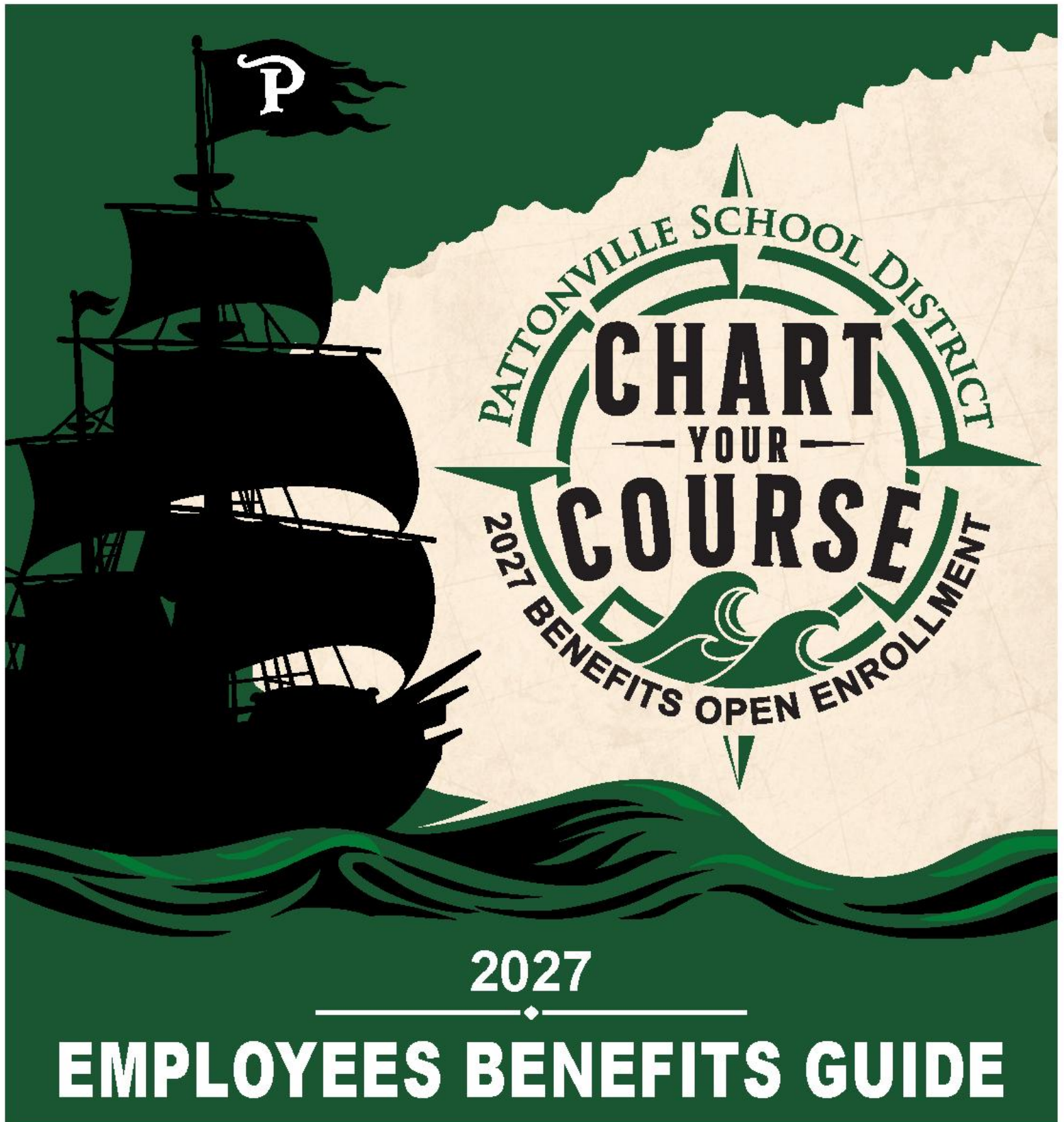




YOUR HEALTH & WELLNESS



Discover Your Benefits

3	Summary of 2027 Benefit Changes
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At Pattonville School District, we are proud to offer you and your family a comprehensive range of benefits, supporting your well-being today and in the future. These benefits are a valuable part of your total compensation package. Select the coverage that best meets the needs of you and your family.

The information in this Benefit 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 the district's Benefit Coordinator at benefits@psdr3.org.

Summary of 2027 Health and Dental Benefit Changes

Health Insurance Plan Changes

- **Elimination of Health Reimbursement Arrangement (HRA):**
 - Effective January 1, 2027, the District-funded HRA will be eliminated.
- **Updates to Out-of-Pocket Costs:**
 - The Standard and Platinum Plans will have adjustments to deductibles and certain out-of-pocket costs, including physician copays and prescription drug tiers.
- **Gold Plan Deductible Structure:**
 - Shift from non-embedded to an embedded deductible structure, allowing individual family members to meet lower individual deductibles.

Premium Changes

- **Platinum Plan:** Employee-only coverage increases from \$50 to \$100/month.
- **Standard and Gold Plans:** Employees without dependents continue to have two zero-premium options available.
- **Dependent coverage:** Modest monthly increases on some plans and lower premiums on other plans. Please review premiums on page 7 closely.

Other Benefit Changes

- **Elimination of Dental Insurance Rebate:** The December rebate check for employees selecting the EPO Dental Plan has been eliminated.

Eligibility

Employees who work at least 20 hours per week are eligible for the benefits described in the guide. Your benefit coverage begins the first day of employment, unless otherwise specified by your employer. For details on eligibility and when your benefits begin and end, refer to the summary plan documents. [Benefit Resource Portal](#).

You may also enroll eligible dependents for coverage.

Eligible dependents include:

- Your legal spouse
- Your children up to age 26
- Your dependent children over age 26 who are incapable of self-care because of a disability and who rely on you for support

Choose Carefully!

The benefit elections you make during your initial enrollment or open enrollment remain in effect for the entire plan year. Changes can only be made during the next open enrollment period or if you experience a qualified life event, as defined by the IRS.

You have 30 days from the date of the qualifying event to request changes to your benefit selections. To make changes, please contact the Benefits Department and provide any required documentation within the allowed timeframe.

Examples of Qualified Life Events Include:

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

Change in Medicaid/CHIP Status (60 Days from QLE to Request a Change)

Change in Status	Copy of Medicare or CHIP Award Letter or Notice
------------------	---

Enrollment



Open enrollment for 2027 is October 19th through October 30th

Before You Enroll

- Carefully review the benefits listed in this guide and determine the coverages that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Be sure to complete/update your beneficiary information with EMB.
- Check with your Benefits Coordinator if you have questions.

Enrollment Instructions:

- Complete your enrollment in one of three (3) ways
 - Self Service Enrollment Online
 - Mobile App
 - Benefits Counselor Phone Enrollment
 - Call 888-250-8559
- You MUST Select, Review and Submit your desired coverages. Everyone must complete an enrollment, even if there are no changes. All coverages not re-elected will be dropped effective January 1, 2027.
- Be sure to complete beneficiary information for Life and AD&D benefits.

Medical | Anthem

Your health is the foundation of a productive and happy life. That's why we offer comprehensive medical plans designed to meet your needs and support your well-being. Through Anthem, you have access to a medical plan that provides valuable coverage and benefits.

