



2026 EMPLOYEE BENEFIT GUIDE



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ELIGIBILITY

Eligibility

If you are a Kirkwood Schools new employee, you are eligible for coverage on your date of hire. You may elect to enroll in voluntary long-term disability, and you can enroll yourself and your eligible dependents in our medical, dental, vision, voluntary life benefits. Employees are automatically enrolled for Kirkwood Schools Basic Life / Accidental Death & Dismemberment (AD&D).

Eligible:

- Your legal spouse
- You or your spouse's child who is under age 26
- Legally adopted child or child placed for adoption
- Child for which you or your spouse is the legal guardian
- A disabled child who is unmarried and over age 26
- A child for whom healthcare coverage is required through Qualified Medical Child Support Order or other court order

Ineligible:

- A common law spouse
- Divorced or legally separated spouse
- Foster children
- Sisters, brothers, parents, or in-laws, grandchildren, etc.
- Domestic partner

Qualifying Life Events

Generally, you may only enroll in the plan or make changes to your benefits during the open enrollment period or when you are first hired; however, you may make changes/enroll during the plan year if you experience a Qualifying Life Event (QLE). As with a new enrollee, you must have your paperwork turned in within 30 days of the qualifying life event or you will have to wait until the next annual open enrollment period. Premiums and enrollment eligibility may change; see your Human Resources Department for details.

Examples of Qualifying Life Events:

- You have a baby or adopt a child
- Gain or loss of Medicaid entitlement
- Your dependents or you lose health coverage because of loss of eligibility or loss of employer contributions
- Death of an insured member
- You become eligible for Medicare
- You get married, divorced, or legally separated (with court order)
- You or your spouse take an unpaid leave of absence

Newborns

Kirkwood Schools' medical plan covers newborns for up to the first 4 days. Coverage is based upon the federal law, The Mother's and Newborns' Health Protection Act. This law requires coverage for a 48-hour inpatient hospital stay for natural birth or 96-hour inpatient stay for cesarean section. If the medical coverage for a newborn is elected under a spouses' plan, coordination of benefits will take place which will determine if Kirkwood Schools or a spouse's plan will be the primary payer.

MEDICAL COVERAGE

Medical Coverage Plan Designs

Below is a summary of the plan options available to employees beginning January 1, 2026.



	Choice + Plan		Choice + HSA Plan Copays are after deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Individual/Family)	\$500/\$1,000	\$700/\$1,400	\$3,400/\$6,800	\$4,000/\$8,000
Coinsurance	100%	60%	100%	60%
Medical Out-of-Pocket (Individual/Family)	\$6,600/\$13,200	\$13,200/\$26,400	\$6,550/\$13,100	\$13,100/\$26,200
Office Visits (PCP/Specialist)	\$20/\$30 Copay	40% Coins.	\$20/\$30 Copay	40% Coins.
Preventive Care	No Charge	N/A	No Charge	N/A
Outpatient Lab & X-Ray	0% Coins.	40% Coins.	0% Coins.	40% Coins.
Urgent Care	\$50 Copay	40% Coins.	\$50 Copay	40% Coins.
Emergency Room	\$100 Copay		\$100 Copay	
Prescription Drug – Retail	\$10/\$25/\$40/N/A Copay		\$10/\$25/\$40/N/A Copay	
Prescription Drug – Mail Order (90 days)	\$20/\$50/\$80/N/A copay	N/A	\$20/\$50/\$80/N/A copay	N/A
Premiums				
Employee	\$0.00*		\$0.00	
Employee + Spouse	\$768.48		\$480.70	
Employee + Children	\$678.80		\$408.30	
Family	\$1,447.28		\$888.96	

In lieu of medical insurance, the district will offer an opt-out remittance of \$100.

Prior to any appointment or visit be sure to check that the facility or doctor is in-network by calling the toll-free number on the back of your medical ID card, or by visiting myuhc.com.

HEALTH SAVINGS ACCOUNT (HSA)

What's a Health Savings Account (HSA)?

An HSA is a type of healthcare plan that involves a tax advantaged savings plan paired with a qualified high deductible health plan (QHDHP). It will consist of the underlying insurance benefits and will include deductibles, co-insurance amounts and costs for various benefits including how prescription drugs are covered. It is important to note that the deductible must be completely satisfied before the plan pays any benefits outside of qualified preventive care.

