Dunklin R-5
Benefit Enrollment Guide

2025



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A Message from HR at Dunklin R-5 School District

At Dunklin R-5 School District we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Sherry Jarnagin

Eligibility



Eligible Employees:

You may enroll in the Dunklin R-5 School District Employee Benefits Program if you are a Full-Time employee working at 30 or more hours per week. Newly hired Certified and salaried employees will be effective in Dunklin R-5 School District's benefits programs first day of employment. Newly hired Classified and hourly employees are eligible on the first day of the month after 30 days.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your lawful spouse and children up to age 26. Children may include natural, adopted, stepchildren, and children obtained through court- appointed legal guardianship.

Note: Dependent children will be automatically terminated at the end of the month in which they turn 26. This may affect your monthly premium deduction.

When Coverage Begins:

The effective date for your benefits is July 1, 2025, through June 30, 2026. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year (July 1, 2025). During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

In order to secure or continue coverage, you must complete the online enrollment process between April 7, 2025, and April 21, 2025. Once the system is closed, you will not be able to make any changes unless you experience a qualifying event. If you do not make your 2025-26 benefit elections, you will automatically be defaulted to your prior year elections, except for the HSA and FSA contribution elections, which will default to zero ($0) elections.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.



At the Doctor's Office

It's recommended that you choose an in-network primary care physician (PCP) for your medical coverage, even though it is not required. A PCP can be your Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN (Obstetrician and Gynecologist). Each member of your family may have a different PCP.

If you are newly enrolling in medical benefits, make an appointment with your PCP- even if you're NOT sick, once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

Network Provider/Facility Search

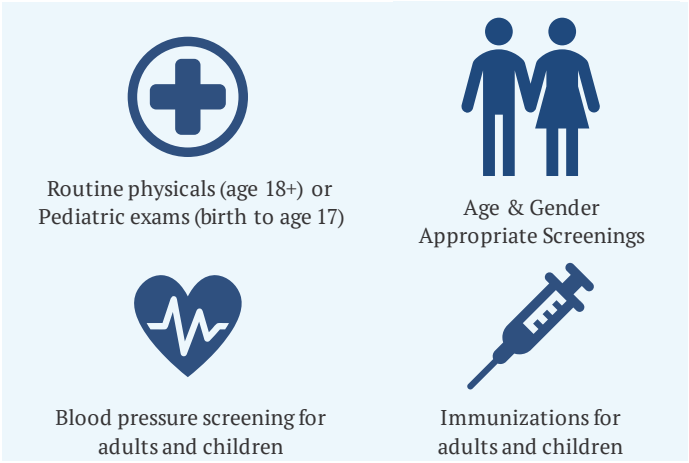
Make sure that your provider or facility is in-network. To locate a network provider, follow the steps below or call 1-844-333-2598.

- Visit www.myuhc.com, select Find a Provider. Then select what type of provider you are looking for and then click on Employer and Individual Plans.
- Choose UHC Member if you are already enrolled.
- To continue as a guest, select Shopping Around then choose Choice Plus to view providers in your plan's network.

Preventive Care

You and your family have access to a wide range of preventive services under the Affordable Care Act. These services are 100% covered by your medical plan when using in-network providers. For more details about the covered services, please visit: www.healthcare.gov/coverage/preventive-care-benefits.

Common preventive services include:



Member Service Portal

Your medical carrier's member portal is your access to secure, personalized services with interactive health tools built around you, your benefits, and your health. Access the UnitedHealthcare portal at www.myuhc.com.

Once you are registered by creating your HealthSafe ID, your personal health information will be available to you 24/7, including:

- Finding care
- Managing prescriptions
- Managing claims
- Staying healthy
- Getting coverage and cost details
- Request or View (Digital) Member ID card

For assistance with password resets, change requests, and technical issues, call 1-877-844-4999.

Need your health data on the run? Download your free carrier app from the App Store or Google Play. Use your mobile device to search for doctors, hospitals and more! Just search for UnitedHealthcare. The UnitedHealthcare app is available for download for iPhone or Android

What Are My Options For Care?

You have many options for how and where you can receive care through your UnitedHealthcare medical plan. But which one is best for your situation? Use the chart below to help you decide and see the benefit grid on the next page for service costs.

Care Center	What is it?	What can they treat?
NurseLine 	• Staffed by registered nurses • Resource for guidance during natural catastrophes or health outbreaks • **Available 24/7/365 days a year at NO COST**	• Answer general questions like "how long should I ice my sprained ankle?" • Give advice/referrals of where to go for treatment e.g. ER or primary care doctor
Telemedicine / Virtual Visits 	• Convenient, low cost option for treating common, non-urgent health concerns • A doctor will diagnose the issue over the phone and write a prescription, if necessary. • **Available 24/7/365 days a year, by web, phone or mobile app**	• Minor illnesses • Minor infections • Cold and flu symptoms • Bronchitis • Allergies • Mental health • Headaches/migraines • And more…
Doctor's Office 	• Routine care or treatment for a current health issue • Your primary doctor knows you and your health history • To manage your medications • To refer you to a specialist • **Normally available Monday-Friday. Check with your provider for actual office hours.**	• Routine checkups and preventive services • Immunizations • Minor injuries, such as sprains • Illnesses • Manage your general health and chronic conditions
Urgent Care Clinic 	• Treatment of non-life-threatening injuries or illnesses • Staffed by qualified physicians • **Generally open night and weekends; some open 24/7**	• Cold and flu symptoms • Minor accidents or falls • Minor sprains or fractures • Minor cuts and burns • Vomiting, diarrhea
Emergency Room 	• Immediate treatment for serious, life-threating conditions. • Ready to treat any critical situation • Can be hospital-based or freestanding • **Available 24/7/365 days a year**	• Chest pain • Difficulty breathing • Severe abdominal pain • Broken bones • Head injuries • Uncontrolled bleeding • Seizures • Coughing or vomiting blood

NurseLine	Virtual Visits	Find A Doctor / Facility
1-866-444-3011	**UnitedHealthcare:** www.myuhc.com/virtualvisits **Or access on the UnitedHealthcare app**	www.myuhc.com

2025 Online Employee Login Instructions

2025 Online Employee Login Instructions for Benefit Express, a WEX Company

How to Login My Benefit Express Enrollment Portal and Complete Your Enrollment

Please follow the instructions below to login to the benefits administration portal and create a new password.

