OZARK SCHOOL DISTRICT
2026 EMPLOYEE BENEFITS GUIDE

Benefit Guide for Employee Benefits beginning January 1, 2026

Helping you understand your Employee Benefits!

OZARK SCHOOL DISTRICT
2026 EMPLOYEE BENEFITS GUIDE

CONTENTS

This is a high-level benefits guide of certain benefits **Ozark School District** offers. The information in this booklet is intended as a general outline of the benefits offered under **Ozark School District 's** benefits program and should not be considered legal, investment or other benefits advice. Specific details and plan limitations are provided in the official Plan Documents including policies, contracts and plan procedures.

If you have any questions about your Guide, contact **Human Resources**.

Welcome
OZARK SCHOOL DISTRICT Employees

The health of our employees is a priority and we recognize the importance of providing quality benefits as part of our overall compensation package. This 2026 Employee Benefits Guide is provided as a convenient reference document of your benefit options. Please refer to the insurance company Summary of Benefits and Coverage (SBC), Benefit Summary and/or Certificate of Coverage for detailed descriptions of all available employee benefit programs and exclusions. If you require further explanation or need assistance regarding claims processing, please refer to the customer service telephone numbers at the back of this guide.

THANK YOU FOR WHAT YOU DO FOR OZARK SCHOOL DISTRICT!!

BENEFITS MENU | ENROLLMENT

BENEFITS OFFERED

MY HEALTH

Medical | **Cox Health Plans**
Dental | **Kansas City Life Insurance**
Vision | **Kansas City Life Insurance**

MY LIFE

Life and AD&D | **Kansas City Life Insurance**
Disability | **Kansas City Life Insurance**

MY EXTRAS

Accident Insurance | **American Fidelity**
Critical Illness | **American Fidelity**
Cancer Coverage | **American Fidelity**
Hospital Indemnity | **American Fidelity**
Term Life Insurance | **American Fidelity**
Employee Assistance Program | **Magellan**

IMPORTANT

You must notify Human Resources of any election changes within 30 days of the event.

Your Benefit Period

NEW HIRE ENROLLMENT

All employees have access to our online benefits enrollment platform 24/7 where you have the ability to enroll, select or change your benefits online during the annual open enrollment period, new hire orientation, and for qualifying events.

Accessible 24/7;

View all benefit plan options and your elections;

View important insurance company forms and links;

Report a qualifying life event; and

Make changes to beneficiary designation.

employee NAVIGATOR

READY TO ENROLL?

Go to www.employeenavigator.com

Company Identifier: OzaSchDis2024

Helpful tips to consider before you enroll

1. Do you plan to enroll an *eligible dependent(s)*?
If so, make sure to have their social security numbers and birthdates available. You cannot enroll your dependent(s) without this information.

2. Have you recently had a change in dependent eligibility?
If so, remember to add or remove any dependent(s) and/or update your beneficiary designation.

3. Did any of your covered children reach their *26th birthday this year*?
If so, they may no longer be eligible for benefits.

ELIGIBILITY
RULES | REQUIREMENTS

EMPLOYEE ELIGIBILITY

You are eligible to participate if you are full-time and work a minimum of 25 hours per week. Your coverage will be effective the 1st day of the month following your date of hire.

DEPENDENT ELIGIBILITY

You may also enroll eligible dependents for benefits coverage. A **'dependent'** is defined as the **legal spouse** and/or '**dependent child(ren)'** of the plan participant or the spouse.

The term 'child' refers to any of the following:

A natural (biological) child;

A stepchild;

A legally adopted child;

A foster child;

A child for whom legal guardianship has been awarded to the participant or the participant's spouse;or

Disabled dependents may be eligible if requirements set by the plan are met.

QUALIFYING LIFE EVENTS

If you have a Qualifying Life Event and want to request a mid- year change, you must notify **Human Resources** and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Common life events include; Marriage, New Dependent, Loss/gain of available coverage by you or any of your dependents through another group health plan or state Medicaid Plan. In the event the qualifying event is due to loss of state Medicaid program you have 60 days to enroll your dependents in employer sponsored coverage.

IMPORTANT

You cannot make changes to these elections during the year unless you experience a qualified family status change, which must be reported to **Human Resources** within 30 days of the event.

HEALTH
MEDICAL | PRESCRIPTION DRUGS

COMMON INSURANCE TERMS

A **PREMIUM** is the amount you pay for insurance, using pre-tax or post-tax dollars.

A **COPAYMENT (COPAY)** is a fixed amount you pay to receive services. Your co- payment(s) will count towards your out-of-pocket maximum but not your deductible. HSA Plans do not have copays prior to meeting your deductible.