- Generally, you can deposit enough money each year to fund your deductible
- Any earnings or investment income is not taxed (this bank account can grow tax free)
- Deducted before taxes are taken so the employee's taxable income is reduced
- Any funds used for qualified healthcare expenses are not taxed

What Can an HSA Cover?

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

This Type of Health Plan May be Right For You If...

You do not use a lot of medical services
You do not have a lot of prescription medications
You would like money in a savings account to pay for "Qualified Expenses" permitted under Federal Law. This includes most medical care, dental and vision services
You'd like a tax-advantaged savings account
You would like more control over your healthcare dollars
You would rather pay less in payroll deductions, and you can afford the higher deductible

What else do you need to know?

Contributions are based on a calendar year. For 2026, Kirkwood Schools will contribute \$1,200 a year into your account. The employee contribution levels for 2026 are \$4,400 for single coverage and \$8,750 for family coverage (less the \$1,200 contributed by Kirkwood Schools). If you're age 55 or older, you are allowed to make an extra \$1,000 catch-up contribution each year. The employee cannot put more than this amount in the account; but can put less.



UNITED HEALTHCARE'S ADVOCATE4ME

Advocate4Me

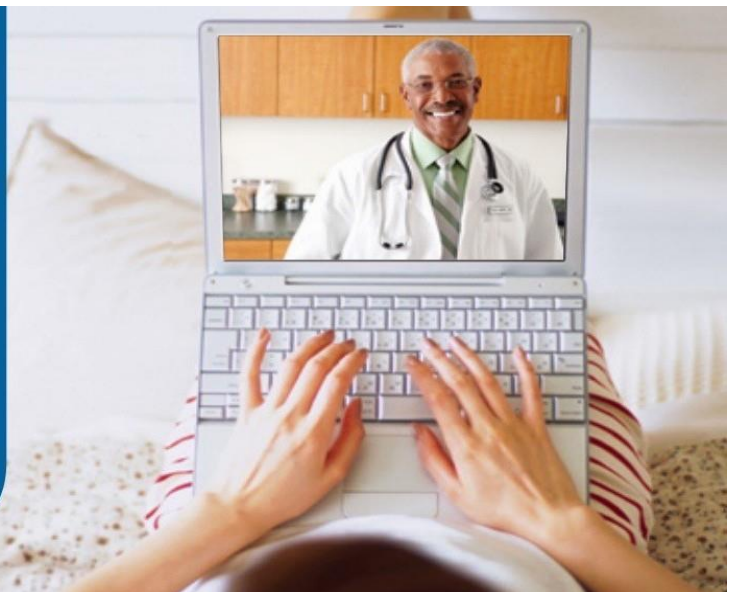
Advocate4Me is a consumer engagement program that provides UnitedHealthcare's members with a single point of contact to address your various health needs. By calling a single toll-free number, or using your preferred communication channel, members are connected with an Advocate who provides them with end-to-end support, "owning" their request until it's resolved. This service is offered at no charge to UnitedHealthcare members. It provides a "one-stop" resource for topics like:

- Benefit claims
- Provider research
- Pharmacy
- Clinical support
- Well-being
- Emotional health
- Financial
- Complex healthcare support



Virtual Visits

Access to care online
at any time



Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center. Virtual Visits can help treat the following conditions and more:

- Allergies
- Asthma
- Nausea
- Sinus infections
- Cold
- Flu
- Ear problems
- Pinkeye
- Anxiety/Depression
- Child behavior/Learning issues
- Marriage problems

Log into myuhc.com and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit, you will pay a \$25 copay for the UnitedHealthcare Choice + Plan. If you are on the QHDHP, you will pay an IRS determined cost of an office visit up to your deductibles.

PHARMACY NETWORK

UnitedHealthcare's Standard Pharmacy Network

The Standard Pharmacy Network has approximately 50,000 participating pharmacies across the United States. Major drug stores, mass retailers and supermarkets make up a large part of the Standard Network.

- **Drug Stores:** Walgreens
- **Retailers:** Walmart, Costco, HyVee
- **Supermarkets:** Kroger and Ralphs



What happens if I try to fill a prescription at a non-network pharmacy?

Non-network claims will be denied, and you may have to pay the full retail price for your medication. To take advantage of your pharmacy benefit, transfer your prescriptions to a participating Standard Network pharmacy.