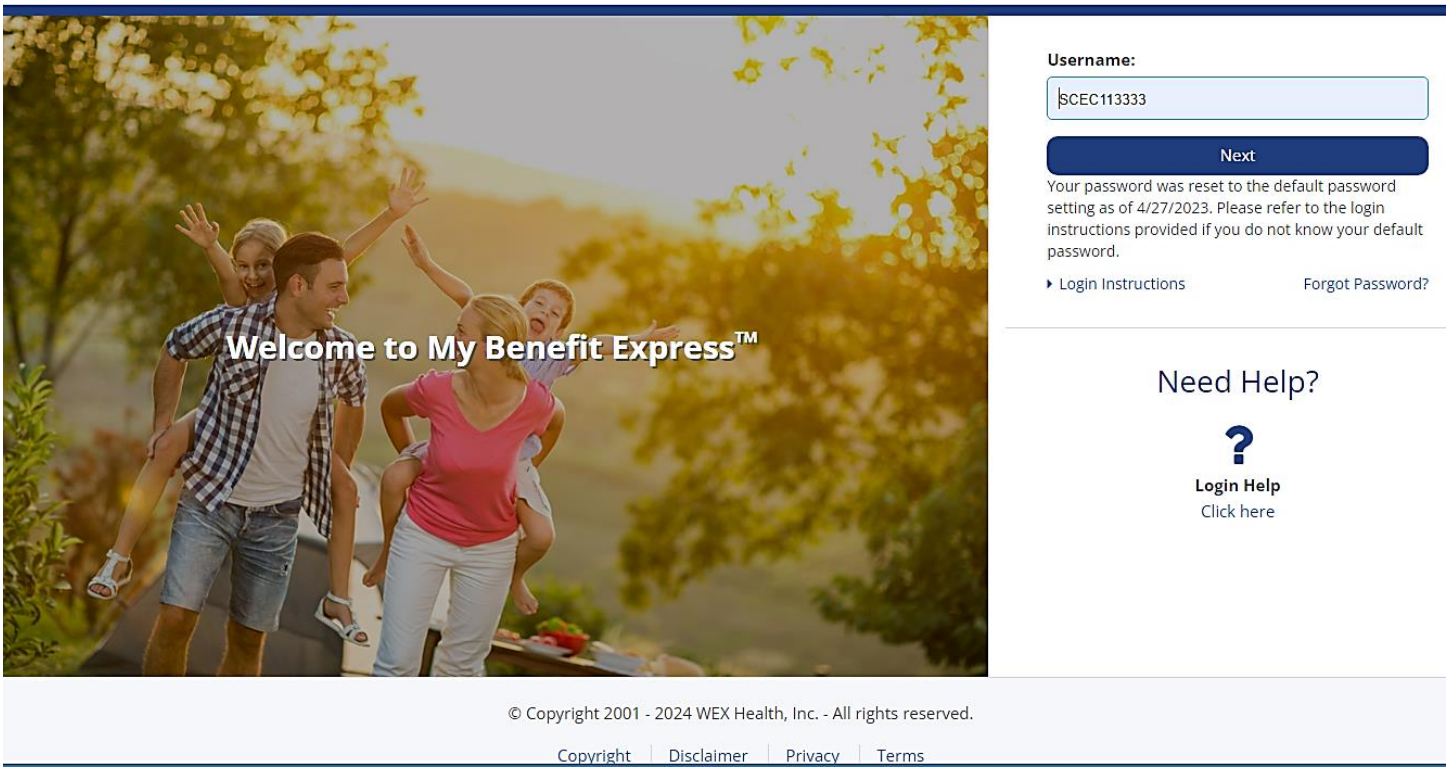
Go to: www.mySCECbenefits.com **and enter your username and password. For security purposes, you will be asked to change your password after your initial login.**

Step 1: Your username is **SCEC**xxxxxx (the x's are the last 6 digits of your social security number – no dashes or slashes). *Please note the username **is not** case sensitive.*

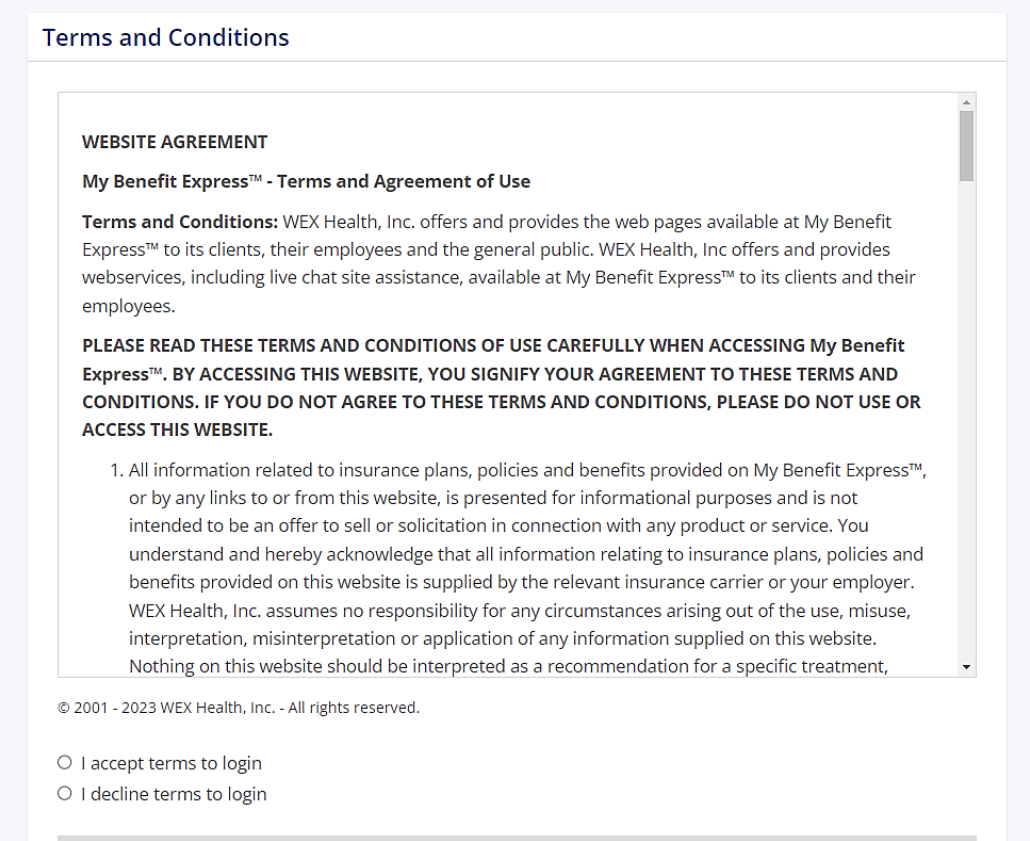
Example: If your last 6 digits of your Social Security number are **024456**, then your username would be **SCEC024456.**

Step 2: Your initial password is the **last 4 digits of your SSN + your full Date of Birth in MMDDYYYY format, followed by your Zip Code.** *Please note that passwords are case sensitive.*

For security purposes, you will be asked to change your password after your initial login.
Example: If your SSN is 111-22-2243, your Date of Birth is May 16, 1975, and your zip code is 02469, then your password would be 22430516197502469.