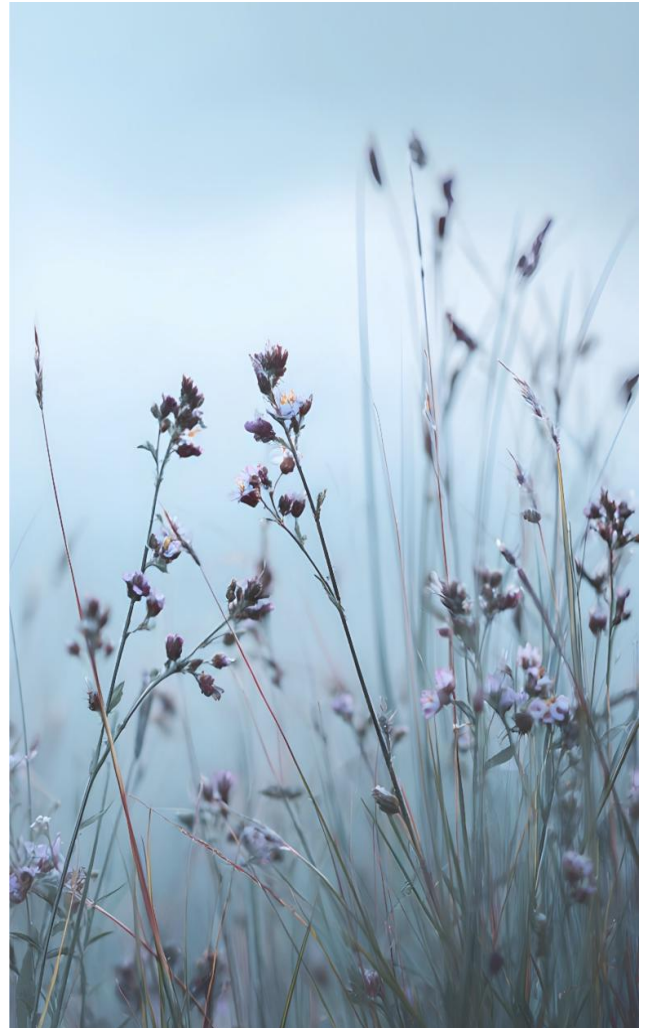
Virtual Care | [Anthem Virtual Care Online](#)

Access a healthcare provider through virtual visits within minutes for convenient care. This benefit offers a quick and easy alternative to in-person visits for the diagnosis and treatment of over 80 common health conditions.

Virtual care for HSA members are covered for free when the virtual care is accessed via the Sydney app.

In-Network vs. Out-of-Network Providers

In-network providers have agreed to set rates with your medical plan, so you pay less when you use them. Out-of-network providers don't have these agreements, which usually means higher costs for you, and sometimes limited or no coverage. Using in-network providers helps you save money and makes it easier to manage your care. Be sure to check Anthem's website to find in-network doctors, hospitals, and specialists near you.



Finding an
In-Network
Provider

Visit | [anthem.com](https://www.anthem.com)
Call | 833-639-1635
Mobile App | Sydney Health
Group Number: L08555



Medical Plan Summary | Anthem

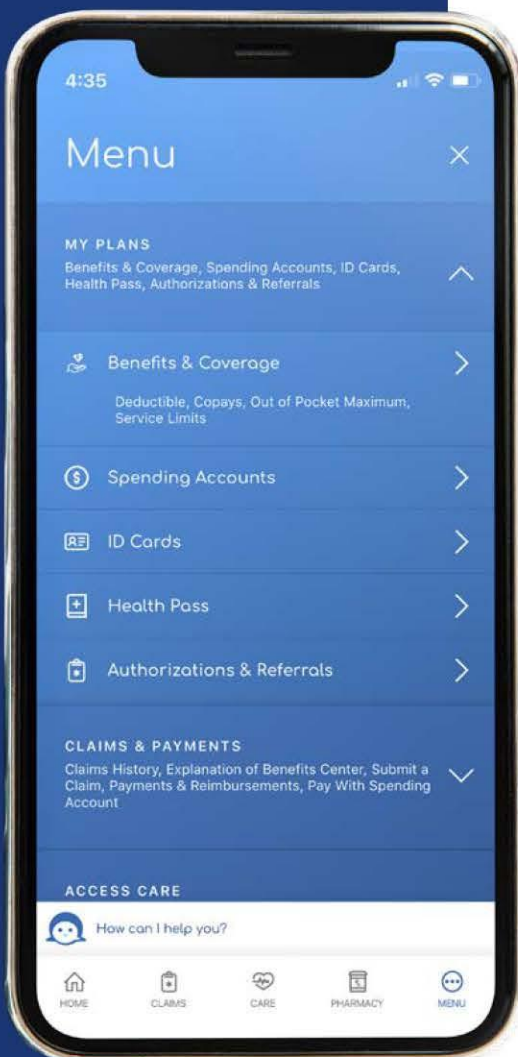
The table below summarizes the key features of the medical plans. Please refer to the official plan documents for additional information on coverage and exclusions.

	Platinum PPO	Standard PPO	Gold HSA
	Blue Access Choice	Blue Access Choice	Blue Access Choice
	In-Network	In-Network	In-Network
Calendar Year Deductible			
Individual / Family	\$500 / \$1,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)			
Individual / Family	\$3,000 / \$6,000	\$4,500 / \$9,000	\$3,000 / \$6,000
	You Pay	You Pay	You Pay
Preventive Care	No charge	No charge	No charge
Primary Care Physician	\$25	\$35	Deductible
Specialist	\$50	\$70	Deductible
Chiropractic	\$25	\$35	Deductible then 50%
Urgent Care	\$75	\$100	Deductible
Emergency Room	\$200	\$300	Deductible
Lab & X-ray	Deductible	Deductible	Deductible
Hospitalization	Deductible	Deductible	Deductible
Diagnostic Imaging (MRI/CT)	Deductible	Deductible	Deductible
Pharmacy Express Scripts			
Rx Deductible	N/A	N/A	Medical Deductible Applies
Retail Rx (Up to 30-day Supply)			
Tier 1 / Tier 2 / Tier 3 / Tier 4	\$10 / \$40 / \$70 / \$160	\$10 / \$40 / \$70 / \$160	Deductible
Mail Order (Up to 90-day Supply)			
Tier 1 / Tier 2 / Tier 3 / Tier 4	\$20 / \$80 / \$140 / \$320	\$20 / \$80 / \$140 / \$320	Deductible
Medical Monthly Premium			
Employee Only	\$100.00	\$0.00	\$0.00
Employee + Spouse	\$920.00	\$685.00	\$625.00
Employee + Child	\$625.00	\$425.00	\$350.00
Employee + Children	\$700.00	\$490.00	\$425.00
Employee + Family	\$1,325.00	\$1,150.00	\$1,000.00



Track your health and benefits with the Sydney Health app

Check out these app features



SydneySM Health helps manage your health and benefits anywhere. Scan the QR code on this flyer to download the app. Then from *Menu*, access these highlights:

My Plans



Benefits & Coverage

Select your plan for details like your deductible, out-of-pocket maximum, and coinsurance (your percentage of the costs).



ID Cards

Access your digital member ID card.

Claims & Payments

Visit the Explanation of Benefits Center, submit a claim, and see your claims history.



Access Care



Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network. Filter by gender, languages spoken, or location. You can also compare costs.



Virtual Care

Assess your symptoms with the Symptom Checker, or talk to a doctor through chat or video.



Community Resources

Find organizations that offer no- or low-cost programs to help with food, transportation, and childcare.



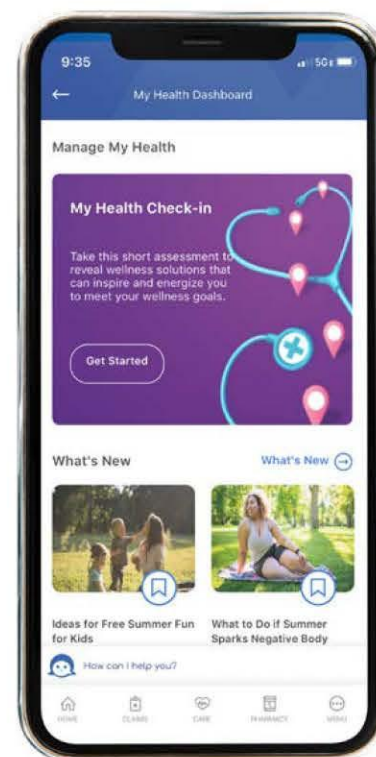
My Health Dashboard

Find health news, health and wellness tips, and personalized action plans. You can also sync your fitness tracker.