My prescription won't go through. Why?

Some medications require prior authorization. Prior authorization may require you to take an additional step when you are prescribed certain medications, but the long-term gain is lower out-of-pocket prescription cost for you and reduced claims expense for Kirkwood Schools and potentially lower renewal increases.

Medication Home Delivery

For added convenience, you can receive three-month supplies of your medications through OptumRx home delivery. It's safe and secure, and standard shipping is free to all U.S. addresses. Plus, licensed pharmacists are on call around the clock to answer your medication questions.

Locate a Pharmacy



Use the online
Locate a
Pharmacy tool at
myuhc.com



Contact customer
service by calling the
toll-free number on
the back of your
health plan ID card



Download the
OptumRx App to
search on your
smartphone or tablet

DENTAL COVERAGE

Kirkwood Schools offers a PPO dental plan for employees at no cost. You may elect coverage for yourself, spouse, and/or child(ren); however, you will be responsible for the premium to cover your dependents.

Reminders about the dental plan:

- Preventive services no longer apply to your annual benefit maximum
 - Two routine exams, x-rays, and cleanings account for an average of \$378 that goes towards your annual maximum
- One additional cleaning is covered by the plan at no cost, totaling to three cleanings
- Four periodontic maintenance cleaning procedures per year, previously three
- Extended Annual Maximum**
 - Humana will pay 30% of covered charges after you've used up the annual maximum of your plan for in-network providers.

Humana

	PPO	
	PPO	Out-of-Network
Deductible (Individual/Family)	\$50/\$150	
Type I – Preventive Care (exams & cleanings)	100% No Ded.	100% No Ded.
Type II – Basic Procedures	80%	80%
Type III – Major Procedures	50%	50%
Type IV – Orthodontia (child only)	50%	50%
Lifetime Ortho Maximum	\$1,000	
Maximum Benefits / Year	\$1,250	

If you have any questions, you can contact Humana's Customer Service line at **(866) 427-7478**

Per Month Employee Cost*

Coverage Tier	PPO
Employee	\$0.00
Employee + Spouse	\$37.44
Employee + Child(ren)	\$55.11
Family	\$69.59

* A portion of the monthly premiums are withheld each pay period.



VISION COVERAGE

Kirkwood Schools provides vision coverage for employees at no cost. You may elect coverage for your spouse and/or child(ren); however, you will be responsible for the premium to cover your dependents. Please notice out-of-network services only provides a reimbursement benefit. Eyemed network – Insight Network.



	In-Network	Out-of-Network
Examination Copay	\$0 copay*/\$10 copay	\$40 reimbursement
Frequency of Services		
Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Frames	\$0 copay; \$200*/\$150 allowance	\$70 retail
Basic Lenses	Reimbursed up to:	
Single	\$20 copay	\$30
Bifocal	\$20 copay	\$50
Trifocal	\$20 copay	\$70
Lenticular	\$20 copay	\$70
Contact Lenses	Reimbursed up to:	
Conventional	\$200*/\$150 allowance + 15% off excess	\$75
Disposable	\$200*/\$150 allowance + 100% off excess	\$75
Medically Necessary	100%	\$300
Laser Vision Discount	Included	

*Indicates if services are rendered at PLUS Providers.

Find a Provider

- To find an in-network eye doctor, go to **eyemed.com** and select Find a Doctor, or call a Eyemed's customer service representative at **(866) 939-3633**
- The following are participating retail locations
 - Lens Crafters
 - Optimized Eye Care
 - Pearle Vision
 - Clarkson Eyecare
 - Target Optical
 - America's Best

Per Month Employee Cost*

Employee	\$0.00
Employee + 1 Dependent	\$5.53
Employee + Children	\$6.32
Family	\$13.40

* A portion of the monthly premiums are withheld each pay period.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Just when you think you have it figured out, along comes a challenge. But whether those challenges are big or small, your EAP is available to help you and your family find a solution and restore your peace of mind.

What Does an EAP Have to Offer?

Personal Assistance Services (PAS) is just a phone call away whenever you need them – at no cost to you. An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. He or she can also direct you to an array of resources!

