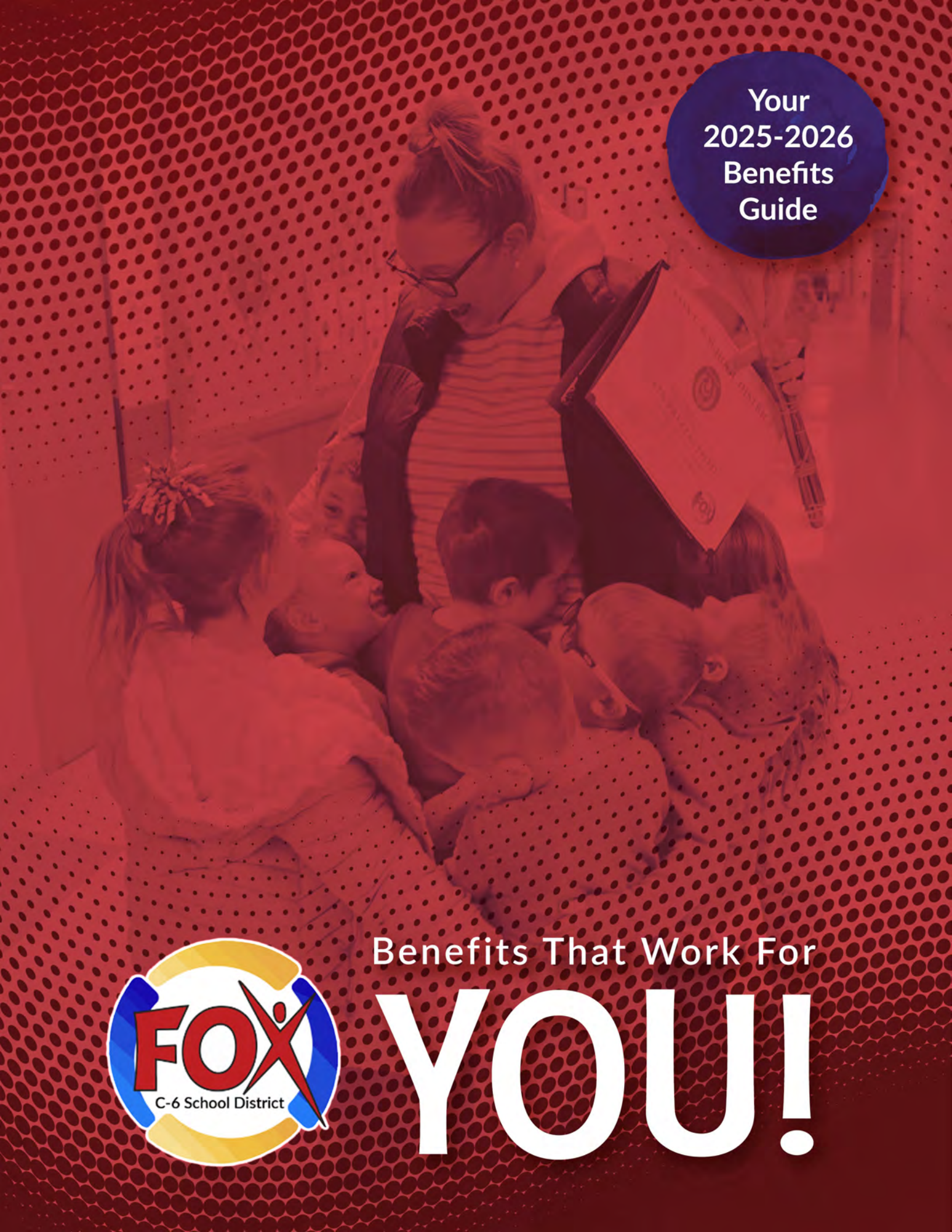


Your 2025-2026 Benefits Guide

FOX C-6 School District

Benefits That Work For

YOU!

Benefits That Work for YOU!

Your well-being is shaped by all the places you live, learn, work, and play—and you're at your best when you prioritize self-care. Whether that means staying active, eating well, unwinding, or doing what you love, taking care of yourself starts with making smart choices. And when it comes to your benefits, it begins with one simple step: enrolling in the coverage that fits you and your family best.

This benefits guide provides you with an overview of the benefits available to you. Spend some time reviewing the information to help you prepare for the year ahead.

Your Current Benefits Will Carry Over—Except for FSA and HSA

For 2025-2026, your insurance coverage will renew automatically, except for FSAs and HSAs. To continue these, you must re-enroll; otherwise, participation won't carry forward.

Fox Benefit Advocate Center

You can get assistance from the Fox Benefit Advocate Center—a complimentary service designed to assist you with your benefits. Fully licensed advocates are available to provide confidential, personal support and guidance at no cost, including:

- **Network Provider Assistance:** Help to find healthcare providers within your network.
- **Benefits Education:** Learn the differences between FSA and HSA, details on Fox's benefit offerings, and more.
- **Claim Support:** Get assistance with claims and understand your insurance coverage.
- **Prescription/Pharmacy Help:** Resolve issues with medication coverage and authorizations.
- **Referral and Appeal Support:** Navigate referrals and appeal denied procedures.

Ready to Enroll?

To talk with a benefits expert:

Call toll-free **844.486.8210**, available Monday to Friday, 8:00 a.m. – 6:00 p.m.

bac.foxc6schooladvocates@ajg.com

What's INSIDE

04 **Your Benefits Program**
- Eligibility for Benefits
- Enrollment Timeline
- What is a Qualifying Life Event?
- Adding Dependents
- Enrolling in Your Benefits

05 **Medical Insurance Terms to Know**

06-09 **Taking Care of Your Health**
- Medical Plan Options
- Health Savings Account (HSA)
- Prescription Drug Coverage

10-11 **Additional Resources**
- LiveHealth Online
- 24/7 NurseLine
- ConditionCare
- Building Healthy Families

12 **Medical Insurance Rates**

13 **Healthcare Flexible Spending Account (FSA)**

14-15 **Dental & Vision**

16 **Accident, Critical Illness, and Hospital Indemnity**

17-19 **Wellness Resources**
- Employee Assistance Program
- Dependent Care Flexible Spending Account (FSA)
- FitOn Wellness App
- Sydney App

20-22 **Life, Disability and More**

23 **Additional Benefits**
- EAP, Legal, Financial and Grief Resources
- Travel Assistance
- Legacy Planning Resources
- Beneficiary Financial Counseling