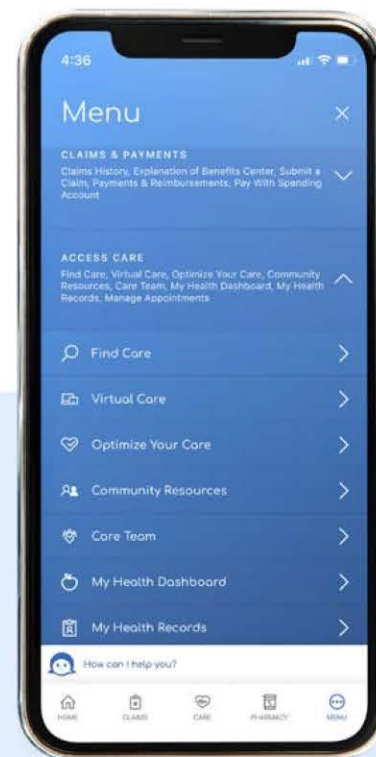
My Health Records

With a single profile, you can view, download, and share your family's health histories and electronic medical records.



Support

Choose **Live Chat** to chat online, **Contact Us** to talk directly to an Anthem Blue Cross and Blue Shield representative, and **Message Center** to send and receive messages. You can also find answers to common questions.



Download the Sydney Health app



Scan the QR code to [download the Sydney Health app](#).

You can also sign up at [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer.



[In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.]

[Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.]

[Other virtual care services offered through an arrangement with LiveHealth Online. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.]

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and AMGP Georgia Managed Care Company, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc. and Anthem HealthChoice HMO, Inc. In these some counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI) underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in PDS policies.

Medical | Compare Care, Reduce Costs

Care in the right setting saves money. The chart below compares examples of average costs in different care settings for a range of common health conditions. **Please note these are estimated average costs only.**

Example of Care Options to Consider	Start Here	24/7 Virtual Visits	Convenience Care	Urgent Care	Emergency Room
	Primary Care Provider (PCP) The provider may know you best.				
Example Average Cost	In-Person: \$ Virtual: \$ or less	\$	\$	\$	\$
Allergies	X	X			
Bladder infection/UTI	X			X	X
Broken Bone				X	X
Bronchitis	X	X		X	
Chest Pain					X
Cough	X	X	X		X
COVID-19 Symptoms	X			X	
Earache	X	X	X		
Fever	X	X	X		
Flu/Common Cold	X	X	X		
Migraine/Headache	X	X			
Muscle Ache/Sprain	X		X		
Pinkeye	X	X	X		
Shortness of Breath					X
Sinus Infection	X	X	X		
Skin Rash	X	X	X		
Sore Throat	X	X	X		
Stomach Pain (Nausea, Vomiting, Diarrhea)	X			X	
Yeast Infection	X	X			

X Shows which suggested care option to use for the common conditions listed above.

This information is for general, illustrative purposes only and is not medical advice or a substitute for your doctor's care.

Always consult an appropriate health care professional about what is right for you. In an emergency, call 911 or go to the nearest emergency room.

Virtual primary care refers to services with a provider via video, chat, email or audio-only, where allowed by state law. These services are available only if the provider is licensed in the state where the member is located at the time of the appointment. Virtual primary care is not for emergency or life-threatening conditions and should not be used in those situations. Services may not be available at all times, in all locations, or for all members. Certain prescriptions may not be available and other restrictions may apply. *Data rates may apply. †The reduced rate for 24/7 virtual visits may change at any time. Check your official health plan documents to see what services and providers are covered by your plan.

Understanding Your Medical Options

PPO vs. QHDHP

Pattonville School District offers three medical plans through Anthem to meet a variety of health needs and budgets. To choose the best plan for you and your family, it's important to understand how each plan works.

	PPO Preferred Provider Organization	QHDHP Qualifying High-Deductible Health Plan
Monthly Premiums	Higher	Lower
At First	You pay fixed copays for most medical services and prescriptions, which do not count towards your deductible but do count toward your out-of-pocket maximum.	You pay 100% of medical and prescription costs until you meet your annual deductible. After that, the plan pays covered costs in full for the rest of the plan year, up to any applicable limits.
Preventive Care	Covered 100% in-network.	Covered 100% in-network.
Meeting Your Deductible	You will pay the full discounted cost of services until the deductible is met.	You will pay the full discounted cost of services until the deductible is met.
Out-of-Pocket Maximum	Plan pays 100% once reached.	Plan pays 100% once reached.
Health Savings Account	Not Available	Available

Using a **PPO** Plan (Example)

Syd felt anxious and used the insurance website to find an in-network psychiatrist. After paying a copay for the visit and a generic prescription, both copay payments counted toward Syd's out-of-pocket maximum. The PPO plan was the best choice, helping Syd save money and receive quality care with regular specialist visits.

Using a **QHDHP** Plan (Example)

Taylor rarely visits the doctor, but after experiencing a fever and chest congestion, Taylor went to an in-network urgent care clinic. Since Taylor was enrolled in the HSA, his deductible applied to his urgent care visit, which he paid for using his HSA funds. Taylor was able to accumulate funds for his HSA account through lower payroll premiums.

Health Savings Account (HSA) | Health Equity

When you elect to enroll in the Qualified High-Deductible Health plan (QHDHP), you may be eligible to contribute to a Health Savings Account (HSA). The HSA provides you the ability to save and use pre-tax dollars to pay for eligible medical expenses (i.e. deductible). You can save an estimated 25% of each dollar spent on medical expenses when you participate. Contributions to your HSA are withdrawn from your paycheck on a pre-tax basis. This means you don't pay federal income tax, Social Security taxes, or local income taxes on the amount that you contribute to your HSA. Please consult your tax advisor for details. Once you enroll in the HSA Account, you'll receive a debit card to pay for the qualified out-of-pocket medical expenses.

What are Benefits of an HSA?

- **Funds Rollover** - No use-it or lose-it provision.
- **Earns Interest** - Money accrues tax-free interest.
- **Portable** - Yours to keep. If you leave your employer, your HSA funds go with you.

Mid-Year Enrollment Reminders

- For new hires or qualifying event changes, consider if you've had other HSA contributions in the same calendar year from another HSA plan and include those contributions in your calendar year IRS max.
- Employees who become eligible for benefits mid-year will receive a prorated HSA contribution. This contribution is calculated based on the number of months they are eligible for the remainder of the year.

You are eligible to enroll in an HSA if:

- You are enrolled in a qualified High-Deductible Health Plan (QHDHP).
- You do not have any other health coverage that is not an QHDHP including a general-purpose Health Care Flexible Spending Account through either your own or your spouse's plan.
- You are not claimed as a dependent on another person's tax return.
- You are not enrolled in Medicare or Medicaid.
- You have not received non-service-connected care from the Veterans Administration within the past three months.



Important Medicare Note: To avoid a tax penalty, you should stop contributing to your HSA at least six months before your Medicare coverage (Part A, Part B, or Part D) begins. Please consult your tax advisor for details.

Health Savings Account (HSA) | Health Equity

Pattonville School District's Contribution for the 12-month Plan Year

- \$1,500 for employee only coverage (\$125/month - \$62.50/paycheck)
- \$3,000 for employee + spouse coverage
- \$3,000 for employee + child coverage
- \$3,000 for employee + family coverage
- Maximum Distribution Contribution is \$3,000 (\$250/month - \$125/paycheck)

The district's contribution is not front-loaded and will be evenly allocated over 24-pay periods throughout the benefit year and will be prorated based on calendar date of hire for new enrollment or qualifying life event plan changes.

2027			
	IRS Maximum	District Contribution	Per paycheck max after District's Contribution
Employee	\$4,500	\$1,500	\$125
Family	\$9,000	\$3,000	\$250
Over 55 addtl	\$1,000	N/A	\$41.67

Employees aged 55 or older may contribute an additional \$1,000 annually to their HSA.

Please remember that **you cannot exceed the annual maximum set by the IRS for each calendar year.**

This limit includes:

- **Your per paycheck contribution**
- **Any employer per paycheck contributions** we make on your behalf (\$62.50/paycheck for employee only or \$125/paycheck for family)



Flexible Spending Account (FSA) | ASI Flex

A Flexible Spending Account (FSA) allows you to place money in a tax-sheltered, short-term account to pay approved health care expenses. Enrollment occurs before the beginning of each plan year, or for new employees, during your initial enrollment period. You must enroll each year to participate in the HealthCare and/or Dependent Care FSA. The amount you designate will be deducted from your paycheck in equal amounts throughout the plan year.