A **DEDUCTIBLE** is the amount of money you are responsible for paying each year before the plan begins to pay for covered services, with the exception of preventive care services, which are covered at 100% In-Network.

COINSURANCE This is your share of the expense of covered services after your deductible has been satisfied and the health plan begins paying a percentage.

OUT-OF-POCKET (OOP) MAXIMUM is the most you pay per Plan Year for health care expenses and applies to deductibles, flat-dollar copays and coinsurance for all covered services – including cost-sharing amounts for prescription drugs.

Once this limit is met, the plan will cover all in-network services at 100% until the end of the plan year.

OUT-OF-NETWORK Any services received from an out-of-network provider, with the exception of a true emergency, are covered at a reduced benefit.

PPO & EPO Network | In-Network and Out-of-Network Benefits

The PPO network offers access to a network of providers for in-network services and out of network benefits. The EPO network offer access to in-network providers only with ***no benefit*** if you go to an out of network provider.

For local services in Southwest Missouri you will utilize the Cox Health Network, which is Cox Hospital System and Freeman Health System for both PPO and EPO networks.

Outside of Southwest Missouri Cox Health Plans the PPO network uses the First Health Network of providers for national in-network access. The EPO network only offers services outside Southwest Missouri at Barnes Jewish Hospital System in St. Louis.

When you use providers in the PPO or EPO network, you receive benefits at the discounted network cost. Most expenses, such as office visits, emergency room and prescription drugs are covered by a copay (unless HSA Plan). Other expenses are subject to a deductible and coinsurance.

How do I find an In-Network Provider?

In-Network providers can be found on the Cox Health Plans website:

- www.coxhealthplans.com
- Choose **Find a Provider** to view providers in the health plan's PPO or EPO network
- www.firsthealth.com
- Choose **Locate a Provider** to view providers in First Health's PPO network

Did You Know?

Preventive Services are **covered at 100% In-Network on both PPO and HSA plans.** Copays & deductibles do not apply.

Cox HealthPlans
CoxHealth
THINKING HEALTH FORWARD

MEDICAL & PRESCRIPTION—Cox Health Plans
BENEFIT | PLAN COMPARISON

	HSA $4,000 EPO NETWORK PLAN	HSA $4,000 PPO NETWORK PLAN	Partners 80 $3,000 PPO COPAY PLAN	Partners 80 $1,500 PPO COPAY PLAN
DEDUCTIBLE	**In-Network/Out-of-Network**	**In-Network/Out-of-Network**	**In-Network/Out-of-Network**	**In-Network/Out-of-Network**
Single Deductible	$4,000/ N/A	$4,000 / $ 8,000	$3,000 / $6,000	$1,500 / $3,000
Family Deductible	$8,000/ N/A	$8,000 / $16,000	$6,000 / $12,000	$4,500 / $9,000
All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.				
Coinsurance (Plan % Paid after deductible)	100% / N/A	100% / 70%	80% / 50%	80% / 50%
Preventive Care (defined by Cox Health Plans)	Plan pays 100% for covered preventive care	Plan pays 100% for covered preventive care	Plan pays 100% for covered preventive care	Plan pays 100% for covered preventive care
Primary Care (PCP) Visit / Specialist Visit	Deductible/ Coinsurance	Deductible/ Coinsurance	$30/ $30 copay in-network	$30/ $30 copay in-network
Urgent Care Facility	Deductible/ Coinsurance	Deductible/ Coinsurance	$75 copay in-network	$75 copay in-network
Emergency Room Visit	Deductible/ Coinsurance	Deductible/ Coinsurance	$200 copay	$200 copay
Inpatient Care	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Outpatient Surgery Facility	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Diagnostic test (x-ray, bloodwork)	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Prescription Drug Copays (1 / 2 / 3 / 4)	Deductible/ Coinsurance	Deductible/ Coinsurance	$10/$35/$75/$100 After $100 Rx Deductible	$10/$35/$75/$100 After $100 Rx Deductible
Annual Out-of-Pocket Limit				
Single Out-of-Pocket	$4,000/ N/A	$4,000 / $ 8,000	$6,000 / $12,000	$4,000 / $9,250
Family Out-of-Pocket	$8,000/ N/A	$8,000 / $16,000	$12,000 / $24,000	$9,500 / $21,500

COX HEALTHPLANS
CoxHealth
THINKING HEALTH FORWARD

These are an illustration of benefits. Benefit summary and rates are available on Employee Navigator.

Remember: HSA $4,000 EPO Network Plan only has coverage through Cox Health and BJC in St Louis and has no out-of-network benefits except for emergency situations.

