCH

- A. **Choose your health plan** – If you logged in to www.mybluekc.com, your plan's network will already display. If it does not, see your Blue KC member ID card; your network appears on the top of the ID.
- B. **Location** – Select the location that you would like to search (city, ZIP code, etc.). The radius default is 25 miles; you can adjust to as low as one mile on the search results page.
- C. **Search by** – You can search a variety of ways: simply enter a doctor or hospital name, a health condition, or even a specialist type that treats a health condition.

Compare Providers

Narrow Search Results

Provider Reviews

Cost Information

BLUE KC SMARTSHOPPER



SAVE AND EARN WITH SMARTSHOPPER

Compare convenient, in-network locations and choose the best option.

- **COMPARE:** Costs for medical procedures are unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars, depending on where you go.
SmartShopper helps bring visibility to what you may pay.
- **REWARDS:** *SmartShopper pays eligible members cash rewards* for choosing SmartShopper-eligible providers. The rewards you receive will vary depending on the procedure you need.
- SmartShopper Eligible Procedures include: Preventive Exams, certain routine procedures, imaging scans and scheduled surgeries.

INTEGRATED ONLINE FOR CONVENIENCE

To make things easy, you can find SmartShopper on the Blue KC member portal, MYBlueKC.com.

Simply log in and search for the procedure or test you need. SmartShopper will display providers and costs, which you can compare side by side.

The program leverages the existing local and national network of providers and facilities that you trust today.

Taking care of your health is important and so is your budget! This is one way you can access cost transparency and cost savings!

IT PAYS TO SHOP!

Prefer to shop over the phone or need a little extra help?

Call 1-855-476-5027 to contact the SmartShopper's Personal Assistant Team or you can reach a Blue KC customer advocate by calling the number on the back of your ID card.

step
1

When your doctor recommends a medical test or procedure, evaluate your options for care at [MyBlueKC.com](https://mybluekc.com)

step
2

Receive care at a reward-eligible location of your choice, in your plan's network.

step
3

SmartShopper sends a reward check to the member after claims matching is complete.

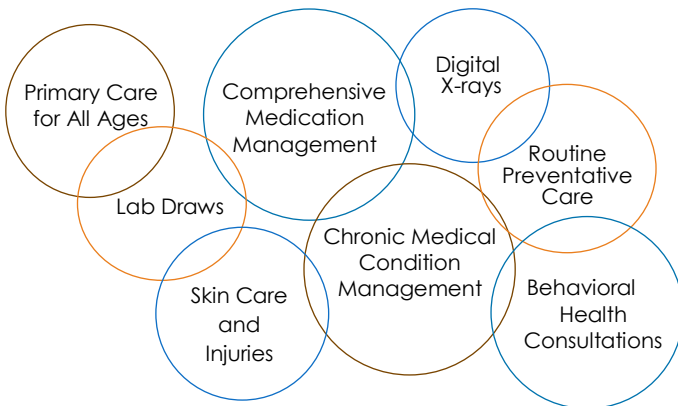
SPIRA PLAN: NEED TO KNOW

WHAT IS SPIRA CARE?

Spira Care is a combined care and insurance offering developed by Blue KC. Spira Care members enjoy access to comprehensive, personal primary care at convenient Care Centers, as well as access to all the benefits of the BlueSelect Plus network in and around the Kansas City metro area.

Spira members will benefit from the network's lower overall costs and convenient access to local providers across the metro area. Spira membership and care locations are exclusive to those employer groups enrolled.

WHAT SERVICES ARE INCLUDED IN SPIRA CARE?



THE BLUESELECT PLUS NETWORK

BlueSelect Plus network offers affordability by using a high-performance hospital and provider network. BlueSelect Plus providers and hospitals reside in the 6-county Kansas City metropolitan area, which includes Clay, Clinton, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas. When traveling outside the 32-county Blue KC service area, BlueSelect Plus members are covered under the BlueCard PPO network.

Download a Spira Care Patient Guide using this QR code:



Or visit SpiraCare.com/GroupPatientGuide



WHERE ARE THE CLINICS LOCATED?



CROSSROADS

1916 Grand Blvd
Kansas City, MO 64108

OLATHE

15710 West 135th St
Olathe, KS 66062

INDEPENDENCE

3717 South Whitney Avenue
Independence, MO 64055

OVERLAND PARK

7341 W. 133rd Street
Overland Park, KS 66213

LEE'S SUMMIT

760 NW Blue Pkwy
Lee's Summit, MO 64086

SHAWNEE

10824 Shawnee Mission Pkwy
Shawnee, KS 66203

LIBERTY

8350 N Church Rd
Kansas City, MO 64158

TIFFANY SPRINGS

8765 N Ambassador Drive
Kansas City, MO 64154

WYANDOTTE

9800 Troup Avenue
Kansas City, KS 66111

Appointments Required

Call 913-29-SPIRA (77472)

today to schedule an appointment!

SPIRA PLAN: NEED TO KNOW

HOW DO I KNOW IF A COMBINATION OF SPIRA CARE AND BLUESELECT PLUS IS RIGHT FOR ME?

This offering is crafted for members looking to simplify and personalize their healthcare experience. If you believe you and your family's health needs in the next year will largely fall within primary care, including labs and x-rays, and routine behavioral health services, you can enjoy peace of mind that comes with choosing Spira Care, where you'll have the support of a Care Team and assistance with any services needed outside the Care Center and in the BlueSelect Plus network.

DOES SPIRA CARE HAVE TO REFER ME TO MY SPECIALIST WITHIN THE BLUESELECT PLUS NETWORK?

No, utilizing a Spira Care Center is your choice. You can self-refer to a specialist within the BlueSelect Plus network. However, the Care Team is available to help you find a specialist if you need assistance.

WHERE CAN I GO FOR NEEDS BEYOND WHAT IS OFFERED AT SPIRA CARE, LIKE SPECIALTY CARE OR EMERGENCY SITUATIONS?

You have access to the BlueSelect Plus network within the Kansas City metro area and the national BlueCard network when traveling outside the 32-county service area. For emergency situations, you are covered both in and out of your plan's network. Services beyond Spira Care (for example, a visit to a specialist or an emergency room) are subject to a person's plan deductible.

I ALREADY HAVE A PRIMARY CARE OR PEDIATRIC PHYSICIAN I LOVE. CAN I STILL GO THERE?

While the plan is ideal for members who utilize the Care Centers, members still have access to all providers in their plan's network. Many families enjoy the convenient benefits and integrated services offered at Spira Care, including adult and pediatric primary care. Families also have access to a team of Care Guides for care and coverage questions.

WHEN DOES THE DEDUCTIBLE APPLY?