- Substance Abuse
- Short-term Counseling
- Career Planning
- Stress Reduction
- Child Care Resources
- Elder Care Resources Legal Guidance
- Financial Guidance
- Work/Life Resources
- Organization & Time Management
- Health Coaching



How to Contact

You can call **(314) 842-6223** or **(800) 356-0845**, 24 hours a day, 7 days a week. When calling, simply reference your district's code **KIRKWOOD SD**.

What Happens When You Contact the EAP

The EAP counselor will gather some information, evaluate your needs, and suggest a possible plan of action. After your initial call, the next steps will depend on your unique situation. PAS offers in-person, telephonic, chat and messaging point-of-access options to best meet your needs.

Please visit the PAS website for additional information at paseap.com.



LIFE AND AD&D COVERAGE

Basic Life and AD&D

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of an accidental death or dismemberment.

Voluntary Life and AD&D

You have the opportunity to purchase additional life insurance for yourself and your family members. During your initial enrollment period, you are allowed to elect coverage up to the guaranteed issue amount without providing evidence of insurability.

EMPLOYEE: may elect coverage in increments of \$10,000 up to the lesser of \$500,000 OR 5 times their salary

SPOUSE: coverage is available in \$5,000 increments not to exceed 50% of the employee amount up to a maximum of \$250,000.

- Rates (to the right) based on employee age

CHILDREN: coverage amounts include \$1,000, \$5,000, or \$10,000 for each eligible child in your family

- Rates (to the right) based on family unit, not each child

NOTE: New employees are eligible to elect up to \$150,000 of coverage for themselves and \$50,000 for their spouse WITHOUT evidence of insurability (if enrolled within 30 days of eligibility).

Age	Employee	Spouse
<20	\$0.070	\$0.052
20-24	\$0.070	\$0.052
25-29	\$0.080	\$0.062
30-34	\$0.100	\$0.078
35-39	\$0.110	\$0.102
40-44	\$0.154	\$0.152
45-49	\$0.214	\$0.238
50-54	\$0.380	\$0.430
55-59	\$0.692	\$0.794
60-64	\$1.006	\$1.188
65-69	\$1.690	\$1.948
70-74	\$3.024	\$3.604
75-79	\$10.928	\$12.182
Child	\$0.180	

How to calculate voluntary premium

$$\begin{array}{ccccccc}
 \$50,000 & & & & \$0.214 & & \\
 \text{Elected Coverage} & & & & \text{Rate} & & \\
 \text{Amount} & / & 1,000 & = & 50 & \times & \\
 & & & & \text{Units} & & \\
 & & & & * \text{see} & & \\
 & & & & \text{note} & & \\
 & & & & = & \$10.70 & / & 2 & = & \$5.35 \\
 & & & & & & & & & \text{Per Pay Period}
 \end{array}$$

*** The premium calculation is based upon the life rate for an employee age 45**



VOLUNTARY LONG-TERM DISABILITY COVERAGE (LTD)

Kirkwood Schools offers Voluntary Long-Term Disability (LTD) coverage to all eligible employees. The premium is based on your individual income at the time of disability and could change annually or if your income changes.

How It Works

If you become disabled, your disability benefit will pay 60% of your gross monthly earnings to a specific maximum per the plan;

- Maximum Amount: \$5,000 per month
- Elimination Period: 90 days

Requirements

- Full-time employee
- 40 hours per week

Age	Rates (per \$100)
<25	\$0.045
25-29	\$0.065
30-34	\$0.115
35-39	\$0.200
40-44	\$0.300
45-49	\$0.400
50-54	\$0.590
55-59	\$0.665
60-64	\$0.620
65-69	\$0.440
70+	\$0.440

Disability Duration

After you have satisfied the elimination period, benefits will be paid for 24 months if you cannot perform your occupation at the time of disability. After 24 months, benefits will be paid if you cannot perform any occupation for which you have training and experience for a duration up to your Normal Social Security Age.

Pre-Existing Condition

Benefits will not be paid for any disability which begins in the first 12 months after an employee is insured which is due to or results from a pre-existing condition for which treatment was received in the 6 months prior to the effective date of coverage. After 12 months on the plan, treatment free, no limitations will be placed on pre-existing conditions.