MEDICAL & PRESCRIPTION
BENEFIT | PLAN COST PER PAY PERIOD

	HSA $4,000 EPO NETWORK PLAN	HSA $4,000 PPO NETWORK PLAN	Partners 80 $3,000 PPO COPAY PLAN	Partners 80 $1,500 PPO COPAY PLAN
HSA Contribution/ Month	**January 1, 2026— December 31, 2026**	**January 1, 2026— December 31, 2026**	**January 1, 2026— December 31, 2026**	**January 1, 2026— December 31, 2026**
Employee Only	$106.00	$37.00	N/A	N/A
Employee + Spouse	$106.00	$37.00	N/A	N/A
Employee + Child(ren)	$106.00	$37.00	N/A	N/A
Employee + Spouse + Child(ren)	$106.00	$37.00	N/A	N/A
Employee Cost (withheld from 24 pay periods)				
Employee Only	$0.00	$0.00	$0.00	$20.50
Employee + Spouse	$324.50	$360.50	$380.50	$422.00
Employee + Child(ren)	$216.00	$239.50	$254.00	$288.00
Employee + Spouse + Child(ren)	$586.50	$651.50	$687.50	$746.00

GoodRx SingleCare

Find the lowest local prices on your prescriptions.

Discount Rx Programs

- GoodRx.com and **SingleCare.com** are both free to use websites and mobile apps that track prescription drug prices and offer drug coupons.
- There are no membership fees to use these coupons.

If you find that GoodRx or SingleCare offers better pricing on your prescription drug prices, you are free to use their coupons; however, this will be a cash price and will not go through your insurance plan or accumulate toward your Deductible.

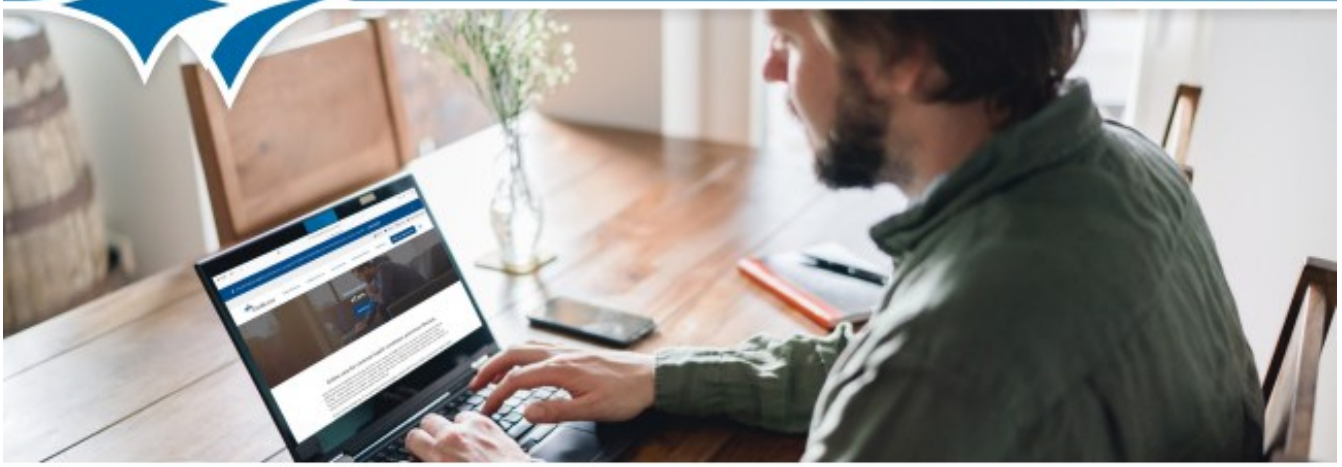
Cox HealthPlans
CoxHealth
THINKING HEALTH FORWARD

These are an illustration of benefits. Benefit summary and rates are available on Employee Navigator.

Remember: HSA $4,000 EPO Network Plan only has coverage through Cox Health and BJC in St Louis and has no out-of-network benefits except for emergency situations.

MEDICAL & PRESCRIPTION—Cox Health Plans
BENEFIT | Cox Health eCare Services

THINKING HEALTH FORWARD



CoxHealth eCare Services

When you want no-hassles care for common conditions and minor illnesses, eCare connects you with a CoxHealth provider using your computer or digital device. It's available for anyone over 2 years old, from anywhere in Missouri. You'll get the same quality care you expect from a face-to-face appointment without an office visit, phone call, or video chat.