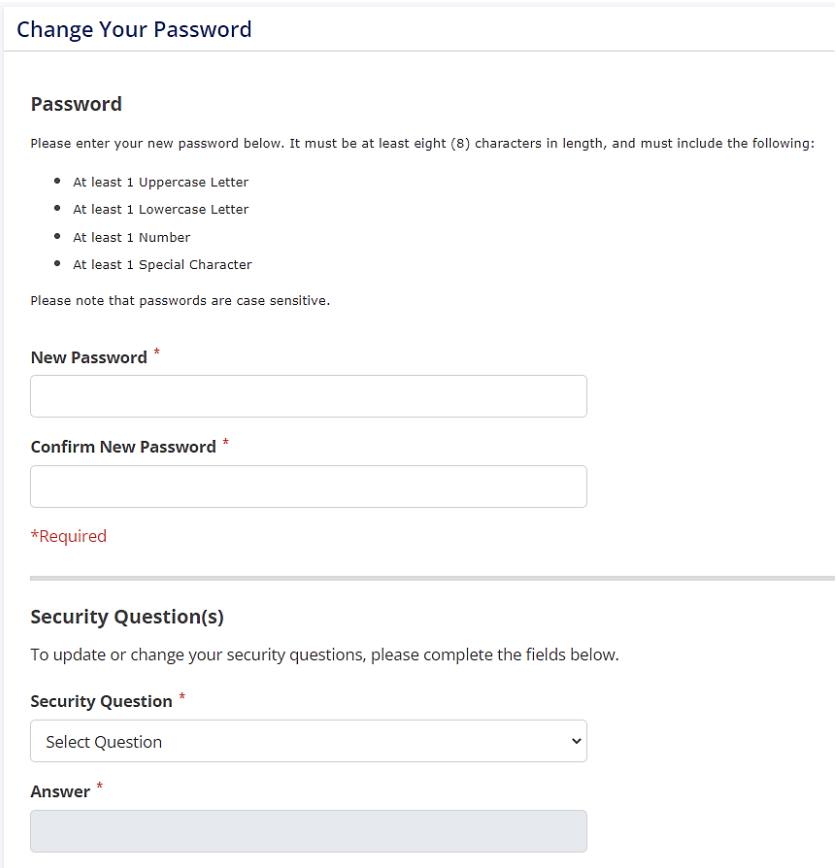


You will be required to accept the terms and conditions.



Next, create a new password and complete security questions. Once you create a custom password and complete security questions, you will use your new password to access the website.

Please save your new password in a safe place for future use.



Provide the email address that you would prefer to use for multi-factor authentication, and select communication preference.

Electronic Communication Information



Transmission of information electronically and/or digitally allows BE to communicate in a more efficient and timely manner with employees.

By electing to communicate electronically, you are authorizing BE to provide access to forms and documents via email and website access. You are agreeing that you do not require receipt of these materials in paper format. You are also certifying that email notifications sent to the address provided below are sufficient to meet the government requirements.

Personal Email Address (Verified)

mnorthey@mybenefitexpress.com Send

Company Email Address

chastings@mybenefitexpress.com

Mailing Address

4567 Some Street

Apt 1

Any Town

MO 63048

Automated Phone Info: As an added convenience, you have the ability to retrieve your FSA balance or reset your password via a text message at any time. To set this up, simply type in your cell phone number below (without dashes or parentheses), click **SEND** and within a few minutes your phone will receive a text message containing a four-digit verification code to be entered.

Text/SMS Number

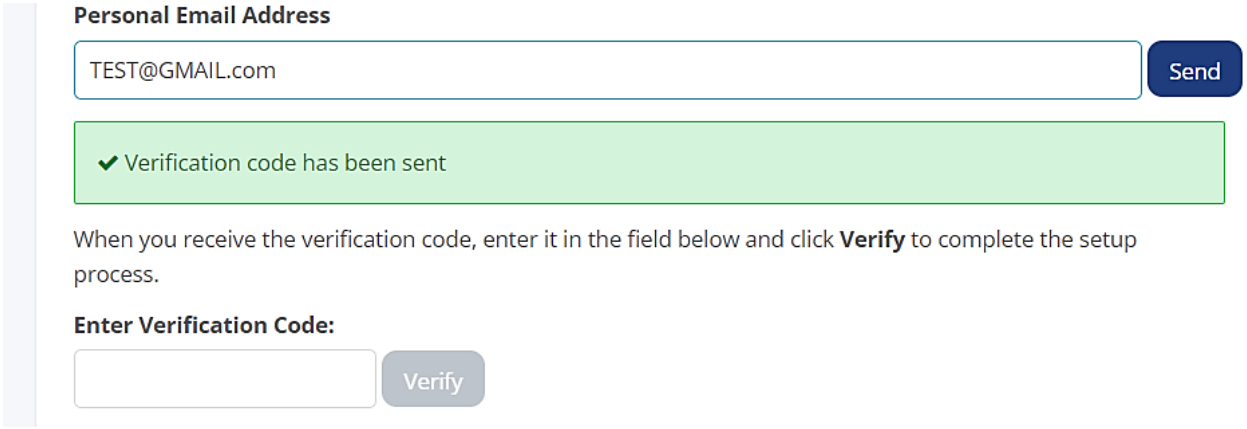
Send

Communication Preference

This authorization will remain in effect until terminated by you by submitting a written request to the Benefits Department, or by changing your election on this website.
If you select Text/SMS, you can stop receiving messages by replying STOP to any message.

Personal Email

If you are providing an email for the first time, the system will ask you to 'verify' this. A verification code will be sent to the email address provided, and you will need to enter that verification code to proceed to the homepage.



Updating Your Election Choices & Updating Your Beneficiaries

Make Your Election Choices: From the **Choices** section of the enrollment, you will make your benefit elections. Each page will display your plan choices and will prompt you for additional information where needed. All deductions are shown on a per pay basis. You may navigate through this section by using the **Previous** and **Save and Continue** buttons. You can also jump between plans by clicking anywhere in the **Choices** step/button and selecting your desired plan from the drop-down.

Add/Review Beneficiaries: You will also be able to **add new beneficiaries**, **update beneficiary information**, and **assign beneficiary percentages**. Any plans requiring a beneficiary designation will be listed on this page.

