



# 2026 Benefits Guide

Your Health & Wellness

## COBRA/LOA



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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any express or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources. ©Marsh & McLennan Agency. All rights reserved.

# Your Benefits During COBRA Eligibility and Leave of Absence

Parkway School District is committed to supporting you and your family by offering options to maintain your benefits during times of change. If you become eligible for COBRA continuation coverage or are approved for a leave of absence, you have the opportunity to keep your benefits in place to help protect your physical and financial well-being. This guide provides important information about your benefits options, how to continue or maintain coverage, and steps to enroll or manage your benefits during these periods. Please review this information carefully, ask any questions you may have, and be sure to complete any required enrollment or notification by the deadline to ensure uninterrupted coverage.

## Highlights:

**No changes in Dental premiums!**

**New Vision Carrier – Welcome NVA**

**Check out changes to the medical plans on page 7**

**Continued access to CareATC**

**Please visit the benefits and wellness site for great resources including mental health:**

<https://www.parkwayschools.net/contact/departments/benefits>

# COBRA Continuation Coverage

If you or a covered dependent lose eligibility for Parkway's group health, dental, or vision coverage due to a qualifying event (such as termination of employment, reduction in hours, divorce, or a dependent aging out), you may be eligible to continue your coverage under the federal **COBRA** law.

In most cases, Parkway is automatically notified of qualifying events such as retirement, termination of employment, reduction in hours, or loss of dependent child status (aging out only). However, there are certain situations where you must notify Parkway to preserve your COBRA rights.

You (the employee, retiree, or qualified beneficiary) must notify the Plan Administrator within 60 days of the later of the event date or the date coverage would otherwise end whenever any of the following occur:

## **Deceased employee or spouse**

### **Divorce or Legal Separation**

If it results in a loss of coverage for your spouse.

### **A Child Loses Dependent Eligibility**

For example, a child no longer meeting the Plan's definition of a dependent.

### **Social Security Disability Determination**

- If you or any covered dependent is determined to be disabled by the Social Security Administration (SSA), notify us within 60 days of the SSA's determination and before the end of the initial 18-month COBRA period to qualify for an extension (up to 29 months total).
- Notify us within **30 days** if SSA later determines the individual is no longer disabled.

### **Second Qualifying Event During COBRA**

If, during the 18- or 29-month COBRA period, another qualifying event occurs (such as the employee/retiree's death, Medicare entitlement, divorce, or loss of dependent status), notify Parkway within 60 days to extend coverage up to 36 months, when applicable.

**Important:** Failure to notify Parkway within the required timeframe may result in loss of COBRA eligibility or the right to extend your coverage period.

## **Adding New Dependents While on COBRA**

If you gain a new dependent through marriage, birth, or adoption while on COBRA, you may add them to your COBRA coverage. Notify the Benefits Department within 30 days of the event and submit any required documentation and premium adjustment.

# How to Enroll in COBRA

**You will receive a COBRA Election Notice in the mail from Parkway's Benefits Department that explains your continuation options, rates, and deadlines. To enroll:**

**Review your COBRA Election Notice** carefully to understand your available plans and monthly premiums.

**Complete and return your COBRA Election Form** within **60 days** of the later of:

- the date your coverage would otherwise end, or
- the date you received your COBRA Election Notice.

**Complete and return the ACH Authorization Form. Ensure your first payment is debited** within **45 days** after submitting your election form. Coverage will be effective retroactively to the date your active coverage ended once payment is received.

**Ensure your monthly payments** come out on the date selected on the ACH Authorization Form to maintain coverage.

**Parkway administers COBRA coverage directly through its Benefits Department. For questions or to confirm premium amounts, contact:**

**Parkway School District Benefits Department**  
455 N. Woods Mill Rd., Chesterfield, MO 63017  
Email: [benefits@parkwayschools.net](mailto:benefits@parkwayschools.net)  
Phone: (314) 415-8059

# Qualified Life Events

## Changing Benefits After Enrollment

Once you have enrolled in your medical, dental, and vision benefits, you generally cannot make changes during the year—unless you experience a Qualified Life Event.

A Qualified Life Event is a significant change in your life that allows you to update your benefits outside of the regular enrollment period. Examples include events like getting married, having a baby, or losing other coverage.

If you experience a Qualified Life Event, you (as the employee, retiree, or qualified beneficiary) must notify the Parkway School District Benefits Department within 30 days. This 30-day period starts from the later of either the date the event happened or the date your current coverage would end.

Be sure to provide any required documentation to support your change. If you do not notify the Benefits Department within this timeframe, you must wait until the next open enrollment window to update your benefits.

Qualified Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

# Medical

Parkway School District's medical coverage provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

## How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care – like physical exams, flu shots and screenings – is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care.



The plans have different:

- **Deductibles** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** – a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** – Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** – the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.

## Before You Enroll

Consider this:

1. Think about the monthly cost and out-of-pocket expenses you will incur and your possible future medical expenses.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting the [myuhc.com](https://myuhc.com). If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	<b>BASE PLAN</b>		<b>HIGH DEDUCTIBLE PLAN</b>			
	Choice Plus		Choice Plus			
	In-Network		In-Network			
<b>Calendar Year Deductible</b>						
Individual	\$1,100		\$4,000			
Family	\$3,300		\$8,000			
<b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>						
Individual	\$5,000		\$4,000			
Family	\$10,000		\$8,000			
	You pay		You pay			
Coinsurance	10%		0%			
Preventive Care	No Charge		No Charge			
Primary Care Physician	\$25		Deductible			
Specialist	\$50		Deductible			
Urgent Care	\$75		Deductible			
Emergency Room	\$200		Deductible			
Lab & X-ray	Deductible then 10%		Deductible			
Hospitalization	Deductible then 10%		Deductible			
Diagnostic Imaging (MRI/CT)	Deductible then 10%		Deductible			
<b>Medical Premium Rates</b>						
	Employee Only	Employee & Spouse	Employee & Spouse + 1	Employee & Spouse + 2	Employee & Child (1)	Employee & Children (2)
<b>Base</b>	\$1,049.98	\$1,728.06	\$2,060.30	\$2,419.94	\$1,382.08	\$1,728.06
<b>High Deductible</b>	\$786.56	\$1,304.78	\$1,626.36	\$1,962.64	\$1,048.00	\$1,328.84

# Pharmacy

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

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

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



	BASE PLAN	HIGH DEDUCTIBLE PLAN
<b>Pharmacy</b>		
Rx Deductible	N/A	Medical Deductible Applies
Rx Out-of-Pocket Max Individual Family	\$5,000 \$10,000	N/A N/A
<b>Retail Rx (up to 30-day supply)</b>		
Tier 1	\$12	Full cost until the \$4,000 Deductible is met; then 100% covered in Network
Tier 2	\$40	
Tier 3	\$60	
Mail Order Rx (90-day supply)	\$24 / \$80 / \$120	

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

# PAY \$0 FOR SELECT SPECIALTY MEDICATIONS

Participate in the  
SaveOnSP program

Specialty medications can cost a lot of money. That's why your plan offers a program called SaveOnSP, to lower your out-of-pocket costs to \$0.

## Participate in SaveOnSP and save.

Over 300 specialty medications are eligible for the SaveOnSP program.<sup>1</sup> If you're filling an eligible medication, a representative from SaveOnSP will contact you to discuss the program.

You'll pay \$0 for your medication when you participate in SaveOnSP. If you choose not to participate, you'll pay a higher cost share when you fill your medication.

**Conditions covered by SaveOnSP include, but are not limited to:**

- Hepatitis C
- Multiple Sclerosis
- Psoriasis
- Inflammatory Bowel Disease
- Rheumatoid Arthritis
- Cancer



## Here's an example of how it works.<sup>2</sup>

John's taking a specialty medication that's eligible for the SaveOnSP program. His copay is currently \$70. His new cost share will be \$1,150.

- **When he participates in SaveOnSP, he won't pay anything (\$0) out-of-pocket.** He will work with SaveOnSP to enroll with the applicable manufacturer copay assistance program.
- **If he decides not to participate in SaveOnSP, he'll pay his full cost share of \$1,150 out-of-pocket.**

In both of these examples, John's cost share wouldn't count toward his deductible or out-of-pocket maximum.

1. The drug classes and medications in this program are subject to change. Check your plan materials to see which medications are eligible for the SaveOnSP program.

2. For illustrative purposes only. Plans may vary.

# United Health Care Programs

**Register for your personalized website on [myuhc.com](https://myuhc.com) and download the United Healthcare app.**

Get the most out of your benefits! These digital tools are designed to help you understand your benefits and make informed decisions about your care.

Find care and compare costs for providers and services in your network. Check your plan balances, view your claims and access your health plan ID card. Access wellness programs and view clinical recommendations. View your health care financial account(s) such as HSA or FSA.

## Real Appeal

Real Appeal is a weight loss and health lifestyle program, available to eligible Parkway School District employees and their dependents as part of our United Healthcare Benefit plan. It is a simple, step-by-step program designed to introduce small changes over time that lead to healthier habits and long-lasting weight loss results. The program is offered at no additional cost to employees, spouses/domestic partners and dependents 18 and older who are members of our United Healthcare plan with a BMI (body mass index) of 23 or higher. Your BMI will be calculated during a personalization session to confirm that you qualify for the program. Participation in Real Appeal is confidential, and information will not be shared with Parkway School District. This is a great opportunity to take charge of your personal health or team up with a loved one to lose weight and learn some healthy new habits.

This program is not available if you are Medicare Eligible.

## 24/7 Virtual Visits

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. 24/7 Virtual Visits provide fast, convenient, on-demand access to care without having to leave home or the workplace. Members have the ability to see and speak with a doctor anywhere, anytime on a mobile device or computer. Members access an integrated experience through [myuhc.com](https://myuhc.com) and the United Healthcare app..

## Advocate4Me

Advocate4Me is a consumer engagement program that provides United Healthcare members with a single point of contact to address your various health needs. By calling a single toll-free number, listed on the back of your ID card, or using your preferred communication channel, members are connected with an advocate who provides them with end-to-end support, “owning their request until it’s resolved.” This service is offered at no charge to United Healthcare members.

# Wellness Offerings – UHC members only

## Wellness Offerings

The goal of employee/retiree wellness at Parkway is simple. We wish to create and maintain a culture of health. We wish to provide a positive, inclusive, holistic wellness programs that employees and retirees can enter and exit based on their needs and desire. Wellness programs seek to create an environment that increases health awareness, promotes positive lifestyles, decreases the risk of disease, and enhances the quality of life for employees/retirees.

Our wellness offerings include help managing chronic conditions like diabetes and high blood pressure, to onsite exercise, to learning about nutrition, to mental wellness support through our employee assistance program.

### Our wellness offerings for 2026 Include (but not limited to):

- Care ATC Employee Clinics providing accessible and great primary care, Immunizations, Personal health assessments
- Personal Assistance Services (PAS), our Employee Assistance Program
- Partnership with local gyms, Community Ed and Fleet Feet Training to provide low-cost options for physical activity
- Real Appeal - a weight management program free to members
- Onsite mobile mammography van
- Maven Maternity
- KAIA and 2<sup>nd</sup> MD
- Virtual Therapy
- Able To
- Advocate4Me
- **One Pass Select** – a holistic offering that includes physical & digital fitness options

**THESE OFFERINGS ARE ONLY OPEN TO MEMBERS WHO ARE ON ANY OF THE UHC MEDICAL PLANS. ACCESS VIA [myuhc.com](https://myuhc.com).**

In addition to the listed wellbeing opportunities, the employer sponsors various wellbeing offerings and challenges each year, related to mental wellbeing, movement, eating well and preventive care. Contact Leah Gonzalez, Wellness Coordinator at [lgonzalez1@parkwayschools.net](mailto:lgonzalez1@parkwayschools.net) or (314) 415-8034.



# Flexible, accessible health options for employees



Over 80% of U.S. consumers consider wellness a top or important priority in their daily lives.<sup>1</sup> One Pass Select® is designed to encourage employee wellness through flexible gym and nutrition benefits. The program includes a low-cost national gym network, digital workouts, grocery delivery service and additional options. Best of all, your employees have the freedom to choose the option that fits their needs and lifestyle.



average retail gym membership savings with One Pass Select<sup>3</sup>

## Benefits of One Pass Select



### Potential increased productivity

Studies show that healthier employees are typically more productive<sup>2</sup>



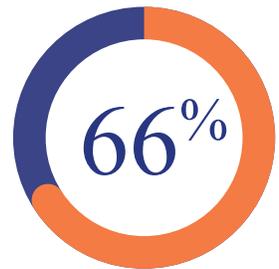
### Low cost to you\*, lower cost to your employees

Allows you to offer various fitness pricing options and competitive, flexible health options so employees can choose what's best for them



### Convenient digital access

Convenience to browse participating gyms nationwide, a personalized dashboard and more



of employees who signed up for One Pass Select were actively engaged in the program<sup>4</sup>

\*Self-funded groups have the option to subsidize employee costs.

## More advantages for employees

One Pass Select offers employees various membership tiers to choose from based on their unique fitness goals — along with additional benefits, including:

- No long-term contracts or annual gym registration fees
- Flexible fitness options with the ability to change tiers monthly
- Multi-location access with no waiting period
- The ability to add up to 4 family members (age 18+) at a 10% monthly discount
- A convenient grocery delivery subscription and additional member perks

## Membership options for employees

Category	Digital	Classic	Standard	Premium	Elite
Monthly fee	\$10	\$34	\$69	\$109	\$249
One-time enrollment fee	\$10	\$29	\$29	\$29	\$29
Gym network size		12,000+	14,000+	16,000+	20,000+
Premium network			✓	✓	✓
Multi-location access		✓	✓	✓	✓
Digital classes	23,000+	23,000+	23,000+	23,000+	23,000+
On demand	✓	✓	✓	✓	✓
Livestreaming	✓	✓	✓	✓	✓
Workout builder	✓	✓	✓	✓	✓
Grocery delivery/other member perks*		✓	✓	✓	✓
Family memberships**	✓	✓	✓	✓	✓
Upgrade/downgrade	✓	✓	✓	✓	✓
Cancel within 30 days	✓	✓	✓	✓	✓

\*The grocery delivery service component of the program is not available in TX and is pending regulatory approval in CA, NY and VA for select fully insured groups and lines of business — discuss with your UnitedHealthcare representative for details.  
 \*\*10% discount.

Learn more

Contact your UnitedHealthcare representative

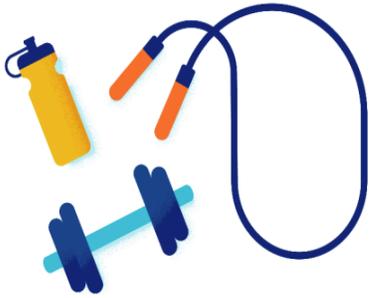
United  
Healthcare

surest.

<sup>1</sup> McKinsey & Company. Future of Wellness Survey. August 2023. [mckinsey.com/industries/consumer-packaged-goods/our-insights/the-trends-defining-the-1-point-8-trillion-dollar-global-wellness-market-in-2024](https://www.mckinsey.com/industries/consumer-packaged-goods/our-insights/the-trends-defining-the-1-point-8-trillion-dollar-global-wellness-market-in-2024). Accessed Dec. 5, 2024.  
<sup>2</sup> World Economic Forum. A healthy workforce is good for business. Here's why. July 19, 2023. [weforum.org/stories/2023/07/business-benefits-of-boosting-employee-health-and-well-being/](https://www.weforum.org/stories/2023/07/business-benefits-of-boosting-employee-health-and-well-being/). Accessed Jan. 8, 2025.  
<sup>3</sup> One Pass Select Internal Analytics/Book of Business, 2024.  
<sup>4</sup> One Pass Select Utilization Report, 2024. Defined as eligible members that are enrolled in the program and have utilized the benefit.  
 One Pass Select is a voluntary program that features a subscription-based nationwide gym network, digital fitness and grocery delivery service. For self-funded participants, there are no state restrictions. For fully insured participants, program availability varies by state: (i) the program is NOT available to members of accounts situated in HI, KS, VT and Puerto Rico; (ii) the grocery delivery service component of the program is not available in TX and is pending regulatory approval in CA and VA for select groups and lines of business — discuss with your UnitedHealthcare representative for details. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships, digital fitness or grocery services may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships or services under this program, as applicable. One Pass Select is a program offered by One Pass Solutions, Inc. Subscription costs are payable to One Pass Solutions, Inc.  
 The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.  
 Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings.  
 Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.  
 Administrative services provided by United HealthCare Services, Inc. or its affiliates, including United HealthCare Service LLC in NY. Stop-loss insurance underwritten by UnitedHealthcare Insurance Company or its affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.  
 Administrative services provided by United HealthCare Services, Inc. or their affiliates.  
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# One Pass Select

## Overview



[Find a gym near you](#)

Membership category	Monthly member fee	Participating fitness brands
<b>Digital</b> 23,000+ on-demand and livestreaming digital classes	\$10	Daily Burn, Fitbit Premium, YogaWorks, Volt, Fan Huddle
<b>Classic</b> 11,000+ locations + digital	\$34	LA Fitness, Planet Fitness, Anytime Fitness, Snap Fitness
<b>Standard</b> 14,000+ locations + digital	\$69	CycleBar, Pure Barre, Row House, YogaSix, barre3
<b>Premium</b> 16,000+ locations + digital	\$109	Rumble, Crunch Fitness, Pure Barre
<b>Elite</b> 20,000+ locations + digital	\$249	Orangetheory, F45, StretchLab, 9Round, LifeTime Fitness, Club Pilates

One-time enrollment fee = \$10 for Digital and \$29 for all other membership tiers  
 Other participating locations available in our network. Updated to reflect 8/1/25 changes  
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## Participating fitness brands

Digital (23k+)	Classic (11K+)	Standard (14K+)	Premium (16K+)	Elite (20K+)
DAILY BURN	ANYTIME FITNESS	barre3	CRUNCH	9R
FAN HUDDLE	CRUNCH	CYCLEBAR	RUMBLE	F45
fitbit premium	EōS FITNESS	ROW HOUSE	pure barre	LIFETIME
FITNESS ON DEMAND	LA FITNESS	YOGASIX		Orangetheory
iFIT	planet fitness	campGladiator		STRETCH LAB
VOLT	snap fitness 24/7			CLUB PILATES
yogaworks				

Other participating locations available in our network. All trademarks are the property of their respective owners.  
 Updated to reflect 8/1/25 changes

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# Flexible programs to improve your health on your terms

Personalized support at no cost to you.



## Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

Program includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

## Hypertension Management

Take control of your heart health with guidance and a personalized plan. With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

Program includes:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

## Diabetes Prevention program

Take your first step toward a healthier tomorrow, and reduce your risk of type 2 diabetes. With the Diabetes Prevention program, you'll get access to a team of expert coaches, a library of online lessons and a smart scale— at no cost to you.

Program includes:

- Expert coaches to help with diet, nutrition, activity and more
- A smart scale that syncs to the app and web portal
- An all-in-one app to track weight, activity and food

Depending on your eligibility, you may see communications for one or more of these programs. Upon enrollment, you'll receive support for the programs that fit your unique needs.

## Learn more and join

Visit [TeladocHealth.com/Smile/PARKWAY](https://TeladocHealth.com/Smile/PARKWAY) or call 800-835-2362 and use registration code: PARKWAY.

Las comunicaciones del programa Teladoc Health están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-835-2362 o visite [TeladocHealth.Com/Hola/PARKWAY](https://TeladocHealth.Com/Hola/PARKWAY).

Program includes trends and support on your secure Teladoc Health account and mobile app but does not include a phone or tablet. You must have an iPhone or Android smartphone and install the Teladoc Health app to participate in the Teladoc Health program.

This program is offered at no cost to you by your health plan or employer.

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# Don't wish pain away ... do this instead

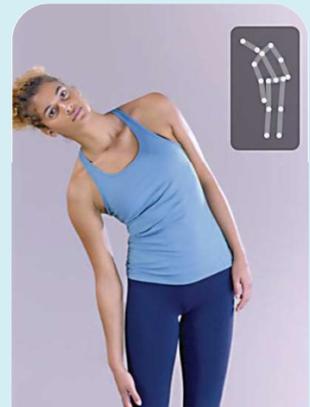
## Download the Kaia app for on-demand, personalized support to help relieve pain and live healthier

Whether it's a stiff neck, aching shoulders or more severe back issues, it can be hard to enjoy life when pain shows up. That's where Kaia steps in. It's a new app here to show how pain relief is possible — **at no extra cost** as part of your health plan.

### Connecting with Kaia connects you with so much

- ✓ **On-demand pain relief care** in the convenience of an app
- ✓ **1-on-1 health coaching** with certified professionals
- ✓ **Workouts tailored to you** with some as short as 15 minutes
- ✓ **No extra cost**—this is included as part of your health plan
- ✓ **Bite-sized lessons** to help you recognize where pain is coming from
- ✓ **Strengthening exercises** plus relaxation techniques for pain management

### For real-time feedback while you exercise



Kaia tracks your movements using AI technology to ensure you're doing each exercise correctly, providing real-time audio and video feedback for help along the way. So you get a program tailored to your fitness, pain and mobility levels to help manage pain.



### Download Kaia today

You'll get a personalized pain relief program created on the spot after you sign up. Get started with a personalized pain relief program and learn helpful exercises with no scheduling, waiting rooms or travel required.



 Visit [startkaia.com/uhc](https://startkaia.com/uhc)



\*Provided at no extra cost as part of your health plan.

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# Stressed? Anxious? With virtual therapy, getting help may now be easier than ever.



Reaching out may be hard — especially if you might not want anyone to know you're hurting. From the privacy of home and the convenience of your mobile device or computer, you can receive caring support from a licensed therapist.

## Virtual therapy offers confidential counseling and includes:

### Private video sessions

Get 1-on-1 support—in your home and at a time that's convenient for you.

### Help with coping — for children, teens and adults

Your licensed therapist may provide a diagnosis, treatment and medication if needed.

### Similar standard of care as in-person visits

You can see the same therapist with each appointment and establish an ongoing relationship.

### Virtual therapy is designed to help treat conditions like:

- ADD/ADHD
- Anxiety
- Mental health disorders
- Addiction
- Depression



## A quicker way for the whole family to get care

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

## To find a provider and schedule a visit

Sign in or register on [myuhc.com](https://myuhc.com). Then, go to **Find Care & Costs > Virtual Care >**

**Behavioral Health Care > Get Started** and call the provider to set up an appointment.

Or call the telephone number on your health plan ID card.

\*Data rates may apply.

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

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# WE SPECIALIZE IN MEDICAL CERTAINTY

Through your company, you have an exclusive membership to 2nd.MD, a virtual expert medical consultation and navigation service. We connect you with a board-certified, elite specialist for a virtual expert medical consultation via phone or video from the comfort of home.

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**2nd.MD specializes in medical certainty by providing access to elite specialists for questions about:**

- Diseases, cancer, or chronic conditions
- Surgeries or procedures
- Medications and treatment plans

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## WHO IS ELIGIBLE?

2nd.MD is confidential, fast and no additional cost to you and covered dependents on the UnitedHealthcare medical plan.

## GET STARTED TODAY

Call at **1.866.269.3534**

Visit **www.2nd.MD/activate**

or download our **2nd.MD app**



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CALL 911 IMMEDIATELY IF YOU ARE HAVING A MEDICAL EMERGENCY. 2nd.MD is not an emergency service. 2nd.MD is an independent resource to support you in receiving information from Expert Medical Specialists. 2nd.MD does not practice medicine or provide patient care and is independent from the Specialists providing the expert medical consultations.



## HOW IT WORKS: *3 Simple Steps*

### 1. **ACTIVATE YOUR ACCOUNT AND REQUEST A CONSULT**

Visit [www.2nd.MD/activate](http://www.2nd.MD/activate), download our app or call us at 1.866.269.3534

### 2. **SPEAK WITH A NURSE**

Explain your medical issues and an experienced nurse will handle the rest, including collecting medical records and connecting you with a leading specialist who is an expert in your condition.

### 3. **CONSULT WITH A LEADING SPECIALIST** Get information about your diagnosis, treatment plan and next steps in care from a nationally recognized specialist. Consult via video or phone at a time that works best for you, including evenings and weekends!

## AFTER YOUR CONSULTATION

You'll receive a written summary of your consultation so you're prepared for a conversation with your treating doctor or we can refer you to another in-network doctor in your area.

See how one member avoided an unnecessary surgery and learned how to manage her rare condition.

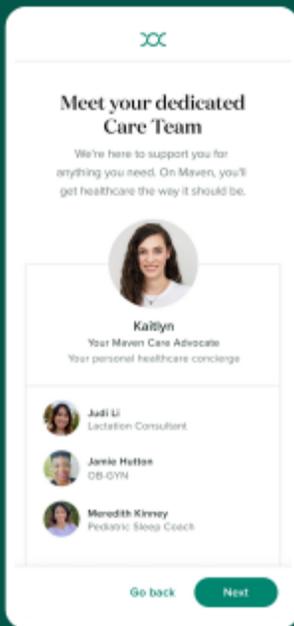




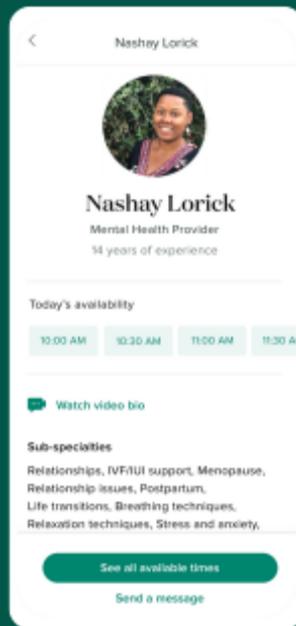
Meet Maven. Free virtual support for those sleepless nights, first smiles, and everything in between.

You and your partner have free access to Maven for 24/7 pregnancy and postpartum support and guidance—all in one app.

Your membership includes:



24/7 personalized support from a dedicated Care Advocate



Virtual appointments and messaging with providers—any time day or night



On-demand classes, groups and articles for expert guidance you can trust

Get support with things like:

-  Creating your birth plan

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-  Breastfeeding or bottle feeding support

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-  Navigating infant sleep

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-  Returning to work

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-  Managing your mental health



Scan the QR code to get started or go to [mavenclinic.com/join/uhc-join](https://mavenclinic.com/join/uhc-join) or download the Maven Clinic app

Join today for free

## Real tools for real change

Reach your wellness goals with Real Appeal, a healthy lifestyle and weight management program designed to help you take control of your health, all at **no additional cost** to you. Pair weekly coaching, science-backed strategies, and online tools and trackers with the **free\* Real Appeal Success Kit** to support your ongoing journey toward healthier living!

### What's in the kit?

Get supportive tools delivered right to your door to help you make healthier choices.



#### Body Weight Scale:

Track your weekly progress with this accurate and easy-to-use digital scale.



#### Balanced Portion Plate:

Eat balanced meals and recognize the suggested serving sizes of the foods you eat with this dishwasher-safe plate.



#### Food Scale:

Take all the guesswork out of food measurements with this convenient kitchen tool.



#### Fitness on Demand:

Access hundreds of online workouts through Fitness on Demand™ from the comfort of your home.

\*Success Kit is provided after a member attends their first session.

Real Appeal is offered at no additional cost to members as part of their medical benefits plan, subject to eligibility requirements.

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### Ready to join?

Get started now at [enroll.realappeal.com](https://enroll.realappeal.com) or scan the QR code.

SCAN ME



## Get support to build healthier habits

Now's a great time to start taking small steps for lasting change, with Real Appeal®. This online weight management program is designed to help you create a healthier lifestyle that you can maintain with confidence.



### More support for more confidence

Real Appeal supports you every step of the way. It's available to you at no additional cost as part of your benefits.

#### Supportive coaching and sessions

Get personalized guidance from a coach, who leads collaborative weekly group sessions.

#### Making behavior change possible

Together, we'll address topics like emotional eating, mindset and motivation, and more.

#### Resources to stay motivated

Your Success Kit gives you access to online fitness classes, scales, a portion plate, and more.

### Here's what you need to register:

#### Your calendar

Choose a weekly online session day and time that works for you.

#### Your shipping address

You'll receive your Success Kit after attending your first online session.

#### Your health insurance

Have your health insurance ID card handy when enrolling.

SCAN ME



Get started now at [enroll.realappeal.com](https://enroll.realappeal.com) or scan the QR code.

# CareATC Health & Wellness Center

- **No copay or deduction required to use the health center** – Only a \$40 office visit fee for HDHP Plan members who use the clinic for non-preventative services
- **Primary Care, Preventive Medicine**, Illness or Injury, Chronic Disease Management
- **Quick and easy appointments** – via the CareATC app, online or by phone
- **Less wait time, more face time** with your medical provider
- **No Cost Labs and Generic Meds** at your appointment

## Area Health Center Locations

### Pay nothing, get a lot.

- No co-pay  
*(Office visit fee may apply for HSA participants.)*
- Quick and easy appointments
- Preventive care, as well as illness, injury, and chronic disease management
- Free lab work and generic medications provided during your visit
- Less wait time, more face time with your medical provider
- No insurance billing



**Claymont Health Center**  
15421 Clayton Rd, Ballwin  
M/W/F 7am - 4pm  
Tu/Th 8am - 5pm

**Dougherty Ferry Health Center**  
2315 Dougherty Ferry Rd  
Ste 110, St. Louis  
M - F 8am - 12pm / 1 - 5pm

**Keaton Health Center**  
6698 Keaton Corp Pkwy  
Ste 101, O'Fallon  
M/W/Th/F 7am - 4pm  
Tu 9am - 6pm

**McKelvey Park Health Center**  
3165 McKelvey Rd  
Ste 205, Bridgeton  
M - F 7:30am - 4:30pm



Show Me The App!



# Meet Your St. Louis Area Providers



**David Dunn, MD**  
Claymont Health Center



**Rosemary Wensley, MD**  
Dougherty Ferry Health Center



**Erin Keller, LCSW**  
Dougherty Ferry Health Center



**Michael Barajas, PA**  
Dougherty Ferry and Keaton Health Centers



**Nicholas Powers, DO**  
Keaton Health Center



**Monique Canada, PA**  
Keaton Health Center



**Heather Campber, MD**  
McKelvey Park Health Center



**Jackie Bode, NP**  
McKelvey Park Health Center

## Treatments and services include:

- Allergies / Asthma
- Cold / Flu / Congestion
- Diabetes Management
- Headaches
- High Blood Pressure
- High Cholesterol
- Lab Work/Tests
- Mental Health
- Occupational Health  
*(referral required)*
- Personal Health Assessments (PHA)
- Physicals
- Sports Physicals
- Thyroid Disorders
- Tobacco Cessation
- Weight Management
- Well Woman

## Area Health Center Locations:



## Pay nothing, get a lot.

- Low to no-cost  
*(Office visit fee may apply for HSA participants.)*
- Quick and easy appointments
- Preventive care, as well as illness, injury, and chronic disease management
- Free lab work and generic medications provided during your visit
- Less wait time, more face time with your medical provider
- No insurance billing

### Claymont Health Center

15421 Clayton Rd, Ballwin  
M/W/F 7am - 4pm  
Tu/Th 8am - 5pm

### Dougherty Ferry Health Center

2315 Dougherty Ferry Rd  
Ste 110, St. Louis  
M - F 8am - 12pm / 1 - 5pm

### Keaton Health Center

6698 Keaton Corp Pkwy  
Ste 101, O'Fallon  
M/W/Th/F 7am - 4pm  
Tu 9am - 6pm

### McKelvey Park Health Center

3165 McKelvey Rd  
Ste 205, Bridgeton  
M - F 7:30am - 4:30pm

## Three easy ways to schedule an appointment:

☎ 314.314.7434    🖥 [www.creatc.com/patients](http://www.creatc.com/patients)    📱 CareATC app

Show Me The App!