Through eCare, online care is available for conditions like:

- *Allergies*
- *Cough*
- *Insect bites and stings*
- *Pink eye*
- *Sore throat*
- *And more*

Your eCare Visit

Start your visit any time, day or night, by logging into (or creating) your patient portal and submitting a secure online questionnaire about your symptoms. A provider will review your responses during their office hours.

Office Hours:

Monday - Friday, 8 a.m.-8 p.m.
Saturday - Sunday, 10 a.m.-4 p.m.

You'll receive a link to an after-visit summary containing your diagnosis and treatment plan within a couple of hours during office hours. Prescriptions can be sent to your pharmacy and a doctor's note can be provided if needed. Questionnaires completed during off hours will be addressed the next day.

CoxHealth eCare visits are $0 to Cox HealthPlans members (USE CODE: CHP-GRP).

Start Your Visit:

1. Go to **coxhealth.com/ecare**
2. Log in and submit a secure online questionnaire about your symptoms.
3. You'll receive a link to your after-visit summary.

See all conditions treated and answers to other Frequently Asked Questions at ***coxhealth.com/ecare.***

Cox HealthPlans
CoxHealth

coxhealthplans.com

Cox HealthPlans

Magellan HEALTHCARE

Your life's journey—made easier

No matter where you are on your journey, there are times when a little help can go a long way toward achieving your goals. From checking off daily tasks to working on more complex issues, your program offers a variety of services, resources and tools to help make your life a little easier.

Key Features

- Provided at no cost to you and your household members
- Includes up to 5 counseling sessions
- Completely confidential service provided by a third party

Counseling

Access a nationwide network of licensed counselors for support with challenges such as stress, anxiety, grief, substance misuse, relationships, parenting and more. Counseling is confidential and available in-person, by text message, live chat, phone or video conference.

Lifestyle Coaching

Define and reach your goals with the support of a coach. Coaches can help with personal improvement, healthy eating, weight loss and more. Meet with a coach by phone or video for up to six individual, confidential sessions per year.

Digital Emotional Wellbeing Program

A proven program for life, mind and body that can help with anxiety, resilience, grief, stress, depression, chronic pain, pregnancy, aging and more. Complete activities to earn points, see your progress and sync to other trackers.

Financial Wellness, Legal Services and Identity Theft Resolution

Meet with experts that can help you take control of your finances, resolve legal issues such as estate planning and family law, restore credit; research specific topics and/or print your own state-specific legal forms.

LifeMart® Discount Center

Life is expensive. With LifeMart, access hundreds of deals on nationally recognized brand-name products and services, all in one convenient location. Find discounts on consumer goods, travel, child and elder care, fitness centers, movie tickets and more.

Work-Life Services

Save time and money on life's most important needs. Specialists provide expert guidance and personalized referrals to service providers including childcare, adult care, education, home improvement, consumer information, emergency preparedness and more.

Member Website

Learn more about the services and resources available through your program. The member website makes it easy for you to explore services, find providers, learn more about emotional health and wellness topics, see what mobile apps are available and more.

Get started today! Call your Employee Assistance Program at 1-800-269-6014 (TTY 711) to be connected with the right resource or professional or visit Member.MagellanHealthcare.com to browse all of the services available.

HEALTH SAVINGS ACCOUNT (American Fidelity)
HSA | TAX SAVINGS VEHICLE

HEALTH SAVINGS ACCOUNT—FOR EMPLOYEES ENROLLED IN HSA PLANS ONLY

A Health Savings Account (HSA) is a powerful savings tool that you can use to save, spend or invest for your—and your family's—health care expenses. If you enroll in the HSA eligible health plan you can open an HSA with American Fidelity.

Three ways to use your HSA

1

Save

Contribute to your HSA regularly. Then, save your HSA funds to build a safety net for unexpected health care costs.

Anything you save rolls over year to year, so there's no risk of losing unspent funds.

Will you be prepared?

An HSA allows you to save for potential expenses you'll incur throughout the year / future.

2

Spend

Use your HSA to pay for health care expenses and extend the buying power of your income.

Save up to 35% on qualified medical expense such as medication and medical, dental, and vision care.

The more you spend, the more you save.

$4,500 medical costs

$1,575 Potential tax savings

3

Invest

Similar to a 401(k) your HSA has investing features depending on the bank you select. Investing can grow your savings over time.

This is helpful since the average retired couple needs an estimated $390,000 to pay for out-of-pocket expenses.

Watch your HSA grow

The bank you select will provide options for HSA growth.

Things you should know

2026 Contribution Limits

In 2026 you can maximize your HSA deposits by contribution up to these maximum amounts:

$4,400 Single Coverage

$8,750 Family Coverage

$1,000 Catch up over age 55

Additional IRS resources regarding HSA plans and accounts can be found in the following publication at www.irs.gov.

