



2026 Benefits Guide

Your Health & Wellness



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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.

Welcome to Your 2026 Benefits!

Parkway School District is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family – to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

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>

Eligibility

If you are regularly scheduled to work at least 30 hours per week, you are eligible for the Parkway School District benefits program. For newly hired individuals, most of your benefits are effective: Administrative and Certified staff members are eligible on the first date of employment, all other employees are eligible 30 days after their start date. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse;
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your company-sponsored Life and Disability benefits end on your date of termination.

Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, vision, or Health Care or Dependent Care Flexible Spending Accounts unless you experience a Qualified Life Event. If you experience a Qualified Life Event (examples below), you must do this through the Alight Worklife system within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualified Life Event). You will need to provide documentation of the change.

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

How to Enroll

Open enrollment for the 2026 plan year is **November 1, 2025 and concludes November 30, 2025**. **All changes must be received at Parkway by 4:00pm (CST) on November 30, 2025**. If you are a new hire, you have 30 days to enroll from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

Before You Enroll

- Carefully review the benefits listed in this guide and determine the medical, dental, vision and other coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Log in to the Alight (formerly SmartBen) site (instructions below)
- Select, review and submit your desired coverage.
- Be sure to complete beneficiary information for Life and AD&D benefits.

Alight Enrollment Instructions

The site is accessible via the internet at

<https://sso.smartben.com/SSO/SingleSignOn?partnerIdpName=Parkway%20School%20District> and can be accessed 24 hours a day, seven days a week..

You can easily access the Alight system from your Google account on a work computer. Just select the Google waffle, then scroll down to the yellow Alight Worklife icon.

If you're logged into your Parkway's Google Chrome account, the link will automatically sign you into Alight Worklife. If you are not signed into Chrome or using another web browser, you will need to use your Google credentials to sign in. Your username is your Google Chrome sign in information

For example: username- ljames@parkwayschools.net. Password: google password.

If you have issue with your Chrome access, please contact the help desk at 314-415-8181 or helpdesk@parkwayschools.net

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 per-pay-period 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. 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.

	BASE PLAN	HIGH DEDUCTIBLE PLAN
	Choice Plus	Choice Plus
	In-Network	In-Network
Calendar Year Deductible		
Individual	\$1,100	\$4,000
Family	\$3,300	\$8,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
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

Note: Pharmacy summary located on page 9

Medical Premiums

Medical Premium Rates - Year-Round Employee (26 Pays)

Employee Pays Per Check

	Employee Only	Employee & Spouse	Employee & Spouse + 1	Employee & Spouse + 2	Employee & Child (1)	Employee & Children (2)
Base	\$50.00	\$208.09	\$285.54	\$369.37	\$127.42	\$208.09
High Deductible	\$0	\$78.16	\$150.28	\$222.44	\$42.09	\$90.18

District Pays Per Check

	Employee Only	Employee & Spouse	Employee & Spouse + 1	Employee & Spouse + 2	Employee & Child (1)	Employee & Children (2)
Base	\$474.99	\$655.95	\$744.61	\$840.59	\$563.62	\$655.95
High Deductible	\$474.99	\$655.95	\$744.61	\$840.59	\$563.62	\$655.95

Medical Premium Rates – Non-Year-Round Employee (Less than 26 Pays)

Employee Pays Per Check

	Employee Only	Employee & Spouse	Employee & Spouse + 1	Employee & Spouse + 2	Employee & Child (1)	Employee & Children (2)
Base	\$ 66.67	\$277.45	\$380.72	\$492.49	\$169.89	\$277.45
High Deductible	\$0	\$104.21	\$200.37	\$296.59	\$56.12	\$120.24

District Pays Per Check

	Employee Only	Employee & Spouse	Employee & Spouse + 1	Employee & Spouse + 2	Employee & Child (1)	Employee & Children (2)
Base	\$633.32	\$874.60	\$992.81	\$1,120.79	\$751.49	\$874.60
High Deductible	\$633.32	\$874.60	\$992.81	\$1,120.79	\$751.49	\$874.60

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
Pharmacy		
Rx Deductible	N/A	Medical Deductible Applies
Rx Out-of-Pocket Max Individual Family	\$5,000 \$10,000	N/A N/A
Retail Rx (up to 30-day supply)		
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.¹ 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.²

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.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for qualified out-of-pocket medical expenses. Your contributions to the HSA are taken out of your paycheck and are tax-free. Once you enroll in the HSA, you'll receive a debit card to pay for qualified out-of-pocket medical expenses. Your HSA can be used to pay for your health care expenses and those of your spouse and dependents, even if they are not covered by the High Deductible Health Plan (HDHP).

How a Health Savings Account (HSA) Works

	<p>Eligibility Anyone who is:</p> <ul style="list-style-type: none">• Covered by a High Deductible Health Plan (HDHP);• Not covered under another medical plan that is not a High Deductible Health Plan (HDHP);• Not entitled to Medicare benefits; or• Not eligible to be claimed on another person's tax return
	<p>Your Contributions You choose how much to contribute from each paycheck on a pretax basis. You can contribute up to the IRS maximum of \$4,400/individual or \$8,750/family. You can make an additional "catch-up" contribution of up to \$1,000 per year if you are age 55 or older.</p>
	<p>Parkway School District's Contribution \$1,961 to the HSA each year which lowers the maximum amount you are able to contribute. The District contributes a one-time lump sum payment of \$696 into the HSA with the first payroll in January and \$55 per payroll thereafter.</p>
	<p>Eligible Expenses You can use your HSA to pay for medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. <i>Please note: Funds available for reimbursement are limited to the balance in your HSA.</i></p>
	<p>Using Your Account Use the debit card linked to your HSA to cover eligible expenses — or pay for expenses out of your own pocket and save your HSA dollars for future health care expenses.</p>
	<p>Your HSA is always yours - no matter what One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future. And if you leave the Company or retire, your HSA goes with you.</p>

The Triple Tax Advantage

HSAs offer three significant tax advantages:

1. You can use your HSA funds to cover qualified medical expenses, including dental and vision expenses – tax-free.
2. Unused funds grow and can earn interest over time – tax-free.
3. You can save your HSA dollars to use for your health care when you leave Parkway Schools or retire – tax-free.