Anytime you seek medical care outside of a Spira Care facility for covered services these services are subject to your deductible. Remember outside of a Spira Care facility, your providers must be part of the BlueSelect Plus Network, unless it is an emergency.



OPTUM RX: MAIL ORDER SERVICE

Home delivery is convenient, reliable, and you can get:



A 3-month supply on your medication, saving you time and money.



Maintenance medications that are sent to your door with free standard shipping.



Phone access to pharmacists 24 hours a day, 7 days a week.



Helpful reminders letting you know when to take or refill your medications.

Get started with home delivery:

- Log into [MyBlueKC.com](https://www.MyBlueKC.com). Click **Plan Benefits** from the menu, then click **Pharmacy Plan Info**. From that page, click the button **View Your Pharmacy Benefits** to be taken to the OptumRx website.
- From the OptumRx homepage, click the **Information Center** drop down at the top of the screen. Click on **Programs and Forms** and then click on **home delivery order form**.
- Download the form and mail it with your written prescription to the address at the bottom of the form. Once received, OptumRx will start home delivery.

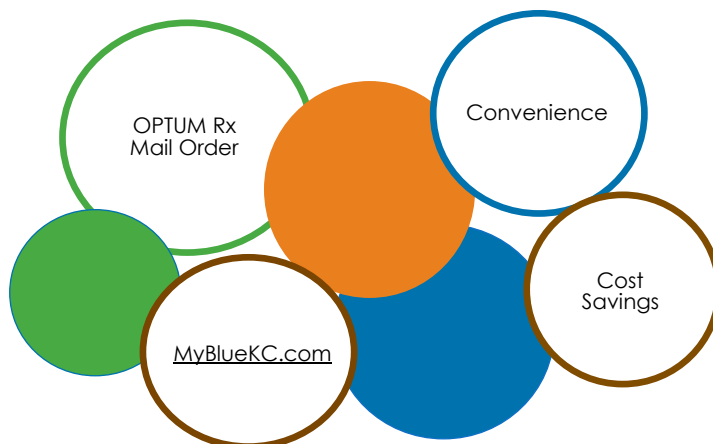
Questions on home delivery?
Contact OptumRx at 1-844-579-7774



Manage your medication from your mobile phone.



Download the OptumRx app today.



CARE OPTIONS AND WHEN TO USE THEM

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. Be sure to check that the facility is in-network by calling the toll-free number on the back of your medical ID card, or by visiting mybluekc.com.



PRIMARY CARE

- Routine, primary/preventive care
- Non-urgent treatment
- Chronic disease management

For routine, primary/ preventive care or non-urgent treatment, we recommend going to your doctor's office.

Your doctor knows you and your health history best — and already has access to your medical records. You'll also likely pay the least amount out-of-pocket.



TELEHEALTH

- Cold/flu
- Diarrhea
- Fever
- Rash
- Sinus problems

Telehealth, or a "virtual visit," lets you see and talk to a doctor from your mobile device or computer without an appointment, anytime and anywhere! **Blue KC Virtual Care** brings you care from the comfort and convenience of your home or wherever you are.



CONVENIENCE CARE

- Common infections (ear infections, pink eye, strep throat & bronchitis)
- Flu shots & Vaccines
- Pregnancy tests
- Rashes
- Screenings

If you're unable to get to your doctor's office and your condition is not urgent/an emergency, these providers serve as a good alternative.

They are often located in malls or retail stores (such as CVS, Walgreens, Wal-Mart and Target), and generally serve patients 18 months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.



URGENT CARE

- Sprains & Strains
- Small cuts
- Minor infections
- Sore throats
- Mild asthma attacks
- Back pain or strains

Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to your doctor's office.

Outside regular office hours — or if you can't be seen by your doctor immediately — you may consider going to an Urgent Care Center where you can generally be treated for many minor medical problems faster than at an emergency room.



EMERGENCY ROOM

- Heavy bleeding
- Large open wounds
- Chest pain
- Spinal injuries
- Difficulty breathing
- Major burns
- Severe head injuries

An emergency medical condition is any condition (including severe pain) that you believe may result in serious injury or death without immediate medical care.

Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.



If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 9-1-1, even if your symptoms are not described here.

TELEHEALTH, RX SAVINGS AND GOODRX

BLUE KC VIRTUAL CARE

Blue KC Virtual Care is available to all members enrolled in a Park Hill School District medical insurance plan. Whether you need a doctor for a physical illness or someone to assist you with your behavioral health needs, Blue KC Virtual Care will connect you to a board certified doctor or licensed therapist using your mobile device or computer.

Blue KC Virtual Care is convenient for everyday medical health care needs such as the following:

URGENT/SICK CARE

- sinus pain
- mild asthma
- mild allergic reactions
- minor headaches
- sore throat
- sprains
- pink eye
- nausea/vomiting

BEHAVIORAL HEALTH CARE

In addition to sick care, members can now schedule a video visit with behavioral health therapists right from their smartphone, tablet, or computer. Blue KC Virtual Care is convenient for everyday behavioral health care needs such as the following:

- anxiety
- bereavement/grief
- bipolar disorder
- depression
- OCD
- PTSD/trauma
- panic attacks

Therapy services are provided by a network of doctoral level psychologists and master's degree level therapists trained and licensed in virtual care prevention and therapy techniques.

GET STARTED TODAY WITH BLUE KC VIRTUAL CARE!

1 DOWNLOAD

Download the Blue KC Virtual Care Mobile App in the [Apple Store](#) or in [Google Play](#), or visit www.bluekcvirtualcare.com.

2 CREATE ACCOUNT

Create an account in a few simple steps. Be sure to use your Blue KC member ID card in order to input your insurance information.

3 DOCTOR SELECTION

View a list of available doctors, their experience and ratings, and select one.

4 VISIT

Request a visit when you are sick & stream a live visit directly from the Web or your mobile device.



RX SAVINGS

Using real prescription pricing and claims data, Rx Savings Solutions will show you ways to save money at the pharmacy, including finding the pharmacy in your network with the best pricing or a less expensive alternative for your current prescription.

SAVE MONEY AT THE PHARMACY

Step 1: Get Savings Alerts

Set-up alerts via text and/or email.

- Visit MyBlueKC.com if you are a first time visitor, click REGISTER NOW. Please have your member ID card available to reference.
- Once logged in, click on the Pharmacy Tab at the top. Then click the button SAVE ON PRESCRIPTIONS.
- Once on the Rx Savings, page fill in your email address and mobile phone number to start receiving email and/or text alerts!

Step 2: Review your savings options and share with your doctor

- Switch from Pharmacy A to Pharmacy B.
- Switch to a different equally-effective medication.

Step 3: Start Saving on Prescriptions

GOODRX

GoodRx compares prices for your prescriptions at pharmacies near you. GoodRx does not sell medications, they tell you where you can get the best deal on them. **By using GoodRx, the charges might not go to your deductible.**

GoodRx will show you prices, coupons, discounts, and savings tips for your prescriptions.