Keep your receipts and Explanation of Benefits (EOBs) in case ASI Flex or the IRS requests additional information about your transaction.

What Happens to Unused Money in Your FSA?

Please plan your contributions carefully to avoid losing funds.

IRS Use-It-or-Lose-It Rule:

FSA expenses must be incurred by the plan year's deadline (December 31). Any funds remaining after that date are forfeited. Although expenses must be incurred during the plan year, your plan(s) provide a claims filing window (often called a claims run-out period) allowing you to submit documentation for reimbursement of those expenses through March 30th, 2028.

Carryover/Rollover Exception:

The IRS limit for FSA carryover/rollover for 2027 is \$680. Unused Health FSA funds may be carried over from one plan year to the next, giving additional time to use your remaining balance without losing it. Any funds exceeding the carryover limit must be used by the end of the plan year or they will be forfeited under the "Use-it-or-Lose-it" rule.

FSAs Offered:

- **Health Care FSA –**

Used to pay for out-of-pocket expenses for your medical, dental or vision plan such as copays, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.

- **Dependent Care FSA –**

Used to pay for day care for your child or elder dependents.

Important

Elections cannot be changed during the plan year. Unless you have a qualified change in family status, such as birth, death, marriage or divorce. Please contact the Benefits Department promptly if you have a qualifying event and need to make changes.

Flexible Spending Account (FSA) | ASI Flex

2027 Maximum Annual Employee Contribution Amount

Health Care FSA	\$3,400
Dependent Care FSA	\$7,500 (\$3,750 if filing separately)

When are funds available?

Health Care FSA	Full annual election available upon the benefits effective date.
Dependent Care FSA	You can be reimbursed up to the amount available in your account.

What can I use FSAs for?

Health Care FSA	• Medical, dental, and vision expenses • Health care expenses, such as deductibles, copays, and prescriptions • Eyeglasses and contact lenses • Lasik surgery • Orthodontia
Dependent Care FSA	• Licensed nursery school and childcare centers • Private day care providers and nannies • Licensed care for disabled dependents • Care for an elderly parent claimed as a dependent on your federal tax return Note: Your dependent care provider must have a federal tax identification number or Social Security number in order for your expenses to be eligible for reimbursement.

2027

How the Health Care FSA Works	How the Dependent Care FSA Works
You may contribute up to the maximum per year, pretax, as noted on the schedule above. *Minimum FSA Contribution: \$100	You may contribute up to the maximums per year, pretax, as noted on the schedule above. *Minimum FSA Contribution: \$100
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 30, 2028, following the plan year for expenses from January 1, 2027, to December 31, 2027	Submit claims up to March 30, 2028, following the plan year for expenses from January 1, 2027, to December 31, 2027
If you do not spend all the money in this FSA by December 31, 2027, unused dollars up to \$680 will carry forward after the 90-day runout period ends	If you do not spend all the money in this FSA by December 31, 2027, unused dollars will be forfeited per IRS regulations after the 90-day runout period ends

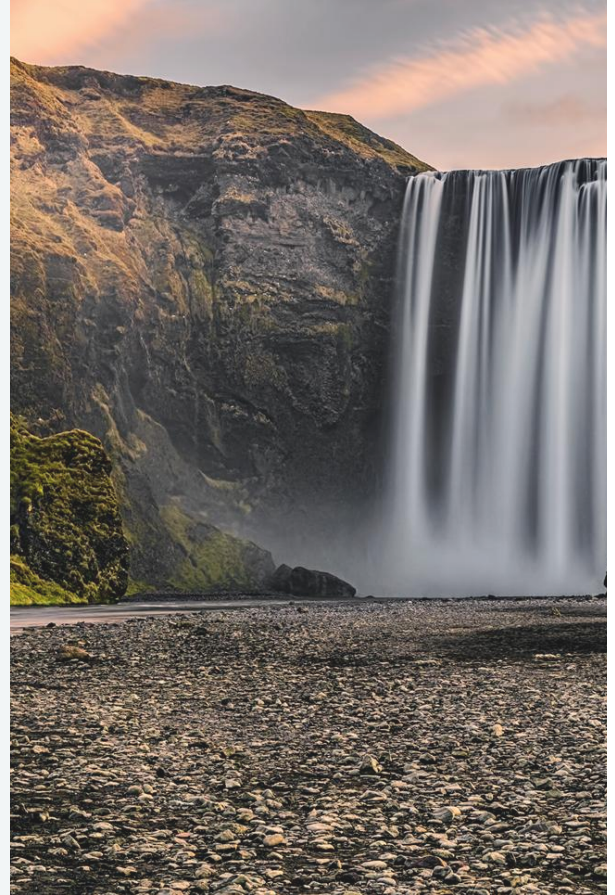
It's important to note that if you participate in a Health Savings Account (HSA), you may not participate in the Health Care FSA reimbursement account.

Dental | Delta Dental of MO

Maintaining good dental health is an important part of your overall wellness. The dental plans, offered through Delta Dental of MO, provides coverage to help you and your family maintain healthy teeth and gums. Regular dental care can prevent cavities, gum disease, and detect early signs of other health conditions.

Why Dental Benefits Matter

- **Preventive Care Saves You Money:** Routine cleanings and exams help catch problems early, reducing the need for costly treatments later.
- **Protect Your Smile and Confidence:** Coverage for restorative services like fillings, crowns, and root canals helps you maintain a healthy, attractive smile.
- **Support for Orthodontic Care:** Whether for children or adults, orthodontic benefits help correct alignment issues that can improve oral function and appearance.
- **Access to Quality Care:** Our extensive network of dental providers ensures you receive high-quality care close to home.



How to Maximize Your Dental Benefits

- Schedule regular preventive visits to avoid costly dental problems.
- Use in-network providers to maximize your coverage and reduce out-of-pocket costs.
- Keep track of your annual maximum to plan major treatments effectively.
- Take advantage of orthodontic benefits early to support long-term oral health.

Finding an
In-Network
Provider

Visit | www.deltadentalmo.com
Call | 800-335-8266
Mobile App | Delta Dental Mobile App
Group Number:
High Plan 3720-1000 Low Plan 3720-2000



Dental Plan Summary | Delta Dental of MO

The table below summarizes the key features of the dental plans. Please refer to the official plan documents for additional information on coverage and exclusions. **Cleanings are not included in the calendar year max.**

	Delta Dental PPO Plan			Delta Dental EPO Plan		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Calendar Year Deductible						
Individual	\$50	\$50	\$50	\$5 Copay Per Visit	N/A	N/A
Family	\$150	\$150	\$150			
Calendar Year Benefit Maximum						
Per Individual	\$1,500	\$1,500	\$1,500	\$1,000	N/A	N/A
	You Pay			You Pay		
Preventive Care	0%	0%	0%	0%	N/A	N/A
Basic Services	10%	20%	20%	30%	N/A	N/A
Major Services	40%	50%	50%	50%	N/A	N/A
Orthodontia						
Children (Up to Age 26)	50% up to a lifetime maximum benefit of \$1,500	50% up to a lifetime maximum benefit of \$1,500	50% up to a lifetime maximum benefit of \$1,500	50% up to a lifetime maximum benefit of \$1,000	N/A	N/A
Adults	50% up to a lifetime maximum benefit of \$1,500	50% up to a lifetime maximum benefit of \$1,500	50% up to a lifetime maximum benefit of \$1,500	50% up to a lifetime maximum benefit of \$1,000	N/A	N/A
Dental Monthly Premium						
Employee Only	\$0.00			\$0.00		
Employee + Spouse	\$45.00			\$17.00		
Employee + Child	\$73.00			\$21.00		
Employee + Children	\$80.00			\$23.00		
Employee + Family	\$120.00			\$42.00		

Use in-network dental providers to avoid balance billing and unexpected charges. Check the provider directory or contact Member Services for help finding a dentist.

Vision| United Healthcare

Clear vision is essential for daily life and work performance. The vision plan, offered through United Healthcare, provides coverage for routine eye exams, lenses, frames, and contact lenses. Regular eye exams can also help detect early signs of health conditions such as glaucoma and diabetes.