# Who is Eligible for CareATC Clinics?

All UHC Covered Employees  
& Retirees

All UHC Covered  
Dependents

CareATC Mobile App

**24/7 Appointment  
Scheduling**

Schedule in-person and virtual visits.

**Prescription Refill Requests**

Never run out of essential medications.

**Message Your Care Team**

Connect with your care team with secure messaging.



Show Me  
The App!



# Your Appointment, Your Way

## 3 Easy Scheduling Options

*With the  
mobile app, take  
your wellness with  
you - anywhere,  
anytime!*

We're here when you need us.

Scheduling appointments for in-person and virtual services has never been easier or more convenient with three scheduling options:

🖥️ Patient Portal at [www.careatc.com/patients](http://www.careatc.com/patients)

📱 CareATC mobile app

📞 Claymont: **636.552.4772**

📞 Dougherty Ferry: **314.282.6168**

📞 Keaton: **636.614.1638**

📞 McKelvey: **314.282.3224**

📞 Central Calling: **314.314.7434**

If you can not find an appointment on the app  
Please call one of your local health centers!

Activate your account.

Create your patient account in minutes to get full Access to your CareATC benefits. It's important each member on your health plan age 18+ create Their own account.

### Get Started

1. Visit [www.careatc.com/activate](http://www.careatc.com/activate) or download the **CareATC mobile app** and follow the registration prompts.
2. **Verify your identity** with a short quiz. Personal info should match your employer records.
3. **Create your account.** Set your username and password. Provide a recovery phone and email.

*Under HIPAA regulations, all patient information is confidential.*

Show Me  
The App!

Questions? Call Member Support at **918.779.7400**



# Parkway Care ATC Clinic Incentive 2026

**Care ATC Clinic Well Incentive**= A one time \$50 check for visiting the CareATC Clinics in 2026.

Participation in the Parkway clinic incentive program is strictly voluntary. In order to receive the incentive, COBRA participants can voluntarily participate in the program by completing the steps below. The \$50 incentive for visiting Care ATC is paid via mailed check.

Incentives will be paid on a rolling basis, monthly. The incentive payout will be processed about one month after the COBRA participant completes the [form](#).

In order to be eligible for the incentive you must be enrolled in one of Parkway's UHC medical plans through December 31, 2026. You must have a visit or a Personal Health Assessment (PHA) with the Parkway Employee Clinic (Care ATC) in 2026.

**Step One:** See the clinic for preventive/wellness care, a [Personal Health Assessment](#) or even get-well care. There are two easy ways to schedule: [www.careatc.com/patients](http://www.careatc.com/patients), through the app or call 800.993.8244. For more details on scheduling, please see: [Scheduling](#)

**Step Two:** Please let us know the date that you were seen at the clinic [here](#). The deadline to complete the steps for 2026 is December 31, 2026.

## Frequently Asked Questions:

- 1.How do I make a Care ATC Clinic appointment?** There are two easy ways to schedule: [www.careatc.com/patients](http://www.careatc.com/patients) or call 800.993.8244. For more details on scheduling, please see [Scheduling](#)
- 2.Is this confidential?** It's the law! Your individual results are never shared with another - including your employer. Your results remain confidential and secure with Care ATC.
- 3.I already was a patient at the clinic - will that count?** Any clinic visit in 2026 will count.
- 4.I had a preventive visit with my primary care provider in 2026 - will that count?** We ask that you receive care with Care ATC. Keep in mind that wellbeing visits, including the PHA, are without cost to you and the information can be shared back to your own Primary Care Provider.
- 5.What does the Personal Health Assessment (PHA) include?** Personal Health Assessments provide a snapshot of your health through laboratory screenings, medical history, and physical factors. The PHA is not a drug test. The test will include height, weight, blood pressure and 30+ lab values including cholesterol and blood glucose. More information is available [on the PHA details page](#).
- 6.Do I have to change to the clinic? I like my provider.** You do not have to change your primary care provider. You may have the Personal Health Assessment at the Care ATC Clinic and share those results with your primary care provider.

## [NOTICE REGARDING WELLNESS PROGRAM](#)

# Dental

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Parkway School District offers dental coverage through Delta Dental. For information on finding a dental provider, visit [deltadentalmo.com](https://deltadentalmo.com) and click on Find a Provider.

## Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care with Delta Dental in- or out-of-network. However, when you go out of network, the provider can charge more, and the plan will only reimburse up to the reasonable and customary rates.



The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

<b>Delta Dental of Missouri</b>		
PPO		
	In-Network	Premier/Out-of-Network
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Per Individual Annual Maximum	\$1,250 Per Person	
You pay		
<b>Preventive Care</b>		
Exams, Cleanings, X-rays, Fluoride Treatments (< Age 19), Sealants, Space Maintainers (< Age 16)	0%	0%
<b>Basic Services</b>		
Fillings, Extractions,, Endodontics	20%	25%
<b>Major Services</b>		
Crowns, Inlays/Outlays, Dentures and Bridgework, Oral Surgery, Periodontics	40%	45%
<b>Orthodontia</b>		
Adults	40%; \$1,500 Lifetime Maximum	
Children (up to 26th birthday)		
<b>Dental Premium Rates</b>		
Employee Only	\$50.32	
Employee + Spouse	\$88.08	
Employee + Child(ren)	\$146.58	
Employee + Family	\$108.76	

The network attached to the plan is the Delta Dental PPO Premier. To search the network, visit [deltadentalmo.com](http://deltadentalmo.com). Once enrolled, if you have lost your Delta Dental ID card, please call Delta Dental at 314-656-3001 to request a new ID card. Parkway's Group Number is 15271000.

# Vision: National Vision Administrators

Parkway School District offers vision coverage through National Vision Administrators (NVA). Healthy eyes and clear vision are an important part of your overall health and quality of life.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

For information on finding a vision provider, visit [www.e-nva.com](http://www.e-nva.com) and click on Find a Provider.

Vision Premium Rate	
Employee Only	\$5.38
Employee + 1 Dependent	\$9.64
Employee + Family	\$13.62



# Your NVA Vision Benefit Summary

Parkway School District

Effective 01/01/2026

Group Number: 3466

## Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider
<b>Examination</b> Once Every Calendar Year	<ul style="list-style-type: none"> <li>Covered 100%</li> </ul>	<b>Reimbursed Amount</b> <ul style="list-style-type: none"> <li>Up to \$40</li> </ul>
<b>Lenses</b> Once Every Calendar Year <ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> <li>Polycarbonates (under age 19)</li> <li>Solid Tints</li> <li>Gradient Tints</li> <li>UV Coatings</li> <li>Scratch-Resistant Coatings (Standard)</li> </ul>	<b>Standard Glass or Plastic</b> <ul style="list-style-type: none"> <li>Covered 100% after \$20 copay</li> <li>Covered 100%</li> <li>Covered 100%</li> <li>Covered 100%</li> <li>Covered 100%</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$30</li> <li>Up to \$50</li> <li>Up to \$65</li> <li>Up to \$65</li> <li>Up to \$25 (SV)</li> <li>Up to \$30 (Bi/Tri)</li> <li>Up to \$10</li> <li>Up to \$12</li> <li>Up to \$12</li> <li>Up to \$10</li> </ul>
<b>Frame</b> Once Every Calendar Year	<b>Retail Allowance</b> <ul style="list-style-type: none"> <li>Up to \$130 (20% discount off balance)*</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$65</li> </ul>
<b>Contact Lenses</b> Once Every Calendar Year <ul style="list-style-type: none"> <li>Elective Contact Lenses</li> <li>Fit/Follow-Up*** Standard Daily Wear</li> <li>Standard Extended Wear</li> <li>Specialty Wear</li> <li>Medically Necessary****</li> </ul>	<b>In lieu of Lenses</b> <ul style="list-style-type: none"> <li>Up to \$130 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)**</li> <li>Covered 100% after \$20 copay</li> <li>Covered 100% after \$30 copay</li> <li>Covered 100% after \$50 copay</li> <li>Covered 100%</li> </ul>	<b>In lieu of Lenses</b> <ul style="list-style-type: none"> <li>Up to \$104</li> <li>Up to \$20</li> <li>Up to \$30</li> <li>Up to \$50</li> <li>Up to \$210</li> </ul>

### How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses and contact lens evaluation/fitting once every Calendar Year.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care professional, please visit our website at [www.e-nva.com](http://www.e-nva.com) or download our mobile app by searching NVA Vision or contact NVA's Customer Service Department toll-free at 1.800.672.7723, TTY: 711 or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number **3466000001** or the group number on the identification card and enter in your search parameters. It's that easy!

\*Does not apply to Costco, Wal-Mart / Sam's Club or LensCrafters locations or for certain proprietary brands.

\*\*Does not apply to Costco, Wal-Mart/Sam's Club, Lenscrafters, Contact Fill (NVA Mail Order) or certain locations at: Target & Pearle and may be prohibited by some manufacturers.

\*\*\*Only covered if you choose contact lenses.

\*\*\*\*Pre-approval from NVA required.

### Fixed prices/courtesy discount do not apply at Costco, Walmart/Sam's Club and LensCrafters locations.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>\$75 Polarized</li> <li>\$30 Blended Bifocal (Segment)</li> <li>\$40 Blue Light Blocker (Standard)</li> <li>\$60 Blue Light Blocker (Premium)</li> <li>\$150 Blue Light Blocker (Ultra)</li> <li>\$20 Glass Photogrey (Single Vision)</li> <li>\$30 Glass Photogrey (Multi-Focal)</li> <li>\$25 Polycarbonate (Single Vision) 19 &amp; over</li> <li>\$30 Polycarbonate (Multi-Focal) 19 &amp; over</li> </ul> | <ul style="list-style-type: none"> <li>\$65 Transitions Single Vision (Standard)</li> <li>\$70 Transitions Multi-Focal (Standard)</li> <li>\$40 AR Coating – Tier 1</li> <li>\$50 AR Coating – Tier 2</li> <li>\$65 AR Coating – Tier 3</li> <li>\$80 AR Coating – Tier 4</li> <li>20% discount AR Coating – Tier 5</li> <li>\$55 High Index</li> <li>\$39 Retinal Screening</li> </ul> | <ul style="list-style-type: none"> <li>\$50 Progressive Tier -1</li> <li>\$80 Progressive – Tier 2</li> <li>\$100 Progressive – Tier 3</li> <li>\$120 Progressive – Tier 4</li> <li>\$140 Progressive – Tier 5</li> <li>\$165 Progressive – Tier 6</li> <li>\$190 Progressive – Tier 7</li> <li>20% discount Progressive – Tier 8</li> </ul> |
|---|---|--|

For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. Discounts are not insured benefits. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., Costco, LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.



# Get a Better View

**Plan Specific Details Online:** The NVA website is easy to use and provides the most up to date information for program participants:  
 -Locate a nearby participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent  
 -View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

**Examinations:** The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

**Lenses:** NVA provides coverage in full for standard glass or plastic eyeglass lenses.

**Frames:** Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

**Contact Lenses:** The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

**Non-Participating Providers:** You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website [www.e-nva.com](http://www.e-nva.com) or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P.O. Box 2187, Clifton, NJ 07015.

**Laser Eye Surgery:** NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

**Hearing Discount:** You will receive up to 60% savings at participating provider locations through NationsHearing®

**Discounts:** In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

\*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Your NVA EyeEssential® Plan Discount – In Network Only		
Service	Participating Provider	Lens Options
<b>Eye Examination:</b>	<b>Member Cost:</b> Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses \$75 Polarized Lenses \$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating \$12 UV Coating \$35 Polycarbonate \$45 Standard Anti-Reflective
<b>Contact Lens Fitting:</b>	Retail Less 10%	
<b>Lenses:</b>	Glass or Plastic	
Single Vision	\$35.00	
Bifocal	\$55.00	
Trifocal or Lenticular	\$70.00	
<b>Frame:</b>	Retail Less 35%	
<b>Contact Lenses*:</b>	<b>Member Cost:</b>	
Conventional	Retail Less 15%	
Disposable	Retail Less 10%	

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U and C) price.

Costco, Wal-Mart / Sam's Club and Lenscrafters stores do not provide additional discounts.

Some optometrist affiliated with Optical Retail locations (i.e., Costco, LensCrafters, Walmart, Visionworks, etc.) are independent providers and may not participate in the NVA program.

## At NVA, We Work Only for Our Clients.

Insurance coverage provided by National Guardian Life Insurance Company (NGLIC), 2E Gilman, Madison, WI 53703. Policy NVIGRP 2020, et al. NGLIC is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. A full description of your coverage, its limitations, exclusions and conditions is contained in the Insurance Policy issued to your Plan Sponsor at its place of business. That full description in the form of a Certificate of Coverage can be made available to you by requesting it from your Plan Sponsor.

**Exclusions / Limitations:** No payment is made for medical or surgical treatments / Rx drugs or OTC medications / non-prescription lenses / two pair of glasses in lieu of bifocals / subnormal visual aids / vision examination or materials required for employment / replacement of lost, stolen, broken or damaged lenses/ contact lenses or frames except at normal intervals when service would otherwise be available / services or materials provided by federal, state, local government or Worker's Compensation / examination, procedures training or materials not listed as a covered service / industrial safety lenses and safety frames with or without side shields / parts or repair of frame / sunglasses.

**National Vision Administrators, L.L.C.** • PO Box 2187 • Clifton, NJ 07015  
**Web:** [www.e-nva.com](http://www.e-nva.com) • Toll-Free: 1.800.672.7723  
**NVA® and EyeEssential®** are registered marks of National Vision Administrators, L.L.C.

*This document is intended as a program overview only and is not a certified document of the individual plan parameters.*



# Member Mobile App

On the go? Take the NVA app with you!

## Find Vision Care Providers

Search for network providers by locations and by number of frames available at \$0 out-of-pocket cost.

## View Benefits

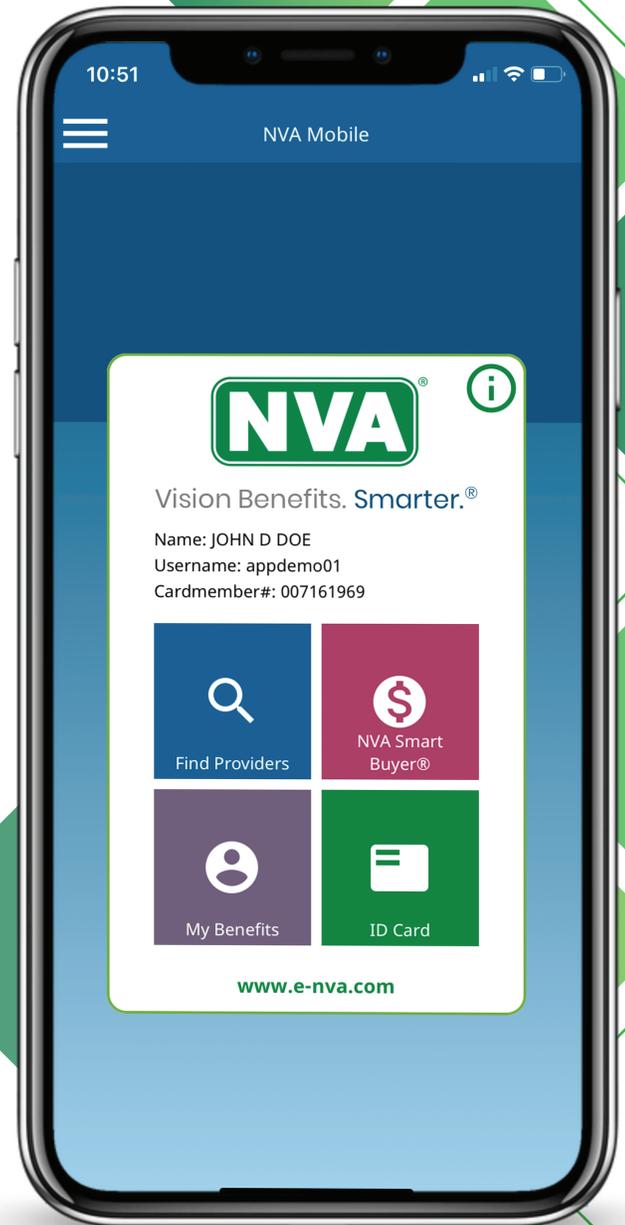
Fast access to eligibility and plan coverage information.

## Access Your ID Card

Simply pull up your ID card image whenever you need it.

## Discover the NVA Smart Buyer®

Get the info you need to make smarter buying decisions on eye care and eyewear.



Please Note: Only NVA active main cardholders can access the NVA vision benefits member app. Dependents cannot create their own accounts on the app.

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# Important Contacts

Coverage	Administrator	Phone	Website
Employee Clinic	CareATC	1-314-314-7434	<a href="http://www.careatc.com">www.careatc.com</a>
Pharmacy	Express Scripts	1-877-777-8225	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Health Advocate	United Healthcare	Call Number on Back of Medical ID Card	<a href="http://www.myuhc.com">www.myuhc.com</a>
Wellness Program	Wellness Coordinator	314-415-8034	
Medical (Base Plan)	United Healthcare	1-866-633-2474	<a href="http://www.myuhc.com">www.myuhc.com</a>
Medical (High Deductible Plan)	United Healthcare	1-866-734-7670	<a href="http://www.myuhc.com">www.myuhc.com</a>
Dental Plan (PPO)	Delta Dental	1-800-335-8266 or 1-314-656-3001	<a href="http://www.deltadentalmo.com">www.deltadentalmo.com</a>
Dental Plan (Pre-Paid)	SunLife (Assurant)	1-800-733-7879	<a href="http://www.sunlife.com">www.sunlife.com</a>
Vision	National Vision Administrators (NVA)	800-672-7723 TTY:711	<a href="http://www.e-nva.com">www.e-nva.com</a>
Benefits Team	Title	Phone	Email
General Benefits Email			<a href="mailto:benefits@parkwayschools.net">benefits@parkwayschools.net</a>
Deb Nolan	Benefits Coordinator	1-314-415-8049	<a href="mailto:dnolan@parkwayschools.net">dnolan@parkwayschools.net</a>
Dawne Trokey	Executive Director of Finance	1-314-415-8060	<a href="mailto:dtrokey1@parkwayschools.net">dtrokey1@parkwayschools.net</a>
Coby Peters	Benefit Specialist	1-314-415-8059	<a href="mailto:cpeters@parkwayschools.net">cpeters@parkwayschools.net</a>
Leah Gonzalez	Coordinator, Employee Wellbeing	1-314-415-8034	<a href="mailto:lgonzalez1@parkwayschools.net">lgonzalez1@parkwayschools.net</a>

# Glossary

**Allowed Amount:** Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing)

**Annual Maximum Benefit:** A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

**Balance Billing:** When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

**Coinsurance:** The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

**Copayment (copay):** A fixed amount (\$20, for example) you pay for a covered health care service after you’ve paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

**Deductible:** The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Your deductible starts over each plan year.

**Guarantee Issue Amount:** The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount, you will have to complete an Evidence of Insurability form, and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

**In-Network:** Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

**Out-of-Network:** Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

**Out-of-Pocket Maximum:** The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

**Prescription Drug Formulary:** A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

**Prior Authorization:** Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

**Preventive Care:** Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

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