If you want to save tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

How a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA) Work Together

Year 1 Example: You enroll in the HDHP with HSA during enrollment		Year 2 Example: You enroll in the HDHP plan again next year
You contribute \$4,400 for a total of \$4,400		\$3,700 rolls over from last year and you contribute \$4,400 for a total of \$8,100
You use the HSA to pay \$700 of eligible expenses		You use the HSA to pay \$1,250 of eligible expenses
You have \$3,700 in the HSA to roll over to next year!		You have \$6,850 in the HSA to roll over to next year!

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are three types of FSAs – the Health Care FSA, the Limited Purpose Health Care FSA and the Dependent Care FSA:

- **Health Care FSA** – Used to pay for out-of-pocket expenses associated with your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.
- **Limited Purpose Health Care FSA** – Used if you are enrolled in the HDHP medical plan. It works the same way as the standard Health Care FSA; however, you may only use it to pay for eligible vision and dental expenses.
- **Dependent Care FSA** – Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time.

You cannot use your Health Care FSA to pay for dependent care expenses, and you cannot use your dependent care FSA to pay for health care expenses.

Important: The IRS has a “use it or lose it” rule. If you do not spend all of the money in your FSA by the annual deadline, any unused dollars in your account(s) will be forfeited.

In the event you terminate your employment with the district prior to December 31, please be advised that your Flexible Spending Account (FSA) will end on the same date as your benefits termination. After this date, you will no longer be able to submit claims or incur expenses under your FSA. We encourage you to review your account and submit any outstanding claims before your benefits end.

How the Health Care/Limited Purpose Health Care FSA Works	How the Dependent Care FSA Works
You may contribute up to \$3,400 per year, pretax	You may contribute up to \$7,500 per year, pretax, or \$3,750 if married and filing separate tax returns
You receive a debit card to pay for eligible medical expenses (funds must be available in your account)	You submit claims for reimbursement; no debit cards are provided
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor	Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs
Submit claims up to March 31 of the following year for expenses from January 1 to December 31	Submit claims up to March 31 of the following year for expenses from January 1 to December 31
If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations	If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations

It's important to note that if you participate in a Health Savings Account (HSA), you may not participate in the Health Care FSA reimbursement account.

How You Can Save on Taxes with FSAs

Here's an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

	Health Care FSA		Dependent Care FSA	
	Without FSA	With FSA	Without FSA	With FSA
Your taxable annual income	\$50,000	\$50,000	\$50,000	\$50,000
Account deposit (before taxes)	N/A	\$3,400	N/A	\$7,500
Taxable wages	\$50,000	\$46,600	\$50,000	\$42,500
Federal and Social Security taxes	\$14,325	\$13,609	\$14,325	\$12,894
Expense (after taxes)	\$3,400	N/A	\$7,500	N/A
Take home (net)	\$32,275	\$32,991	\$28,175	\$29,606
Annual tax savings with the FSAs	\$0	\$716	\$0	\$1,431



United Health Care Programs

Register for your personalized website on 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 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 2nd 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.

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 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.¹ 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 Select³

Benefits of One Pass Select



Potential increased productivity

Studies show that healthier employees are typically more productive²



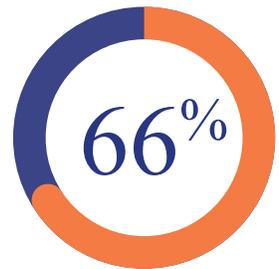
Low cost to you*, lower cost to your employees

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 program⁴

*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

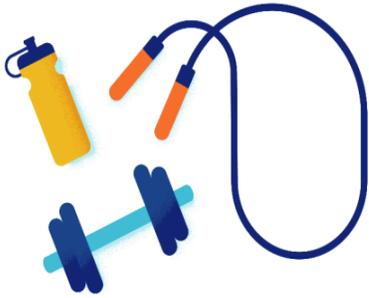
United
Healthcare

surest.

¹ 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.
² 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.
³ One Pass Select Internal Analytics/Book of Business, 2024.
⁴ 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
Digital 23,000+ on-demand and livestreaming digital classes	\$10	Daily Burn, Fitbit Premium, YogaWorks, Volt, Fan Huddle
Classic 11,000+ locations + digital	\$34	LA Fitness, Planet Fitness, Anytime Fitness, Snap Fitness
Standard 14,000+ locations + digital	\$69	CycleBar, Pure Barre, Row House, YogaSix, barre3
Premium 16,000+ locations + digital	\$109	Rumble, Crunch Fitness, Pure Barre
Elite 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 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.

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



*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®. 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.

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

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, 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.