Why Vision Benefits Are Important

- **Early Detection of Eye Conditions:** Routine eye exams can identify vision changes and health issues before symptoms appear.
- **Cost Savings on Eyewear:** Receive allowances for frames, lenses, and contact lenses, helping you afford quality eyewear.
- **Improved Quality of Life:** Corrective lenses help reduce eye strain, headaches, and improve focus, enhancing your comfort and productivity.
- **Access to a Wide Network:** Choose from numerous in-network providers for convenient care and maximum benefits.
- **Regular Updates:** Benefit frequency limits ensure you have access to updated prescriptions and the latest lens technologies.

Tips for Using Your Vision Benefits

- Schedule your eye exam within the recommended frequency to maintain optimal eye health.
- Explore frame and lens options within your allowance to find the best fit for your style and needs.
- Consider contact lenses if preferred, with coverage included in your plan.
- Use in-network providers to maximize your benefits and minimize out-of-pocket expenses.

Finding an
In-Network
Provider

Visit | www.myuhc.com
Call | 800-638-3120
Mobile App | UnitedHealthcare
Group Number: 00742869



Vision Plan Summary| United Healthcare

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.

	Vision Plan	
	In-Network	Out-of-Network
	You Pay	Reimbursed Up to
Exam	\$10	Up to \$40
Materials	\$10	See Below
Lenses		
Single Lenses	\$10	Up to \$40
Bifocals	\$10	Up to \$60
Trifocals	\$10	Up to \$80
Frames	\$130 Allowance then 30% Off	Up to \$45
Covered Services - Contacts in Lieu of Frames/Lenses		
Contacts - Medically Necessary	Covered in Full	Up to \$210
Contacts - Elective	Up to \$125	Up to \$125
Calendar Year Benefit Frequency		
Exams	Once Every 12 Months	
Lenses	Once Every 12 Months	
Frames	Once Every 24 Months	
Contacts	Once Every 12 Months	
Vision Monthly Premium		
Employee Only	\$5.56	
Employee + Family	\$16.09	



Employer Paid Life & Accidental Death and Dismemberment (AD&D) | The Hartford

As part of our commitment to your financial security, Pattonville School District provides Employer Paid Life and AD&D insurance at no cost to you through The Hartford. This coverage offers important financial protection for your loved ones in the event of your death or serious injury due to an accident.

Key Features

- **Life Insurance Benefit:** Provides a lump-sum payment to your designated beneficiaries if you pass away while covered under the plan.
- **Accidental Death & Dismemberment (AD&D):** Offers additional benefits if you suffer a qualifying injury or death due to an accident, such as loss of limbs, sight, or paralysis.
- **Automatic Enrollment:** All eligible employees are automatically enrolled in this benefit from their date of hire.
- **Portability:** Coverage can continue if you leave the company. See your Benefits Coordinator for more information.

For You Life and AD&D Benefits at a Glance	
Coverage Amount	1X Your Basic Annual Earnings to a Maximum of \$100,000
Age Reduction Schedule	Benefits Reduce by 50% at Age 70

Why Keeping Your Beneficiary Information Up to Date Matters

Your beneficiary designation will receive your Life and AD&D benefits. It is important to review and update your beneficiary information regularly—not just during open enrollment or renewal periods—to ensure your benefits are paid according to your current wishes. Life changes such as marriage, divorce, birth of a child, or other significant events may affect your beneficiary choices.

Important Note:



- Under IRS regulations, employer-paid life insurance coverage amounts over \$50,000 are considered taxable income, known as imputed income. This means the value of coverage exceeding \$50,000 will be included in your taxable wages. Please consult a tax advisor for details on how this may affect your tax situation.
- For detailed plan terms, exclusions, and claim procedures, please refer to the Summary Plan Description or contact Human Resources.

Voluntary Life & Accidental Death and Dismemberment (AD&D) | The Hartford

You have the option to purchase Voluntary Life and AD&D insurance to provide financial protection tailored to your needs. This coverage is available for you, your spouse, and your dependent children. In the unfortunate occurrence of an accidental death or critical injury, their coverage ensures your named beneficiaries receive financial support.

	Employee	Spouse	Children up to age 26
Coverage Amount	Employees may elect coverage of 0.5X, 1X, 2X, or 3X of their annual earnings up to a maximum of \$250,000.	Increments of \$5,000 up to \$125,000 Not to Exceed 50% of Employee Elected Coverage	Increments of \$5,000 to a Maximum of \$20,000. Coverage is available for your children up to age 26 whether they are a full-time student or not.
Guaranteed Issue	Guaranteed Issue amount is 0.5X, 1X, 2X, or 3X of their annual earnings up to a maximum of \$100,000 without evidence of insurability.	\$30,000	N/A
Evidence of Insurability (EOI)	Required if Electing Coverage over the Guaranteed Issue Amount	Required if Electing Coverage over the Guaranteed Issue Amount	Not Required
Rate	\$0.272 per \$1,000	\$0.252 per \$1,000	\$0.088 per \$1,000

Why Keeping Your Beneficiary Information Up to Date Matters

Your beneficiary designation will receive your Life and AD&D benefits. It is important to review and update your beneficiary information regularly—not just during open enrollment or renewal periods—to ensure your benefits are paid according to your current wishes. Life changes such as marriage, divorce, birth of a child, or other significant events may affect your beneficiary choices.

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

Employees and spouses who elect coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). Any coverage over the GI amount requires an EOI form for medical underwriting approval. If you initially waive this coverage but want to enroll later, you will need to provide satisfactory EOI before any coverage can take effect.

Facts & Tips

If an employee enrolls during this annual enrollment, the employee can elect or increase coverage up to the guaranteed issue amount of \$100,000 with evidence of insurability and can elect or increase spouse coverage up to the guaranteed issue amount of \$30,000 with evidence of insurability. Child coverage doesn't require evidence of insurability.

Employer Paid Long-Term Disability | The Hartford

Employer Paid Long-Term Disability insurance is provided at no cost to you through The Hartford and provides income replacement if you are unable to work for an extended period due to a qualified illness or non-work-related injury. This coverage helps protect your financial stability by replacing a portion of your income during longer-term absences.

Employer Paid Long-Term Disability Benefits at a Glance	
Monthly Benefit	60% of Base Monthly Earnings Continuing Benefit: 20% of Monthly Earnings
Monthly Maximum	\$12,500 per Month
Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Elimination Period	60 Days or 180 Days
Pre-Existing Limitation	3/12*

**Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.*

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice, diagnosis, treatment, or consultation from a doctor within an established amount of time prior of the effective date of your plan.



Voluntary Short-Term Disability | The Hartford

Voluntary Short-Term Disability (STD) insurance lets you protect a portion of your income if you become temporarily unable to work. This optional coverage, provided through The Hartford and paid entirely by you through pre-tax payroll deductions, replaces part of your income during a short-term disability, providing financial peace of mind when you need it most.

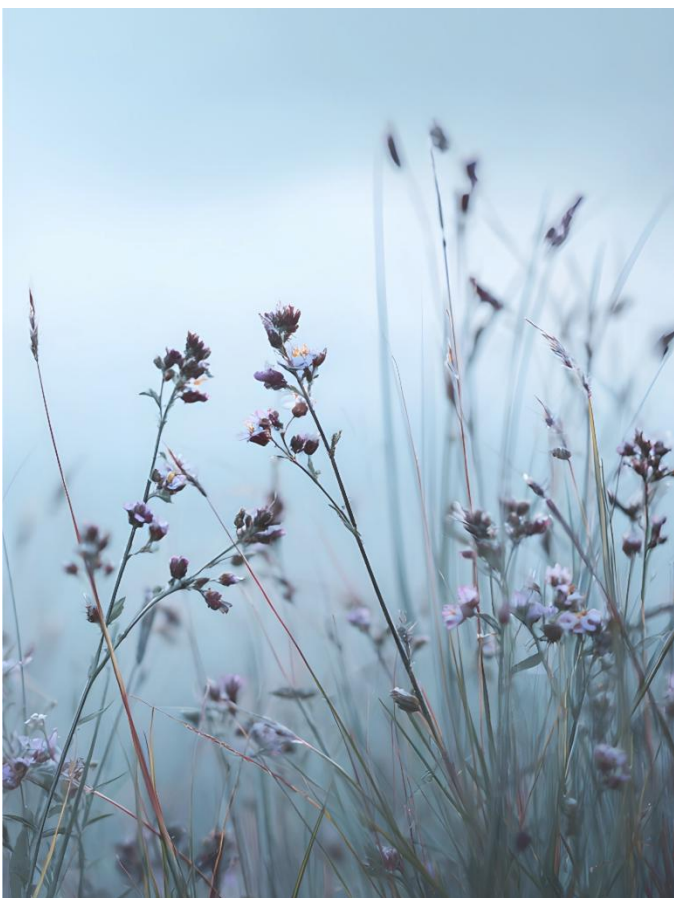
Watch a short video to help you decide:

[Will you ever need Short-term Income Protection Benefits? | The Hartford](#)

Short-Term Disability Benefits at a Glance

Weekly Benefit	Election Max of 60% of Weekly Earnings
Benefit Duration	Class 1: 26 Weeks Class 2: 13 Weeks
Elimination Period • Injury / Accident • Illness	8 Days 8 Days
Pre-existing Limitation	6/6/12*

**Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.*



Evidence of Insurability

If you decline coverage when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (EOI) – proof of good health – may be required before coverage is approved.

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice, diagnosis, treatment, or consultation from a doctor within an established amount of time prior of the effective date of your plan.

Accident Insurance | The Hartford

Accident insurance, through The Hartford, 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. The following example illustrates how accident insurance can provide financial assistance in the event of an unexpected injury.



Watch a short video to help you decide: [Accident Insurance Product | The Hartford](#)

Critical Illness Insurance | The Hartford

Critical Illness insurance, through The Hartford, is designed to complement your medical insurance by providing a lump-sum cash benefit in the event you are diagnosed with a qualifying critical illness. This benefit pays you directly to help cover medical deductibles, living expenses, or any other unexpected costs, allowing you to focus on your health without financial stress. The plan pays regardless of any other insurance you may have and is not a substitute for medical insurance.

Covered illnesses may include Cancer, heart attack, kidney failure, stroke, and more.



There is a Benefit Suspension Period between Recurrences

Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached.

Key Features

- **Eligibility:** All active full-time employees are eligible to participate.
- **Coverage for Your Family:** Coverage is also available for your spouse and children.
- **Wellness Benefit:** Annual Wellness Benefit of is included for each enrolled subscriber. Check your plan for the specific details.
- **Important:** If you are electing Critical Illness coverage for the first time, you will be required to provide Evidence of Insurability (EOI) to enroll. Please submit the requested information promptly to ensure timely coverage.

Watch a short video to help you decide: [Critical Illness Insurance Product | The Hartford](#)

Hospital Indemnity | The Hartford

Hospital Indemnity insurance, through The Hartford, 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. Pattonville School District offers hospital indemnity plan(s) which provide lump sum payments in addition to any other insurance payments you may receive. Benefits are paid directly to you.

Hospital Indemnity Benefits at a Glance	
Covered Events	Illness and Injury
First Day Hospital Admission	\$1,000 per day
Daily Hospital Confinement (Day 2+)	\$150 per day
Daily ICU Confinement (Day 2+)	\$300 per day
Pre-Existing Condition Limitation	12/12*

**Benefits may not be paid for any condition treated within 12 months prior to your effective date until you have been covered under this plan for 12 months.*

Watch a short video to help you decide: [Hospital Indemnity Insurance Product | The Hartford](#)



Important: this policy is not comprehensive medical insurance and is not intended to replace medical coverage; it does not satisfy minimum essential coverage requirements.



Additional Voluntary Benefits

Life with Long Term Care

Available through Transamerica Life Insurance Company. Help safeguard your family’s future with life insurance that can assist with more than final expenses. With universal life insurance from Transamerica, you can build cash value that you can borrow against to help pay for childcare, college tuition, or unexpected expenses.

Life with Long-Term Care benefits at a Glance	
Death Benefit Amounts Available	\$25,000 increments up to \$150,000
Guaranteed Issue Amount	Employee: Up to \$150,000 Spouse: Up to \$25,000
Can I continue my insurance after employment?	Yes, with our portability option
Riders (additional benefits):	Long Term Care Rider Extension of Benefits Rider Benefits Restoration Rider Accelerated Death Benefit for Terminal Condition Rider Waiver of Monthly Deductions for Layoff or Strike Rider

For more information click here: [Universal Life with Long Term Care Employee Video](#)

TRANSAMERICA UNIVERSAL LIFE INSURANCESM

UNDERWRITTEN BY TRANSAMERICA LIFE INSURANCE COMPANY



DON'T FEAR THE UNEXPECTED. PREPARE FOR IT.

Transamerica Universal Life InsuranceSM, underwritten by Transamerica Life Insurance Company, is a type of permanent¹ life insurance that you can keep with you during all stages of your life. It also builds cash value that can be borrowed² against if needed.

We understand that your health can impact your finances and vice versa. That's why our universal life insurance also includes a rider (or "benefit") for long term care needs that allows you to access a portion of your death benefit in the event you require extended care. The benefit can then be used to help pay for licensed care at home, in a facility, or even if you're confined to a hospital or other care facility for specialized treatment.

HIGHLIGHTS

- No physical exams or blood tests³
- Flexibility to adjust premiums up (to build more cash value) or down (if money is tight)*
- Take it with you if you leave your job or retire
- Home care, Long Term Care Confinement or adult day care benefit is 4% monthly for 25 months
- With the Extension of Benefits Rider, the benefit can be extended an additional 25 months
- Restoration Rider that can restore the death benefit up to 100%

\$7,848

the national median cost of a funeral with a viewing and burial in 2021.⁴

\$94,000

average annual cost of a shared nursing home room in the U.S.⁵



THE LONG TERM CARE, EXTENSION OF BENEFITS, AND RESTORATION RIDERS

- To qualify to use these riders you will need to show proof from a licensed physician that you need assistance with at least two out of the six Activities of Daily Living (ADLs) or have a severe cognitive impairment. ADLs include bathing, dressing, toileting, transferring (ex: ability to get in or out of a chair or bed), continence, or eating.
- After a 90-day waiting period, the Long Term Care Rider provides a monthly benefit based on the type of care received — professional home care, Long Term Care Confinement or adult day care: 4% monthly for 25 months.
- Once the entire death benefit has been accelerated under the Long Term Care Rider, the Extension of Benefits Rider will increase the death benefit each month to allow the Long Term Care Rider to continue providing a monthly benefit.
- With the Restoration Rider, each month you receive a benefit payment, up to 100% of your death benefit will be restored. This means any benefit payment you receive while alive does not negatively impact the value of the death benefit for your beneficiaries at the time of your death.

See policy for explanation of additional riders.

HELP PROTECT THOSE WHO DEPEND ON YOU

Transamerica's employee benefits have been helping to protect families for 90 years. We offer the knowledge, stability, and commitment to providing financial protection from the unexpected.

You work hard to provide your family with the quality of life they enjoy. Prepare to help offset the financial costs loved ones may face if the unexpected happens.

Let us help protect you and your family.



Visit: transamerica.com



Customer Service: 888-763-7474

Limitation and Exclusions: Individuals currently on disability or on premium waiver are not eligible for insurance. During the first two years, the death benefit for suicide (while sane or insane) is limited to the return of premiums paid with interest, less any loans, partial surrender amounts, and accelerated benefits paid, if any.

Long Term Care Rider

The following limitations apply to this Rider: 1. Benefits are payable as specified in the Benefits section of this Rider. 2. We will not pay benefits during the Elimination Period. 3. Benefits are subject to the Exclusions and Limitations section of this Rider. Qualified Long Term Care Services do not include care, confinement or services: 1. resulting from alcoholism, or drug addiction or chemical dependency unless as a result of medication used as prescribed by a Physician; 2. resulting from or arising out of attempted suicide or intentionally self inflicted injury; 3. due to participation in a felony, riot or insurrection; 4. for which no charge is normally made in the absence of insurance; 5. received outside the 50 United States and the District of Columbia; or 6. performed by an Immediate Family Member. An Immediate Family Member can provide covered care or services if he or she is a regular employee of an organization that is engaged in providing the Qualified Long Term Care Services. The organization he or she works for must receive the payment for the care or service.