You can access GoodRx by going to www.goodrx.com, or by downloading the app.



HEALTH RESOURCES

BLUE 365

SAVE MONEY, LIVE HEALTHY

Blue365 offers premier health and wellness discounts at no additional cost to you. These exclusive discounts are available to Blue KC members. With Blue365, great deals are yours for every aspect of your life. Save on workout apparel, meal programs, gym memberships and much more!

HOW TO JOIN

Redeeming deals is easy as 1-2-3. Check out the how to instructions below and start redeeming today!

1. Visit Blue365deals.com/BlueKC.
2. Click the Join button located in the top right corner of the page.
3. Enter Your Blue KC Member Information. Our exclusive deals are available to members of select Blue Cross Blue Shield organizations. To check your eligibility, simply enter the first three characters of your member ID.
4. Complete Your Registration. Enter your personal information, accept our Terms and you are ready to enjoy our deals!



SOLERA

Blue KC invites you to get healthier with this covered benefit that helps you lose weight and feel your best. If you qualify, we'll match you with a program that fits your lifestyle and keeps you on track with one-on-one support from a trained health coach, including virtual options.

Blue KC has partnered with Solera to offer you a personalized experience from leading health solutions like WW (Weight Watchers® reimagined). And the best part? It's completely paid for by your health plan if you qualify.

Pick the right program for you

Choose from a variety of programs, from virtual personal coaching to small group meetings. Each program has milestones to help you stay on track and earn free tools.

Get free digital tools

After you qualify and are matched to a lifestyle program, we'll send a smart scale within a week (digital programs only) and an activity tracker after four weeks.*

It's a covered benefit – that means no additional cost to you

If you qualify, this benefit is paid for 100%. And so is your matching lifestyle program.

Visit Solera4me.com/BlueKC and find out if you qualify by taking a brief quiz.

Download the app
Check out the [Blue KC Care Management App](#) page to learn more.

HEALTH RESOURCES

MINDFUL BY BLUE KC

Behavioral health refers to the relationship between your behavior and overall well-being. Your behavioral health impacts your ability to function in everyday life and your concept of self.

Stress, depression, anxiety, substance use and other behavioral health issues can affect how you manage your physical health and daily living challenges. When you're in touch with your behavioral health, you can take better care of the whole you.

Mindful by Blue KC is a behavioral health initiative dedicated to reducing the stigma around behavioral health in our communities while making care more accessible and affordable.

IT ALL STARTS WITH THE MINDFUL ADVOCATE

In a unique role exclusive to Blue KC health plans, there is a Mindful Advocate available to help 24/7 for:

- In-the-moment support
- Help locating and referring to in-network providers
- Care navigation
- Help connecting to expedited treatment options in crisis situations

Mindful Advocates are licensed behavioral health clinicians who can help members access tools including in-person, text, online therapy and virtual visit options specific to the members' behavioral healthcare needs.

Learn more at [MindfulBlueKC.com](https://www.MindfulBlueKC.com).

One phone call can match you to the right care and services.

Call 833-302-MIND (6463) or call the behavioral health number on your ID card.

BLUE KC COMMUNITY SUPPORT TOOL

With the **Blue KC Community Support Tool**, you can search for free or reduced-cost services related to food, job training, utility and financial assistance, transportation, and more.

- Connect with services through a comprehensive directory of local resources dedicated to helping and strengthening families in our community.
- Search anonymously by zip code to find resources for yourself, family members, or friends, regardless of geographic location.
- Browse by category, search by keyword, program name or organization name, and filter results to find relevant programs in your area based on your needs.
- Easily connect with Community Based Organizations and programs.

Get started today and find the help you need.

Scan the QR code and click on the Blue KC Community Support Tool button.

You may also visit [BlueKC.com/CommunitySupport](https://www.BlueKC.com/CommunitySupport).



OVERVIEW

Park Hill School District is pleased to offer an Employee Assistance Program (EAP) through BHS. Your Employee Assistance Program (EAP) provides you and your household members with free, confidential, in-the-moment support to help with personal or professional problems that may interfere with work or family responsibilities. As a Park Hill employee, you have access to up to 4 counseling sessions per issue per year for you and any one in your household.

How to Access Services

Services are available by phone, texting, accessing the portal, or through the BHS App.

COMMON REASONS TO ACCESS YOUR EAP

Relationship	Life Events	Risks	Challenges
Boss/Co-Worker	Birth/Death	Burnout/Anger	Daily responsibilities
Customers	Health/Illness	Depression/Anxiety	Financial/Legal
Friends	Marriage/Divorce	Suicidal thoughts	Parenting
Spouse/Kids	Promotion/Retirement	Substance abuse	Stress/Conflict

YOUR WEB PORTAL AND MOBILE APP

- **Ask a Question** - Submit a question on the app or request services and a BHS representative will respond within one (1) business day.
- **Access the MyBHS Portal** - Contains information about your program and unlimited access to thousands of tools, resources and trainings on a variety of well-being and skill-building topics.
- **Access to the BHS App** is available through the App Store or Google Play.



CONVENIENT, ON-THE-GO SUPPORT

- **Call our toll-free number at 800-327-2251** 24/7 to speak with a BHS Care Coordinator for urgent needs.
- **Text BHS at 800-327-2251** to ask a question about the program, get in-the-moment support (routine needs only) or initiate services. All texts will be answered within one (1) business day.* To start a conversation, simply send a text and use one of the following hashtags:
 - **#BEBETTER** to connect with a master's level Care Coordinator
 - **#WORKLIFE** to connect with a Work-Life Resource Specialist

BHS EAP—24 hours a day, seven days a week.



We're here to offer expert guidance to help address and resolve everyday issues!



Call 800-327-2251



portal.BHSONline.com
ID: PARKHILL

UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)



Two ways you can put money into your HSA:

- (1) Regular payroll deductions on a pre-tax basis, and
- (2) Lump-sum contributions of any amount, anytime, up to the maximum limit.

Contribute up to
\$4,300
Single, or
\$8,550
Family

YOU CAN USE HSA FUNDS FOR IRS-APPROVED ITEMS SUCH AS:

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, laser surgery, contact lenses and solution
- Hearing aids
- Orthodontia, dental cleanings, and fillings
- Prescription drugs and some over-the-counter medications
- Physical therapy, speech therapy, and chiropractic expenses

More information about approved items, plus additional details about the HSA, is available at [irs.gov](https://www.irs.gov).

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay regular income tax and a 20% penalty on those funds.

The HSA is your personal account and contains your personal funds. It can be considered an asset by a creditor and garnished when appropriate.