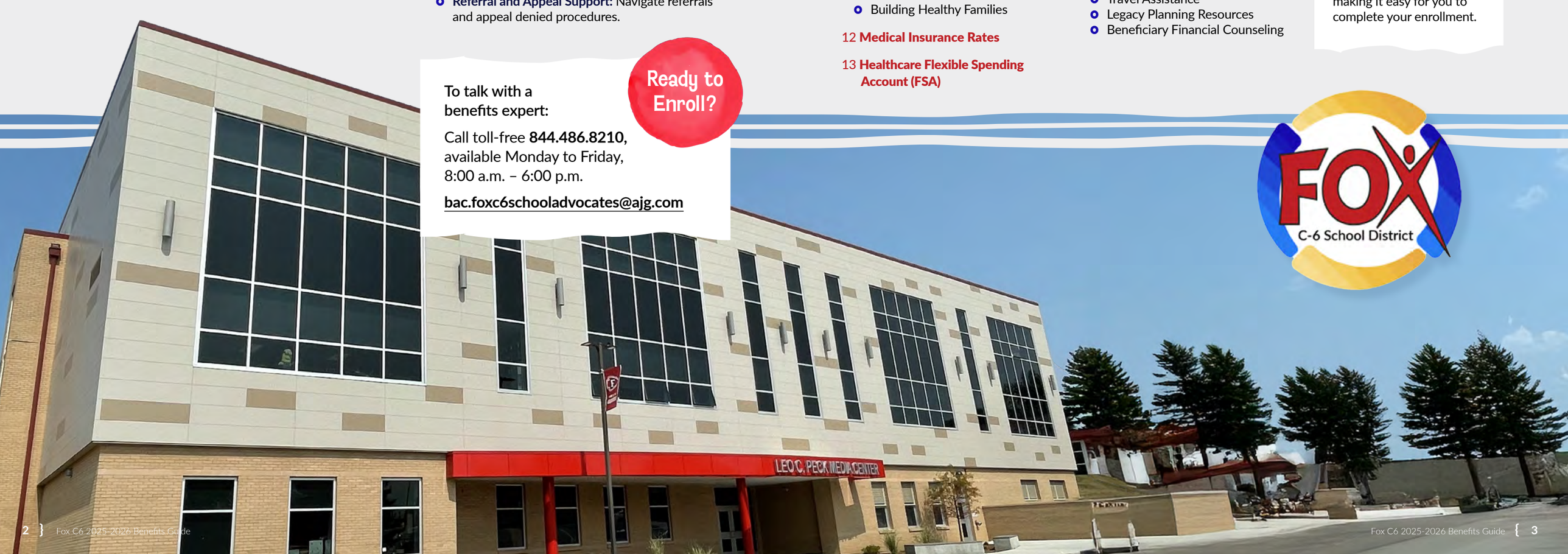
24 **Extra Insurance Plans**
- Identity Theft Protection
- Pet Health Insurance

25 **Contact Information**

26 **Legal Notices**

New Hire?

If you're a new hire or participating in Open Enrollment, you'll receive an email from Fox Benefits with a direct link to the Empyrean Benefits site—making it easy for you to complete your enrollment.



FOX C-6 School District

Your Benefits Program

Eligibility for Benefits

You are eligible for Fox C-6 School District benefits on your first day of employment if you are a benefits-eligible employee.

Enrollment Timeline

You can enroll for coverage within 31 days of your eligibility date or during the annual open enrollment period.

- **If you do not enroll for coverage within 31 days of your eligibility date, you will not receive health coverage during the plan year unless you experience a Qualifying Life Event such as marriage, divorce, birth of a child, or loss of other health coverage.**
- If you experience a Qualifying Life Event, you must enroll within 31 days after the event.

What is a Qualifying Life Event?

A Qualifying Life Event is a change in your situation that triggers a Special Enrollment Period, giving you the right to enroll in, drop, or change certain benefits. You can make benefit changes midyear if you experience one of the following:

- Marriage or divorce
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other coverage *(yours or your dependent's)*
- Change in employment status that affects benefits eligibility *(such as full-time to part-time or part-time to full-time)*
- A dependent becoming ineligible for coverage
- Significant change in coverage or cost under another employer's plan

What should I do if I have a QLE?

If you have a Qualifying Life Event, you must submit the required documentation and update your benefits within 31 days of the event. Changes requested after the 31-day window won't be processed, and you'll need to wait until the next annual open enrollment period—unless you experience another qualifying event.

Acceptable documentation includes:

- **Marriage:** Government-issued marriage certificate showing the date of marriage
- **Divorce:** Divorce decree
- **Birth:** Hospital documentation (temporary) until a government-issued birth certificate is received
- **Spouse Gains or Loses Coverage:** Proof of loss or gain of coverage

All supporting documents must be sent to the Benefits Department for review and approval before your benefit changes can take effect.

Adding Dependents

You can also enroll eligible dependents in your coverage. Be prepared to provide documentation for each dependent you enroll. See the Enrollment section of this guide for a list of acceptable documents.

Eligible dependents include:

- Your legal spouse
- Your children up to age 26, including stepchildren and adopted children
- Children over age 26 who are physically or mentally disabled and unable to support themselves (medical certification required)

Enrolling in Your 2025 - 2026 Benefits

This enrollment period is your opportunity to review your current coverage, make new selections, and ensure you have the best plans in place for you and your family's needs in the upcoming year.

For detailed instructions on how to navigate the enrollment process and make your selections, please refer to the Step by Step Enrollment Guide linked here or visit the district website for more information.

Medical Insurance Terms to Know

Allowed Amount

The maximum amount your plan will pay for a covered healthcare service. Providers who charge more than this may leave you responsible for the difference (unless they are in network).

Balance Billing

When an out-of-network provider bills you for the difference between what they charge and what your insurance pays. In-network providers typically cannot balance bill you.

Claim

A request for payment submitted to your insurance plan for services you've received.

Coinsurance

Your share of the cost for a covered service, calculated as a percentage. For example, if your plan covers 80%, you pay the remaining 20%.

Copay (Copayment)

A fixed dollar amount you pay for a specific service—like a doctor visit or prescription—at the time of care.

Plan Year Deductible

The amount you must pay each plan year for covered services before your health plan starts to share the cost. Your plan year begins October 1.

Explanation of Benefits (EOB)

A summary from your insurance company showing how a medical claim was processed, including what was covered and what you may owe.

Formulary

A list of prescription drugs covered by your health plan, often grouped by tiers that determine your copay or coinsurance.

Health Savings Account (HSA)

A tax-advantaged savings account you can use to pay for eligible healthcare expenses. You must be enrolled in the HSA High Deductible Health Plan (HDHP) to contribute.

High Deductible Health Plan (HDHP)

HDHPs provide health insurance with a higher deductible but lower monthly premiums than traditional plans.

In-Network

Healthcare providers or facilities that have contracted with your health plan to provide services at negotiated rates—resulting in lower out-of-pocket costs for you.

Out-of-Network

Providers or facilities that don't have a contract with your health plan. Using them usually results in higher costs and may be subject to balance billing.

Out-of-Pocket Maximum

The most you'll pay in a plan year for covered healthcare expenses. Once you reach this limit, your plan pays 100% of covered services for the rest of the plan year.

Preferred Provider Organization (PPO)

A health insurance plan that offers a network of doctors and hospitals you can use for your care. You pay less when you use providers in the network, but you can also see out-of-network providers without a referral—though it will cost more.

Premium

The amount you pay, typically out of each paycheck, for your health insurance coverage.

Preventive Care

Routine services—like annual checkups, screenings, and immunizations—designed to catch issues early. Usually covered in full when received in-network.

Confused by benefit jargon?

Scan this QR code or click the link for more information.

ANTHEM

Taking Care of Your Health

Medical Plan Options

Review. Compare. Choose the plan that fits your life.

We are pleased to offer a selection of four comprehensive Anthem Medical plans, designed to provide flexible and high quality healthcare coverage. All four plans prioritize your well-being by covering **100% of in-network preventive care,** ensuring you can maintain your health without upfront costs.

Each plan also includes robust prescription drug coverage, featuring Anthem's extensive pharmacy network. While you have the **freedom to choose** any licensed physician, you'll maximize your savings and benefit from lower out-of-pocket costs when you utilize the broad network of Anthem network providers.

Some services require prior authorization. Call Anthem Member Services or check plan documents if you need to confirm.