**How to
calculate
Voluntary
Disability**

$$\begin{matrix} \$ \\ \text{Annual} \\ \text{Salary} \end{matrix} \quad / \quad 12 \quad = \quad \$ \quad / \quad 100 \quad \times \quad \begin{matrix} \$ \\ \text{Rate} \end{matrix} \quad / \quad 2 \quad = \quad \begin{matrix} \$ \\ \text{Per Pay} \\ \text{Period} \end{matrix}$$

If you do not elect this benefit when you are first eligible, you will be required to submit an evidence of insurability form and will not be enrolled until approved by Sun Life.



VOLUNTARY WORKSITE BENEFITS

Accident Insurance

With Accident Insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose - from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.

	Low	Mid	High
Employee Only	\$6.58	\$11.93	\$17.02
Employee + Spouse	\$10.39	\$18.85	\$27.00
Employee + Children	\$12.97	\$23.67	\$33.83
Family	\$16.78	\$30.60	\$43.81



	Low	Mid	High
Dislocations	Based on type		
Fractures	Based on type of fracture, and if non-surgical or surgical		
Burns	Based on degree		
Paralysis	Up to \$2,000	Up to \$10,000	Up to \$15,000
Wellness Benefit	\$50	\$50	\$50
Hospital			
Hospital Admission	\$500	\$1,000	\$1,500
Hospital Confinement	\$100	\$200	\$300
ICU Confinement	\$200	\$400	\$600
Ground Ambulance	\$300	\$400	\$500
Air Ambulance	\$1,200	\$1,600	\$2,000
Follow-Up Care			
Physician Office Visit	\$50	\$75	\$125
Physical Therapy Visit	\$25	\$50	\$75
Enhanced Benefits			
Concussion	\$100	\$150	\$200
Coma (lasting 7 days with no response)	\$5,000	\$10,000	\$15,000

VOLUNTARY WORKSITE BENEFITS

Critical Illness

Facing a serious illness can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab but can still leave out-of-pocket expenses that add up quickly. Critical Illness Insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose - from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.



Condition	Initial Diagnosis
Core	
Heart attack	100%
Stroke	100%
Major organ failure	100%
End-stage renal disease	100%
Coronary artery disease	25%
Cancer	
Invasive	100%
Carcinoma in situ	25%
Skin cancer	\$250 (1 x per lifetime)
Supplemental Conditions 1	
Complete blindness	100%
Supplemental Conditions 2	
Benign brain tumor	100%
Paralysis	100%
Coma	25%
Supplemental Conditions 3	
Amyotrophic Lateral Sclerosis (ALS)	25%
Advanced Alzheimer's	25%
Advanced Parkinson's	25%
Multiple Sclerosis	25%

Ages	Employee			Spouse		
	\$5,000	\$10,000	\$20,000	\$2,500	\$5,000	\$10,000
<25	\$0.90	\$1.80	\$3.60	\$0.63	\$1.25	\$2.51
25-29	\$1.04	\$2.08	\$4.16	\$0.67	\$1.33	\$2.66
30-34	\$1.38	\$2.75	\$5.50	\$0.80	\$1.60	\$3.19
35-39	\$1.93	\$3.86	\$7.72	\$1.04	\$2.08	\$4.16
40-44	\$2.42	\$4.83	\$9.66	\$1.33	\$2.66	\$5.31
45-49	\$3.31	\$6.62	\$13.23	\$1.93	\$3.85	\$7.70
50-54	\$4.54	\$9.07	\$18.13	\$2.71	\$5.42	\$10.84
55-59	\$6.02	\$12.03	\$24.05	\$3.80	\$7.59	\$15.18
60-64	\$7.45	\$14.89	\$29.78	\$4.78	\$9.55	\$19.10
65-69	\$9.08	\$18.16	\$36.31	\$5.65	\$11.29	\$22.57
70-74	\$12.38	\$24.76	\$49.51	\$7.71	\$15.42	\$30.84
75-79	\$15.80	\$31.60	\$63.19	\$10.13	\$20.26	\$40.52
80-84	\$19.35	\$38.70	\$77.40	\$12.37	\$24.74	\$49.47
85+	\$26.25	\$52.50	\$105.00	\$16.72	\$33.43	\$66.86
Children	\$2,500		\$5,000	\$7,500		\$10,000
	\$0.59		\$1.18	\$1.77		\$2.35

VOLUNTARY WORKSITE BENEFITS

Hospital Indemnity

Hospital Indemnity Insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. It also provides additional daily benefits for related services. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up.

Voluntary Worksite FAQ

- Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility)
- This coverage will end when you or your dependents no longer satisfy the applicable eligibility conditions, when you reach the age of 80, you are no longer actively working, or the coverage is no longer offered
- Coverage can be taken with you with the group portability policy

Confinement Benefit	Plan
First Day Hospital Stay	\$1,000
Hospital	\$200 per day 30 days
ICU	\$400 per day 30 days

Premiums	Plan
Employee	\$11.48
Employee + Spouse	\$21.68
Employee + Children	\$19.71
Family	\$29.90



FLEXIBLE SPENDING ACCOUNT (FSA)

What's a Flexible Spending Account?

An FSA allows an employee to set aside a portion of earnings to pay for qualified expenses as established in the cafeteria plan, most commonly for medical expenses but often for dependent care or other expenses. Money deducted from an employee's pay into an FSA is not subject to payroll taxes, resulting in substantial payroll tax savings.

Types of Accounts

Medical Reimbursement Account

This account enables you to pay with pre-tax dollars for any medical, dental, vision, and prescription drug expenses that are not covered under your insurance program or that of your spouse. You may also cover dependent health care expenses through the account even if you choose single coverage. The total amount of your annual pledge is available to you up front thus reducing the risk of a large out-of-pocket expense at any one time during the plan year. Be aware that with the Section 125 Medical Account, any unused portion of the account at the end of the plan year is forfeited. You cannot establish the FSA if you also contribute to a Health Savings Account (HSA). IRS rules do not allow you to contribute to an HSA if you are covered by any non-qualifying health plan, including a general-purpose health FSA.

Dependent Care Reimbursement Account

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Care centers which qualify include dependent care centers, preschool educational institutions, and individuals, as long as the caregiver is not a child of yours under age 19 or anyone you can claim as a dependent for tax purposes. Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a childcare tax credit when filing your tax return. Either may be better, depending on your personal situation. You may not use both. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

What Can AN FSA Cover?

- Alcoholism treatment
- Artificial limbs
- Ambulance
- Braces
- Chiropractors
- Coinsurance & copayments
- Contact lens solution
- Contraceptives
- Crutches
- Deductible amounts
- Dental expenses
- Dentures
- Dermatologists
- Diagnostic expenses
- Eyeglasses, including exam fee
- Handicapped care and support
- Nutrition counseling
- Hearing devices and batteries
- Hospital bills
- Lab fees
- Licensed osteopaths
- Licensed practical nurses
- Orthodontia
- Orthopedic shoes
- Obstetrical expenses
- Oxygen
- Prescription drugs
- Podiatrists
- Prescribed vitamin supplements
- Psychiatric care
- Psychologist expenses
- Routine physical
- Seeing-eye dog expenses
- Smoking cessation programs
- Sterilization and reversals
- Substance abuse treatment
- Surgical expenses

See a full list on [irs.gov](https://www.irs.gov)

RX 'N GO & RX 'N GO BEYOND

Rx 'n Go

Rx 'n Go is a complementary mail order pharmacy program that delivers over 1,500 Generic maintenance & insulin medications paid 100% by Kirkwood School District and mailed to you at no cost. If you are enrolled in a Health Savings Account (HSA) or High Deductible Plan, 800 of those are considered preventive, 100% paid by Kirkwood School District, and mailed to you at no cost. Prescriptions include 90-day supplies, with the initial delivery taking 5-7 business days from Rx 'n Go's partner pharmacy, Transition Pharmacy.

Rx 'n Go Beyond

Rx 'n Go Beyond is a complementary mail order pharmacy program that delivers over 140 brand name maintenance medications **paid 100% by Kirkwood School District and mailed to you at no cost.** If you are enrolled in an HSA or High Deductible Plan, 120 of those are considered preventive, and 100% paid by Kirkwood School District and mailed to you at no cost. Prescriptions include 90-day supplies, with the initial delivery taking **3-4 weeks** from Rx 'n Go Beyond's partner pharmacy, located in Winnipeg, Canada. The following medications are going through the Optum Rx plan. These medications are also available through Rx 'n Go at **no cost** to the team member.