As an HSA account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions, or earned interest associated with your account.

WHAT ARE THE RULES?

- You must be covered under the Spira or Core B Plans in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Dependent Care or Limited Purpose FSA.
- You cannot be enrolled in Medicare, Medicaid or Tricare due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be claimed as a dependent under someone else's tax return.

WHAT ELSE SHOULD I KNOW?

You can use the money in your HSA to pay for your deductible and other expenses not covered by your health plan, like dental or vision expenses. It's yours to:

- **SAVE:** You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2025 are \$4,300 for Single and \$8,550 for Family coverage. If you're age 55 or older, you are allowed to make an extra \$1,000 contribution each year.
- **GROW:** The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision and some over-the-counter medications).
- **OWN:** Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- **CHOOSE:** Use for current expenses, save for the future, or explore investment options.
- Just like you report pre-tax dollars that you contribute to other benefit plans, the IRS requires that you report your pre-tax contributions to your HSA using Form 8889. Your contribution will appear on your W-2 for easy reference.



HSA FREQUENTLY ASKED QUESTIONS

HOW DO HEALTH SAVINGS ACCOUNTS WORK?

You choose how much you'd like to save in your HSA each year and contributions are automatically made from your paycheck to your account. Park Hill School District also contributes to your account if you are enrolled in the Spira HDHP medical plan and elect employee only coverage.

You can choose to pay for current eligible medical expenses with your HSA, or you can choose to pay for current expenses out of your pocket and save the money in your HSA to pay for future medical expenses. How you use your account and when you use it are entirely up to you.

WHY SHOULD I CONSIDER ENROLLING IN THE HDHP WITH AN HSA?

If one or more of the following are true for you, you may want to consider making a change to the Spira or Core B plan with an HSA:

- You are paying for insurance you're not using.
- You want an option to save for current and future medical expenses.
- You want to save on monthly premiums and take more control over how you use your health care benefits.
- You anticipate major health expenses such that you would reach the out-of-pocket maximum associated with the Spira, or Core B plan.

DOES PARK HILL SCHOOL DISTRICT CONTRIBUTE TO MY HSA?

Yes, the District contributes depending on the HDHP plan that you chose and qualification.

HOW MUCH CAN I CONTRIBUTE TO MY HSA?

You can choose how much to contribute to your HSA, up to IRS limits that are set each year. For 2025, the maximum contribution amount from all sources—your contributions, your employer's contributions and any other sources—is \$4,300 for employee-only coverage and \$8,550 for family coverage.

I AM NEARING RETIREMENT, CAN I MAKE CATCH-UP CONTRIBUTIONS?

People age 55 and older can make a catch-up contribution each year that is over and above the allowable limit for the individual year. The catch-up contribution for 2025 is \$1,000. You are able to make catch-up contributions until you become Medicare active.

WHAT WILL I PAY AT THE PHYSICIAN'S OFFICE WITH THE HSA QUALIFIED PLAN?

You'll provide your ID card at the time of the visit and the physician's office will submit the claim to Blue KC.

You'll receive an Explanation of Benefits (EOB) from Blue Cross that shows the charges discounted based on their contract with the physician. When you receive a bill from the physician's office, you pay the portion of the discounted cost you are responsible for as shown on the EOB.

If you don't have enough money in your account to pay for the entire amount of an expense (for example, if you just opened the account or Park Hill School District hasn't made its full contribution yet), you can pay for a portion of that expense with your account and cover the rest with personal funds. Once the HSA funds build and are available in the account, you can reimburse yourself from the HSA.



HEALTH CARE FLEXIBLE SPENDING ACCOUNT

- This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars.
- You can also pay for dependent health care, even if you choose single (vs. family) coverage.
- The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year.
- Be aware—any unused portion of the account at the end of the plan year is forfeited unless you have a balance of \$660 or less, which may be rolled over.

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT

- If you have a High Deductible Health Plan and contribute to a Health Savings Account (HSA), you can still participate in a flexible spending account (FSA) for certain health care expenses, such as vision and dental.
- When you are enrolled in a High Deductible Health Plan, the U.S. Department of Treasury places restrictions on which expenses can be covered by your FSA before your minimum annual deductible is met. It does, however, allow you to participate in a Limited Purpose FSA.
- The Limited Purpose FSA covers only vision and dental expenses. No medical expenses, including those applied to your medical deductible, pharmacy or even over-the-counter items, are eligible to be reimbursed from a limited purpose FSA.

Tri-Star charges a **\$2.95 Monthly Administration Fee** if you have a Flexible Spending Account.

For a list of eligible expenses go to https://www.tri-starsystems.com/documents/FSA_Eligible_Expenses.pdf

How the Health Care Flexible Spending Account Works

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to Tri-Star Systems.

Reimbursement is issued to you through direct deposit into your bank account, or if you prefer, a check can be issued to you.

2025 Maximum Contributions—

Health Care Flexible Spending Account	\$3,300 max
Dependent Care Expense Account	\$5,000 max

DEPENDENT CARE EXPENSE ACCOUNT

- This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13.
- Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes).
- Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

Contact Information

Request a statement of your accounts at any time by calling 800-727-0182 or log on to www.tri-starsystems.com to review your FSA balance. The address to mail claims to is 14323 S Outer Forty Rd #200, Chesterfield, MO 63017.

At www.tri-starsystems.com you can:

- View account information and activity
- File claims
- Manage your profile
- View notifications
- Access forms

DENTAL INSURANCE

DENTAL INSURANCE PLAN OPTIONS

	Base Plan			Dental Buy– Up Plan		
	Blue Dental PPO	Blue Dental Choice	Out-of-Network	Blue Dental PPO	Blue Dental Choice	Out-of-Network
Deductible Individual / Family Applies to Type B & C Services	\$50 / \$100			\$50 / \$100		
Annual Maximum Applies to Type B & C Services	\$1,000 for each covered person (Charges for exams, cleanings, X-Rays, and fluoride treatments will not be deducted from the annual maximum benefit)			\$2,000 for each covered person (Charges for exams, cleanings, X-Rays, and fluoride treatments will not be deducted from the annual maximum benefit)		
Type A Preventive Services • Oral examinations • X-rays • Fluoride treatments • Sealants • Emergency palliative treatment	0%	20%	20%	0%	20%	20%
Type B Basic Services • Fillings– Composite fillings on all teeth • Periodontics • Endodontics • Simple and surgical extractions	0%	30% after Deductible	30% after Deductible	0%	30% after Deductible	30% after Deductible
Type C Major Services • Bridges and dentures • Crowns, inlays and onlays	50% after Deductible	60% after Deductible	60% after Deductible	50% after Deductible	60% after Deductible	60% after Deductible
Orthodontia Child(ren) only to age 19 Diagnostics and treatment	50%	60%	60%	50%	60%	60%
Orthodontia Lifetime Maximum	\$1,000			\$2,000		

For more dental
information go to
myBlueKC.com



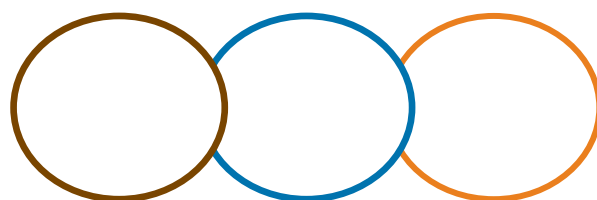
In-Network Providers: Provider is reimbursed based on contracted fees and cannot balance bill you.