Key Features (All Plans)

- Annual in-network deductible: $2,000 (individual) / $4,000 (family)
- In-network out-of-pocket maximum: $5,000 (individual) / $10,000 (family)
- Greater coverage and lower costs when you stay in network
- 100% preventive care coverage in-network
- Prescription coverage

Plan Networks	
Plan Name	**Network**
PPO Base Plus Plan	Blue Access Choice Network
PPO Base Plan *(Excludes BJC & Wash U Physicians)*	Blue Preferred Network Only
PPO HSA Plus Plan	Blue Access Choice Network
PPO HSA Plan *(Excludes BJC & Wash U Physicians)*	Blue Preferred Network Only

Anthem Medical Plans Benefits Comparison

	BASE PLUS PLAN		BASE PLAN**		HSA PLUS PLAN		HSA PLAN**	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible Individual / Family	$2,000 / $4,000	$4,000 / $8,000	$2,000/ $4,000	$4,000 / $8,000	$2,000/ $4,000*	$4,000 / $8,000	$2,000/ $4,000*	$4,000 / $8,000
Out-of-Pocket Max. Individual / Family	$5,000/ $10,000	$10,000/ $20,000	$5,000/ $10,000	$10,000/ $20,000	$5,000/ $10,000	$10,000/ $20,000	$5,000/ $10,000	$10,000/ $20,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Visit	$20 copay	50%	$20 copay	50%	80%	50%	80%	50%
Specialist Office Visit	$40 copay	50%	$40 copay	50%	80%	50%	80%	50%
Preventive Care	100% No copay	50%	100% No copay	50%	100%	50%	100%	50%
LiveHealth Online	$0 copay	N/A	$0 copay	N/A	$59	N/A	$59	N/A
Emergency Room Visit	$500 copay; waived if admitted	$500 copay; waived if admitted	$500 copay; waived if admitted	$500 copay; waived if admitted	80%; waived if admitted	80%; waived if admitted	80%; waived if admitted	80%; waived if admitted
Urgent Care Center	$100 copay	50%	$100 copay	50%	80%	50%	80%	50%
Convenience Care Clinic	$20 copay	50%	$20 copay	50%	80%	50%	80%	50%
Outpatient Hospital	80%	50%	80%	50%	80%	50%	80%	50%
Inpatient Hospital	80%	50%	80%	50%	80%	50%	80%	50%
Outpatient Mental Health	$40 copay	50%	$40 copay	50%	80%	50%	80%	50%
Inpatient Mental Health	80%	50%	80%	50%	80%	50%	80%	50%
Eye Exam (One Per Year)	$40 copay	Not covered	$40 copay	Not covered	80%	Not covered	80%	Not covered

*If you have family coverage, the maximum deductible an individual will have to meet is $3,300.

**Base and HSA plans use the Blue Preferred Network and exclude BJC Hospital System and Washington University Physicians.

Coinsurance applies after the deductible has been met.

For a detailed summary of plan features, refer to the Summary Plan Description located on the School District's intranet or the Empyrean Benefit Portal at **www.fox.k12.mo.us** and **www.empyrean.com**.

How to Enroll

Make your selection during Open Enrollment online through Empyrean. Refer to the Step by Step Enrollment Guide linked here or visit the district website for more information.

Anthem BCBS of Missouri

Member Services 844.861.7833

www.anthem.com

App: Sydney Health

Ready to learn more about a PPO?

Scan this QR code or click the box for more information.

Save with an HDHP/HSA Plan!

Scan this QR code or click the box for more information.

ACTWISE

Health Savings Account (HSA)

Tax-free savings that go with you.

New to HSAs?
Scan this QR code or click the box for more information.

Maximize every dollar!
Scan this QR code or click the box for more information.

When you enroll in the High Deductible Health Plan (HDHP), you become eligible for a Health Savings Account (HSA) — a powerful, tax-advantaged way to save and pay for healthcare expenses now and in the future.

The account is yours to own, meaning the money stays with you even if you leave Fox C-6. It's partially funded by Fox C-6 School District, and you can contribute too—helping you plan ahead while enjoying immediate tax advantages.

Why Your HSA Matters

- **Triple tax savings:** Your contributions are tax-free, any interest or investment earnings grow tax-free, and withdrawals are tax-free when used for eligible healthcare expenses.
- **Money that's always yours:** Your HSA funds never expire. What you don't spend rolls over from year to year—and into retirement.
- **Flexible spending:** Use your HSA to pay for qualified medical expenses for yourself, your spouse, and your dependents.

2025 HSA Contribution Limits

These annual limits include both your contributions and those made by the school district to your HSA.

- **Individual coverage:** Up to $4,300
- **Family coverage:** Up to $8,550
- **Age 55+ catch-up:** Add an extra $1,000 to either amount

If both you and your spouse are eligible for catch-up contributions, each of you must contribute to your own HSA since joint HSAs aren't allowed.

Grow Your Balance

- If your balance reaches $1,000 or more, you can invest your funds to potentially grow your savings even faster.
- Balances under $1,000 will still earn interest.

What You Should Know Before You Enroll

- You must be enrolled in the HDHP to open or contribute to an HSA.
- If you choose the HDHP, you cannot enroll in a Healthcare Flexible Spending Account (FSA).
- After you enroll in the HDHP, you'll receive a welcome kit from Actwise with everything you need to manage your HSA. Kits are mailed shortly after this year's annual open enrollment period ends.

For more information about Health Savings Accounts, visit **www.Act Wise HSA**.

ANTHEM

Prescription Drug Coverage

Getting you the medications you need.

Your plan includes a four-tier formulary—a list of approved medications grouped by cost and type:

- Generic
- Preferred Brand
- Non-Preferred
- Specialty (Generic & Brand)

Before you fill a prescription, check that your medication is on Anthem's **Essential Formulary** (also called the "Essential Drug List"). It's structured into tiers based on drug cost and effectiveness, and defines which brand name and generic medications your plan will cover and how much you'll pay in copays or coinsurance. Visit your Sydney app, **www.anthem.com** or call Member Services to find more details.

Choose Generic to Save Money

Generic drugs are FDA-approved and offer the same quality and effectiveness as brand-name medications at a much lower cost. Ask your doctor if a generic option is available.

Save Even More with Mail Order

If you take maintenance medications (daily or long-term), Anthem's Mail Order Program offers:

- **A 90-day supply** for less than you'd pay at the pharmacy
- Safe, convenient delivery
- Easy ordering by mail, phone, or online at **www.anthem.com**

Anthem Prescription Benefits Comparison

	Base Plus Plan		Base Plan		HSA Plus Plan		HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs: Retail (30- and 90-day supply)								
Tier 1 – 30-day / 90-day	$15 / $45	50%	$15 / $45	50%	80%	50%	80%	50%
Tier 2 – 30-day / 90-day	$40 / $105	50%	$40 / $105	50%	80%	50%	80%	50%
Tier 3 – 30-day / 90-day	$70 / $180	50%	$70 / $180	50%	80%	50%	80%	50%
Tier 4 – 30-day / 90-day	30% to $300 max	Not covered	30% to $300 max	Not covered	80%	Not covered	80%	Not covered
Prescription Drugs: Mail Order (up to a 90-day supply)								
Tier 1	$37.50	Not covered	$37.50	Not covered	80%	Not covered	80%	Not covered
Tier 2	$87.50		$87.50		80%		80%	
Tier 3	$150.00		$150.00		80%		80%	
In-Network for Exclusive Preventive Medications on Anthems PreventiveRX Plus Plan (Essential List)	$0		$0		$0		$0	

ANTHEM

Additional Resources

LiveHealth Online: livehealthonline.com

On-Demand Doctor Visits

You can connect face-to-face with board-certified doctors through LiveHealth Online using secure, two-way video on your computer or mobile device anytime, anywhere you have an internet connection.