IRS Publication 929

IRS Publication 502

Qualified Medical Expenses

You can spend your HSA dollars on qualified medical expenses for you and your family (even those not on your health plan). Such as:

- deductibles and copays
- Prescription and over the counter medications
- Vision and dental care
- View a full list of qualified expenses at irs.gov/pub/irs-pdf/p502.pdf

Always Tax Free

- Contributions
- Qualified Expenses
- Investment gains

Funds never expire

HEALTH SAVINGS ACCOUNT (American Fidelity)
HSA | TAX SAVINGS VEHICLE

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Health Savings Accounts

Make the Most Out of Your Money

It's a scenario we've all probably experienced: A routine checkup ends up turning into blood work, prescriptions, and follow-up appointments. Then medical bills start showing up and your portion is higher than you expected.

The good news is there's a way to prepare for those increases, while also saving money. A Health Savings Account, or HSA, lets you set money aside before taxes for eligible medical expenses when you have a qualified High Deductible Health Plan. Not only will you have funds available for unexpected medical bills, you'll keep more of your money because those funds aren't taxed.

Pre-Tax Contributions

Funds may be taken from your paycheck before tax, lowering your taxable income which may lead to you taking home more of your money.

Build Your Savings

Because HSAs don't have "use or lose" rules like Flexible Spending Accounts, your contributions carry over yearly, building your savings account.

Room for Growth

Your HSA can earn interest which can be invested and, like your earnings, grows tax free.

An Account You Own

Your HSA is exactly that: yours! If you leave your current employer, you can take it with you wherever you go.

Health Savings Account (HSA) FREQUENTLY ASKED QUESTIONS

What expenses are covered?

- Out-of-pocket expenses for medical, dental, vision, pharmacy, and over-the-counter medical items. For a complete listing of covered items, please visit your HSA medical plan administrator's website.

Who is eligible to contribute to a Health Savings Account?

- **You are eligible** if you have enrolled in an HSA eligible medical plan and you **do not** have PPO coverage in addition to your HSA Medical Plan.
- **You are NOT eligible** for a Health Savings Account if you (or your spouse) contribute to a General-Purpose Flexible Spending Account (FSA) and
- **You are NOT eligible** for a Health Savings Account if you are enrolled in a government-sponsored medical plan such as Medicare, Medicaid, or Tricare.

Note: HSA contributions must be discontinued 6 months prior to applying for Medicare benefits.

Who can I use the funds for?

- You can pay for qualified expenses for yourself, your spouse, and dependent children, even if they are not covered on your insurance plans.
- If your Domestic Partner meets the IRS qualifications to be considered a taxable dependent, you can use your HSA funds for his/her qualified expenses.

Can I change my contributions throughout the year?

- Yes. You are not required to encounter a Qualifying Event to adjust your HSA contribution amount. Contact HR for more details and/or limitations on when changes to HSA contributions deducted through payroll should be reported.

What if I move to a PPO medical plan next year?

- Once funds are deposited into the HSA, the account can be used to pay for qualified expenses tax-free, even if you are no longer covered by an HSA eligible medical plan. Please note, additional funds cannot be contributed into the account if you are not enrolled in an HSA eligible medical plan.

What if I incur more expenses than I have funds available in my account?

- If you do not have sufficient HSA funds to pay for an eligible expense, you will need to issue payment by some other means. However, as funds accumulate in your HSA, you can reimburse yourself for those expenses provided the account was open on or before the date the expense was incurred. You will be required to provide the receipt(s) showing proof of payment.

FLEXIBLE SPENDING ACCOUNTS (American Fidelity)
FSA | TAX SAVINGS VEHICLE

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for yourself, your spouse and your dependent children.

In order to participate in the FSA, you must enroll each year. Your annual contribution stays in effect during the entire year. The only time you can change your election is during the enrollment period or if you experience a change-in-status event.

ELIGIBLE EXPENSES

A full list of qualified FSA expenses can be found in IRS Publication 502 at **www.irs.gov.**

2026 MEDICAL AND LIMITED MEDICAL FSA

MAXIMUM ANNUAL CONTRIBUTION | $3,400

With the Health Care FSA you can spend up to the full amount of your annual election as soon as your account has been set up. The account type (Medical vs Limited Medical) is based on the health plan selected.

DEPENDENT CARE FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars so that you and your spouse can work or attend school full time.
Unlike the Health Care FSA, funds in a Dependent Care FSA funds are only available once they have been deposited into your account and you cannot use the funds ahead of time.
You may set aside up to **$7,500** annually in pre-tax dollars, or **$3,750** if you are married and file taxes separately from your spouse.
If you participate in a Dependent Care FSA, you cannot apply the same expenses for a dependent care tax credit when you file your income taxes.
This information is a summary of the IRS rules and regulations regarding FSAs. Please refer the www.irs.gov for more details.