¹It is important to note that the insurance could lapse prior to the maturity date based on the planned periodic premiums, guaranteed interest rate and guaranteed cost of insurance charges, inadequate premium, or for non-payment of premium.

²Loans, withdrawals, and death benefit accelerations will reduce the policy value and the death benefit and may increase lapse risk. Policy loans are tax-free provided the policy remains in force. If the policy is surrendered or lapses, the amount of the policy loan will be considered a distribution from the policy and will be taxable to the extent that such loan plus other distributions at that time exceed the policy basis.

³Acceptance based on answers to questions on the application for insurance.

⁴"Statistics" National Funeral Directors Association, October 2023.

⁵2021 Nursing Home Costs by State and Region. American Council on Aging, last updated March 2022.

*Adjusting the premium of a Universal Life insurance policy could result in over- or under-funding the policy. As a result, the life of the policy could be affected.

The purpose of this advertising is solicitation of insurance. Contact may be made by an insurance agent or insurance company.

Up-to-date information regarding our compensation practices can be found in the Disclosures section of our website at: tebcs.com.

This is a brief summary of *Transamerica Universal Life Insurance*™ UL10 underwritten by **Transamerica Life Insurance Company (TLIC)**, Cedar Rapids, Iowa. TLIC is not an authorized insurer in New York. Policy form series TMUL1000- 0421 and TCUL1000-0421. Rider form [series] TRLC1200-0422, TRLEX1200-0422, TRLRE1200-0422. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.

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TRANSAMERICA®

Employee Assistance Program (EAP) | PAS

Pattonville School District also provides you access to the Employee Assistance Program (EAP) at no cost. This program, available through Personal Assistance Services (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
- Childcare Issues – including identifying schools, daycare, tutors, and more
- Aging Parents



How confidential is the EAP?

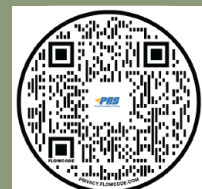
It's important to note that all EAP conversations are voluntary and strictly confidential. No information, including your name, can be released without your written consent. The only exceptions are those required by law such as the duty of counselors to warn someone of a serious threat or the mandated reporting of child or elder abuse.

What does the EAP Cost?

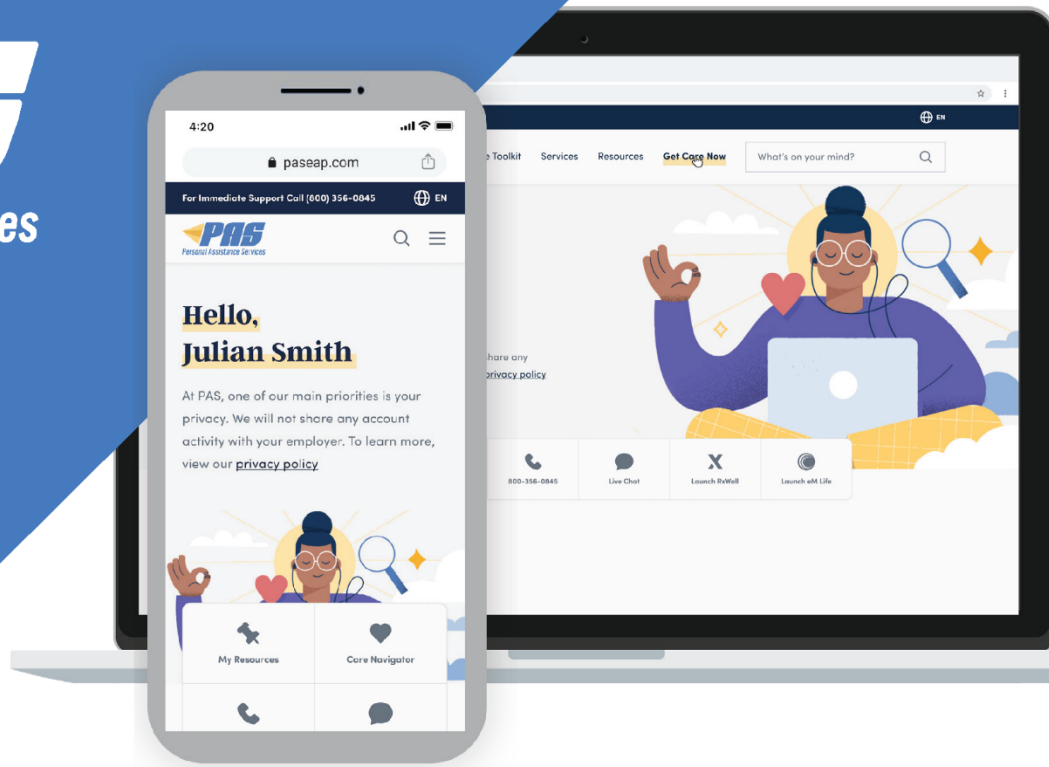
There is no charge for services provided within the EAP. Your employer has provided short term counseling, research, consultation, and referral services for you, your family, and your significant others. When necessary, you may be referred to services that go beyond the scope of the EAP. Charges for services outside the EAP are your responsibility. In some cases, however, your health insurance may cover a portion of the cost of the services you require.

**EAP
Program
Support**

Visit | www.mypaseap.com
Call | 800-356-0845
Mobile App | myPASapp
Organization Code: Pattonville SD



New member portal



New URL: www.mypaseap.com

Your organization code is:

Pattonville SD

Please create a user ID and password to access the portal, entering your name, email and phone number, either personal or work. Any eligible family member may have their own account.



Features of the new member portal include:

- Personalized Member Dashboard with easy access to PAS digital engagement tools
- Quick connect bar to access PAS services from any device using chat, voice and email
- Care Navigator needs assessment with personalized recommendations to PAS resources and services
- Easy access to all PAS resources including calculators, worksheets and micro trainings
- Ability to pin articles and resources for future reference

For questions about the member portal, please email us at:
pasadmin@paseap.com

Legal experts on your side, whenever you need them

For **\$16.90 a month**, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms, when using a network attorney for a covered matter. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.¹

Money Matters	• Debt Collection Defense • Identity Theft Defense • Negotiations with Creditors	• Personal Bankruptcy • Tax Audit Representation	• Tax Collection Defense
Home & Real Estate	• Eviction Defense • Foreclosure	• Home Equity Loans • Refinancing of Home	• Sale or Purchase of Home • Tenant Negotiations
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies	• Living Wills • Probate Proceedings	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Change or Establishment of Custody Order or Visitation Rights • Conservatorship • Demand Letters • Divorce, Dissolution and Annulment	• Enforcement or Modification of Support Order • Garnishment Defense • Guardianship • Juvenile Court Defense, Including Criminal Matters	• Name Change • Parental Responsibility Matters • Review of ANY Personal Legal Document
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services	• Incompetency Defense
Elder-Care Issues	• Consultation & Document Review for your parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Traffic & Criminal* Matters	• Driving Privileges Restoration • Driving Under the Influence Defense	• Felony Defense • License Suspension Due to DUI • Misdemeanor Defense	• Repossession • Serious Traffic Matters

Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.²

To learn more about your coverages, view our attorney network, or grant your dependents access, create an account at members.legalplans.com or call 800.821.6400 Monday – Friday 8:00 am to 8:00 pm (ET).

1. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.
2. Digital notary and signing is not available in all states.

*Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details.

Additional Resources | Mental Health Support

If you believe you need help right away – for yourself or a loved one – call 911 or use the emergency numbers below.

Substance Use Helpline – 1-800-662-4357

If you feel that you or a loved one are experiencing signs of addiction, call the confidential helpline to get support, guidance on treatment options, help finding a network provider and answers to your questions.

National Domestic Violence Hotline – 1-800-799-7233 or Text START to 88788

Get help with crisis intervention and referrals to local services for victims of domestic violence and those calling on their behalf.

National Suicide Prevention Lifeline – 988

If you or someone you know is in suicidal crisis or emotional distress, get emergency help right away. Contact the lifeline 24/7, free and confidential support for people in distress and prevention and crisis resources for you or loved ones.