You'll have access to **in-network doctors 24/7,** making it easy to get care for common health concerns without leaving home. It's a convenient, cost-effective option for treating:

- Colds, flu, and coughs
- Sore throats and allergies
- Rashes and skin issues
- Urinary tract infections
- Heartburn and other minor conditions

Get Started

Go to **www.livehealthonline.com to register.** After creating your username and password, simply log in, choose a doctor, pay your copay, and start your virtual visit. It's easy, secure, and designed to save you time and money.

24/7 NurseLine: 800.337.4770

Talk to a Registered Nurse Anytime

Health questions don't always follow business hours. That's why the 24/7 NurseLine is here for you. Whether it's the middle of the night or a quiet weekend, you can speak with a registered nurse anytime, day or night who can help you:

- Get answers to questions about symptoms or health concerns
- Decide where to go for care when your doctor, dentist, or eye doctor isn't available
- Find in-network providers and specialists in your area
- Enroll yourself or your dependents in health management programs
- Stay on track with reminders for important screenings, dental cleanings, and vision checkups

Support is just a phone call away whenever you need peace of mind. Just call **800.337.4770.**

Want to learn how to make your healthcare dollars go further?

Scan this QR code or click the box for more information.

ANTHEM

Additional Resources

ConditionCare: 866.962.1069

Support for Chronic Health Conditions

ConditionCare is here to help you take control of your chronic health condition with expert guidance and resources tailored to your needs. If you're living with asthma, diabetes, COPD, heart disease, or heart failure, you'll get:

- 24/7 toll-free access to registered nurses who can answer your health questions, day or night
- Ongoing support from a team of nurse care managers, dietitians, and other health professionals
- Easy-to-understand educational guides, helpful newsletters, and online tools to help you better understand and manage your condition

With ConditionCare, you'll have the knowledge and support to take confident steps toward a healthier life. Call Member Services at **866.962.1069** for more information.

Building Healthy Families: 800.828.5891

From Family Planning to Parenthood

Anthem's Building Healthy Families offers personalized support throughout your family journey, from pre-conception to early parenting, with 24/7 access to care coaches, maternity nurses, and tailored care plans for your well-being.

Through the Sydney Health app, you can also access:

- Personalized behavioral health screenings before and after delivery
- Health-risk monitoring and case management, when extra support is needed
- Trackers for ovulation, blood pressure, and prenatal milestones
- Tools to track feedings, diaper changes, milestones, and vaccinations for each child
- Guided meditation, mindfulness tools, and a virtual library of educational resources

Building Healthy Families provides the support, information, and tools you need at every stage to grow your family confidently. Call **800.828.5891** for more information.

BEYOND THE BASICS: care, support, and resources when you need them.

Your Monthly Medical Insurance Rates (Effective 10/1/25)

	Base Plus Plan**	Base Plan	HSA Plus Plan**	HSA Plan
Single	$864.13	$692.13	$616.13	$585.13
Single / 1 Child	$1,295.13	$1,026.13	$841.13	$797.13
Single / Children	$1,497.00	$1,200.13	$986.13	$933.13
Single / Spouse	$1,543.13	$1,257.13	$1,009.13	$955.13
Single / Spouse / 1 Child	$1,909.13	$1,542.13	$1,240.13	$1,172.13
Family	$2,093.13	$1,765.13	$1,390.13	$1,313.13

- The District is contributing 100% of the monthly Base Plan Single rate ($692.13 Full Board-Paid) toward the cost of medical insurance for all benefits-eligible employees.
- Any board-paid employees enrolling in the Health Savings Plus Plan will receive a credit of $38.00 and the HSA Plan will receive a credit of $53.50 deposited into their account every deduction pay period from October 2025 – September 2026.
- Any full-time board-paid new hire employees enrolling in the Health Savings Account will receive a prorated amount in their account based on their hire date.

12-Month Annualized Employee Contributions Per Paycheck

	Base Plus Plan**	Base Plan	HSA Plus Plan**	HSA Plan
Single	$86.00	$0.00	$0.00	$0.00
Single / 1 Child	$301.50	$167.00	$74.50	$52.50
Single / Children	$402.50	$254.00	$147.00	$120.50
Single / Spouse	$425.50	$282.50	$158.50	$131.50
Single / Spouse / 1 Child	$608.50	$425.00	$274.00	$240.00
Family	$700.50	$536.50	$349.00	$310.50

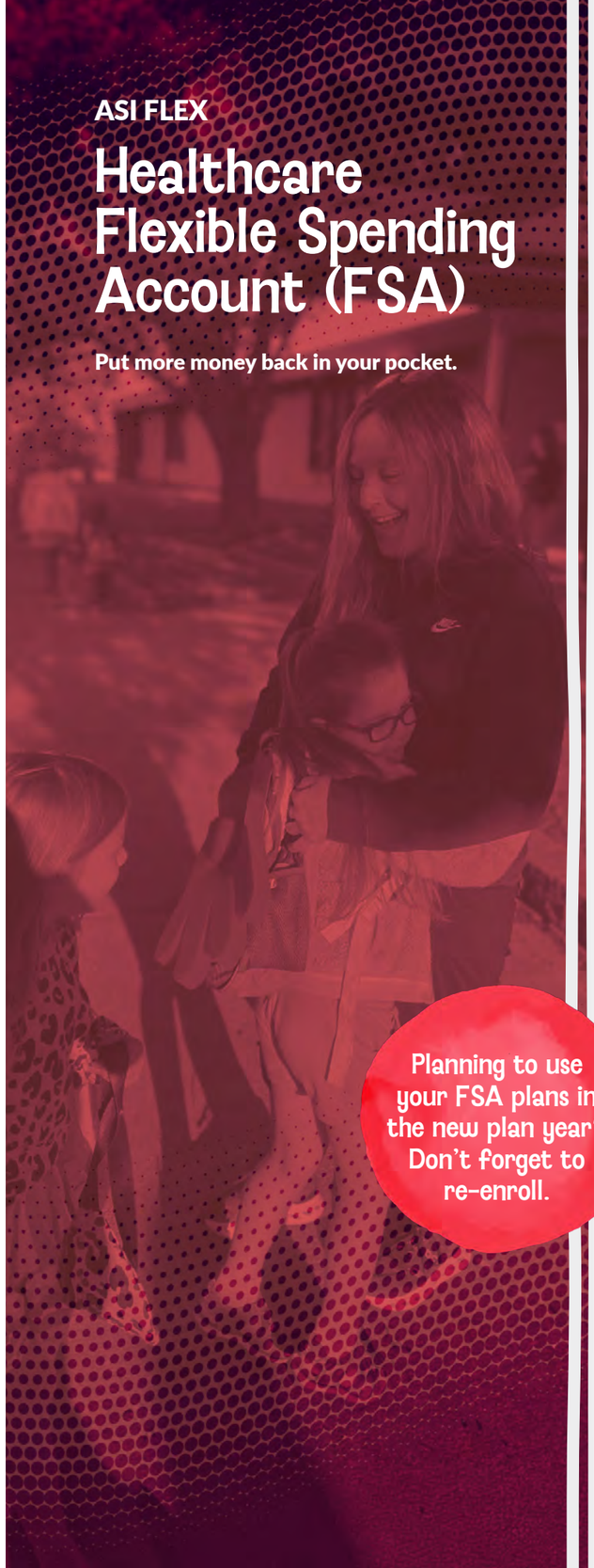
Hourly Employee Contributions Per Paycheck

	Base Plus Plan**	Base Plan	HSA Plus Plan**	HSA Plan
Single	$114.66	$0.00	$0.00	$0.00
Single / 1 Child	$402.00	$222.66	$99.33	$70.00
Single / Children	$536.66	$338.66	$196.00	$160.66
Single / Spouse	$567.33	$376.66	$211.33	$175.33
Single / Spouse / 1 Child	$811.33	$566.66	$365.33	$320.00
Family	$934.00	$715.33	$465.33	$414.00

*During summer, winter and spring breaks, there will be no deductions made on checks.