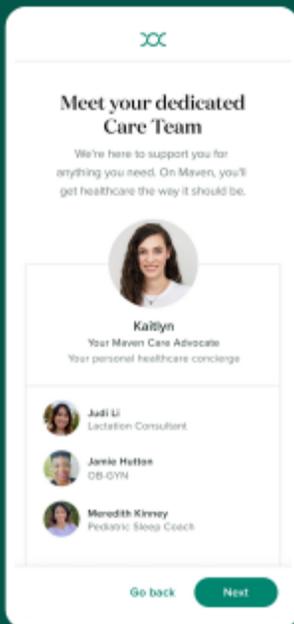




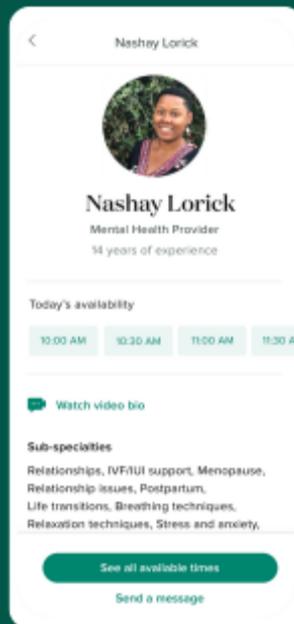
Meet Maven. Free virtual support for those sleepless nights, first smiles, and everything in between.

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

-  Breastfeeding or bottle feeding support

-  Navigating infant sleep

-  Returning to work

-  Managing your mental health



Scan the QR code to get started or go to 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 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.

Get started now at enroll.realappeal.com or scan the QR code.

SCAN ME



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 📱 CareATC 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
- 📱 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 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 on your paycheck or one time \$50 HSA deposit for visiting the CareATC Clinics in 2026.

Participation in the Parkway clinic incentive program is strictly voluntary. In order to receive the incentive, employees can voluntarily participate in the program by completing the steps below. The \$50 incentive for visiting Care ATC is paid via paycheck or a \$50 deposit to your Health Savings Account (HSA) with Optum Bank. You must be on the high deductible plan in order to receive the \$50 contribution to your HSA account.

Incentives will be paid on a rolling basis, monthly. The incentive payout will be on the second paycheck of the month, after the employee 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, 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. \$50 incentives will be added to paychecks or HSA accounts monthly, on a rolling basis. You will receive a one time \$50 payment.

Frequently Asked Questions:

1.How do I make a Care ATC Clinic appointment? There are two easy ways to schedule: 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 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.

		Delta Dental of Missouri	
		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	
Preventive Care			
Exams, Cleanings, X-rays, Fluoride Treatments (< Age 19), Sealants, Space Maintainers (< Age 16)		0%	0%
Basic Services			
Fillings, Extractions,, Endodontics		20%	25%
Major Services			
Crowns, Inlays/Outlays, Dentures and Bridgework, Oral Surgery, Periodontics		40%	45%
Orthodontia			
Adults		40%; \$1,500 Lifetime Maximum	
Children (up to 26th birthday)			
Dental Premium Rates Per Check - Year-Round Employee (26 Pays)			
Employee Only		\$0	
Employee + Spouse		\$8.99	
Employee + Child(ren)		\$13.90	
Employee + Family		\$22.89	
Dental Premium Rates Per Check – Non-Year-Round Employee (Less Than 26 Pays)			
Employee Only		\$0	
Employee + Spouse		\$11.36	
Employee + Child(ren)		\$17.56	
Employee + Family		\$28.91	

The network attached to the plan is the Delta Dental PPO Premier. To search the network, visit 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 and click on Find a Provider.

Vision Premium Rate Per Check – Year-Round Employees (26 Pays)

Employee Only	\$0
Employee + 1 Dependent	\$1.07
Employee + Family	\$2.06

Vision Premium Rate Per Check – Non-Year-Round Employees (Less Than 26 Pays)

Employee Only	\$0
Employee + 1 Dependent	\$1.35
Employee + Family	\$2.60



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

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

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 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
Eye Examination:	Member Cost: 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
Contact Lens Fitting:	Retail Less 10%	
Lenses:	Glass or Plastic	
Single Vision	\$35.00	
Bifocal	\$55.00	
Trifocal or Lenticular	\$70.00	
Frame:	Retail Less 35%	
Contact Lenses*:	Member Cost:	
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 • 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

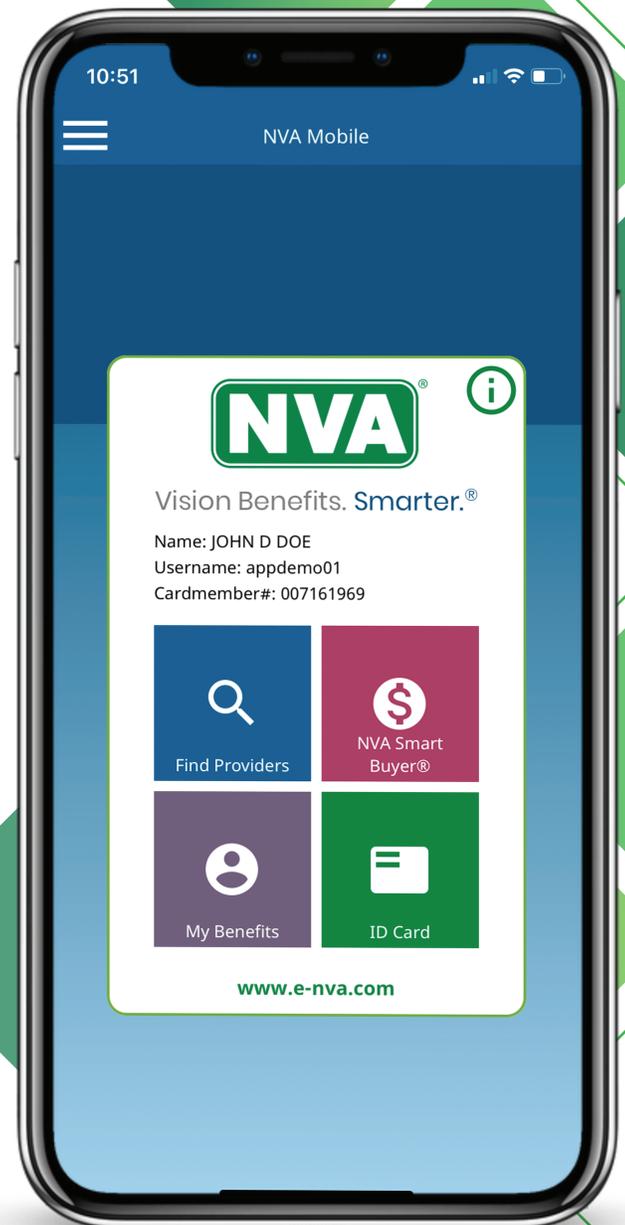
Fast access to eligibility and plan coverage information.