Enrollment Confirmation
Confirm Your Choices: The last page/section in the enrollment is your confirmation statement, which you can print or email. The site will automatically save a copy for your future reference. If you need to change any of the plan selections you have made, you can go back into the enrollment and make any additional changes through the end of your enrollment period.

For login assistance or site navigation questions, please contact Benefit Express at 877-837-5017.
For all other inquiries, please contact your HR Representative.

Medical Insurance

Medical Benefits

Dunklin R-5 School District will continue to offer six medical plan options through UnitedHealthcare, all with an unlimited lifetime maximum. The charts on the following pages are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

	Plan 2 – Available with or without HRA		Plan 6	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible				
Individual	$1,500	$6,000	$2,500	$6,000
Family	$3,000	$12,000	$5,000	$12,000
Coinsurance	70%	60%	70%	60%
Maximum Out-of-Pocket (Includes Deductibles)				
Individual	$5,500	$11,000	$6,500	$13,000
Family	$11,000	$22,000	$13,000	$26,000
Physician Office Visit				
Primary Care	$30 copay	60% after deductible	$30 copay	60% after deductible
Specialty Care	$60 copay	60% after deductible	$60 copay	60% after deductible
Preventive Care				
Adult Periodic Exams	100%	60% after deductible	100%	60% after deductible
Well-Child Care	100%	60% after deductible	100%	60% after deductible
Diagnostic Services				
X-ray and Lab Tests	100%	60% after deducitble	100%	60% after deductible
Complex Radiology	70% after deductible	60% after deductible	70% after deductible	60% after deductible
Urgent Care Facility	$50 copay	60% after deductible	$50 copay	60% after deductible
Emergency Room Facility	$250 copay waived if admitted	$250 copay waived if admitted	$250 copay waived if admitted	$250 copay waived if admitted
Inpatient Facility Charges	70% after deductible	60% after deductible	70% after deductible	60% after deductible
Outpatient Facility and Surgical Charges	70% after deductible	60% after deducitble	70% after deductible	60% after deductible
Mental Health				
Inpatient	70% after deductible	60% after deductible	70% after deductible	60% after deductible
Outpatient	$30 copay	60% after deductible	$30 copay	60% after deductible
Substance Abuse				
Inpatient	70% after deductible	60% after deductible	70% after deductible	60% after deductible
Outpatient	$30 copay	60% after deductible	$30 copay	60% after deductible
Other Services				
Chiropractic	50%	50%	50%	50%

	Plan 2 – Available with or without HRA		Plan 6	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Retail Pharmacy (30 Day Supply)				
Tier 1 (Lowest Cost Option)	$15 copay	$15 copay	$15 copay	$15 copay
Tier 2 (Mid-Range Option)	$40 copay	$40 copay	$40 copay	$40 copay
Tier 3 (Mid Range Option)	$75 copay	$75 copay	$75 copay	$75 copay
Tier 4 (Highest Cost Option)	20% after deductible up to a $150 maximum	20% after deductible up to a $150 maximum	20% after deductible up to a $150 maximum	20% after deductible up to a $150 maximum
Mail Order Pharmacy (90 Day Supply)				
Tier 1 (Lowest Cost Option)	$37.50 copay	Not covered	$37.50 copay	Not covered
Tier 2 (Mid-Range Option)	$100 copay	Not covered	$100 copay	Not covered
Tier 3 (Mid Range Option)	$187.50 copay	Not covered	$187.50 copay	Not covered
Tier 4 (Highest Cost Option)	20% after deductible up to a $375 maximum	Not covered	20% after deductible up to a $375 maximum	Not covered

Medical Insurance (continued)

The charts below are a brief outline of the HSA plan options that are offered. **Please note, per IRS guidelines, the in-network deductibles will be increasing this plan year for HSA Plan 4. The in-network deductible will increase to $3,300 for an individual and to $6,600 for family. The requirement only affects HSA Plan 4.**
Please refer to the summary plan description for complete plan details.

Coverage	*Plan 4 HSA		*Plan 7 HSA		*Plan 8 HSA	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible						
Individual	**$3,300**	$6,000	$4,000	$8,000	$5,000	$10,000
Family	**$6,600**	$12,000	$8,000	$16,000	$10,000	$20,000
Coinsurance	70%	60%	100%	80%	100%	80%
Maximum Out-of-Pocket (Includes Deductibles)						
Individual	$4,500	$10,000	$5,500	$11,000	$6,500	$13,000
Family	$9,000	$20,000	$11,000	$22,000	$13,000	$26,000
Physician Office Visit						
Primary Care	70% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Specialty Care	70% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Preventive Care						
Adult Periodic Exams	100%	60% after deductible	100%	80% after deductible	100%	80% after deductible
Well-Child Care	100%	60% after deductible	100%	80% after deductible	100%	80% after deductible
Diagnostic Services						
X-ray and Lab Tests	70% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Complex Radiology	70% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Urgent Care Facility	70% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Emergency Room Facility	70% after deductible	70% after deductible	100% after deductible	80% after deductible	100% after deductible	100% after deductible
Inpatient Facility Charges	70% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient Facility and Surgical Charges	70% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible

Coverage	*Plan 4 HSA		*Plan 7 HSA		*Plan 8 HSA	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Mental Health						
Inpatient	70% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient	70% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Substance Abuse						
Inpatient	70% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient	70% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Other Services						
Chiropractic	70% after deductible	60% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Retail Pharmacy (30 Day Supply)						
Tier 1 (Lowest Cost Option)	$15 copay after deductible	$15 copay after deductible	$15 copay after deductible	$15 copay after deductible	$15 copay after deductible	$15 copay after deductible
Tier 2 (Mid-Range Option)	$40 copay after deductible	$40 copay after deductible	$40 copay after deductible	$40 copay after deductible	$40 copay after deductible	$40 copay after deductible
Tier 3 (Mid Range Option)	$75 copay after deductible	$75 copay after deductible	$75 copay after deductible	$75 copay after deductible	$75 copay after deductible	$75 copay after deductible
Tier 4 (Highest Cost Option)	20% after deductible up to a $150 maximum	20% after deductible up to a $150 maximum	20% after deductible up to $150 maximum	20% after deductible up to $150 maximum	20% after deductible up to $150 maximum	20% after deductible up to $150 maximum
Mail Order Pharmacy (90 Day Supply)						
Tier 1 (Lowest Cost Option)	$37.50 copay after deductible	Not covered	$37.50 copay after deductible	Not covered	$37.50 copay after deductible	Not covered
Tier 2 (Mid-Range Option)	$100 copay after deductible	Not covered	$100 copay after deductible	Not covered	$100 copay after deductible	Not covered
Tier 3 (Mid Range Option)	$187.50 copay after deductible	Not covered	$187.50 copay after deductible	Not covered	$187.50 copay after deductible	Not covered
Tier 4 (Highest Cost Option)	20% after deductible up to a $375 maximum	Not covered	20% after deductible up to a $375 maximum	Not covered	20% after deductible up to $375 copay	Not covered

*HSA Plans 4, 7 and 8 – For a listing of preventive medications covered with no deductible applying, please refer to the Library section of the online enrollment portal. Click on "Benefits – Medical" to find the 2025 Preventive Core Drug List for Consumer Driven Health Plans (HSA).

Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account. Plans 4, 7 and 8 (HSA Options) do qualify as a HDHP.

When selecting Plan 4, the school district will contribute $171.00 a month to the HSA or $2,052 annually.

When selecting Plan 7, the school district will contribute $195.00 a month to the HSA or $2,340 annually.

When selecting Plan 8, the school district will contribute $219.00 a month to the HSA or $2,628 annually.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over year to year. Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

Are you eligible to open a Health Savings Account (HSA)?

Although everyone is able to enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.

Are you eligible to open a Health Savings Account (HSA)? (continued)

- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

Important Note Regarding Additional HSA Contributions

If you want to make additional contributions to your health savings account via payroll deduction, **you will need to re-enroll and elect your new contribution amount for the 2025-2026 plan year.**

2025 HSA Contributions

You are able to contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contribution limits between employer and employee:

- FOR THE 2025 TAX YEAR:
- $4,300 Individual
- $8,550 Family
- If you are age 55 and over, you may contribute an extra $1,000 catch up contribution (per participant).

Scan the below QR Code to learn more about how to optimize your HSA.

QR Code

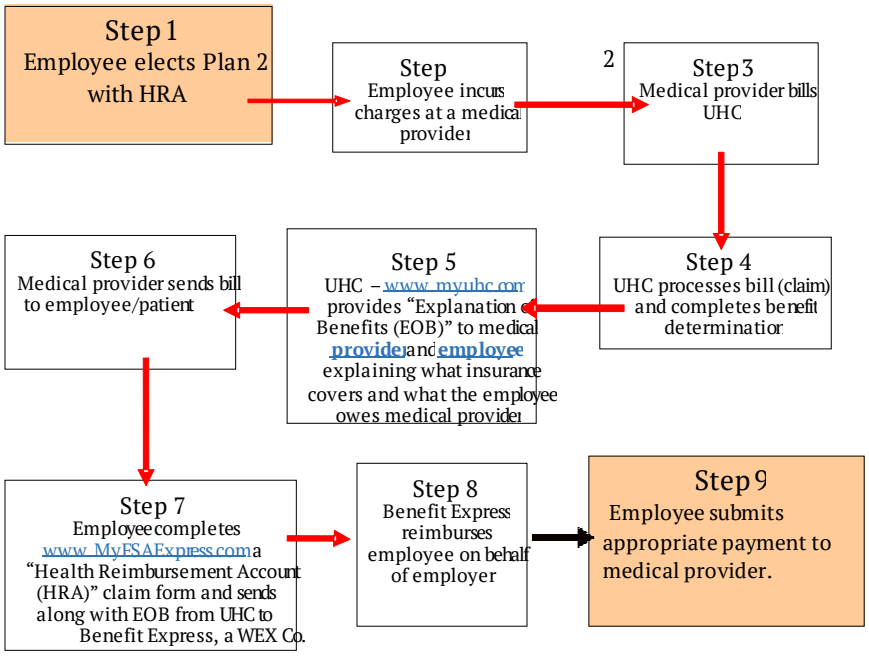
Health Reimbursement Arrangement (HRA)

Dunklin R-5 School District offers a Health Reimbursement Arrangement in conjunction with the PPO Plan 2. The HRA is district owned money that has been budgeted and set aside to help employees in this plan pay for in-network medical costs. The employee pays the first $500 (x2 family) of the $1,500/$3,000 (individual/family) in-network deductible. The district will reimburse the last $1,000 (x2 family) of the in-network deductible and the last $2,000 (x2 family) of coinsurance. The district reimburses up to maximum of $3,000 for employee (x2 family).

- Funds run according to the calendar year (January 1st – December 31st)
- Unused HRA dollars do not roll over from year to year
- Ineligible Expenses: Copay Amounts, Prescription Copay/Out-of-Network Amounts, Out-of-Network Expenses, and Non-Covered Expenses

The account is managed by Benefit Express, a WEX company. Here is an example of how to get reimbursed:

Below is the Plan Year information and important dates to keep in mind for filing claims:



Below is the Plan Year information and important dates to keep in mind for filing claims:

HRA	Plan Year Dates	Final Service Date	Final Claims Filing Date
HRA 2025 Plan Year	1/1/2025 – 12/31/2025	12/31/2025	3/31/2026

Flexible Spending Accounts (FSA)

The Flexible Spending Account (FSA) plan allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

Employees who enroll in the HSA (Plans 4, 7 or Plan 8) are not eligible for the medical portion of the FSA but could still elect to have a Dependent Care Reimbursement Account (DCRA).

This account is managed by Benefit Express, a WEX company, for the school district.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. **Re-enrollment is required each year.**

Maximum Annual Election	
Health Care FSA	$3,300
Dependent Care FSA	$5,000

Scan the below QR Code to learn more about how to optimize your FSA.

QR Code

Dental Insurance



Dental Benefits

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. Dunklin R-5 School District will continue to offer a dental program through Guardian. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

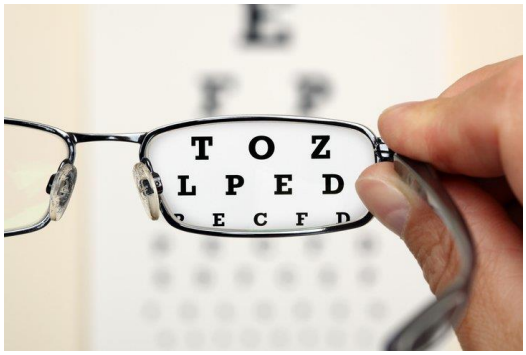
	Guardian Medium Plan	
	In-Network Benefits (Negotiated Fee Schedule)	Out-of-Network Benefits (UCR 90th Percentile)
Annual Deductible		
Individual	$50	$50
Family	$150	$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person / Family	$2,000	$2,000
Preventive	100%	80%
Basic	80% after deductible	70% after deductible
Major	50% after deductible	40% after deductible
Dependent Child(ren)	Covered up to age 26	Covered up to age 26
Orthodontia		
Benefit Percentage	50% after deductible	50% after deductible
Adults (and Covered Full-Time Students, if Eligible)	Not covered	Not covered
Dependent Child(ren)	Covered up to age 19	Covered up to age 19
Lifetime Maximum	$2,000	$2,000
Benefit Waiting Periods	12 months Late Entrant Limitation	