**Includes BJC and Washington University providers as in-network.

***HSA Plus Plan includes a deposit of $38.00 per pay period to a Health Savings Account. HSA Plan includes a deposit of $53.50 per pay period to a Health Savings Account.



Save on taxes and pay for eligible out-of-pocket medical, dental, and vision expenses using a Healthcare Flexible Spending Account (FSA) through ASI Flex. You contribute pre-tax dollars that can be used for you and your IRS-qualified dependents. Please note, if you're enrolled in the HDHP with an HSA plan, you aren't eligible for the Healthcare FSA.

Key Details

- **Plan Year:** October 1, 2025 – September 30, 2026
- **Annual Contribution Limit:** Up to $3,300
- Funds are deducted evenly from your paycheck over 18 pay periods.
- You must re-enroll each year to continue participation.
- Changes are only allowed if you experience a Qualifying Life Event.

What Can You Use Your Savings For?

Eligible expenses include:

- Copays, deductibles, coinsurance
- Prescription medications
- Dental and vision care
- Medical equipment and supplies

For a full list of eligible expenses, visit **IRS Publication 502**.

How to Use Your FSA Funds

You'll receive a debit card to use at qualified healthcare providers and pharmacies—just swipe like a credit card *(no PIN required)*. You can also submit claims manually for reimbursement. Save your receipts. You may need them to verify eligible expenses with the IRS.

Important Deadlines:

- **2026 Plan Funds:** Use by Dec. 15, 2027
- **Submit 2026 Claims:** By Dec. 31, 2027
- **2026 Run-Out Period:** For expenses incurred 10/1/2026–12/15/2026, submit claims by Dec. 31, 2027
- If you terminate coverage midyear and don't elect COBRA, remaining balances may be forfeited

ASI Flex Contact Info

- **Website:** www.asiflex.com
- **Phone:** 800.659.3035
- **Live Support Hours:** Mon–Fri: 7am–7pm CT; Sat: 9am–1pm CT

DELTA DENTAL

Dental Plan

Coverage that keeps you smiling.

Delta Dental provides two dental plans, the Base Plan and the Buy-Up Plan, offering flexibility to choose any licensed dental provider. For maximum savings, using a Delta Dental PPO network provider is recommended.

Delta Dental Base Plan

Think of the Base Plan as your strong foundation for dental health. This plan helps you cover routine check-ups and essential procedures, keeping your basic dental health in great shape.

Want to keep that healthy smile?

Scan this QR code or click the box for more information.

Delta Dental Buy-Up Plan

For enhanced coverage, choose the Delta Dental Buy-Up Plan. It offers higher cost coverage for more services, reducing out-of-pocket expenses, and includes orthodontia coverage for both children and adults.

Visit **www.deltadentalmo.com** and choose "Delta Dental PPO" under "Select Network" or call **800.335.8266** to find a nearby dentist. Select your dental plan online via Empyrean. Refer to the "How to Enroll" section for detailed instructions.

	Base Plan			Buy-Up Plan		
Effective 10/1/2025 – 9/30/2026	PPO Network	Premier Network	Non-Participating Providers	PPO Network	Premier Network	Non-Participating Providers
Plan Year Deductible (waived for preventive services)	$50 individual / $150 family			$50 individual / $150 family		
Plan Year Maximum	$1,500 per person			$1,500 per person		
Preventive Services (e.g., X-rays, cleanings, exams)	100%			100%		
Basic Services (e.g., fillings, extraction)	75%	70%		85%	80%	
Major Services (e.g., dentures, crowns, bridges)	50%			60%		
Implants	Not covered			50%		
Orthodontic Services Children and Adults						
Orthodontia Lifetime Maximum				$1,500		

Your Monthly Dental Plan Insurance Rates (Effective 10/1/25)

The District is contributing 100% of the monthly base plan single rate toward the cost of dental insurance of all staff eligible for benefits.

Total Dental Plan Cost	Base Plan	Buy-Up Plan
Employee Only	$30.86*	$40.38
Employee / Spouse	$64.79	$80.66
Employee / Children	$86.30	$125.93
Family	$95.05	$139.55

12-Month Annualized Employee Contributions Per Paycheck	Base Plan	Buy-Up Plan
Employee Only	$0.00	$4.76
Employee / Spouse	$16.97	$24.90
Employee / Children	$26.96	$47.54
Family	$32.10	$54.35

18-Month Hourly Employee Contributions Per Paycheck	Base Plan	Buy-Up Plan
Employee Only	$0.00	$6.35
Employee / Spouse	$22.62	$33.20
Employee / Children	$35.94	$63.38
Family	$42.79	$72.46

DELTA

Vision Plan

See the difference with DeltaVision.

Even if you have perfect vision, regular eye exams are important for detecting health issues early. As a benefits-eligible employee, you can enroll in the Voluntary Vision Plan through DeltaVision. You'll have access to affordable, high-quality care through the EyeMed Network, which includes both independent providers and popular retail chains.

You're free to visit any licensed vision provider—but you'll get the most value by choosing a DeltaVision Signature Provider or an EyeMed network provider. Find in-network providers at **deltadentalmo.com/vision** or call **877.226.1412.**

	In-Network	Out-of-Network
Eye Exam	$0 copay	Reimbursed up to $40
Frames	$130 retail allowance	Reimbursed up to $52
Contact Lenses		
Medically Necessary	$250 retail allowance	Reimbursed up to $250
Elective / Cosmetic	$130 retail allowance	Reimbursed up to $78
Frequency		
Eye Exam	Every 12 months	Every 12 months
Lenses / Contacts		
Frames	Every 24 months	Every 24 months
Copayment	$25 copay	$25 copay
Basic Lenses		
Single	Covered in full after copay	Reimbursed up to $20
Bifocal		Reimbursed up to $40
Trifocal		Reimbursed up to $60
Lenticular		Reimbursed up to $100

Your Monthly Vision Plan (Effective 10/1/25)

Voluntary Vision Plan Contributions Your Cost per Paycheck	
Employee	$3.99
Employee + 1 Dependent	$7.59
Employee + Family	$11.80

Participating Retailers Include:

- Target Optical
- Visionworks
- Pearle Vision
- America's Best
- Crown Vision
- Clarkson Eyecare

Ready to Enroll?

Make your vision plan selection online through Empyrean. For details, click ***here*** or visit our district website.