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IMPORTANT FSA RULES

HEALTH CARE FSA GRACE PERIOD

At the end of each plan year, you have until March 15th to file claims for expenses that incurred during the plan year.

Any unused funds will be forfeited.

DEPENDENT CARE FSA "USE IT" OR "LOSE IT"

"Unused" Dependent Care FSA funds do not roll over from year to year. ***If you don't use the funds in your account by December 31, 2026, you'll lose them.***

The **Dependent Care FSA** has a 90 day run-out period. This means you have until March 30th, to submit your claims from the prior plan year, for reimbursement.

MEDICAL vs LIMITED MEDICAL

MEDICAL FSA

A medical FSA is for employees enrolled in the copay plan and can be used for medical, prescription, dental, and vision expenses for you and your eligible dependents.

LIMITED MEDICAL FSA

A limited medical FSA is for those enrolled in the HSA Plan. This FSA can ONLY be used for Dental and Vision expenses for you and your eligible dependents.

DENTAL—Kansas City Life
COVERAGE OVERVIEW

COMMON TERMS

PRE-TREATMENT ESTIMATE

If your dental care is extensive and you want to plan ahead for the cost, you can ask your dentist to submit a pre-treatment estimate. While it is not a guarantee of payment, a pre-treatment estimate can help you predict your out-of-pocket costs.

LIMITATIONS AND EXCLUSIONS

Dental plans are intended to cover part of your dental expenses, so coverage may not extend to your every dental need. A typical plan has limitations such as the number of times you can receive a cleaning each year. In addition, some procedures may be not be covered under your plan, which is referred to as an exclusion. An exclusion example would be cosmetic procedures. Full information on exclusions can be found in the

PREVENTION FIRST!

Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits.

Preventive care services are covered at 100% if you visit an In-Network provider. They are also not subject to the annual deductible.

You have the freedom to select the dentist of your choice; however when you visit a participating in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf.

	In-Network / Out-of-Network
DEDUCTIBLE	
Single Deductible	$50/$50
Family Deductible	$150/$150
Deductible applies to Basic or Major services (Does not apply to Preventive)	
COVERED SERVICES	
Type I: **Preventive Services (See benefit summary in Employee Navigator for more info)**	Covered at 100%/100%; no deductible
Type II: **Basic Services (See benefit summary in Employee Navigator for more info)**	Covered at 90% / 80% after deductible
Type III: **Major Services (See benefit summary in Employee Navigator for more info)**	Covered at 60% / 50% after deductible
Type IV: **Orthodontia (See benefit summary in Employee Navigator for more info)**	Covered at 50% / 50% Children under age 19
Maximum Benefit:	
Per Individual Annually (dental services)	$1,000/$1,000
Lifetime Maximum Per Person (Orthodontia)	$1,000/$1,000

Employee Cost (withheld from 24 pay periods)	
Employee Only	$17.55
Employee + One	$35.51
Family	$59.66

How do I find an In-Network Provider?

This dental plan offers deeper discounts when you visit a provider that is In-Network. In-Network providers can be found on **www.kclgroupbenefits.com/DentalProvidersSearch.** Enter your zip code to search by location.

These are an illustration of benefits. Benefit summary and rates are available on Employee Navigator.

VISION—Kansas City Life
COVERAGE OVERVIEW

Under this plan, you may use the eye care professional of your choice. However, when you visit a participating in-network provider, you receive higher levels of coverage. If you choose to receive services from an out-of-network

PLAN FEATURES	In-Network	Non-Network
Vision Exam	**$10** copay	Up to **$45**
COVERED SERVICES – LENSES / FRAMES		
Single Lenses	**$25** copay	Up to **$30**
Bifocals	**$25** copay	Up to **$50**
Trifocals	**$25** copay	Up to **$65**
Frames	**$130** retail allowance, 20% off balance over $130	Up to **$70**
COVERED SERVICES		
Contact Lenses	**$130** retail allowance	Up to **$105**
Contact Lens Evaluation Fitting	**Up to $60 copay**	Not Covered
BENEFIT FREQUENCY		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 24 Months
Contacts	Once every 12 Months *(contacts in lieu of frames/lenses)*	Once every 12 Months

Employee Cost	
Pay Frequency	**24 Pay Periods**
Employee Only	$3.45
Employee + One	$6.49
Family	$9.23

How do I find an In-Network Provider?