Out-of-Network Providers: Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

For more vision
information go to
vsp.com

VISION INSURANCE PLAN OPTION

	In-Network	Out-of-Network
Copays Exam Materials	\$15 copay \$35 copay	<u>Up To:</u> \$45
Frequency of Service Exam Lenses Frames	Every 12 months Every 12 months Every 12 months	
Lenses Single Bifocal Trifocal Progressives Standard Premium Custom Lens Enhancements Blue Light Filtering Photochromic Polycarbonate Tints/Dyes (All Brands)	Copay Applies then; Covered in full Covered in full Covered in full Covered in full \$95-\$105 \$150-\$175 Covered in full Covered in full Covered in full Covered in full	<u>Up to:</u> \$30 \$50 \$65 \$50 allowance \$50 allowance \$50 allowance Not covered Not covered Not covered \$5
Frames	\$35 copay \$150-\$200 allowance	<u>Up to:</u> \$70
Contacts <i>(allowance includes materials only)</i> \$60 maximum copay for lens fitting Elective Medically Necessary	\$150 allowance for materials \$35 copay	<u>Up to:</u> \$105 \$210



VOLUNTARY LIFE AND AD&D AND DEPENDENT LIFE

You can purchase additional Life and AD&D Coverage beyond what Park Hill School District provides through Ochs. Ochs guarantees coverage during your initial enrollment period—which means you can't be turned down for coverage based on medical history.

- **Voluntary Employee Life & AD&D:** minimum \$10,000 up to a maximum of \$750,000. Can be bought in \$10,000 increments. Guaranteed issue up to \$300,000.
- **Optional Dependent Life & AD&D for spouse:** minimum \$5,000 up to a maximum to \$250,000, not to exceed 100% of employee benefit. Can be bought in \$5,000 increments. Guaranteed issue up to \$50,000.
- **Optional Dependent Life & AD&D for children:** A choice between a \$10,000, a \$15,000 or a \$20,000 benefit. Guarantee issue up to \$20,000.
 - The following dependent child(ren) are eligible for insurance under the voluntary life program: you or your spouse's natural, legally adopted, or stepchildren who are less than 26 years old. Eligibility begins at live birth (stillborn or unborn children are not eligible). Children age 26 or older are also eligible if they are physically or mentally incapable of self-support prior to age 26 and are financially dependent on you for more than one-half of their support and maintenance.
- **Evidence of Insurability (EOI);**
 - (1) If you enroll yourself in Voluntary Life and AD&D when first eligible, you can choose up to \$300,000 without having to provide Evidence of Insurability (EOI); any amounts over \$300,000 (to the maximum) will require EOI; Spouses can be covered up to \$50,000 during this initial enrollment.
 - (2) If you don't enroll in the Voluntary Life and AD&D plan during your initial enrollment period, you will be able to enroll yourself only for a \$10,000 benefit for yourself if you have not been previously declined coverage. Any amount over \$10,000 will be subject to EOI; Spouses are not included in this enrollment opportunity.
 - (3) If you are currently covered under Voluntary Life and AD&D, you can increase your coverage by \$10,000 up to the Guarantee issue amount (\$300,000) without having to provide EOI if you have not been previously declined coverage; Spouses are not included in this enrollment opportunity.
 - **EOI: When you need to provide EOI, you will be required to complete an Evidence of Insurability form and be approved by Ochs before are approved.**
- **Reduction Schedule:** Life Benefit Reduction Schedule applies upon certain age attainments. See Certificate of Coverage for more details.

BASIC LIFE AND AD&D

Park Hill School District provides \$50,000 in Basic Life and Accidental Death & Dismemberment (AD&D) insurance.

This coverage is offered through Ochs at no cost to you.

Below rates are based on 12 pays. Depending on pays per school year, further calculations may be needed.

Voluntary Life and AD&D and Dependent Life Options and Costs

	Rates per \$10,000 of coverage		
Ochs	Age	Employee	Spouse*
Voluntary Life	<29	\$0.41	
	30-34	\$0.54	
	35-39	\$0.68	
	40-44	\$1.09	
	45-49	\$1.84	
	50-54	\$2.99	
	55-59	\$4.56	
	60-64	\$6.39	
	65-69	\$10.54	
	70-74	\$17.62	
	75-79	\$33.59	
		Child(ren)	\$2.00/month for \$10,000 of coverage
Voluntary AD&D	\$0.26/month for \$10,000 of coverage		

*Spouse rate is based on the employee's age.

During this Open Enrollment period

Employees who currently have Voluntary Life coverage can increase coverage by \$10,000 up to the Guarantee Issue amount (\$300,000), without having to provide Evidence of Insurability (must not have been previously declined).

Employees currently NOT covered by Voluntary Life can enroll up to \$10,000 without having to provide Evidence of Insurability (must not have been previously declined).

ACCIDENT INSURANCE

MetLife Accident Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

You have a choice of two plans called the Low Plan and the High Plan.

Why do I need accident coverage?

Voluntary accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

Please visit the District's benefits website for a complete schedule of benefits.

Eligibility

Employees: Active full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered. Dependents are:

- Your legal spouse.
- Your dependent children* from birth until the end of the year in which they turn age 26.

*natural, legally adopted, children dependent on Insured during waiting period before adoption, stepchildren, and foster children in your custody

For more information, including premiums, visit the Park Hill School District Benefits website.

Features

- 24 Hour Coverage
- Health Screening Benefit (Low Plan \$100 per covered member; High Plan \$200 per covered member)
- Guaranteed Issue (Must be actively at work)
- Portable

Exclusions

Benefits will not be paid for any loss caused by: sickness; suicide; war; air travel (except as a passenger on commercial flights); assault/felony; acute or chronic intoxication; voluntary consumption of illegal or controlled substance or prescribed narcotic or drug; or injuries arising out of or in the course of employment for wage or profit. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.



CRITICAL ILLNESS INSURANCE

If you suffer a critical illness such as heart attack or stroke, your financial burden may include many expenses not covered by medical insurance. Even with the best medical insurance you will still be responsible for copays and more. MetLife Critical Illness Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Eligibility

Employees: Active full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered. Dependents are:

- Your legal spouse.
- Your dependent children* from birth until the end of the year in which they turn age 26.