VOYA

Voluntary Medical Plans

These voluntary plans help bridge the gap between what your health insurance covers and the out-of-pocket costs you may face after an unexpected health event. The benefits paid out are designed to complement—not replace—your primary medical coverage.

You can choose from the following voluntary medical plans:

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance

Each plan pays a lump-sum cash benefit directly to you, and you decide how to use it—whether it's for medical bills, transportation, childcare, or everyday expenses.

Offered through Fox C-6 at competitive group rates, you pay for the benefits you select through easy payroll deductions. Enroll when you're newly hired or during Open Enrollment.

Accident Insurance

Accident Insurance pays you cash benefits for specific injuries and treatments resulting from a covered accident that happens off the job, on or after your coverage effective date. The amount you receive depends on the type of injury and care needed. You can also receive an annual wellness benefit for completing preventive screenings.

Critical Illness Insurance

If you're diagnosed with a covered illness or condition, Critical Illness Insurance pays you a lump-sum benefit—giving you financial support when you need it most. Coverage begins on or after your effective date. This is a limited benefit policy designed to help with expenses beyond your medical plan.

Hospital Indemnity Insurance

Hospital Indemnity Insurance provides cash benefits directly to you if you're hospitalized due to a covered event. It's not a replacement for medical insurance—it's a supplement that gives you extra funds to use however you choose, whether for out-of-pocket medical costs, household bills, or anything else.

Accident, Critical Illness and Hospital Indemnity

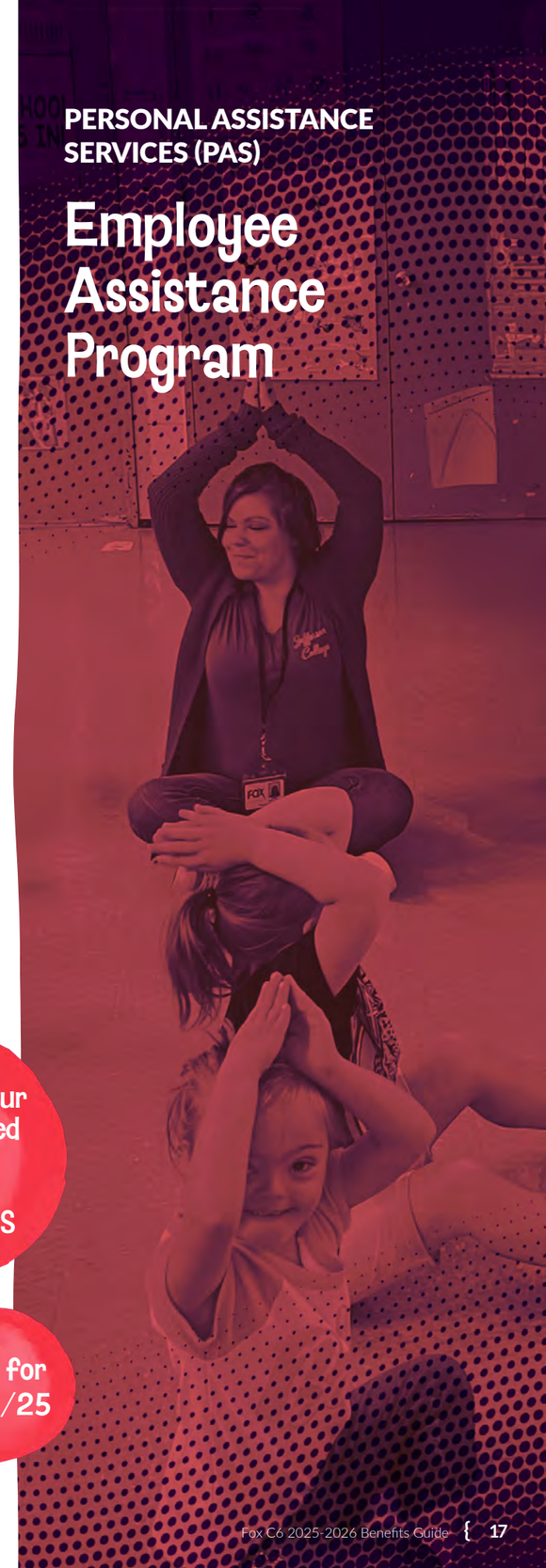
- Member Services: **877.236.7564**
- Website: **www.voya.com**

Need More Info?

Learn how Accident, Critical Illness, Hospital Indemnity, and Lifetime Life Insurance plans can help cover unexpected medical costs and support your family's financial future. Visit **Voya HERE** for details and rates. You can also review rates on Emyrean.

PERSONAL ASSISTANCE SERVICES (PAS)

Employee Assistance Program



Free and confidential personal support.

We're excited to announce the launch of your **new enhanced Employee Assistance Program (EAP)**, brought to you by Personal Assistance Services (PAS). This program is your personal, confidential, and completely free resource designed to support you through life's challenges.

What is the EAP?

Balancing the demands of work and life can be challenging, but your EAP through PAS is here to help. Think of it as your personal concierge, offering confidential support and resources to improve your work and home life.

5 Free Counseling Sessions

You and your eligible dependents have access to up to 5 free counseling visits with PAS EAP professionals for direct support when you need it most. Flexible day, evening, and weekend appointments are available online, by phone or at locations convenient for you. Additional resources can be found on the PAS online portal and mobile app.

Enhancing Physical, Financial, Social, and Emotional Wellbeing Career

Education & Development

- Parenting & child development consultation
- Education planning for special needs through gifted
- Adult ADHD resources
- Home learning coaching

Household Management

- Eldercare management & asset protection coaching
- Household organization coaching
- Work organizational & productivity coaching
- Sleep coaching

Well & Fit

- Weight and nutrition coaching
- Personal health coaching
- Fitness coaching
- Tobacco cessation coaching
- Life and wellbeing coaching

Financial Resources

- Money & financial coaching
- Financial stress relief
- Online legal & financial wellness center
- Legal consultation
- PAS discount center

Career Coaching

- LifeTools resource center
- Retirement coaching
- Continuing education planning

Introducing Your New, Enhanced Employee Assistance Program | PAS

New for 10/1/25

ASI FLEX

Dependent Care Flexible Spending Account

Save on taxes for child and adult care.

Ready to lighten the load of childcare or adult dependent care costs? A Dependent Care Flexible Spending Account (DCFSA) through ASI Flex is your smart solution. This powerful account lets you use pre-tax money from your paycheck, directly lowering your taxable income and helping you save on eligible care expenses so you can work or look for a job with peace of mind.

Key Details

- Plan Year: October 1, 2025 – September 30, 2026
- Annual Household Contribution Limit:
  - Up to $5,000 per household (if single or married filing jointly)
  - Up to $2,500 per person (if married filing separately)
- Funds are deducted evenly from your paycheck over 18 pay periods.
- You must re-enroll each year to continue participation.
- Changes are only allowed if you experience a Qualifying Life Event.

Learn more about your FSAs.

Scan this QR code or click the box for more information.

What Can You Use Your Savings For?

Eligible expenses are generally for the care of a "qualified person" to allow you (and your spouse, if married) to work or look for work. A qualified person is typically:

- Your child under age 13 who lives with you for more than half the year.
- Your spouse or a dependent who is physically or mentally incapable of self-care and lives with you for more than half the year.

Eligible expenses commonly include:

- Daycare centers
- Before and after-school care (excluding tuition for kindergarten or higher)
- Nursery school and preschool
- General purpose day camps (not overnight camps)
- Babysitting services

For a full list of eligible expenses and detailed rules, visit IRS Publication 503.