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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Life and Accidental Death & Dismemberment (AD&D)

Life insurance will be provided by The Hartford Group in 2026. Life insurance pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage based on the severity of the accidental injury.

Parkway offers Basic Life and AD&D at no cost to you and provides you with the opportunity to purchase additional coverage on a voluntary basis.

Who is Eligible and When

Basic Life and AD&D: Full time teachers and administrators working at least 30 hours per week are eligible their date of hire. Full time Operations Staff working at least 30 hours per week are eligible 30 days following their date of hire.

Life / AD&D Insurance - For You	
	Life and AD&D
Coverage Amount	All Full-Time Support Staff Employees and Bus Drivers: \$35,000 All Full-Time Certified Employees and Nurses: 1x Basic Annual Earnings, rounded to the nearest \$1,000; Up to \$50,000
Age Reduction Schedule	Benefits reduce by 40% at age 70. Benefits reduce by 65% at age 75. Benefits reduce by 80% at age 80.

Imputed Income

Under current tax laws, imputed income is the value of your basic life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

Voluntary Life and Accidental Death & Dismemberment

Voluntary life and AD&D insurance allows you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury.

Voluntary life insurance for you and your dependents, provided by the Hartford Group, can help protect your family during difficult times. When you enroll yourself and/or your dependents, in this benefit, you pay the full cost through payroll deductions. Voluntary Life and voluntary AD&D are elected separately.

Who is Eligible and When

Full time teachers, administrators working at least 30 hours per week and their dependents are eligible on their date of hire. Full time Operations Staff working at least 30 hours per week and their dependents are eligible 30 days following their date of hire.

Life / AD&D Insurance - For Your Dependents			
	Employee	Spouse	Child(ren) up to age 26
Coverage Amount	\$25,000, \$50,000, \$100,000, \$150,000 or \$200,000	\$10,000, \$15,000, \$25,000 or \$50,000	\$5,000 or \$10,000
Guaranteed Issue	\$200,000	\$50,000	Benefit Amount

Monthly Employee Rate per \$1,000 of Insurance by Attained Age (See plan summary for spouse & child rates)			
<25	\$0.05	55-59	\$0.40
25-29	\$0.05	60-64	\$0.60
30-34	\$0.05	65-69	\$0.95
35-39	\$0.06	70-74	\$1.46
40-44	\$0.10	75-79	\$2.06
45-49	\$0.15	80+	\$2.06
50-54	\$0.23	Monthly AD&D Rate: \$0.026	

Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI (Evidence of Insurability) rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you will need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Premium Worksheet



Rates and/or benefits may be changed on a class basis. Rates are based on the employee's age and increase as you enter each new age category.

SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$25,000	\$0.95	\$0.95	\$0.95	\$1.08	\$1.58	\$2.20	\$3.20	\$5.33	\$7.83	\$12.20	\$18.58	\$26.08
\$50,000	\$1.90	\$1.90	\$1.90	\$2.15	\$3.15	\$4.40	\$6.40	\$10.65	\$15.65	\$24.40	\$37.15	\$52.15
\$75,000	\$2.85	\$2.85	\$2.85	\$3.23	\$4.73	\$6.60	\$9.60	\$15.98	\$23.48	\$36.60	\$55.73	\$78.23
\$100,000	\$3.80	\$3.80	\$3.80	\$4.30	\$6.30	\$8.80	\$12.80	\$21.30	\$31.30	\$48.80	\$74.30	\$104.30
\$125,000	\$4.75	\$4.75	\$4.75	\$5.38	\$7.88	\$11.00	\$16.00	\$26.63	\$39.13	\$61.00	\$92.88	\$130.38
\$150,000	\$5.70	\$5.70	\$5.70	\$6.45	\$9.45	\$13.20	\$19.20	\$31.95	\$46.95	\$73.20	\$111.45	\$156.45
\$175,000	\$6.65	\$6.65	\$6.65	\$7.53	\$11.03	\$15.40	\$22.40	\$37.28	\$54.78	\$85.40	\$130.03	\$182.53
\$200,000	\$7.60	\$7.60	\$7.60	\$8.60	\$12.60	\$17.60	\$25.60	\$42.60	\$62.60	\$97.60	\$148.60	\$208.60

SPOUSE SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE			
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)			
Benefit Amount	Premium Amount	Benefit Amount	Premium Amount
\$10,000	\$1.45	\$25,000	\$3.63
\$15,000	\$2.18	\$50,000	\$7.25

CHILD(REN) SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE					
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)					
Benefit Amount	Cost For Each Child	x	Number of Covered Children	=	Cost For All Children
\$5,000	\$0.47	x		=	
\$10,000	\$0.94	x		=	

5962a NS 07/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2020 The Hartford.

This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.



CONTINUE CARING FOR YOUR LOVED ONES EVEN AFTER YOU'RE GONE.

COMPASSIONATE SERVICES BEYOND YOUR BENEFITS

It feels good, knowing that you're supporting those who depend on you. But sometimes that support needs to go beyond paying the bills. Your Life insurance coverage comes with access to a suite of services that go beyond the financial benefits – helping you and your loved ones through the moments that matter.