In-Network providers can be found on **www.vsp.com/eye-doctor**

KANSAS CITY LIFE

BASIC LIFE INSURANCE—Kansas City Life
COVERAGE OVERVIEW

BENEFICIARY(IES)

It's very important to designate beneficiaries. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction.

A Beneficiary is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

It is also important that you name a **Primary and Contingent Beneficiary**. A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can change beneficiaries at any time.

You should review your beneficiary elections on a regular basis to ensure they are updated as life changes. Even if you are single, your beneficiary can use your Life Insurance to pay off your debts, such as: credit cards, mortgages, and other expenses.

** *You designate your beneficiary(ies) when enrolling for your benefits.*

BASIC LIFE INSURANCE

Life insurance is an important part of your financial security. Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death.

Company Paid Benefit - Provided to you at no cost	
Coverage Amount	$25,000
Benefit Reduction Schedule	Your insurance will reduce by: 35% of the original amount at age 65 58% of the original amount at age 70 73% of the original amount at age 75 79% of the original amount at age 80
ADDITIONAL PLAN PROVISIONS	
Portability	If your employment ends or you retire, you may be eligible to continue your term insurance.

KANSAS CITY LIFE

WHAT WILL MY BENEFICIARY RECEIVE?

In The Event That Death Occurs:

- Your Basic Life Insurance is paid to your beneficiary.

VOLUNTARY LIFE INSURANCE—Kansas City Life
COVERAGE OPTIONS FOR YOU & THE FAMILY

VOLUNTARY LIFE INSURANCE / ACCIDENTAL DEATH & DISMEMBERMENT

Employees have the opportunity to enroll in voluntary life insurance. If you choose to enroll in employee coverage, this will be in addition to **Ozark School District** provided Basic Life coverage. Coverage is also available for your spouse and/or child dependents. It is required that you elect coverage for yourself in order to be eligible for coverage on your dependents. Enrollment is done in Employee Navigator and rates are in Employee Navigator.

PLAN OPTIONS			
Cost of Coverage	Premiums are based on age-rated tables and paid by the employee every pay period through a payroll deduction. These premiums are post-tax and benefits payable are tax-free.		
Coverage Options	**Employee Coverage** Choose in $10,000 increments up to the lesser of 5x your annual salary or $500,000	**Spouse Coverage** Choose in $5,000 increments up to the lesser of 50% of the amount you elect for yourself or $250,000	**Dependent Coverage** Choose in $2,500 increments to a maximum of $10,000 or 50% of the amount you elect for yourself.
Do I have to answer health questions to get coverage?	If you and your dependents enroll in coverage at your initial eligibility date, you may apply for up to the Guaranteed Issue amounts without medical questions. At Open Enrollment employees currently enrolled can increase the Employee Voluntary Life by $10,000 up to the GI amount without EOI.		
Guaranteed Issue	**Employee** $150,000	**Spouse** $30,000	**Dependent Children** $10,000
PLAN PROVISIONS			
Cost Calculation	Age Rated Benefit (Spouse Life based on employee's age)		
Benefit Reduction Schedule	Your insurance will reduce by: 35% of the original amount at age 65 58% of the original amount at age 70 73% of the original amount at age 75 79% of the original amount at age 80		
Portability	If your employment ends or you retire, you may be eligible to continue your term insurance.		

***Guaranteed Issue (GI) and Evidence of Insurability (EOI)**

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to the Guaranteed Issue (GI) for yourself and your spouse without providing proof of good health (EOI).

Any amount elected over the GI will require EOI. If you elect voluntary life coverage, and are required to complete an EOI, it is your responsibility to complete the EOI and send to the provider (address will be listed on your form). In addition, your spouse will need to provide EOI to be eligible for coverage amounts over GI, or if coverage is requested at a later date.

KANSAS CITY LIFE

These are an illustration of benefits. Benefit summary and rates are available on Employee Navigator.

DISABILITY INSURANCE—Kansas City Life
SHORT-TERM | LONG-TERM

KANSAS CITY LIFE

SHORT-TERM DISABILITY (STD)
Everyday illnesses or injuries can interfere with you ability to work. Even a few weeks away from work can make it difficult to manage household costs.

Short Term Disability coverage provides financial protection for you by paying a portion of your income, so you can focus on getting better and worry less about keeping up with your bills.

LONG-TERM DISABILITY (LTD)
Serious illnesses or accidents can come out of nowhere. They can interrupt your life, and your ability to work for months—even years.

Long Term Disability provides financial protection for you by paying a portion of your income, so you have financial support to manage your disability and your household.

PLAN FEATURES	SHORT-TERM DISABILITY (STD)	LONG-TERM DISABILITY (LTD)
Cost of Coverage	This benefit is provided by **Ozark School District.**	This benefit is a voluntary benefit paid for by the employee.
Elimination Period *This is the number of days that must pass between your first day of a covered disability & the day disability benefits begin.*	Benefits begin on the **14th day following an accident or an illness**	Your elimination period is **90 days**
Benefit Duration *The maximum number of weeks you can receive benefits while you are sick or disabled.*	**Payments may last up to 11 weeks** You must be sick or disabled for the duration of the waiting period before you can receive a benefit payment.	**Payments will last for a period defined in the certificate up to Social Security Normal Retirement Age.** You must be sick or disabled for the duration of the elimination period before you can receive a benefit payment.
Coverage Amount	Covers **66 2/3% of your weekly income,** up to a maximum benefit of **$1,500 per week.**	Covers **60% of your monthly income,** up to a maximum benefit of **$7,500 per month.**
What's covered?	**A variety of conditions and injuries.** Typical claims would include: injuries, joint, pregnancy, back and digestive disorders.	**A variety of conditions and injuries.** Typical claims would include: cancer, back disorders, injuries and poison, cardiovascular, joint disorders.
Pre-Existing Condition Limitation	**None** Pre-existing condition means a sickness or accidental injury for which the employee recently received medical treatment, care, or services or took prescription medications	**3/12 (Waived if currently enrolled)** Pre-existing condition means a sickness or accidental injury for which the employee received medical treatment, care, or services or took prescription medications in the 3 months before insurance takes effect. Benefits will not be payable for a Disability that results from a pre-existing condition in the first 12 months of coverage under the plan.
Employee Assistance Program - EAP	N/A	EAP through Acentra Health. See flyer in Employee Navigator for additional details.

These are an illustration of benefits. Benefit summary and rates are available on Employee Navigator.

AMERICAN FIDELITY OPTIONS

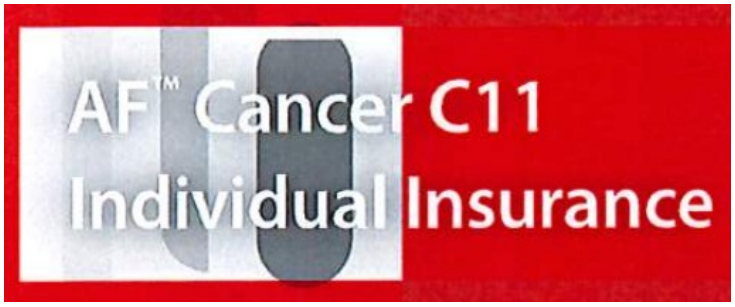
ACCIDENT|CANCER|CRITICAL ILLNESS|HOSPITAL INDEMNITY|TERM LIFE|FSA|HSA

AMERICAN FIDELITY
a different opinion

American Fidelity representatives will be available for in-person and/or virtual meetings to go over all the options available to staff at Ozark School District.

Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA) are administered by American Fidelity.

Ask the representative about the American Fidelity mobile app!!!



QUESTIONS???? | CONTACTS AT A GLANCE

PROVIDER	CONTACT INFORMATION
Medical Plan **Cox Health Plans**	www.coxhealthplans.com
Dental Plan **Kansas City Life**	www.kclgroupbenefits.com
Vision Plan **Kansas City Life/VSP**	www.vsp.com
Life/STD & LTD **Kansas City Life**	www.kclgroupbenefits.com
ACCIDENT|CANCER|CRITICAL ILLNESS|HOSPITAL INDEMNITY|TERM LIFE|FSA|HSA **American Fidelity**	www.americanfidelity.com

Have Questions?

Please see the chart above for provider customer service website addresses.

If you need any other assistance, please refer to next page……..

Do you have a question about your EMPLOYEE BENEFIT PLANS?

Below are some helpful resources:

Cox Health Plans (medical) register online @ www.coxhealthplans.com : ID card access, locate doctors in network, view claims, plan benefits & summaries, etc.

KANSAS CITY LIFE

Kansas City Life (dental, vision, disability & life) www.kclgroupbenefits.com/Employees: locate doctors in network, view claims, file a claim, etc.

employee NAVIGATOR

Employee Navigator: view medical, dental, vision, disability & life benefits, rates & selections
Also update home addresses & life insurance beneficiaries

Ozark R-VI School District

Contact your Benefits Department:
Morgan Hall
417-582-5971
morganhall@ozarktigers.org

BPJ Insurance

Contact your BPJ account manager:
Bao McRandall
417-887-3550
bmcrandall@bpj.com