How to Use Your FSA Funds

Submit claims manually for reimbursement after the services have been provided. You may also be able to set up recurring payments directly to your care provider. Always keep your receipts. You'll need them to verify eligible expenses, especially for IRS purposes. Remember that DCFSA funds are generally available as you contribute them, so claims can only be reimbursed for services that have already occurred.

Important Deadlines:

- **2026 Plan Funds**: Use by Dec. 15, 2027
- **Submit 2026 Claims:** By Dec. 31, 2027
- **2026 Run-Out Period:** For expenses incurred 10/1/2026–12/15/2026, submit claims by Dec. 31, 2027

ASI Flex Contact Info

- Website: **www.asiflex.com**
- Phone: **800.659.3035**
  Live Support Hours: Mon–Fri: 7am – 7pm CT:
  Sat: 9:00 am – 1:00 pm CT

FitOn Wellness App

Your wellness, your way.

We're excited to offer all employees free access to the **FitOn Wellness App**—a digital platform designed to support your mental, physical, and emotional well-being on your schedule.

With FitOn, you'll get access to:

- **Unlimited On-Demand Workouts:** Yoga, HIIT, cardio, strength training, Pilates, stretching, and more
- **Celebrity Trainers & Experts:** Classes led by top fitness pros, including Jonathan Van Ness, Jeanette Jenkins, and others
- Guided Meditations & Mindfulness: Tools to reduce stress, sleep better, and improve focus
- Nutrition & Meal Plans: Healthy recipes and guidance from registered dietitians
- Wellness Challenges: Join coworkers and compete for fun prizes or just personal goals

Why Use FitOn?

Whether you're working from home, in the office, or on the go, FitOn makes it easier to take care of your health. Just 10–15 minutes a day can help boost your mood, increase energy, and support your overall well-being.

How to Get Started

1. Download the FitOn App from the App Store or Google Play.
2. Register with your company email to unlock premium access at no cost.
3. Start exploring workouts, wellness content, and tracking your progress!

ANTHEM

Sydney Health App

Your health simplified.

If you're an Anthem medical plan member, you can manage your medical, pharmacy, dental, and vision benefits in one easy-to-use app. With Sydney Health, you can:

- Find care, check costs, and view claims
- Access digital ID cards and chat for quick answers
- Explore your My Health Dashboard to sync fitness trackers, set goals, and earn rewards
- Get personalized provider matches based on your plan and preferences

It's your one-stop health hub—simple, smart, and built around you. Scan the QR code to download the app and take charge of your health today!

SECURIAN / OCHS, INC.

Life Insurance

Secure your income from unexpected changes.

At Fox C-6 School District, we offer several life and disability insurance options designed to protect your income and provide peace of mind for you and your family.

Basic Term Life and AD&D Insurance

If you enroll in one of the Fox C-6 medical plans, you automatically receive Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance at no cost. This includes benefits of:

- $40,000 in life insurance
- $40,000 in AD&D coverage

Benefit reductions start at age 65 (35%) and 70 (50%). Make sure to update your beneficiary information in Empyrean.

Voluntary Term Life and AD&D Insurance

You can purchase additional Life and AD&D coverage for yourself and your dependents, paid through post-tax payroll deductions. Coverage amounts range from $10,000 up to $500,000 (in $10,000 increments).

- New hires choosing more than $250,000 must complete a health questionnaire for underwriting.
- Existing employees who waived coverage before must also complete underwriting to add or increase coverage.

To add Voluntary Life/AD&D coverage, enroll online through Empyrean.

Dependent Life Insurance

Coverage is available for your spouse and unmarried children up to age 26, regardless of student status. Costs vary by age and coverage amount. Details are available in the Fox Empyrean benefits library.

How Much Coverage Do You Need?

Life insurance covers funeral costs, medical bills, taxes, mortgage, childcare, and living expenses. Estimate your coverage needs at **LifeBenefits.com/Insuranceneeds.**

Learn the essentials of life and AD&D insurance.

Scan this QR code or click the box for more information.

VOYA

Lifetime Life Insurance

The ultimate family security.

Introducing Lifetime Life Insurance—secure your family's future with coverage for expenses like mortgage, education, and childcare. Enjoy guaranteed coverage without health questions or exams, portable even if you leave or retire from Fox C-6. Includes long-term care benefits for earlier access if needed.

Coverage Highlights

- It includes an LTC benefit so you can access your life benefit sooner should you need long-term care
- You have the option to enroll in Lifetime Life Insurance with LTC in the amounts of $25,000, $50,000, $75,000, $100,000, or $125,000
- Your spouse has the option to enroll in $25,000, $50,000, or $75,000, not to exceed your life insurance amount
- Your children have the option to enroll in $10,000 or $25,000 worth of coverage
- Your premiums will stay the same for the life of the policy
- Your coverage is portable – it can go with you to new jobs and through retirement
- It offers the opportunity to cover your spouse and children, as well
- Coverage is guaranteed issue during the 2025 Benefits Enrollment

Eligibility

- Employees must be permanent, benefits-eligible, working 20+ hours/week (16+ for healthcare workers) and actively at work at time of enrollment.
- Spouse and dependents coverage is available if the employee is enrolled.

Learn More About Lifetime Life Insurance

Visit **Voya HERE** for details and rates. You can also review rates on Emyrean.

OCHS/MADISON NATIONAL LIFE

Disability

Safeguarding your income.

Life can be unpredictable. If an illness or injury prevents you from working for an extended period, Voluntary Long-Term Disability (LTD) provides a crucial safety net, giving you a steady income when you need it most.

Once you purchase this coverage and you become disabled and can't work, benefits will kick in after a waiting period you choose. You can receive 60% of your monthly salary, up to $6,000 per month. The lowest monthly benefit you'll receive is $100.

Choose Your Option

Select the Elimination Period (the waiting time before benefits begin) that best fits your financial comfort, which then determines your Maximum Benefit Duration.

For more information contact Ochs/Madison National Life Member Services at **800.392.7295.**

Option #	Overview	Elimination Period	Maximum Benefit Duration
1	Shorter Wait, Standard Duration	Benefits begin 14 days after a covered illness or accident.	If you become disabled before age 60, benefits can continue to age 65 (or for a minimum of 5 years). If you're disabled at or after age 60, refer to the Schedule of Benefits in your certificate of insurance.
2	Moderate Wait, Standard Duration	Benefits begin 30 days after a covered illness or accident.	If you become disabled before age 60, benefits can continue to age 65 (or for a minimum of 5 years). If you're disabled at or after age 60, refer to the Schedule of Benefits in your certificate of insurance.
3	Longer Wait, Standard Duration	Benefits begin 60 days after a covered illness or accident.	If you become disabled before age 60, benefits can continue to age 65 (or for a minimum of 5 years). If you're disabled at or after age 60, refer to the Schedule of Benefits in your certificate of insurance.
4	Shorter Wait, Specific Duration	Benefits begin 14 days after a covered illness or accident.	If you become disabled before age 69, benefits may continue for the earlier of 24 months or until you reach age 70. If you're disabled at or after age 69, benefits may continue for 1 year.
5	Moderate Wait, Specific Duration	Benefits begin 30 days after a covered illness or accident.	If you become disabled before age 69, benefits may continue for the earlier of 24 months or until you reach age 70. If you're disabled at or after age 69, benefits may continue for 1 year.
6	Longer Wait, Specific Duration	Benefits begin 60 days after a covered illness or accident.	If you become disabled before age 69, benefits may continue for the earlier of 24 months or until you reach age 70. If you're disabled at or after age 69, benefits may continue for 1 year.