- ✓ Waiting Period Penalty for Late Entrants:
  - If coverage is elected during open enrollment for a 7/1 effective date, there are no waiting periods.
  - If coverage is elected outside of open enrollment but not due to a qualifying event, there are waiting periods; there is a 6-month waiting period for Basic Service, a 12-month waiting period for Major Services, and a 24-month waiting period for Orthodontic Services.
  - Coverage is elected outside of open enrollment but due to a qualifying event, there are no waiting periods.
- ✓ Includes Dental Maximum Rollover – This rollover amount is up to $400 each year as long as the insured does not exceed the $800 threshold of claims. This rollover allows the covered insured to "bank" additional plan maximum dollars to the next year's coverage.
- ✓ Orthodontia with byte® – The at-home invisible orthodontic aligner is available at a discount for all Guardian dental members and covered as an in-network benefit for plans that include orthodontic treatment benefits.
- ✓ Teledentistry – You can access a dentist via video for emergencies or when traveling and unable to get to a dentist, 24 hours a day, 7 days a week, 365 days a year. To learn more, visit teledentistry.com/insurance-carriers/guardian/.

Visit www.GuardianAnytime.com to locate Dental providers in the DentalGuard Preferred network and view more detailed benefit information.

Vision Insurance

Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol.



- ✓ If you do not elect Vision during the annual open enrollment period or when you first become eligible, you will have to wait until the next annual open enrollment period to enroll, which is every July 1st (unless you have a qualifying event).
- ✓ Visit **www.GuardianAnytime.com** to **locate Vision providers** and view more **detailed benefit information**.
- ✓ Dependent Age Limit is to Age 26

	Guardian VSP Vision Plan (VSP Choice Network)		Guardian Davis Vision Plan (Davis Vision Network)	
	In-Network	**Out-of-Network (Before Copay)**	**In-Network**	**Out-of-Network (Before Copay)**
Annual Eye Exam	$10 Copay	$39 Max	$10 Copay	$50 Max
Lenses (Single, Bifocal, Trifocal, Lenticular) - Covered every 12 months	$25 Copay	Single Lenses - $23 Max Bifocal Lenses - $37 Max Trifocal Lenses - $49 Max Lenticular Lenses - $64 Max	$25 Copay	Single Lenses - $48 Max Bifocal Lenses - $67 Max Trifocal Lenses - $86 Max Lenticular Lenses - $126Max
Contact Lenses (Elective) - Covered every 12 months	$0 Copay $130 Allowance	$0 Copay $120 Allowance	$0 Copay $130 Allowance +15% off balance	$0 Copay $108 Allowance
Contact Lenses (Medically Necessary) - Covered every 12 months	$0 Copay	$210 Allowance	$0 Copay	$210 Allowance
Frames - Covered every 24 months	$130 Retail Max + 20% off balance	$46 Allowance	$130 Retail Max + 20% off balance	$108 Allowance

Life and Accidental Death & Dismemberment (AD&D)

Basic Life and AD&D Insurance

Dunklin R-5 School District provides employer-paid Basic Life and AD&D benefits to eligible employees through Guardian **You must work 30+ hours per week to be eligible for this employer-paid benefit.** The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Basic Life and AD&D			
Coverage	You	Your Souse	Your Child
Benefit Maximum	$50,000	Not Covered	Not Covered

The above benefits will begin to decrease at age 65. Employer paid benefits terminate when employee retires or leaves employment.

Voluntary Life Insurance

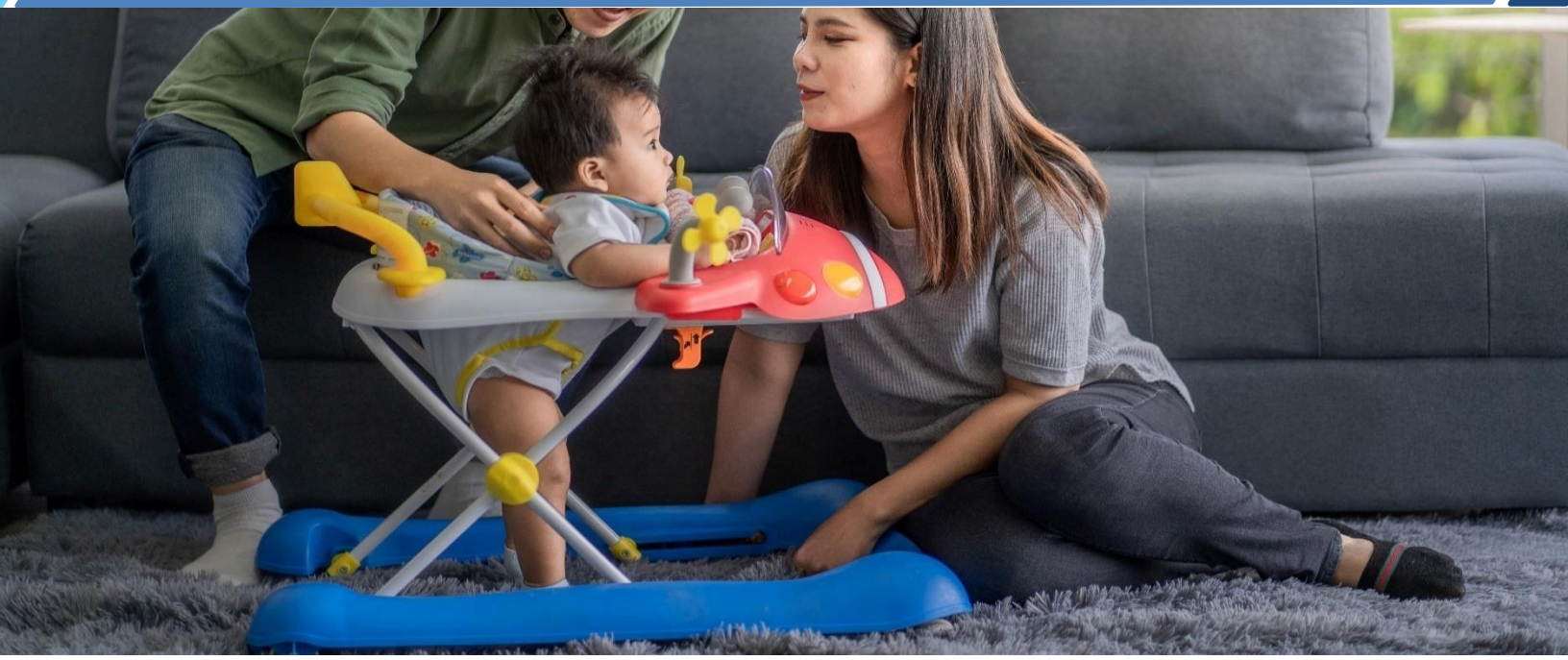
In addition to the employer-paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

Voluntary Life Insurance

You may purchase additional Life insurance with Guardian if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect. Coverage is paid for by you through payroll deduction. Accidental Death and Dismemberment (AD&D) is included in this coverage.

NOTE: Guardian is offering a true Open Enrollment for this coverage this year only. This means employees may elect up to the Guarantee Issue (GI) amount on yourself, a spouse, or child with no proof of evidence of insurability. *However, if you apply for coverage over the GI amount, you will be subject to providing EOI by answering a few questions and could be denied coverage. If EOI is approved, your effective date will be the first of the month following approval.*

Plan Highlights	Carrier: Guardian
Coverage	
Premiums **(Note: The enrollment portal will calculate your premiums at the time of enrollment and will be based on age.** ***Premium for spouse is based on age of employee. Premiums increase every five years).***	• Employee Paid
Employee Benefit	• $10,000 to $500,000, in $10,000 increments (Benefit Reduction of 35% at Age 65 and 50% at Age 70)
Spouse Benefit	• $5,000 to $100,000 in $5,000 increments, not to exceed 50% of Employee's amount. (Benefit Reduction of 35% at Age 65 / Benefit terminates at Age 70)
Child Benefit	• $5,000, $10,000, not to exceed 50% of Employee's amount
Guarantee Issue	• $200,000 for Employees less than age 65 (Amount decreases to $50,000 for employees ages 65-69 and down to $10,000 for employees age 70+). • $50,000 for Spouse less than age 65 (Amount decreases to $10,000 for spouse ages 65-69 and $0 if spouse is age 70+). • $10,000 for Child(ren)



Disability Insurance (Short-Term and Long-Term)

One of the most important assets to you as an employee is the ability to earn an income. Disability insurance provides income protection in the event you become unable to work due to a non-work-related illness or injury. Please note that disability plans are subject to reduction if you receive disability payments from other sources, such as state or federal programs.

Short-Term Disability Insurance

Dunklin R-5 School District offers a short-term disability option through Guardian. Premiums are employee paid and rates vary by age and salary level. This benefit covers 50% of your weekly base salary up to $1,250/week. The benefit begins on the 15th day of injury or illness and lasts up to 11 weeks. There is a pre-existing condition limitation, which means there is a 3-month look back period (anything that has been treated or diagnosed 3 months prior to effective date) and would not be covered for the first 12 months of the plan.

Maternity is covered as any other illness. If a new enrollee that does not currently have short term disability coverage in place and already pregnant, the benefit would be limited to two weeks. If you are a new enrollee and NOT pregnant on July 1st, you would be limited by the definition of disability, not to exceed the benefit duration of 11 weeks.

Please see the summary plan description on the online enrollment system for complete plan details and rates.

Long-Term Disability Insurance

You may purchase voluntary long-term income protection through Guardian in the event you become unable to work due to a non-work-related illness or injury. Premiums are employee paid and rates vary by age and salary level. This benefit covers 60% of your monthly base salary up to $6,000. Benefit payments begin after 90 days of disability. Please see the summary plan description on the online enrollment system for complete plan details and rates.

This benefit is a very inexpensive way to "insure" your paycheck in the event of extended sick time away from your job.

NOTE: Guardian is offering a true Open Enrollment for this coverage this year only. This means employees may elect coverage even if previously waived without having to provide evidence of insurability.

Employee Assistance Plan (EAP)



Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices or locating further help.

It's free…Your employer covers the cost of initial assessment, additional problem-solving sessions and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential…Your EAP has been set up with Guardian, and administered by GuidanceResources®, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

These services include:

- Confidential Emotional Support / 3 face-to-face or virtual sessions per person, per issue, per year.
- Work and Lifestyle Support / Child and elder care, moving, pet care, college planning, home repair, and more.
- Legal Guidance / Help with legal concerns such as divorce, custody, adoption, real estate, debt, bankruptcy, and more.
- Financial Information / Get answers about budgeting, debt management, tax issues, and other money concerns.
- Digital Support / Go to GuidanceResources® Online to connect to counseling, work and lifestyle support services.
- Online Will Preparation / Assist with a complimentary, simple and secure online tool.
- Wellness Support / Flexible 3-5 coaching session model / Take advantage of online self-guided programs, such as tobacco and nicotine cessation, weight management, sleep improvement, self-motivation, back care, diabetes prevention and more.

Contact GuidanceResources® today!

Services available 24 hours a day, 7 days a week.

Call: 855-239-0743

Online: guidanceresources.com
Web ID: Guardian

Wellness Initiatives

Dunklin R-5 School District's Wellness Initiatives



Whether your goal is to have more energy, lose weight, manage stress, or improve your diet, Dunklin R-5 School District Wellness program can help you. We consider Wellness to be a vital part of our overall benefits program.

As healthcare costs continue to rise, we strive to offer competitive health benefits to take care of you and your family. A successful wellness program is a win-win — it means our employees are improving their lives, and we are one step closer to managing rising health insurance costs.

Participate in your Wellness Program this year to avoid a $50.00 monthly surcharge per person. The program is applicable to all eligible retirees, employees, and spouses covered under the UHC medical plan with an effective date prior to January 1, 2026. Participants will have from May 1, 2025 – April 30, 2026, to complete and return registration, consent, and physical forms to WellWorks to avoid the $50 surcharge per person effective July 1, 2026.

A detailed packet of information for the 2025-26 wellness program year will be distributed by the district, so be on the lookout for that. This informational packet will include:

- A program guide outlining the steps to earn the incentive
- Login instructions for the wellness portal / mobile app
- Forms to complete
- Deadlines to submit completed forms and where/how to submit
- FAQ Sheet

Wellworks For You

Step 1

Complete **Proof of Annual Physical Exam Form** with your physician.

Step 2

Complete the **Registration and Consent Form.**

Step 3

Submit your completed packet by the deadline.

Worksite Products and Costs

Your voluntary worksite benefit offerings effective July 1, 2025, for the 2025-2026 school years are being offered once again through Guardian. **NOTE: Guardian is offering a true Open Enrollment on all lines of coverage this year only. This means employees may elect coverage even if previously waived without having to provide evidence of insurability.**

Accident & Injury - There is no pre-existing limitation (guaranteed acceptance). Helps with out-of-pocket costs that arise when you have a covered accident, including: Hospital Admission, Hospital Confinement, Physical Therapy, Lacerations, Major Injuries (Fractures and Dislocations). Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs. Includes $50 wellness benefit per year.

Accident & Injury - Monthly Rates (Employee Paid):	
Employee	$20.63
EE + Spouse	$30.92
EE + Child(ren)	$36.16
Family	$46.45

Critical Illness - **Enhanced this year and will cover 25 additional conditions.** The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Guardian group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness. Employee may choose lump sum benefit of $10,000, $20,000, or $30,000. All amounts are Guarantee Issue with annual open enrollment each year. Spouse's benefit would be up to 50% of employee's benefit and dependent child benefit amount of 50% of employee's benefit. The plan includes a $100 per year benefit for completing certain wellness screenings for the covered employee, spouse, and child.
NOTE: No coverage/benefit if illness was diagnosed prior to the plan's issue date.

Critical Illness - Monthly Rates (Employee Paid):
Simplified Rate Structure Effective 7/1/25 - Varies by issue age

Cancer – There are two options to choose from. All options are Guarantee Issue with annual open enrollment. All have a pre-existing condition limitation, which means there is a 3-month look back period (anything that has been treated or diagnosed 3 months prior to effective date) and would not be covered for the first 12 months of the plan. Benefits include: Cancer screening ($50; $50 for follow-up screening), Radiation Therapy, Chemotherapy, Blood/Plasma/Platelets, Second Surgical Opinion, Hospital Confinement, ICU Confinement, and Hospice.

	Value Plan	Premier Plan
Employee	$15.88	$42.74
EE + Spouse	$33.46	$94.70
EE + Child(ren)	$19.18	$49.00
Family	$36.77	$100.97

Hospital Indemnity - Group Hospital Indemnity Insurance from Guardian helps with the out-of-pocket costs associated with a covered hospital stay, including benefits for hospital admission, confinement, and intensive care. Guaranteed acceptance, however, there is a 12/12 pre-existing limitation, which means there would be a 12-month look back period (anything that has been treated or diagnosed 12 months prior to effective date) and would not be covered for the first 12 months of the plan.

Plan 1: $1,500 per insured per calendar year (max of 2 payments per family per year)
Plan 2: $2,500 per insured per calendar year (max of 2 payments per family per year)
Both plans will pay $200 per day for hospital confinement and $400 per day for ICU (combined maximum of 30 days per year, per insured).

Hospital Indemnity - Monthly Rates (Employee Paid):		
	Plan 1	Plan 2
Employee	$25.57	$33.65
EE + Spouse	$50.24	$66.10
EE + Child(ren)	$36.44	$47.99
Family	$61.11	$80.43

What Your Medical Benefits Will Cost

The Dunklin R-5 School District asks employees to contribute a nominal amount to the insurance premium for their medical, dental, and vision benefits. Your total employee monthly costs are shown below.

NOTE: IF YOU AND/OR YOUR SPOUSE WILL HAVE COVERAGE UNDER ONE OF THE MEDICAL PLAN OPTIONS BEING OFFERED THIS YEAR, BUT DID NOT PARTICIPATE IN THE WELLNESS PROGRAM, YOU WILL NEED TO ADD THE $50 SURCHARGE ($50 EMPLOYEE AND/OR $50 FOR SPOUSE) TO BELOW PREMIUM RATES.	
UHC Medical - Plan 2 (with HRA)	
Employee	$227.00
Employee & Spouse	$1,302.00
Employee & Child(ren)	$982.00
Employee & Family	$2,063.00
UHC Medical Plan 2 – No HRA	
Employee	$102.00
Employee & Spouse	$1,052.00
Employee & Child(ren)	$782.00
Employee & Family	$1,663.00
UHC Medical Plan 6	
Employee	$20.00
Employee & Spouse	$881.00
Employee & Child(ren)	$637.00
Employee & Family	$1,433.00
UHC Medical Plan 4 (HSA)	
Employee	$0.00
Employee & Spouse	$653.00
Employee & Child(ren)	$467.00
Employee & Family	$1,071.00
UHC Medical - Plan 7 (HSA)	
Employee	$0.00
Employee & Spouse	$626.00
Employee & Child(ren)	$448.00
Employee & Family	$1,028.00
UHC Medical - Plan 8 (HSA)	
Employee	$0.00
Employee & Spouse	$601.00
Employee & Child(ren)	$431.00
Employee & Family	$986.00

What Your Dental and Vision Benefits Will Cost

Employee Dental Contributions (Monthly)	
Guardian - Dental PPO Medium Plan	
Employee	$0.00
Employee & Spouse	$41.02
Employee & Child(ren)	$60.90
Employee & Family	$106.67

Employee Vision Contributions (Monthly)	
Guardian - VSP Vision Plan	
Employee	$9.71
Employee & Spouse	$17.88
Employee & Child(ren)	$18.74
Employee & Family	$28.06
Guardian - Davis Vision Plan	
Employee	$8.29
Employee & Spouse	$15.28
Employee & Child(ren)	$16.02
Employee & Family	$23.98

Benefit Resources

USI Benefit Resource Center

Have Questions? Need Help?

Dunklin R-5 School District is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.



Toll Free: 855-874-0829

BRCMidwest@usi.com
Monday - Friday
8:00am to 5:00pm EST & CST

Carrier Contacts

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enroll ment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical	UnitedHealthcare (Policy #911283)	844-333-2598	www.myuhc.com
Flexible Spending Account	Benefit Express, a WEX Co. (Policy: SCEC Dunklin)	877-837-5017	www.myfsaexpress.com
Health Reimbursement Arrangement (HRA)			
Health Savings Account	Benefit Express, a WEX Co. (Policy: SCEC Dunklin)	877-837-5017	www.help@mybenefitexpress.com
Dental PPO	Guardian (Policy #00036445)	800-541-7846	www.guardiananytime.com
Vision			
Life and AD&D			
Voluntary Life			
Short Term Disability (STD)			
Long Term Disability (LTD)			
Voluntary Critical Illness			
Voluntary Cancer			
Accident			
Hospital Indemnity			
Employee Assistance Program	Guardian - Administerd by ComPsych Guidance Resources (WEB ID: Guardian)	855-239-0743	www.guidanceresources.com
Wellness Program	Wellworks For You	800-425-4657	www.wellworksforyoulogin.com

This brochure summarizes the benefit plans that are available to Dunklin R-5 School District eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.