Humira	Stelara	Ozempic*	Wegovy*	Trulicity	Farxiga
Cosentyx	Copaxone	Biktarvy	Descovy	Sprycel	Rybelsus
Enbrel	Mounjaro	Rinvoq	Eliquis	Humalog	Jardiance

*All branded/specialty medications through Rx 'n Go require at least one fill to be processed through the Optum Rx pharmacy benefit as they can be subject to prior authorization. Popular medications like Ozempic and Wegovy require prior authorization to determine medical necessity.

How do I know if my medication is available through Rx 'n Go or Rx 'n Go Beyond?

1. Go to rxngo.com and select the medications tab
2. Select your employer **Kirkwood School District** and **Plan (PPO vs. HDHP/HSA)**
3. Search by medication name – if your medication is listed, it will be free



How do I sign up if my medication is covered by Rx 'n Go?

1. Register your self-service account online at www.rxngo.com or call Rx 'n Go Customer Service at **(888) 697-9646** or rxngo@transitionrx.com.
2. Submit prescription(s) to Rx 'n Go:
 - For your physician: E-Scribe to Transition Pharmacy PA, phone **(888) 697-9646**
 - For you: enter existing pharmacy for refill transfer
3. Once Rx 'n Go receives your prescription and profile details, a 30-to-90-day prescription will be mailed to your home with an average turn-around of 5-7 business days.

How do I sign up if my medication is covered by Rx 'n Go and Beyond?

1. Register your self-service account at www.rxngo.com or call customer service at **(833) 390-1043**
2. Submit prescription(s) to Rx 'n Go Beyond:
 - **For your physician:** Phone **(833) 390-1043**, or mail (Rx 'n Go Beyond, PO Box 3003 Station Main, Winnipeg MB R3C 4B5)
 - **For you:** Enter existing pharmacy for refill transfer
3. Once we receive your prescription and profile details, a 30-day prescription will be mailed to your home within **3-4 weeks**.

RETIREMENT

Kirkwood Schools offers the following vehicles which allow you to save for your retirement:

PSRS/PEERS Public School and Education Employee Retirement Systems of Missouri

As an employee of Kirkwood Schools, if you hold a teaching certificate and work at least 17 hours per week, Kirkwood Schools and you contribute into the Public School Retirement System of Missouri (PSRS) toward your retirement savings. If you do not hold a teaching certificate and work 20 or more hours per week, Kirkwood Schools and you contribute into the Public Education Employee Retirement System of Missouri (PEERS) toward your retirement savings.

Additionally, if you hold a position with Kirkwood Schools as a contracted teacher, you do not contribute toward your Social Security Retirement. However, if you do not hold a position as a contracted teacher with Kirkwood Schools, you, in addition to your contribution into PEERS, contribute toward your Social Security Retirement.

For details regarding your particular situation with PSRS/PEERS, please sign up to receive your login ID and password to access your membership information at psrs-peers.org. The membership information provided here includes your account balance to date, your contribution percentage of salary, interest earned to date, and much more.

You may also contact PSRS/PEERS at **(573)634-5290** or **(800)392-6848** or member_services@psrsmo.org for more information.

403(b) Roth and 457(b) Deferred Compensation Plan

In addition to your PEERS/PSRS retirement, Kirkwood Schools also offers 403(b) Roth and 457 (b) Deferred Compensation Plans. With a 403(b) Roth, contributions are taxable, but the earnings growth and subsequent withdrawals at retirement are tax free. With a 457 (b) Deferred Compensation Plan, allows participants to double their retirement plan contributions if they are within 3 years of normal retirement age. We encourage you to understand your choices with regard to your retirement investments.



CONTACTS

Plan	Vendor	Telephone	Website
Medical	UnitedHealthcare (UHC)	(866) 844-4864	myuhc.com
Dental	Humana	(866) 427-7478	Humana.com
Vision	Eyemed	(866) 939-3633	Eyemed.com
Life/AD&D	NY Life	(800) 225-5695	Newyorklife.com
Voluntary Life/AD&D	NY Life	(800) 225-5695	Newyorklife.com
Voluntary Long-Term Disability	NY Life	(800) 225-5695	Newyorklife.com
Employee Assistance Program (EAP)	PAS	(800) 356-0845	PASEap.com
Flexible Spending Account (FSA)	United Healthcare (UHC)	(866) 844-4864	myuhc.com
Voluntary Worksite Benefits Accident, Critical Illness, & Hospital	NY Life	(800) 225-5695	Newyorklife.com
Kirkwood Schools	Kathy Monahan	(314) 213-6103	Kathy.Monahan@kirkwoodschoools.org



LEGAL NOTICE

Special Enrollment Notice

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans. If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. If coverage is lost, you must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll any new dependent within 30 days of the event. To request special enrollment or obtain more information, contact Kathy Monahan at Kathy.Monahan@kirkwoodschoools.org.