Some of the services available:



... Will Preparation: Step-by-step guidance and support for preparing a will.



... Funeral Planning: Detailed instructions and on-demand assistance available to help plan a funeral, burial and/or cremation.

GRIEF SUPPORT FOR YOUR BENEFICIARIES

Your loved ones don't have to deal with loss on their own. They'll have access to an online tool that offers personalized checklists of practical tasks. And they'll have compassionate people to talk to who are there to listen and offer support. They can help your beneficiaries better understand some of the challenges that come with loss like:

- Estate planning and probate management
- Immediate arrangements
- Account deactivation
- And more

HOW TO ACCESS THESE SERVICES?

Register online at [join.empathy.com/hartfordcare](https://www.join.empathy.com/hartfordcare)

Once you register, access these services by calling **229-544-2332**.



DID YOU KNOW?

You designate your loved ones to receive your Life insurance benefits in the event of your passing. Those loved ones are called **beneficiaries**. Choosing a beneficiary allows them to access these benefits when that time comes. Talk to your HR representative to learn more.

Support, compassion and guidance are available for you and your loved ones.
REGISTER ONLINE TODAY.



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Long Term Disability

Disability insurance can help you remain financially stable by providing a portion of your income if you become disabled and are unable to work. These benefits are provided through The Hartford Group. This is an employer paid benefit so there is no cost to the employee.

Who is Eligible and When

Full time operations staff and administrators working at least 30 hours per week are eligible 30 days following their date of hire.

Long-Term Disability Benefits at a Glance	
	Long-Term Disability
Monthly Benefit	All Full-Time Support Staff Employees & Bus Drivers: 60% of Monthly Earnings
Monthly Maximum	All Full-Time Support Staff Employees & Bus Drivers: \$2,000 per Month
Benefit Duration	The greater of your Social Security Normal Retirement Age or 4 years
Elimination Period	30 Days
Pre-Existing Limitation	6/6/12*

**Benefits may not be paid for any condition treated within six months prior to your effective date until you have been covered under this plan for 12 months, or you have not received treatment for the condition for 6 months after the effective date.*

What is Long Term Disability insurance?

When an employee cannot work for an extended period of time due to a disability, a long term disability plan can help cover a portion of the employee's salary.

Why is Long Term Disability insurance important?

Statistics show 3 out of every 10 workers between the ages of 25 and 65 will experience an accident or illness that keeps them out of work for 3 months or longer, with nearly 60% of these injuries occurring off the job. If an employee is hurt off the job, worker's compensation will not cover them.

A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.

Voluntary Supplemental Benefits

Just like it sounds, supplemental benefits plans such as accident, critical illness and hospital indemnity insurance can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans, offered through The Hartford, are voluntary and are not medical insurance. Coverage is available for your spouse and children with most plans. Premiums are covered 100% by the employee on an after-tax basis.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, childcare, travel to and from treatment, home health care costs or regular household expenses.

Before You Enroll

Consider this:

1. What would happen if you had an accident or became seriously ill and became unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

Accident

Accident coverage is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance. For more information click here: [Accident Insurance | The Hartford](#)

Critical Illness Insurance

Critical Illness coverage provides a lump-sum cash benefit in the event you are diagnosed with a qualifying illness to help offset the unexpected associated costs. The plan will pay regardless of any other insurance. Critical Illness coverage is **not medical** insurance. For more information click here: [Critical Illness Insurance | The Hartford](#)

Hospital Indemnity Insurance

Hospital Indemnity coverage is designed to provide a cash benefit in the event of a hospitalization and can help pay for expenses not covered by your medical plan. The plan will pay regardless of any other insurance. For more information click here: [Hospital Indemnity Insurance | The Hartford](#)

GET COVERED TODAY. REST EASY TOMORROW.



ACCIDENTAL INJURY BENEFITS

Accident insurance, which we call **Accidental Injury Benefits**, provides a cash benefit for an accident.

How Could These Benefits Help Me?

When an accidental injury like a fracture dislocation or concussion interrupts your daily life, medical insurance protects you from doctor's office and medical costs, but **Accidental Injury Benefits** provide an additional cash benefit after an accident.

It can be used any way you choose, like:



**Deductibles
or X-ray
copays**



Food



Housing



Utilities

Accidents happen. Accidental Injury Benefits help give you peace of mind when you need it most. Get covered today so you can enjoy tomorrow.



BENEFITS IN ACTION

IS THIS COVERAGE FOR ME? >

Watch a short video to help you decide.
TheHartford.com/bia/accident



Scan the QR Code or visit the link below to learn more about these valuable benefits.

www.TheHartford.com/EmployeeBenefits



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THE ACCIDENT POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

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YOU CAN'T ALWAYS PREDICT, BUT YOU CAN PLAN.



HOSPITAL CASH BENEFITS

Hospital Indemnity insurance, which we call Hospital Cash Benefits, provides financial support for each day you or your dependent stays in the hospital.

How Could These Benefits Help Me?

You've worked hard to build a life that matters to you. The financial impact of a hospital stay, planned or not, can upend that hard work without the right protections in place.