*natural, legally adopted, children dependent on Insured during waiting period before adoption, stepchildren, and foster children in your custody

Benefits Amount

- Employees can choose either \$10,000 or \$20,000 of Guaranteed Issue Coverage.
- Spouse and Children benefit is 50% of the employee's benefit amount.

Features

- Health Screening Benefit (\$100 per covered member)
- Guaranteed Issue (Must be actively at work)
- Pre-Existing Condition Limitation—3 months prior; excluded for 6 months. Does not apply to Heart Attack or Stroke
- Portable

Critical Illness Insurance Covers:

- Heart attack
- Stroke
- Kidney failure (end-stage renal failure)
- Major organ transplant
- Cancer
- Alzheimer's Disease
- Coronary artery bypass graft
- 25% of benefit amount for 22 additional conditions

Critical Illness Insurance

Cash benefits paid directly to you to help with expenses while you recover.



For more information, including premiums, visit the Park Hill School District Benefits website.

HOSPITAL INDEMNITY INSURANCE

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

Eligibility

Employees: Active full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered. Dependents are:

- Your legal spouse.
- Your dependent children* from birth until the end of the year in which they turn age 26.

*natural, legally adopted, children dependent on Insured during waiting period before adoption, stepchildren, and foster children in your custody

Benefits Amount

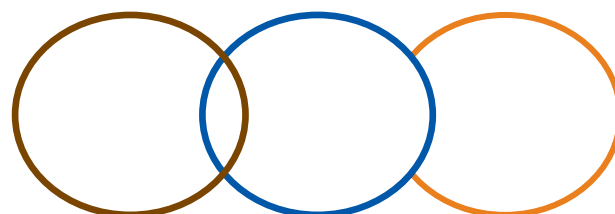
- Hospital Admission Benefit—1 time per calendar year (22 hours is the requirement for admission)
 - General Admission \$500
 - ICU Supplemental Admission \$500
- Confinement Benefit—15 days per calendar year
 - Confinement \$100
 - ICU Supplemental Confinement \$100

Features

- Employees are paid a lump-sum benefit
- No coordination with other insurance benefits
- Covers routine childbirth
- COVID-19 is covered if hospitalized
- No Pre-Existing Condition Limitation
- No Waiting Period
- Guaranteed Issue (Must be actively at work)
- Portable

Exclusions

Benefits will not be paid for any loss caused by: suicide; war; air travel (except as a passenger on commercial flights); assault/felony; acute or chronic intoxication; voluntary consumption of illegal or controlled substance or prescribed narcotic or drug; elective cosmetic surgery; or injuries arising out of or in the course of employment for wage or profit. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.



For more information, including premiums, visit the Park Hill School District Benefits website.

IDENTITY AND FRAUD PROTECTION POWERED BY AURA

With MetLife and Aura, you'll have the option to enroll in a robust digital security plan to help protect you and your family from financial and identity fraud.

Plan Options

- **Protection Plus Plan:** Robust protection for your identity, finances, privacy, and unlimited devices per adult member.
- **Individual Coverage for Protection Plus:** Protection for the employee only.
- **Family Coverage for Protection Plus:** Our inclusive definition of “**Family**” allows the employee to add up to 10 additional adults and unlimited minors to the plan. There are no restrictions on adult family members - no matter where they live, their age, relationship, or whether they are financially dependent on the employee.

Who is eligible to enroll for this identity and fraud protection benefit?

This product is available for Individual (Employee only) or Family coverage.

Individual covers the employee only; Family covers the employee and up to 10 additional adults and unlimited minors.

- For Family plans, you may add up to 10 additional adult members to your plan, regardless of where they live, age, relationship, or if they are financially dependent on the employee. Each adult member gets their own private, full-feature Aura account.
- You may also add unlimited minors (under 18 years old) to the plan. You must have parental guardianship rights over the minors in order to view their information and alerts.

How do I pay for my identity and fraud protection?

Fees will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you. You will need to continue to pay your monthly fees via credit card payment on Aura's platform to keep your coverage in force.

Who do I call for assistance?

Contact Aura Customer Support 24/7/365 at 1-844-931-2872 to answer account, technical, or billing questions.



PREPAID LEGAL—ENHANCED OPTION

When you need legal assistance, as we all do at some point, will you be prepared to handle the high legal fees - which can range upward of \$338 an hour. MetLaw is a smart, simple, affordable way to plan ahead and save money on common legal issues we all face. Telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice. Prepaid legal through MetLaw covers you, your spouse, and dependents.

Eligibility

Employees: Active full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered. Dependents are:

- Your legal spouse.
- Your dependent children* from birth until the end of the year in which they turn age 26.

*natural, legally adopted, children dependent on Insured during waiting period before adoption, stepchildren, and foster children in your custody

Plan Features

- **NEW!** One federal and state Turbo Tax filing annually at no additional cost
- **NEW!** Four hours of non-covered legal assistance
 - Divorce
 - Reproductive Assistance
 - Custody
 - Etc.
- **NEW!** Caregiving Support
 - Family first highly trained care team
- Estate Planning Documents
 - Wills
 - Powers of Attorney
- Financial Matters
 - Debt Collection Defense
 - Identity Theft
 - Tax Audit Defense
- Civil Lawsuits
 - Civil Litigation Defense
 - Small Claims Assistance
- Home & Real Estate
 - Deeds
 - Mortgages
 - Property Tax Assessment
- Elder-Care Issues
 - Nursing Home Agreements
 - Powers of Attorney
 - Prescription Plans
- Vehicle and Driving
 - Traffic Tickets
 - Driving Privileges Restoration
- And many more!

To learn more or to create an account, visit members.legalplans.com or call **800.821.6400** Monday - Friday: 8:00am - 8:00pm (EST/EDT).