The Crisis Text Line – Text HOME to 741741

The Crisis Text Line is a free resource available 24/7 to help you connect with a crisis counselor.



CareATC Health & Wellness Center



Your health center benefits

- **Affordable care.** No copay or deductible is required, except a **\$35 office visit fee** for HDHP plan members receiving non-preventive services.
- **Comprehensive care.** Primary and preventive care, treatment for illness or injury, and chronic disease management.
- **Quick, easy appointments.** Schedule through the CareATC mobile app, online, or by phone.
- **Free lab work and generic medications** provided during your visit.
- **Less wait time, more face time** with your medical provider.
- **No insurance billing.**

Area Health Centers

Claymont Health Center

15421 Calyton 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 Ways to Schedule:

 CareATC Mobile App  www.careatc.com/patients  314.314.7434



Show Me
The App!



PATTONVILLE SCHOOL DISTRICT STAFF WELLNESS PROGRAM

Supporting your well-being for a stronger community

Welcome to the Pattonville School District Staff Wellness Program! We are dedicated to supporting the health and well-being of all our staff members. Our program is designed to provide resources, encouragement, and opportunities for you to thrive, both personally and professionally.

Program Highlights

Wellness Captains at All Buildings

Your go-to campus champions for local support, motivation, and building-level activities. These dedicated individuals are here to help you connect with wellness initiatives right in your own school.

Incentives, Prizes, and Lots of Fun!

Complete challenges, hit your wellness goals, and earn fantastic rewards along the way! We believe in celebrating your commitment to a healthier lifestyle with exciting prizes.

Visit Our Staff Wellness Website for Complete Information!

The most comprehensive details about our Staff Wellness Program, including our extensive network of vendors, critical illness programs, mental health resources, and much more, can be found on our dedicated website. This is your central hub for all things wellness within Pattonville School District.

Visit Our Website Here

<https://www.psdr3.org/departments/community-and-staff-engagement/wellness/staff-wellness>

Ready to prioritize your well-being and be a part of a supportive community? Join the movement and connect with us!

Email: staffwellness@psdr3.org



Contacts

Benefits Department Contact Information			
Benefits Coordinator	Stacy Martin	benefits@psdr3.org	314-213-8035
Coverage	Carrier	Website	Phone
Explain My Benefits Open Enrollment	EMB Enrollment	www.embbenefits.com/psdr3	888-250-8559
Medical	Anthem Group Number: L08555	www.anthem.com	833-639-1635
Health Savings Account (HSA)	Anthem	www.healthequity.com	866-346-5800
Flexible Spending Accounts	ASI Flex	www.asiflex.com	800-659-3035
Dental	Delta Dental of Missouri Group Number: High Plan: 3720-1000 Low Plan: 3720-2000	www.deltadentalmo.com	800-335-8266
Vision	United Healthcare Group Number: 00742869	www.myuhc.com	800-638-3120
Employer Paid Life and AD&D	Hartford Group Number: 402274	www.thehartford.com	800-523-2233
Voluntary Life and AD&D	Hartford Group Number: 402274	www.thehartford.com	800-523-2233
Disability	Hartford Group Number: 402274	www.thehartford.com	800-523-2233
Accident, Critical Illness, Hospital Indemnity Insurance	Hartford Group Number: 402274	www.thehartford.com	800-523-2233
Voluntary STD	Hartford Group Number: 402274	www.thehartford.com	800-523-2233
Employee Assistance Program	Personal Assistance Service (PAS) Employer Code: Pattonville SD	www.paseap.com	800-356-0845
Life with Long Term Care	Transamerica	www.transamerica.com	888-762-7474

Additional Resources | Video Library

Do you want to learn more about the benefits offered in this guide?
 Visit the Video Library: <https://flimp.live/MMA-Video-Library>

Glossary

Balance Billing: When an out-of-network provider bills you for the difference between their charge and what your insurance pays.

Benefit Year: The 12-month period during which your benefits and coverage apply.

Claim: A request for payment that you or your provider submits to your insurance for covered services.

Coinsurance: The percentage of costs you pay for a covered service after meeting your deductible (e.g., you pay 20%, insurance pays 80%).

COBRA: A federal law allowing you to continue your health coverage temporarily after leaving a job, usually at your own cost.

Copayment (Copay): A fixed fee you pay for a covered service, like \$20 for a doctor visit.

Deductible: The amount you pay out-of-pocket for covered services before your insurance starts to pay.

Dependent: A family member, such as a spouse or child, who is eligible for coverage under your plan.

Eligibility: The requirements you must meet to qualify for benefits, such as employment status or hours worked.

Explanation of Benefits (EOB): A statement from your insurer explaining what was covered, what you owe, and how claims were processed.

FSA (Flexible Spending Account): A pre-tax account you can use to pay for eligible health care expenses.

HMO (Health Maintenance Organization): A plan requiring you to use in-network providers and get referrals for specialists.

HSA (Health Savings Account): A tax-advantaged savings account for medical expenses, available with high-deductible health plans.

Imputed Income: The taxable value of non-cash benefits that an employer provides to an employee. Instead of receiving cash, employees receive certain benefits—like health coverage for a domestic partner, employer-paid life insurance above IRS limits, or personal use of a company car—that the IRS considers as income for tax purposes. This means the value of these benefits is added to the employee's taxable wages.

In-Network: Providers or facilities that have a contract with your insurance plan to offer services at negotiated rates.

Member Services: The department you contact for help with your benefits and coverage questions.

Network Directory: A list of in-network providers and facilities covered by your plan.

Open Enrollment: A set period each year when you can sign up for or make changes to your benefits.

Out-of-Network: Providers or facilities not contracted with your insurance plan, often resulting in higher costs.

Out-of-Pocket Maximum: The most you will pay in a year for covered services, after which insurance pays 100%.

Outpatient Care: Medical services you receive without being admitted to a hospital overnight.

Premium: The amount you pay (usually monthly) to have health insurance coverage.

Prior Authorization: Approval your insurer requires before certain services or medications are covered.

PPO (Preferred Provider Organization): A plan that offers more flexibility to see any provider but costs less when using in-network providers.

Telehealth: Health care services you can access remotely via phone or video.

Waiting Period: The time you must wait after becoming eligible before your benefits begin.

Notice of Non-discrimination

Applicants for admission or employment, students, parents of elementary and secondary school students, employees, sources of referral and applicants for employment, and all professional organizations that have entered into agreements with the Pattonville School District are hereby notified that the District does not discriminate on the basis of race, color, ethnicity, national origin, sex, age, pregnancy, disability, or any other characteristic protected by law in admission or access to, or treatment or employment in, its programs and activities. In addition, the District provides equal access to the Boy Scouts of America and other designated youth groups.

Any person having inquiries concerning the District's compliance with the laws and regulations implementing Title VI of the Civil Rights Act of 1964 (Title VI), Title IX of the Education Amendments of 1972 (Title IX), the Age Discrimination Act, Section 504 of the Rehabilitation Act of 1973 (Section 504), Title II of the Americans with Disabilities Act of 1990 (ADA) or the Boy Scouts of America Equal Access Act, is directed to one of the District Compliance Coordinators listed below, who oversee the District's efforts to comply with the laws and regulations implementing the laws and regulations cited above.

The District has established grievance procedures for persons unable to resolve problems arising under the statutes above. One of the District's Compliance Coordinators will provide information regarding those procedures upon request. Any person who is unable to resolve a problem or grievance arising under any of the laws and regulations cited above may contact the United States Department of Education's Office for Civil Rights, Region VII, 1 Petticoat Lane, 1010 Walnut Street, Suite 320, Kansas City, MO 64106; phone (816) 268-0550

The District's Compliance Coordinators are:

David Besgrove, Chief Human Resources Officer (for employee or visitor-related concerns) and
Dr. Tori Cain, Assistant Superintendent of Student Services (for student-related concerns)

Pattonville School District
11097 St. Charles Rock Road
St. Ann, MO, 63074
Telephone: (314) 213-8500

MARSH AGENCY

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The rates quoted for these benefits may be subject to change based on final enrollment and/or final underwriting requirements. This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of the plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.