Yes, health insurance will help cover your medical costs. But these benefits help provide an additional layer of financial protection with a cash benefit in the event of a hospital stay, like after childbirth or during recovery from surgery. You can use the cash for anything, including:



Medical
Deductibles



Housing

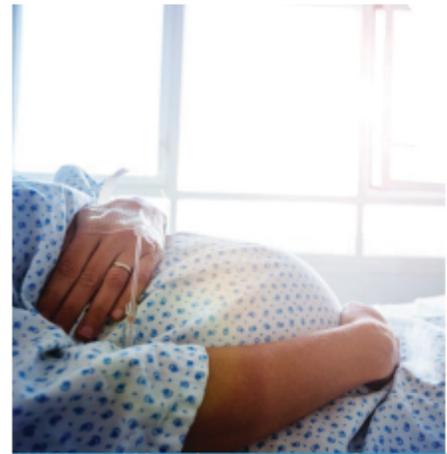


In-home help



Groceries

You can't always predict a hospital stay, but you can plan for it. Whether an unexpected accident or a planned event, like childbirth, requires you to stay in the hospital for an extended period—you don't have to face it without a financial safety net.



BENEFITS IN ACTION

IS THIS COVERAGE FOR ME?

Watch a short video to help you decide.
[TheHartford.com/bia/hospital](https://www.TheHartford.com/bia/hospital)



Scan the QR Code or visit the link below to learn more about these valuable benefits.

www.TheHartford.com/EmployeeBenefits



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THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.

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TriAgency Disclosure for Hospital Indemnity Policies

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Premium Worksheet



Rates and/or benefits may be changed on a class basis.

VOLUNTARY ACCIDENT INSURANCE	
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)	
COVERAGE TIER	PLAN
Employee Only	\$4.48 (\$0.29 per day)
Employee & Spouse	\$7.06 (\$0.46 per day)
Employee & Child(ren)	\$7.68 (\$0.50 per day)
Employee & Family	\$12.01 (\$0.79 per day)

5962g NS 07/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE	
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)	
COVERAGE TIER	PLAN
Employee Only	\$8.54 (\$0.56 per day)
Employee & Spouse	\$15.98 (\$1.05 per day)
Employee & Child(ren)	\$15.43 (\$1.01 per day)
Employee & Family	\$24.01 (\$1.58 per day)

5962h NS 07/21 Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

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THE PROTECTION YOU NEED WHEN IT MATTERS MOST.



CRITICAL ILLNESS BENEFITS

Critical Illness¹ insurance, which we call Critical Illness Benefits, provide a cash benefit for a covered illness.

How Could These Benefits Help Me?

No one likes being sick, and a serious illness can have a major financial impact on your life. Health insurance can help with some medical expenses, but **Critical Illness Benefits** can help with your other bills.

These benefits help relieve financial strain with cash benefits for covered illnesses, like cancer, a heart attack, or stroke. You can use the money however you need. Examples could include:



Food



Housing

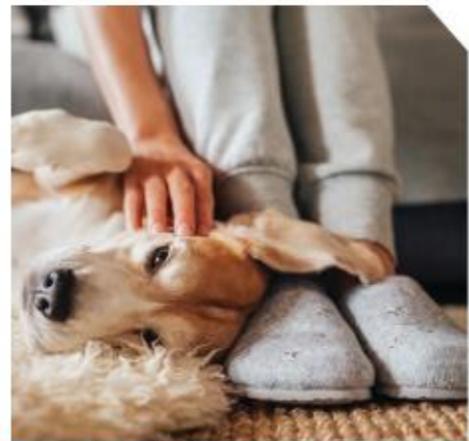


Utilities



Medical Expenses

You may not be able to predict a serious illness, but you can help protect yourself financially. Critical Illness Benefits help you focus on recovery, instead of the expenses that come with it. Getting covered can give you peace of mind today and provide major relief later.



BENEFITS IN ACTION

IS THIS COVERAGE FOR ME? >

Watch a short video to help you decide. [TheHartford.com/bia/criticalillness](https://www.TheHartford.com/bia/criticalillness)



Scan the QR Code or visit the link below to learn more about these valuable benefits.

www.TheHartford.com/EmployeeBenefits



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THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Critical Illness Form Series includes GBD-2600, GBD-2700, GBD-3600, GBD-3700 or state equivalent.

¹ Critical Illness is referred to as "Specified Disease" in New York.

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GROUP CRITICAL ILLNESS INSURANCE PREMIUM WORKSHEET



For Employee of:

PARKWAY SCHOOL DISTRICT (Policyholder)

This worksheet will assist you in determining the premium for the coverage you elect for yourself and any dependent(s). The amounts presented below may vary from amount(s) provided to you when you enroll or from amount(s) you actually pay for the coverage due to rounding or changes in your age/how your age is calculated for purposes of this coverage.

A few important things to know:

- Employee and Spouse premiums are determined/calculated using the Employee's age as of the Policy Effective Date or as of the most recent Policy Anniversary (whichever is later).
- Premiums for Employee and Spouse coverage will increase over time as the Employee reaches the starting age of each subsequent age band.
- Please contact the Policyholder or your benefits administrator if questions or for additional information on premiums for this coverage.

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Full-Time Administrator

Policy Situs/Issue State: Missouri

Policy Number: VCI-715343

Policy Effective Date: January 1, 2024

Policy Anniversary: January 1

EMPLOYEE PREMIUMS (24 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Age

Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$20,000	\$2.60	\$3.50	\$4.50	\$6.00	\$8.40	\$12.70	\$17.50	\$23.20	\$31.90	\$43.30	\$56.80	\$72.20	\$90.40

SPOUSE PREMIUMS (24 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Age

Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$20,000	\$2.60	\$3.50	\$4.50	\$6.00	\$8.40	\$12.70	\$17.50	\$23.20	\$31.90	\$43.30	\$56.80	\$72.20	\$90.40

CHILD(REN) PREMIUMS (24 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Coverage Amount	\$10,000
All Ages	\$2.80

Planning for Retirement

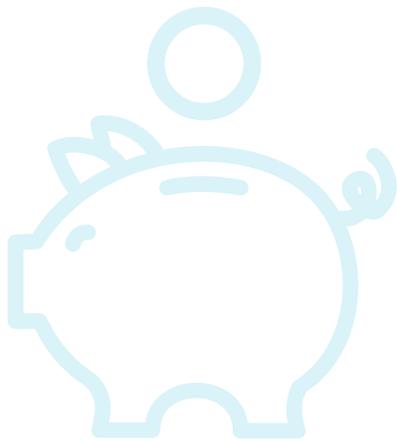
What does retirement look like for you? Whatever your vision for retirement is, it's important to plan ahead so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 403(b)/457 savings plans allow you to save for retirement on a pretax basis. You can begin contributing to the plan through pretax payroll deductions as soon as you become eligible.