Notice of Material Change (also Material Reduction in Benefits)

Kirkwood Schools has amended the Kirkwood Schools' Health Benefits Plan. This benefit guide contains a summary of the modifications that were made. It should be read in conjunction with the Summary Plan Description or Certificate of Coverage, which is available to you once it has been updated by the carriers. If you need a copy, please submit your request to the Business Services Department.

Women's Health and Cancer Rights Act of 1998

As a requirement of the Women's Health and Cancer Rights Act of 1998, your plan provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. The benefits must be provided and are subject to the health plan's regular copays, deductibles, and co-insurance. You may contact our health carrier at the phone number on the back of your ID card for additional benefit information.

Newborns' and Mothers' Health Protection Act

Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g. your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier. Also, under Federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48- hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of- pocket costs, you may be required to obtain precertification. For information on precertification, call the member phone number on your health plan ID card.

Notice of Privacy Practices

Kirkwood Schools is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Kirkwood Schools' Business Services Department.

LEGAL NOTICE

Marketplace Options

Health Insurance Marketplace Coverage Options and Your Health Coverage

General Information... When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by Kirkwood Schools.

What is the Health Insurance Marketplace? The Marketplace is designed to help you find health insurance, which meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit, which lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November 1 through December 15.

Can I Save Money on my Health Insurance Premiums in the Marketplace? You may qualify to save money and lower your monthly premium. Savings depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace? Yes. If you have an offer of health coverage from your employer, which offers minimum essential coverage and meets affordability standards, you will not be eligible for a tax credit through the Marketplace. If you purchase health coverage through the Marketplace, you may lose any employer contribution offered for the employer-offered coverage. Employer and employee contributions for employer-offered coverage are often excluded from Federal income tax. Payment for Marketplace coverage is made on an after-tax basis.

More Information... New employees will receive a notice of Marketplace Coverage Options advising the standards of offered coverage. Please visit HealthCare.gov for more Marketplace information.

Medicaid CHIP Notice

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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the DOL website provided below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

LEGAL NOTICE

Following is a link to the latest form and states where you may be eligible for assistance paying your employer health premiums: <https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf>

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor

Employee Benefits Security Administration

dol.gov/agencies/ebsa

1-866-444-3272

Menu Option 4, Ext 61565

U.S. Department of Health and Human Services

Centers for Medicare and Medicaid Services

cms.hhs.gov

1-877-267-2323

Medicare Part D Creditable Coverage

This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. If you are eligible for Medicare the following information can help you decide whether or not you want to join a Medicare drug plan. You should consider comparing your current coverage through our medical plan with the costs of plans offering Medicare prescription drug coverage in your area. Two important things you need to know about your current coverage and Medicare prescription drug coverage:

Medicare prescription drug coverage is available if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan. All Medicare drug plan provide at least a standard level of coverage set by Medicare. More coverage may be offered at a higher premium.

UnitedHealthcare has determined that the prescription drug coverage offered by Kirkwood Schools is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pay and is therefore considered Creditable Coverage. Because this coverage is Creditable Coverage, you can keep it and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you lose your current creditable prescription drug coverage through no fault of your own, you will be eligible for a two-month Special Enrollment Period to join a Medicare drug plan.

If you decide to join a Medicare drug plan, your current coverage will not be affected. This plan will coordinate with Part D coverage. If you drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

If you drop or lose your current coverage and do not join a Medicare drug plan within 63 continuous days after your coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

This information is provided for the Medicare open enrollment period, which begins on October 15. If you want more information about Medicare plans that offer prescription drug coverage, you will find it in the Medicare & You handbook or you can visit medicare.gov or call **1-800-MEDICARE (1-800-633-4227)**.

TTY users: **1-800-486-2048**. If you have limited income and resources, visit Social Security on their website at socialsecurity.gov, or call them at **1-800-772-1213**. TTY users: **1-800-325-0778**.

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

NOTES





KIRKWOOD
SCHOOL DISTRICT