SECURIAN

Additional Benefits

As part of your coverage with Securian Financial, you get access to valuable lifestyle benefits—at no extra cost and with no additional enrollment required. These resources are automatically available to all active U.S. employees insured with Securian, and your spouse and eligible children can use them too—even if they're not insured.

Employee Assistance Program

Offers confidential, no-cost support to employees and their families from NIS for a wide range of personal and work-related issues, including mental health, financial, legal, and work-life concerns. Up to 3 free counseling sessions per issue with masters-degreed counselors, face-to-face or online visits with LiveHealth Online, and 24/7 phone and online access.

www.niseap.com \ 866.451.5465

Legal, Financial, and Grief Support

Includes unlimited telephone consultations, legal form templates, financial fitness assessment, 30-minute free consultation with an attorney and discounted legal fees after consultation.

www.LifeBenefits.com/Lfg \ 877.849.6034

Username: lfg, Password: resources

Travel Assistance

When you'll be 100 or miles more from home. Includes pre-trip planning and emergency services.

www.LifeBenefits.com/travel

U.S./Canada: 855.516.5433

All other locations: 415.484.4677

Legacy Planning Resources

Take care of end-of-life planning, creation of key directives, funeral services final arrangements and funeral concierge service.

www.Securian.com/legacy

Beneficiary Financial Counseling

Professional guidance is available for beneficiaries to help them make sound financial decisions regarding policy proceeds. Beneficiaries receiving $25,000 or more will be invited to take advantage of this program when the life insurance claim is paid.

NATIONWIDE

Pet Insurance

Give your pet the quality care they deserve with Nationwide pet insurance. You can choose from various plans to help cover the costs of accidents, illnesses, and even routine wellness visits, so you're prepared for unexpected veterinary expenses. Plus, you have the freedom to visit any licensed veterinarian, anywhere.

Need Help?

- Member Services: **877.738.7874**
- Website: **www.petsnationwide.com**
- More Info & Enrollment: **benefits.petinsurance.com**

ALLSTATE

Identity Theft Protection

Allstate offers proactive, advanced identity theft protection that helps safeguard your personal information and digital life.

Your coverage includes:

- Identity & credit monitoring
- Internet and social media surveillance
- Lost wallet protection
- Digital identity management
- Solicitation reduction
- $25,000 identity theft insurance
- Full-service fraud remediation with Privacy Advocates

Need Help?

- Member Services: 800.789.2720
- Website: **https://app.allstateidentityprotection.com/**

How to Enroll:

Log in to Empyrean. See the enrollment section for details.

Contact Information

Need help after you enroll? Contact your carrier directly or visit their website for answers.

Benefit	Administrator	Phone	Website
Benefit Advocate Center (BAC)	Gallagher Benefit Services	844.486.8210	**bac.foxc6schooladvocates@ajg.com**
Medical	Anthem BCBS of Missouri	844.861.7833	**www.anthem.com**
Telemedicine	LiveHealth Online	888.548.3432	**www.livehealthonline.com**
Dental	Delta Dental of Missouri	314.656.3001 800.335.8266	**www.deltadentalmo.com**
Health Spending Account (HSA)	Actwise	Call the number on the debit card or member ID card	**ActWiseHSA** **spendingaccountsupport@anthem.com**
Flexible Spending Accounting (FSA)	ASI Flex	800.659.3035	**www.asiflex.com**
Basic Life and AD&D (employer-paid)	Securian Financial Administered by Ochs, Inc.	800.392.7295	**www.ochsinc.com**
Employee AssistanceProgram	Personal Assistance Services (PAS)	800.356.0845	**www.paseap.com**
Voluntary Benefits Available for employees to purchase at group rates.			
Vision	Delta Vision	877.226.1412	**www.deltadentalmo.com/vision**
Term Life / AD&D Insurance	Insured by Securian Financial Administered by Ochs, Inc.	800.392.7295	**www.ochsinc.com**
Lifetime Life Insurance	Voya	877.886.5050	**https://presents.voya.com/EBRC/Home/FoxC6SchoolDistrict**
Accident, Critical Illness, Cancer and Hospital Indemnity Plans	Voya	877.236.7564	
Disability Insurance	Ochs / Madison National Life	800.392.7295	**www.ochsinc.com**
Identity Theft Protection	Allstate	800.789.2720	**https://app.allstateidentityprotection.com/**

Legal Notices

This package contains the annual required ERISA notices for our employee benefit program for all employees joining the plan or current participants of the plan. Read carefully and keep in a secure place.

- Women's Health & Cancer Rights Act
- Newborns' and Mothers' Health Protection Act
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Paperwork Reduction Act Statement
- HIPPA Notice of Privacy Practices Reminder
- HIPPA Special Enrollment Rights
- Notice of Creditable Coverage

Women's Health & Cancer Rights Act

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

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

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

- **Plan 1: Base Plus Plan (Individual:** 20% coinsurance and $3,000 deductible; Family: 20% coinsurance and $6,000 deductible)
- **Plan 2: Base Plan (Individual:** 20% coinsurance and $3,000 deductible; Family: 20% coinsurance and $6,000 deductible)
- **Plan 3: HSA Plus Plan (Individual:** 20% coinsurance and $3,000 deductible; Family: 20% coinsurance and $6,000 deductible)
- **Plan 4: HSA Plan (Individual:** 20% coinsurance and $3,000 deductible; Family: 20% coinsurance and $6,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 636-296-8000 x7166 or pecorarok@foxc6.org.

Newborns' and Mothers' Health Protection Act

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

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 March 7, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid

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

Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP 1-855-692-5447

CALIFORNIA – Medicaid

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+)

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

FLORIDA – Medicaid

Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website:
https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website:
https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 / TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740 / TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840 / TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid

Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

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

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)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – 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)

RHODE ISLAND – Medicaid and CHIP

Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

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

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select

https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

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)

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

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 and reference the OMB Control Number 1210-0137.

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

HIPPA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Fox C-6 School District is committed to the privacy of your health information. The administrators of the Base Plan Plus, Base Plan, HSA Plus Plan, and HSA Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices by contacting Kim Pecoraro at **636-296-8000 x7166** or **pecorarok@foxc6.org**. The notice also is available online at **https://www.foxc6.org/Page/278**.

HIPPA Special Enrollment Rights

Fox C-6 School District Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Fox C-6 School District Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Kim Pecoraro, Benefits Specialist, **pecorarok@foxc6.org**, **636-296-8000 x7166**

Notice of Creditable Coverage

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 the Fox C-6 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. Fox C-6 School District has determined that the prescription drug coverage offered by the medical 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 Fox C-6 School District coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Fox C-6 School District coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Fox C-6 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 the Fox C-6 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 , 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: October 1, 2025
Name of Entity/Sender: Fox C-6 School District
Contact—Position/Office: Kim Pecoraro - Benefits Specialist
Office Address: 745 Jeffco Blvd., Arnold, Missouri 63010-1432, United States
Phone Number: 636-296-8000

Benefits That Work For

YOU!

Your 2025-2026 Benefits Guide

FOX C-6 School District

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

06738_FOX_MM_BG

Gallagher