Increase Your Retirement Savings with a 403(b)/457

- You can contribute using convenient payroll deductions up to the IRS limit of \$24,500 per year.
- You can change the amount of your contributions or stop your payroll contributions at any time.
- You can decide how to invest your 403(b)/457 or allow the plan to choose for you.
- Are you age 50 or older? You can make contributions of up to \$32,500 to save even more.
- Visit the benefit page for more information on the eligible providers and sign-up information.

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



Guidelines for Retiree Benefits

The Retiree Guidelines below are subject to change. For current guidelines, please visit our website (<https://www.parkwayschools.net/contact/departments/benefits>) and review the Retiree Benefits Handbook.

Retiree Insurance Coverage

Retirees can continue their participation in Parkway's group medical, dental and vision plans. We do not offer group life insurance or other voluntary insurances to retirees. However, employees who retire or leave the district shall have the opportunity to convert their life insurance to individual policies, subject to the limitations established by the insuring company.

Status as a retiree is determined by qualifying for benefits under the state retirement system. Retirees should visit the Parkway Benefits webpage for the most up to date information on their benefits options and coverage.

New Retiree Enrollment

Retirees who wish to enroll in Parkway's retiree benefits must follow the district's enrollment process to ensure their coverage begins without a lapse. This process applies to both newly retired employees and retirees returning to Parkway's coverage within one (1) year of their employee benefits end date.

The Benefits Department will send information via email on how to continue group health coverage after an employee notifies HR of their planned retirement date. Coverage begins on the first day of the month following your employee benefits end date, provided you have submitted all required forms and payment has been received. Retirees may add a spouse or dependent child(ren) (under age 26) to their coverage during the one (1) year period.

Retirees who choose not to continue their medical, dental and/or vision coverage at the time of retirement will be granted one (1) year from the date their district-paid benefits end to return to Parkway's group coverage in accordance with state regulation.

After the one (1) year period, retirees who cancel any individual coverage type (medical, dental, or vision), will lose eligibility to re-enroll in that specific coverage. This restriction applies to future open enrollment periods and qualifying life events (QLEs). It is essential for Retirees to carefully consider their decision to decline or leave any coverage, as this choice cannot be reversed after the one-year window has passed.

Canceling Coverage (not a qualifying life event)

Retirees may cancel their group health insurance coverage at any time. However, coverage will be in effect until the end of the month in which we receive a cancellation request.

To cancel coverage, retirees must process the change in the district's benefits software. Alternatively, a paper form may be requested by contacting the Benefits Department. Any changes must be processed and received by the district no later than 5 business days prior to the first day of the month that you wish to drop coverage. Example: To drop coverage on 5/1/2025, you would have to process the change in the benefits software no later than 5 business days prior to 5/1/2025.

Guidelines for Retiree Benefits

Payment of Premiums

Retirees who choose to continue their group health coverage are responsible for paying the full cost of their premiums. Payment is collected via ACH direct debit from one (1) bank account which can be set up by the retiree. The account on file can be changed at any time by submitting an ACH Authorization Form, provided we are notified 5 business days prior to the next scheduled payment. Retirees can choose for their monthly payment to occur on either the 1st or the 15th of each month. Payment is for the current month of coverage. Alternatively, payment can be made on an annual basis via direct debit or check to cover the full plan year.

When a scheduled ACH payment is returned by a retiree's bank, the Parkway will attempt to notify the retiree by email, or mail if no email address is on file. Upon receipt of a notice, we request that payment arrangements be made for the returned payment. A \$10 return fee will be charged per failed transaction.

Retirees will be notified of past-due balances before termination. However, if payment is not received within 60 days from the due date, coverage will be permanently terminated with no option to reinstate. Additionally, any account with several consecutive late payments will be considered for termination.

HSA funds will not generally be accepted as payment for retiree insurance premiums. In alignment with [IRS Publication 969: Health Savings Accounts and Other Tax-Favored Health Plans](#), you can't treat insurance premiums as qualified medical expenses unless the premiums are for any of the following:

1. Long-term care insurance. CAUTION
2. Health care continuation coverage (such as coverage under COBRA).
3. Health care coverage while receiving unemployment compensation under federal or state law.
4. Medicare and other health care coverage if you were 65 or older (other than premiums for a Medicare supplemental policy, such as Medigap).

For further guidance, please review [IRS Publication 969](#) or consult with a licensed tax preparer. Parkway can not provide tax advice and is not liable for any consequences related to the use of or contributions to HSA funds after retirement.

Medicare Eligibility

Retirees who become eligible for Medicare are required to notify the Benefits Department if they wish to cancel their Parkway group health coverage. Enrollment in Medicare does not automatically cancel your Parkway coverage. You must contact us directly to initiate any changes.

Parkway offers two (2) fully-insured Medicare Advantage plans for Medicare-eligible retirees and their eligible spouses. These plans are administered by third-party insurance carriers and are not self-funded or managed by Parkway. Enrollment is optional and provided as a courtesy for retirees who prefer this type of Medicare coverage.