SHORT-TERM DISABILITY INSURANCE

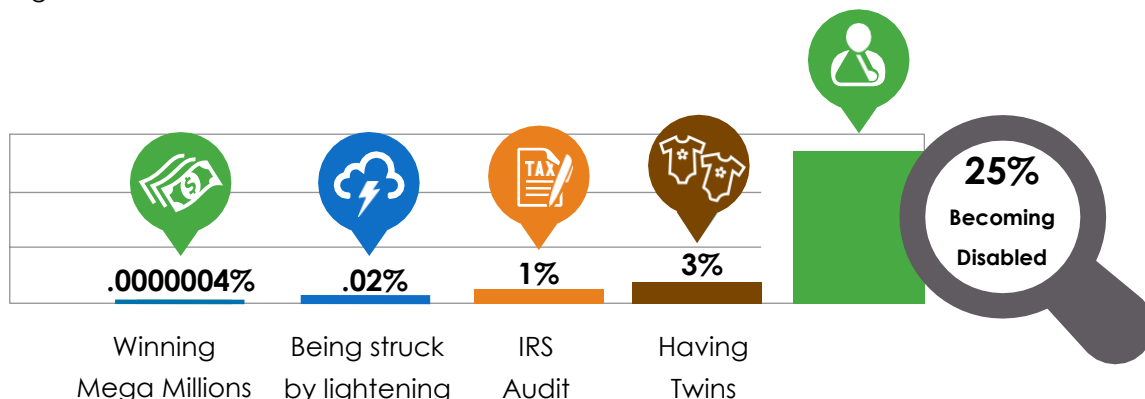
Employees can elect to purchase Short Term Disability (STD) coverage that will provide a maximum weekly benefit of 60% up to \$1,500 of your covered weekly earnings. You must be disabled for 7 or 14 days (depending on the option you elect) before this benefit will start to pay. The policy will not cover any period of disability for pre-existing conditions. Make sure you plan ahead.

LONG-TERM DISABILITY INSURANCE

In addition to STD coverage, you may elect to purchase Long Term Disability (LTD). LTD will provide a maximum monthly benefit of 60% up to \$3,000 of your covered monthly earnings. You can choose either a 90 day or 180 day elimination period.

What's more likely?

Many workers think these events are more likely than becoming disabled during their careers. But here are the actual odds:



In fact, nearly **40 million** American adults live with a disability

For more information, including premiums, visit the Park Hill School District Benefits website.

PET INSURANCE

Now You Can Play More and Worry Less

Protect your furry family members with plans available now during Open Enrollment.

We've Got You Covered



Common Illnesses



Broken Bones



Diagnostics



Prescription Medication



Surgery



Alternative Treatments**



Toxin Ingestion



Digestive Issues



Behavioral Issues**



Cancer



Hospitalization



Take the Stress Out of Unexpected Vet Bills

Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life.

Here's how it works:

1. Visit any licensed vet or clinic
2. Pay your vet and submit a claim
3. Get reimbursed for eligible expenses

Employee Plan

- Visit any vet
- Enjoy great perks such as Rx discounts, 24/7 live vet & more
- Pre-existing condition coverage*
- Prior Coverage Credit
- Simple, straightforward pricing
- Premiums paid through payroll deduction

Don't Wait! Enroll today for peace of mind tomorrow!

<https://www.cbizesc.com/parkhill>

<https://www.parkhill.k12.mo.us>

Policies are administered by PetPartners, Inc. and underwritten by Independence American Insurance Company (rated A- "Excellent" by A.M. Best), with offices at 11333 N. Scottsdale Rd, Suite 160, Scottsdale, AZ 85254. PetPartners, Inc. (CA agency #OF27261) is a licensed insurance agency located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617. Eligibility restrictions apply. Terms and conditions may apply. See policy/certificate for details on coverage, terms, limitations and conditions. *Pre-Existing condition coverage may require a 365-day waiting period. Waiting period may be waived for groups over 200 employees or with prior coverage for Accident & Illness plans. Participation in this plan is voluntary and not subject to ERISA. **Eligible with optional Alternative & Behavioral Care rider

Questions? Call us at 800-956-2495

Park Hill School District

ARE YOU AWARE OF YOUR 403(b) BENEFIT?

New accounts may be opened with the following approved service providers.

THE OPPORTUNITY

You have the opportunity to save for retirement by participating in your Employer's 403(b) retirement plan. A 403(b) plan is a retirement plan for certain employees of public schools, tax-exempt organizations and ministries. We recommend that all employees visit our education page which can be found here:

<https://www.omni403b.com/Employees/Education>

WHY SAVE WITH 403(b)?

1. You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
2. Pre-tax investment gains in the plan are not taxed until distribution and eligible ROTH investment gains are tax free.
3. Generally, retirement assets can be carried from one employer to another.

Future retirement savings value assuming 6% growth

Monthly Contributions	5 Year	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020

HOW CAN I PARTICIPATE?

Prior to contributing you must open an account with an investment provider authorized in the Plan, a list of which is available on the right. You may then complete a Salary Reduction Agreement (SRA) online at:

<https://www.omni403b.com/SRA>

If you are already contributing to your Employer's Plan and you want to change your contribution amount or investment provider, simply complete and submit a new SRA. Once we are in receipt of the newly completed SRA, we will notify your employer to begin contributions.

HOW MUCH CAN I CONTRIBUTE ANNUALLY?

In 2024, you may contribute up to \$23,000 if you are 49 years of age or below and up to \$30,500 if you are 50 years of age and over. You may also be entitled to additional catch-up provisions like the 15 Year Service Catch-up. Please contact OMNI's Customer Care Center at **877.544.6664** for further details.

Contribution Limits		15 Yr. Service Catch-up (if eligible)	Maximum Employer Contributions	Combined Limit	
Age 49 & below	Age 50 & above			Age 49 & below	Age 50 & above
\$23,000	\$30,500	\$3,000	\$69,000	\$69,000	\$76,500

LOOKING FOR HELP?

Click the link below for an investment professional to reach out to you.

<https://www.omni403b.com/PlanDetail>

AMERICAN CENTURY SERVICES LLC
 AMERICAN FIDELITY ASSURANCE CO
 AMERIPRISE FINANCIAL RIVERSOURCE
 ASPIRE FINANCIAL SERVICES
 COREBRIDGE FINANCIAL FORMERLY AIG VALIC
 EQUITABLE FORMERLY AXA
 FIDELITY MANAGEMENT TRUST
 FIDELITY SECURITY LIFE INS CO
 FIDUCIARY TRUST CO OF NEW HAMPSHIRE
 GWN EMPLOYEE DEPOSIT ACCT
 KANSAS CITY LIFE INSURANCE COMPANY
 LINCOLN INVESTMENT PLANNING
 LINCOLN NATIONAL
 METLIFE
 METLIFE INVESTORS
 NATIONAL LIFE GROUP LSW
 PENSERV SMARTSAV FORMERLY FORESTERS
 ROTH AMERICAN CENTURY SERVICES LLC
 ROTH ASPIRE
 ROTH COREBRIDGE FINANCIAL FORMERLY AIG VALIC
 ROTH EQUITABLE FORMERLY AXA
 ROTH FIDELITY MANAGEMENT TRUST
 ROTH FIDELITY SECURITY LIFE
 ROTH GWN EMPLOYEE DEPOSIT ACCT
 ROTH KANSAS CITY LIFE INS COMPANY
 ROTH LINCOLN INVESTMENT
 ROTH LINCOLN NATIONAL
 ROTH METLIFE
 ROTH METLIFE INVESTORS
 ROTH NATIONAL LIFE GROUP LSW
 ROTH PENSERV SMARTSAV FORMERLY FORESTERS
 ROTH SECURITY BENEFIT
 ROTH VOYA FINANCIAL VRIAC
 SECURITY BENEFIT
 VOYA FINANCIAL VRIAC
 AMERICAN CENTURY SERVICES LLC 457
 AMERICAN FIDELITY ASSURANCE CO 457
 ASPIRE FINANCIAL SERVICES 457
 COREBRIDGE FINANCIAL FORMERLY AIG VALIC 457
 FIDELITY MANAGEMENT TRUST CO 457
 FIDELITY SECURITY LIFE INS CO 457
 FIDUCIARY TRUST CO OF NEW HAMPSHIRE 457
 GWN EMPLOYEE DEPOSIT ACCT 457
 KANSAS CITY LIFE INSURANCE COMPANY 457
 LINCOLN INVESTMENT PLANNING 457
 LINCOLN NATIONAL 457
 METLIFE 457
 METLIFE INVESTORS 457
 NATIONAL LIFE GROUP LSW 457
 PENSERV SMARTSAV FORMERLY FORESTERS 457
 ROTH AMERICAN CENTURY SERVICES 457
 ROTH ASPIRE FINANCIAL SERVICES 457
 ROTH COREBRIDGE FINANCIAL FORMERLY AIG VALIC 457
 ROTH EQUITABLE FORMERLY AXA 457
 ROTH GWN EMPLOYEE DEPOSIT ACT 457
 ROTH KANSAS CITY LIFE INS COMPANY 457
 ROTH LINCOLN INVESTMENT PLANNING 457
 ROTH LINCOLN NATIONAL 457
 ROTH METLIFE 457
 ROTH METLIFE INVESTORS 457
 ROTH NATIONAL LIFE GROUP LSW 457
 ROTH SECURITY BENEFIT 457
 SECURITY BENEFIT 457
 VOYA FINANCIAL VRIAC 457



GLOSSARY OF MEDICAL TERMS

Coinsurance—The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

Copays—A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

Deductible—The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

Emergency Room—Services you receive from a hospital for any serious condition requiring immediate care.

Lifetime Benefit Maximum—All plans are required to have an unlimited lifetime maximum.

Medically Necessary—Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

Network Provider—A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

Out-of-pocket Maximum—The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

Preauthorization—A process by your health insurer or plan to determine if any service, treatment plan, prescription drug, or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval, or precertification.

Prescription Drugs—Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

Preventive Services—All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

UCR (Usual, Customary and Reasonable)—The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

Urgent Care—Care for an illness, injury, or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

IMPORTANT NOTICES

NOTE: Details regarding Park Hill School District's plans can be found in the Summary Plan Description/ Summary of Benefits and Coverage documents. To request these documents please contact the Benefits Department.

MEDICARE PART D CREDITABLE COVERAGE

Important Notice from Park Hill 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 Park Hill 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. Park Hill School District has determined that the prescription drug coverage offered by the Blue Cross and Blue Shield of Kansas City health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Park Hill School District coverage **may** be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the Park Hill School District medical plan, **be aware that you and your dependents may not be able to get this coverage back.**

This notice is intended as a brief outline; please see the Benefits Department for more information.

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

You should also know that if you drop or lose your current coverage with Park Hill School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information. **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 Park Hill School District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	9/23/2024
Name of Entity/Sender:	Park Hill School District
Contact--Position/Office:	Jo Ann Blakely
Address:	7703 NW Barry Road, Kansas City, MO 64153
Phone Number:	816.359.6197

This notice is intended as a brief outline; please see the Benefits Department for more information.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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.
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: Please refer to your plan's Certificate of Coverage for the deductible and coinsurance that would apply.

If you would like more information on WHCRA benefits, call your Plan Administrator at Jo Ann Blakely at 816-359-4021.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more full-time employees, we are required to provide 1095-C forms to each employee who was employed as a full-time employee for at least one month during the calendar year, without regard to whether they were covered by our group health plan. These employees should expect to receive their Form 1095-C in early March 2025. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 31 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 31 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

To request special enrollment or obtain more information, contact the Benefits Department.

NOTICE REGARDING WELLNESS PROGRAM

Park Hill School District Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee 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 biometric screening, which will include a blood test for Total Cholesterol, HDL, and Glucose. You are not required to complete the HRA or participate in the blood test or other medical examinations.

However, benefit-eligible employees who, by June 30, 2025, participate in the wellness screenings onsite or by personal physician, complete the HRA, and earn 3000 points on the Blue Cross Blue Shield of Kansas City website will receive 100% contribution to the Core Health Plan for Employee Only Coverage. Although you are not required to complete the HRA, participate in the biometric screening, or earn 3000 points, only benefit-eligible employees who do so will receive the full contribution. The district pays for health screenings onsite for all employees regardless of participation in health coverage. Those employees receiving health screenings from their personal physician are responsible for any fees incurred at the physician's office.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Megan Thilges at thilgesm@parkhill.k12.mo.us or 816-359-6487.

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 classes on how to improve your wellbeing. You also are encouraged to share your results or concerns with your own doctor.

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 Park Hill School District may use aggregate information it collects to design a program based on identified health risks in the workplace, Park Hill School District Wellness Program 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 the Park Hill Health Enhancement Coordinator and the Benefits Coordinator 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 Megan Thilges at thilgesm@parkhill.k12.mo.us or 816-359-6487.

NOTICE OF MATERIAL CHANGE (ALSO MATERIAL REDUCTION IN BENEFITS)

Park Hill School District has amended the Medical, Dental and Vision benefit plans. This benefit guide contains a summary of the modifications that were made. It should be read in conjunction with the Summary Plan Description or Certificate of Coverage, which is available to you by the carriers. If you would like a copy, please submit your request to the Benefits Department.

NOTICE OF PRIVACY PRACTICES

Park Hill School District is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</p> <p>Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website:</p> <p>https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</p> <p>Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid</p> <p>Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/</p> <p>Family and Social Services Administration</p> <p>Phone: 1-800-403-0864</p> <p>Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:</p> <p>Iowa Medicaid Health & Human Services Medicaid</p> <p>Phone: 1-800-338-8366</p> <p>Hawki Website:</p> <p>Hawki - Healthy and Well Kids in Iowa Health & Human Services</p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov)</p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/</p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)</p> <p>Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p> <p>Phone: 1-855-459-6328</p> <p>Email: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kynect.ky.gov</p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/la hipp</p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US</p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms</p> <p>Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa</p> <p>Phone: 1-800-862-4840</p> <p>TTY: 711</p> <p>Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/</p> <p>Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</p> <p>Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-selecthttps://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	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 July 31, 2024, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)



Park Hill School District

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