Retirees will be notified of Medicare Advantage options during annual Open Enrollment, and Plan materials will be provided upon request. Parkway recommends that retirees consult with an insurance broker or Medicare advisor to understand how enrollment in one of these plans may affect other Medicare options (e.g., Medigap or Part D coverage). To sign up or to request cancellation of group coverage due to Medicare enrollment, please contact the Benefits Department.

Guidelines for Retiree Benefits

Annual Open Enrollment

Parkway hosts an annual Open Enrollment period each year, during which retirees may review their current coverage, make allowable changes, and receive updated Plan information for the upcoming year. Open Enrollment materials are posted on the Benefits webpage and distributed via email no later than the 1st day of the enrollment period.

COBRA after Retirement

The Benefits Department will offer COBRA Continuation Coverage to the qualified beneficiaries of retirees when necessary according to COBRA regulation. Qualified beneficiaries who elect COBRA coverage are responsible for the full cost of their premiums, as defined under federal COBRA law.

A retiree or qualified beneficiary must notify the plan administrator of a qualifying event within 60 days after divorce (or legal separation if that results in loss of plan coverage) or a child ceasing to be covered as a dependent under the Plan's rules. Also, a qualified beneficiary must notify the plan administrator within 60 days of those events when they occur during the initial 18 or 29-month period of coverage in order to qualify for an extension of the coverage period to 36 months. If a second qualifying event is the death of the covered employee or the covered employee becoming entitled to Medicare benefits, the employee or qualified beneficiary must notify the plan administrator within 60 days of those events, as well.

Employee Assistance Program

Parkway School District also provides you access to the Employee Assistance Program (EAP) at no cost. This program, available through PAS, provides professional, confidential telephonic or face-to-face counseling services to you and your loved ones. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential assistance and referral services with items such as:

- Managing stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Child care issues – including identifying schools, daycare, tutors, and more
- Aging parents

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

To book an appointment or get other information about PAS:

- Go to MyPASEAP.com.
- Use Organization Code: **PARKWAY SD** (Parkway's website code is Parkway SD. Must be capitalized)
or
- Call 800-356-0845 or download the PAS app
- Use Employer Code: PARKWAY SD



Parkway School District's PAS Mindfulness Benefit: eM Life

Discover a proven way to take on life's challenges

eM Life is a live, virtual mindfulness solution to help you create connections with yourself and others while building skills to manage stress and anxiety, improve focus and enhance your overall well-being.

eM Life is available to you, your spouse, and your dependents as part of your benefits package.



Step 1. Download eM Life from the App Store or Google Play.



Step 2. Scan this QR code to create an account.



Optional: Or click below to sign up online.

 [Desktop App Sign Up](#)

<https://vibe.emindful.com/signup/ParkwaySD>

One Solution, Many Features:

- Live daily 14-minute mindfulness programs led by experts multiple times a day
- Live monthly online programs led by experts covering everything from stress to weight balance
- Hundreds of hours of on-demand content on a wide range of topics including leadership, diversity and inclusion and anxiety
- Expert-led community to gain support and purpose

eM Life helps you:

- Reduce Stress and Anxiety
- Boost Immunity
- Improve Sleep
- Enhance Focus
- Build Connections with Yourself and Others

Multi-Week Immersive Programs

-  Better Living with Diabetes™
-  Cultivating Compassion
-  Living Well with Chronic Pain™
-  Mindfully Overcoming Addictive Behaviors
-  Mindfulness At Work™
-  Mindfulness-Based Cancer Recovery™
-  Mindfulness-Based Cognitive Training
-  QuitSmart® Mindfully
-  Skills to Thrive in Anxious Times
-  The Journey Forward: Your M.M.A.P. For Success
-  Weight Balance for Life™

Important Contacts

Coverage	Administrator	Phone	Website
Employee Clinic	CareATC	1-314-314-7434	www.careatc.com
Pharmacy	Express Scripts	1-877-777-8225	www.express-scripts.com
Health Advocate	United Healthcare	Call Number on Back of Medical ID Card	www.myuhc.com
Wellness Program	Wellness Coordinator	314-415-8034	
Medical (Base Plan)	United Healthcare	1-866-633-2474	www.myuhc.com
Medical (High Deductible Plan)	United Healthcare	1-866-734-7670	www.myuhc.com
Health Savings Account (HSA)	Optum Bank	1-800-791-9361 (Option 1)	www.optumbank.com
Flexible Spending Accounts	United Healthcare	1-866-414-1959	www.myuhc.com
Dental Plan (PPO)	Delta Dental	1-800-335-8266 or 1-314-656-3001	www.deltadentalmo.com
Dental Plan (Pre-Paid)	SunLife (Assurant)	1-800-733-7879	www.sunlife.com
Vision	National Vision Administrators (NVA)	800-672-7723 TTY:711	www.e-nva.com
Life and AD&D	The Hartford	800-523-2233 Claims 888-563-1124	www.thehartford.com
Disability	The Hartford	800-523-2233 Claims 800-549-6514	www.thehartford.com
Supplemental Health (CI, HI, Accident)	The Hartford	800-523-2233 Claims 866-547-4205	www.thehartford.com
Employee Assistance Program (EAP)	PAS	1-800-356-0845	www.paseap.com
Benefits Team	Title	Phone	Email
General Benefits Email			benefits@parkwayschools.net
Deb Nolan	Benefits Coordinator	1-314-415-8049	dnolan@parkwayschools.net
Dawne Trokey	Executive Director of Finance	1-314-415-8060	dtrokey1@parkwayschools.net
Coby Peters	Benefit Specialist	1-314-415-8059	cpeters@parkwayschools.net
Leah Gonzalez	Coordinator, Employee Wellbeing	1-314-415-8034	lgonzalez1@parkwayschools.net

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.

NOTES:

