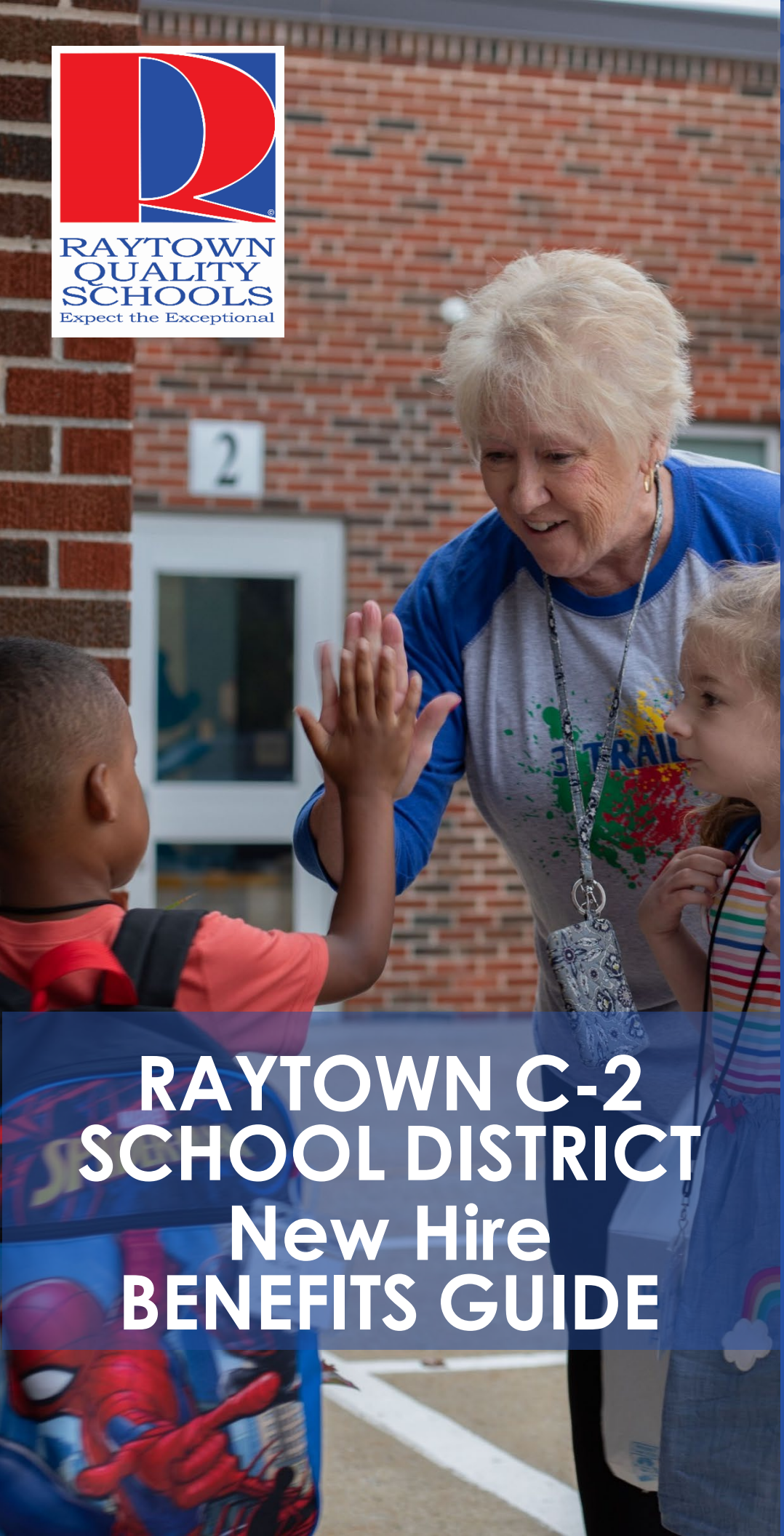


RAYTOWN QUALITY SCHOOLS
Expect the Exceptional

RAYTOWN C-2 SCHOOL DISTRICT New Hire BENEFITS GUIDE

2026

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CONTACT INFORMATION

RESOURCES

Benefit Enrollment
Amerilife Benefits—BenefitsDirect
833-688-8656
https://account.mybenefitsportal.com/raytownqualityschools
Customer Service email:
CustomerSupport@AmerilifeBenefits.com

Raytown C-2 School District
Hannah Wallace
816-268-7030

Raytown Schools Quality Care Clinic
816-744-8030
raytownschoolsclinic.com
mypremisehealth.com

EMPLOYEE BENEFITS

Medical
BlueKC
816-395-2270
www.mybluekc.com

Health Savings Accounts
UMB
866-520-4472
www.hsa.umb.com

Dental
Delta Dental of Missouri
800-335-8266
www.deltadentalmo.com

Vision
VSP Vision Care
800-877-7195
www.vsp.com

Flexible Spending Accounts
Tri-Star Systems
800-727-0182
www.tri-starsystems.com

Group Term Life
The Standard
800-628-8600
www.standard.com

Benefit Consultant
CBIZ Benefits & Insurance Services, Inc.
Michelle Conn
816-945-5224
mconn@cbiz.com

RETIREMENT – 403B AND 457 PLANS/ MISSOURI RETIREMENT SYSTEM

403B/457B Plan Administrators
TSA Consulting Group, Inc.
Attn: Participant Services
73 Eglin Parkway NE, Suite 202
Fort Walton Beach, FL 32548
Toll-Free Phone: 888-796-3786

ASPire Financial Services
866-634-5873
www.aspireonline.com

Appreciation Financial, Steven Hefter
847-542-1183
shefter@appreciationfinancial.com

GWN Securities
561-472-2700
www.gwnsecurities.com

Life Insurance of the Southwest
800-579-2878
www.nationallifegroup.com

AXA Equitable Life Insurance Company
800-628-6673

Fidelity Security Life Insurance Company
800-648-8624
www.fslins.com

Horace Mann, Frank Oligbo
816-926-9700
frank.oligbo@horacemann.com

VALIC
913-402-5000
www.valic.com

PSRS/PEERS
Missouri Retirement Systems
800-392-6848
www.psrs-peers.org

VOLUNTARY DISABILITY COVERAGE

Amerilife Benefits—BenefitsDirect
833-688-8656
Fax: 844-665-7638
https://account.mybenefitsportal.com/raytownqualityschools
Customer Service email:
CustomerSupport@AmerilifeBenefits.com

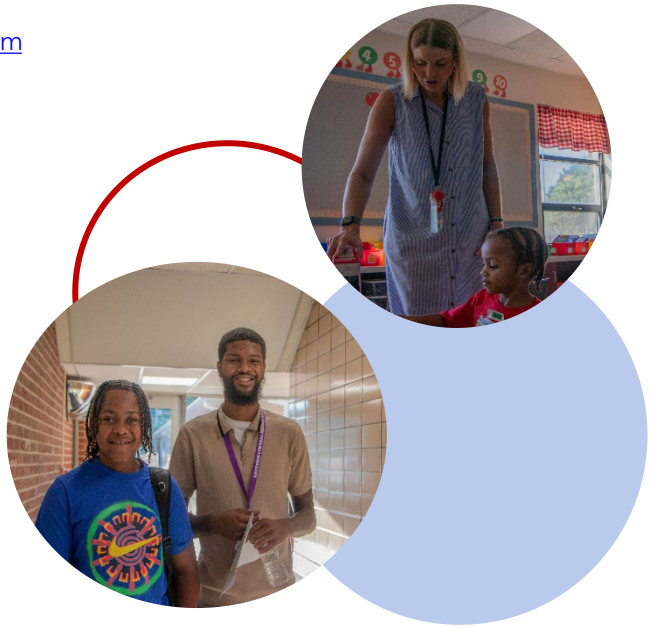
ADDITIONAL BENEFITS

MOST
Missouri Savings for Tuition
888-414-6678
www.missourimost.org

Workers' Compensation
Hannah Wallace
816-268-7030

Raytown Wellness Center
Michael Deen
816-268-7190

Employee Assistance Program
1-888-881-5462
www.supportlinc.com
Group Code: Raytown



2026 BENEFITS OVERVIEW

FOR BENEFITS EFFECTIVE

July 1, 2026 – June 30, 2027

WELCOME TO RAYTOWN QUALITY SCHOOLS!

We are excited to have you join the Raytown Quality School District's team. As an employee of the District, you are eligible for a comprehensive set of group benefit programs as part of your total compensation package. These programs are designed with multiple options to meet the individual needs of our employees and their dependents.

Be sure to review this guide and make note of your enrollment deadline, so you don't miss out on enrolling in your benefits for the 2026 – 2027 plan year.

ENROLL ONLINE AT:
RAYTOWN QUALITY SCHOOLS - MY BENEFITS PORTAL

WHO IS ELIGIBLE FOR DISTRICT BENEFITS?

- If you work a minimum of **30 hours per week**, you are eligible to enroll in all benefits described in this guide and are required to participate in the Missouri Retirement System (PSRS/PEERS). Spouses and dependent children (dependent child's limiting age varies by coverage) are eligible for coverage as well.
- If you work a minimum of **20 hours per week**, you are eligible to enroll in voluntary term life/AD&D, voluntary short term disability and voluntary long-term disability, as described in this guide. You are also required to participate in the Missouri Retirement System (PSRS/PEERS). Spouses and dependent children (dependent child's limiting age varies by coverage) are eligible for coverage as well.
- If you work a minimum of **10 hours per week**, you are eligible for the District paid basic term life as described in this guide.
- All benefits are independent of each other so you can choose to participate in one, but not the other.

2026 HIGHLIGHTS AT A GLANCE

- 5 Medical Plans
  - $1,500 Preferred-Care Blue PPO
  - $2,500 Preferred-Care Blue PPO
  - $2,500 BlueSelect Plus PPO
  - $3,400 Preferred-Care Blue QHDHP
  - $3,400 BlueSelect Plus QHDHP
- Raytown Schools Quality Care Clinic – Premise Health (see pages 12-14)
- Dental – Low and High plan options
- Vision plan option
- Life Insurance
  - District Paid - $15,000 Term Life and AD&D
  - Options to purchase additional life insurance for you and your dependents
- Health Care FSA and Dependent Care Expense Account – Tri-Star charges a $4.10 monthly administrative fee
- Voluntary Products to meet your needs
  - Short-Term Disability Insurance
  - Long-Term Disability Insurance

HOW TO ENROLL

AMERILIFE® BENEFITS | Benefits Direct

- WHEN TO ENROLL
- HOW TO ENROLL
- HOW TO MAKE CHANGES

You can enroll in your benefits by contacting Amerilife Benefits – Benefits Direct call center at 833-688-8656. Their trained benefit counselors will help answer any question and work with you to complete your enrollment.

WHEN TO ENROLL

- Certified staff are eligible for benefits the first of the month following the date of hire.
- Classified staff must successfully complete the 60-day probationary employment period, then benefits are effective the first day of the following month.
- Annually, you may make plan changes during the open enrollment period.

HOW TO ENROLL

- **Step One:** Review your available benefits outlined in this guide.
- **Step Two:** Visit the Employee Portal for more information on Voluntary Products at **Raytown Quality Schools - My Benefits Portal**
- **Step Three:** Complete the task emailed to you by the Payroll department during onboarding process.
- **Step Four:** Schedule an Appointment at **Raytown Quality Schools - My Benefits Portal**
  - Click "Schedule an Appointment" on the Home page
  - Select "I am a New Hire"
  - Select day and time
  - Provide name, phone number and email

Or Contact Amerilife Benefits - Benefits Direct at 833-688-8656, press option 2 to speak with a benefit counselor to complete your enrollment prior to your effective date.

TIP

Some coverage offered will require additional forms to be completed. It is your responsibility to ensure all appropriate forms are submitted to Amerilife Benefits - BenefitsDirect in a timely manner.

HOW TO MAKE CHANGES:

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period.

Please initiate a qualifying event in Talent Ed Records if you experience a qualified change in status. The following is a list of qualified changes in status:

- Marriage;
- Divorce;
- Legal Separation;
- Birth or adoption of a child;
- Change in child's dependent status;
- Death of a spouse, child, or other qualified dependent;
- Change in residence due to an employment for you or your spouse.



MEDICAL INSURANCE

YOUR HEALTH PLAN OPTIONS

The District will continue to offer five PPO plans through BlueKC. These plans utilize either the Preferred-Care Blue or BlueSelect Plus Network of providers. ***This year, plans will also offer access to the Spira Centers. See page 8 for more information.***

- $1,500 Preferred-Care Blue PPO
- $2,500 Preferred-Care Blue PPO
- $2,500 BlueSelect Plus PPO
- $3,400 Preferred-Care Blue QHDHP
- $3,400 BlueSelect Plus QHDHP

Note: All five plans are implemented as a pre-tax deduction as regulated by the Cafeteria 125 Plan.

TIP **Get the most out of your insurance by using in-network providers.**

WHAT PORTION OF PREMIUM IS PAID BY THE DISTRICT*?

Employer Paid Portion is based on the "Employee Only" rate for the $2,500 Deductible Plan:

- $774.88 District Paid for Employees working 30 hours or more per week who elect either the $1,500 or $2,500 Deductible plans.
- $824.88 District Paid for Employees working 30 hours or more per week who elect one of the $3,400 QHDHP plans.

***Employer paid portion of the health insurance are subject to the Missouri Retirement System (PSRS/PEERS).**

Click here for a video reviewing your Medical Plans from BlueKC.

REMINDER: If you are using a coupon for specialty medication through Optum Rx, the amount you pay out-of-pocket after the coupon will be the amount applied towards your deductible or out-of-pocket maximum.

HOW TO GET STARTED

1. SELECT YOUR MEDICAL PLAN

- $1,500 PREFERRED-CARE BLUE PPO
- $2,500 PREFERRED-CARE BLUE PPO
- $2,500 BLUESELECT PLUS PPO
- $3,400 PREFERRED-CARE BLUE QHDHP
- $3,400 BLUESELECT PLUS QHDHP

FREQUENTLY ASKED QUESTIONS

? How many hours do I need to work to be eligible for insurance benefits?

You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

? Will I receive a Medical ID card?

Yes, you will receive a Medical ID card from Blue KC. If you are covering Dependents, each of your dependents will also receive a Medical ID card.

? Does the deductible run on a calendar year or policy year basis?

Your deductible runs on a calendar year basis, starting January 1st and running through December 31st.

? How long can I cover my dependent children?

Dependent children are eligible until the end of the month in which they turn age 26.

BLUESELECT PLUS NETWORK

THE BLUESELECT PLUS NETWORK (FOR 2 MEDICAL PLAN OPTIONS: $2500 BlueSelect Plus PPO and $3400 BlueSelect Plus QHDHP)

BlueSelect Plus network offers affordability by using a smaller and more tightly managed hospital and provider network. Because BlueKC has negotiated deeper contractual discounts with the providers in this network (many who are also in the larger Preferred Care Blue Network) premium pricing and your out-of-pocket costs can be lower for the BlueSelect Plus network plans offered.

The network providers are available in the 7-county Kansas City metropolitan area, which includes Clay, Jackson, Platte, Clinton and Johnson counties in Missouri, and Johnson and Wyandotte counties in Kansas. When traveling outside the 32-county Blue KC service area, BlueSelect Plus members are covered under the BlueCard PPO network.

DOCTOR AND HOSPITAL FINDER

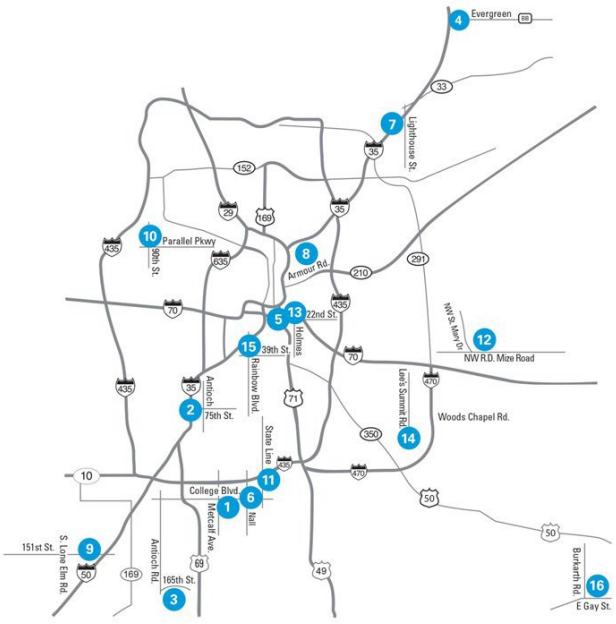
USE THE DOCTOR AND HOSPITAL FINDER TO SEARCH FOR QUALITY PROVIDERS

The Doctor and Hospital Finder helps you make more informed decisions using many features like **search filters, comparison options, provider reviews and quality information**.

START YOUR SEARCH — Log into bluekc.com
OR click on the link below:

BlueSelect Plus Network

Preferred-Care Blue Network



- NETWORK INFORMATION
- HOW TO FIND A DOCTOR

THE BLUESELECT PLUS NETWORK HAS FEWER HOSPITALS AND PROVIDERS TO CHOSE FROM

IMPORTANT!

If you utilize specific providers, it is important that you confirm they are in the BlueSelect Plus Network before selecting the $2,500 BlueSelect Plus PPO Or The $3,400 BlueSelect Plus QHDHP

BLUESELECT PLUS NETWORK HOSPITALS

1. AdventHealth College Boulevard
2. AdventHealth Shawnee Mission
3. AdventHealth South Overland Park
4. Cameron Regional Medical Center
5. Children's Mercy Hospital
6. Children's Mercy Hospital (Hospital Hill and South)
7. Liberty Hospital
8. North Kansas City Hospital
9. Olathe Medical Center
10. Providence Medical Center
11. St. Joseph Medical Center
12. St. Mary's Medical Center
13. University Health Truman Medical Center
14. Western Missouri Medical Center
15. University Health Lakewood Medical Center
16. The University of Kansas Health Hospital

SPIRA CARE – AVAILABLE FOR ALL MEDICAL PLAN OPTIONS

WHAT IS SPIRA CARE?

Spira was designed for you and your family's primary healthcare experience to be simpler, more convenient, and more personal.

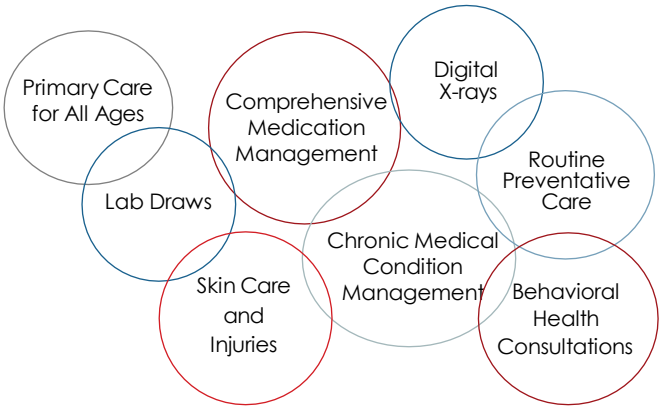
Spira Centers offer yearly checkups, on-call providers to answer questions, appointment options with flexible availability, behavioral health support, on-site lab and X-ray services at most locations. In addition, you will have access to care guides to help navigate your benefits, in-network options, and more.

Spira clinics are located in nine locations across the KC metro.

Spira members will benefit from the network's lower overall costs and convenient access to local providers across the metro area. Spira membership and care locations are exclusive to those employer groups enrolled.

Covered Services at the Spira Centers cost you nothing (no deductible or copays) if you are in one of the PPO plans. If you are in one the of QHDHP plans there is a $60 flat charge until you meet your deductible.

WHAT SERVICES ARE INCLUDED IN SPIRA CARE?

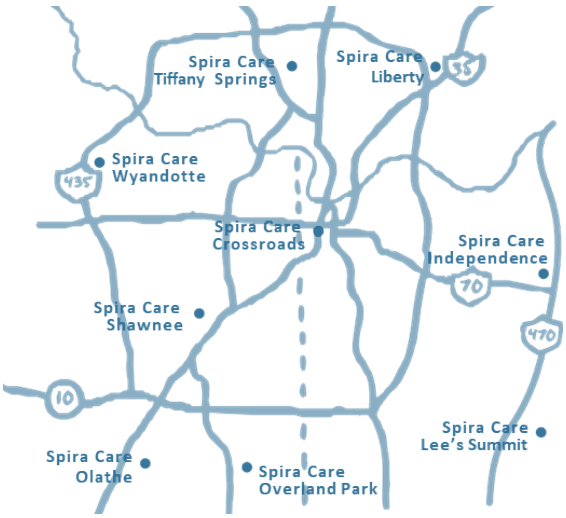


Download a Spira Care Patient Guide using this QR code:

Or visit SpiraCare.com/GroupPatientGuide

SPIRA CARE | BlueCross BlueShield

WHERE ARE THE CLINICS LOCATED?



CROSSROADS
1916 Grand Blvd
Kansas City, MO 64108

INDEPENDENCE
3717 South Whitney Avenue
Independence, MO 64055

LEE'S SUMMIT
760 NW Blue Pkwy
Lee's Summit, MO 64086

LIBERTY
8350 N Church Rd
Kansas City, MO 64158

OLATHE
15710 West 135th St
Olathe, KS 66062

OVERLAND PARK
7341 W. 133rd Street
Overland Park, KS 66213

SHAWNEE
10824 Shawnee Mission Pkwy
Shawnee, KS 66203

TIFFANY SPRINGS
8765 N Ambassador Drive
Kansas City, MO 64154

WYANDOTTE
9800 Troup Avenue
Kanas City, KS 66111

Appointments Required

Call **913-29-SPIRA (77472)** once you become a member of Spira Care to schedule an appointment!

EMPLOYEE MEDICAL CONTRIBUTIONS

$3,400 Preferred-Care Blue QHDHP		
4-Tier	**Employee Cost**	**Employee Cost Per Pay Period**
Employee	$0.00	$0.00
Employee & Spouse	$1,072.20	$536.10
Employee & Child(ren)	$717.61	$358.81
Family	$1,773.33	$886.67
$2,500 Preferred-Care Blue PPO		
4-Tier	**Employee Cost**	**Employee Cost Per Pay Period**
Employee	$50.00	$25.00
Employee & Spouse	$1,122.20	$561.10
Employee & Child(ren)	$767.61	$383.81
Family	$1,823.33	$911.67
$1,500 Preferred-Care Blue PPO		
4-Tier	**Employee Cost**	**Employee Cost Per Pay Period**
Employee	$174.49	$87.25
Employee & Spouse	$1,408.55	$704.28
Employee & Child(ren)	$1,000.44	$500.22
Family	$2,215.50	$1,107.75
$3,400 BlueSelect Plus QHDHP		
4-Tier	**Employee Cost**	**Employee Cost Per Pay Period**
Employee	$0.00	$0.00
Employee & Spouse	$905.26	$452.63
Employee & Child(ren)	$581.87	$290.94
Family	$1,544.69	$772.35
$2,500 BlueSelect Plus PPO		
4-Tier	**Employee Cost**	**Employee Cost Per Pay Period**
Employee	$0.00	$0.00
Employee & Spouse	$955.26	$477.63
Employee & Child(ren)	$631.87	$315.94
Family	$1,594.69	$797.35

MEDICAL INSURANCE

BlueCross BlueShield

MEDICAL INSURANCE PLAN OPTIONS AND COSTS

BlueCross BlueShield of Kansas City		Similar Benefits, Different Networks	
	$1500 Preferred-Care Blue PPO	**$2500 Preferred-Care Blue PPO**	**$2500 BlueSelect Plus PPO**
Network	**Preferred-Care Blue PPO**	**Preferred Care Blue PPO**	**BlueSelect Plus Blue PPO**
Deductible Individual Family	 $1,500 $4,500	 $2,500 $7,500	 $2,500 $7,500
Coinsurance (Member Pays)	20%	20%	20%
Out-of-Pocket Maximum Individual Family *(includes deductible, coinsurance & copays)*	 $5,750 $13,100	 $6,300 $13,200	 $6,300 $13,200
Raytown Schools Quality Care Clinic Preventive Care Visit Preventive Dispensed Medication Non-Preventive Care Visit Non-Preventive Dispensed Medication Home Delivery Pharmacy Behavioral Health Counseling Physical Therapy *(See pages 12-14 for details)*	No cost for all services	No cost for all services	No cost for all services
Office Visit Primary Care Physician Specialist	 $35 copay ($0 copay at Spira Center) $70 copay	 $35 copay ($0 copay at Spira Center) $70 copay	 $35 copay ($0 copay at Spira Center) $70 copay
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Diagnostics Lab and X-ray Major Diagnostics *(MRI, CT, PET…)*	 Deductible then 20% ($0 at Spira Center) Deductible then 20%	 Deductible then 20% ($0 at Spira Center) Deductible then 20%	 Deductible then 20% ($0 at Spira Center) Deductible then 20%
Urgent Care	$70 copay	$70 copay	$70 copay
Emergency Room	$200 copay then deductible then 20%	$200 copay then deductible then 20%	$200 copay then deductible then 20%
Outpatient Surgery	Deductible then 20%	Deductible then 20%	Deductible then 20%
Inpatient Hospital Services	Deductible then 20%	Deductible then 20%	Deductible then 20%
Prescription Drug Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred Mail Order *(102-day supply)*	 $12 $55 $75 $36 / $165 / $225	 $12 $55 $75 $36 / $165 / $225	 $12 $55 $75 $36 / $165 / $225

Note: The Wellness Incentive Surcharge of $35 per month will be charged to all employees who do not complete the "Wellness Incentive Requirements" as outlined by the Wellness Committee. For detailed information you can contact Human Resources for your location's Wellness Champion.

MEDICAL INSURANCE

BlueCross BlueShield

MEDICAL INSURANCE PLAN OPTIONS AND COSTS

BlueCross BlueShield of Kansas City	Similar Benefits, Different Networks	
	$3,400 Preferred-Care Blue QHDHP*	$3,400 BlueSelect Plus QHDHP**
Network	Preferred Care Blue PPO	BlueSelect Plus Blue PPO
Deductible Individual Family	 $3,400 $6,800	 $3,400 $6,800
Coinsurance (Member Pays)	10%	10%
Out-of-Pocket Maximum Individual Family *(includes deductible, coinsurance & copays)*	 $4,300 $8,600	 $4,300 $8,600
Raytown Schools Quality Care Clinic Preventive Care Visit Preventive Dispensed Medication Non-Preventive Care Visit Non-Preventive Dispensed Medication Home Delivery Pharmacy Behavioral Health Counseling Physical Therapy *(See pages 12-14 for details)*	 No cost No cost $30 per visit[1] $8 per medication[1] No cost $30 per visit[1] $30 per visit[1] [1] Until deductible met	 No cost No cost $30 per visit[1] $8 per medication[1] No cost $30 per visit[1] $30 per visit[1] [1] Until deductible met
Office Visit Primary Care Physician Specialist	 Deductible then 10% (Approximate Cost at Spira Center: $60) Deductible then 10%	 Deductible then 10% (Approximate Cost at Spira Center: $60) Deductible then 10%
Preventive Care	Covered at 100%	Covered at 100%
Diagnostics Lab and X-ray Major Diagnostics *(MRI, CT, PET…)*	 Deductible then 10% (Approximate Cost at Spira Center: $60) Deductible then 10%	 Deductible then 10% (Approximate Cost at Spira Center: $60) Deductible then 10%
Urgent Care	Deductible then 10%	Deductible then 10%
Emergency Room	Deductible then 10%	Deductible then 10%
Outpatient Surgery	Deductible then 10%	Deductible then 10%
Inpatient Hospital Services	Deductible then 10%	Deductible then 10%
Prescription Drug Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred Mail Order *(102-day supply)*	Deductible, then $12 $55 $75 Deductible, then $36 / $165 / $225	Deductible, then $12 $55 $75 Deductible, then $36 / $165 / $225

Note: The Wellness Incentive Surcharge of $35 per month will be charged to all employees who do not complete the "Wellness Incentive Requirements" as outlined by the Wellness Committee. For detailed information you can contact Human Resources for your location's Wellness Champion.

RAYTOWN SCHOOLS QUALITY CARE CLINIC

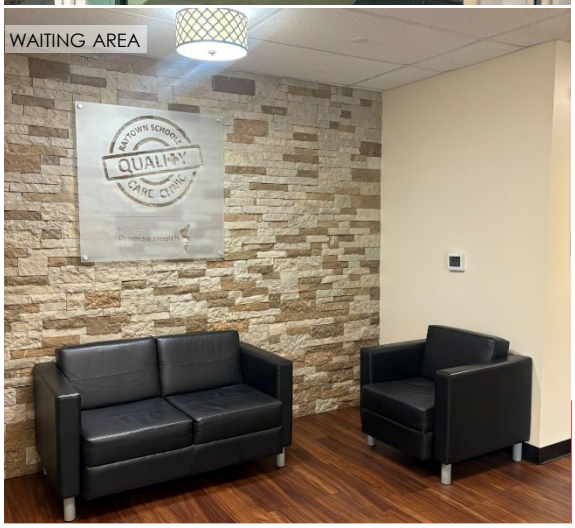
Raytown Schools Quality Care Clinic, operated by Premise Health, serves Raytown C-2 School District, providing employees and their families convenient and affordable access to quality health care, offering acute care, preventive care, chronic condition management, behavioral health, physical therapy, and occupational health services.

LOCATION

10301 E 350 Highway
Raytown, MO 64138

Conveniently located in the same building as the Raytown Schools Wellness Center. Use the doors on the left side of the building (pictured below) to access the Clinic.





APPOINTMENTS
(816) 744-8030
mypremisehealth.com

ELIGIBILITY

Raytown Schools Quality Care Clinic is open to the following individuals **enrolled in a District medical insurance plan** for personal health:

- Employees
- Pre-Medicare retirees
- Dependents, including spouses and children (over age 2)
  Note: Age 10+ for physical therapy and age 13+ for counseling

Treatment of work-related injuries and occupational health services are available to all District employees regardless of medical plan enrollment.

BENEFITS

- Cost effective
  - Low or no cost visits
  - Low or no cost generic medications available onsite
- Convenient access to quality care
  - Extended hours, with little to no wait time
  - Same or next day appointments may be available
  - Online access to medical records and appointment scheduling
  - Virtual visits by phone or video for certain appointment types
  - Secure messaging with providers in My Premise Health portal
  - More dedicated time with a provider
- Access to:
  - Telephonic health coaching at no cost
  - Diabetes testing supplies and education program at no cost
  - Home Delivery Pharmacy with select preventive medications at no cost
  - Behavioral health services with an onsite counselor
  - Onsite physical therapy

PRIVACY POLICY

Your privacy is critical. Raytown Schools Quality Care Clinic is operated by a third-party, Premise Health, that abides by all federal HIPAA and confidentiality regulations. By law, your information cannot be shared with your employer without your consent, unless you are receiving treatment for occupational health or a work-related injury.

For more information, visit:
raytownschoolsclinic.com
TIP: Bookmark this website!

See the next two pages for information on services, first-time registration, how to schedule an appointment, and more!

SERVICES

Raytown Schools Quality Care Clinic is your resource for treating acute illnesses and minor injuries, supporting chronic condition management, providing preventive care exams and services, and promoting the overall health and wellness of you and your family. The care team, consisting of a Physician, Nurse Practitioner, Behavioral Health Counselor, Physical Therapist, and support staff, offer a wide rang of services, including but not limited to:

Personal Health / Primary Care

Preventive Services
- Annual health assessments
- Routine well-woman and well-man exams
- School/sports/camp physicals

Acute Illness
- Allergy care
- Cold, flu, etc.
- Headaches
- Infections (bacterial, ear, eye, sinus,
- urinary tract, viral, etc.)
- Rashes and skin conditions
- Sore throat

Minor Injuries
- Cuts and stitches
- Mole removals
- Muscle and joint pain
- Sprains and strains

Disease Management
Including, but not limited to:
- Anxiety/depression
- Asthma
- Blood pressure
- Cholesterol
- Diabetes

Diabetes Testing Supplies & Education Program

Coordination with Outside Providers

Referral to Specialists

Care Coordination

Telephonic Health Coaching
Certified health professionals trained in:
- Behavior change
- Healthy eating
- Physical activity
- Stress management
- Tobacco cessation

Medication
- Prescribe medication, after thorough assessment
- Dispense pre-packaged medications, if available in the Clinic
- Home delivery program for certain preventive/chronic medications

Click here for more information on Medications, or visit: raytownschoolsclinic.com/home/medications

Lab Work and Vaccinations
- Administer shots / vaccinations
- Order, conduct, interpret and consult on routine diagnostic lab work, including but not limited to:
  - Blood sugar
  - Cholesterol
  - Complete blood count
  - COVID-19 testing
  - Flu testing
  - Pregnancy testing
  - Preventive labs
  - Strep throat testing
  - Thyroid
  - Triglycerides
  - Urinalysis
- Can complete lab draw with orders from outside provider

Behavioral Health

Behavioral health services with an onsite therapist (available for ages 13+)

Click here to learn more about Behavioral Health services, or visit: raytownschoolsclinic.com/home/behavioral-health

Physical Therapy

Physical therapy services available for both personal health (ages 10+) and work-related injuries

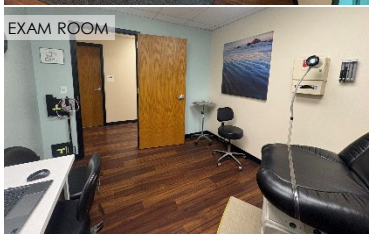
Click here to learn more about Physical Therapy services, or visit: raytownschoolsclinic.com/home/physical-therapy

Work Related

Work Related Injury Treatment
Occupational Health Services
- Initial triage and follow up of work injuries
- Drug testing
- Occupational testing
- Bus driver physicals







VIRTUAL VISITS

Available for certain appointment types, including:
Allergies • Cold • Flu • Follow-ups • Lab Review • Medical Questions • Prescription Refill

Connecting with a Clinic provider is easier and more convenient with **PHONE** and **VIDEO** appointments. With a virtual visit you can see a Clinic provider wherever you are, during Clinic operating hours.

Click here for more information on Virtual Visits, including how to schedule, or visit: raytownschoolsclinic.com/home/virtual-visits

TIPS for virtual visits:
- When scheduling through My Premise Health online or mobile app, select 'Schedule an Appointment' and after you choose the reason for your visit, confirm whether you want to be seen in person, by pone or video.
  See the virtual visits page of the Clinic website for detailed instructions: raytownschoolsclinic.com/home/virtual-visits
- Sign into your My Premise Health account 10 minutes before your appointment to complete the eCheck- in. Once ready, your provider will join the video visit or call you if you selected a telephonic visit.

HOURS OF OPERATION

Raytown Schools Quality Care Clinic is open the following hours[1]:

HOURS [1]	Nurse Only [2]	Provider	Physical Therapy	Behavioral Health
Monday	-	7 AM - 12 PM, 1 - 4 PM	Tuesday and Thursday *Exact hours based on need*	Monday, Tuesday, Wednesday, and Friday *Exact hours based on need*
Tuesday	7 - 9 AM	9 AM - 6 PM		
Wednesday	7- 9 AM, 3 - 4 PM	9 AM - 3 PM		
Thursday	-	7:30 - 11:30 AM, 12 - 6 PM		
Friday	7:30 - 10:30 AM	7 AM - 3 PM		

[1] The hours of operation are subject to change. If this occurs, changes that affect the established schedule will be communicated. See website for current hours: raytownschoolsclinic.com

[2] The nurse only hours are available for lab work, blood draws, vaccinations, blood pressure, weight checks, etc.

COST OF SERVICES

The Clinic will have the following cost for members enrolled in a District medical plan. If applicable, visit fee will be collected at the time of service. For safety reasons, the Clinic does not accept cash. Please bring with you a Visa, Mastercard, American Express, or Discover credit card. If you have an HSA debit card, this a great time to use it!

VISIT FEE SCHEDULE		PPO Plans	Qualified High-Deductible Health Plans (QHDHP) [3,4]
Preventive	**Services**	No Cost	No Cost
	Dispensed Rx	No Cost	No Cost
Non-Preventive	**Services**	No Cost	$30 until deductible met
	Dispensed Rx	No Cost	$8 until deductible met
Home Delivery Pharmacy Rx		No Cost	No Cost
Health Coaching		No Cost	No Cost
Behavioral Health Counseling		No Cost	$30 until deductible met
Physical Therapy		No Cost	$30 until deductible met

[3] All fees apply towards deductible and out of pocket maximum

[4] Due to IRS regulations, HSA eligible plan members must pay fair market value for visit

About visit fees:

Due to IRS regulations, HSA eligible plan members must pay a minimal visit fee for non-preventive visits, including chronic care or other significant benefits. This fee is still considerably less than you would pay for similar services at a physician office, convenience care or urgent care center. The visit fee will be re-evaluated on an annual basis.

APPOINTMENTS

Click here to learn how to schedule an appointment and what to bring to your first appointment, or visit: raytownschoolsclinic.com/home/appointments

A few reminders about appointments:

- **Appointments are required.** Please schedule an appointment prior to arriving at the Clinic. This helps ensure you and your fellow staff members have the shortest wait times and best experience possible.
- **Scheduling for the first time.** If you are scheduling for the first time, you must first be registered with My Premise Health. (See First Time Registration above.)
- **Urgent needs.** If you have an urgent need and are unable to find a same day or next day appointment, please call Member Services to see if they can accommodate you.
- **Cancellations.** If you are unable to make your appointment time, cancel or reschedule online, in the app, or by phone, as far in advance as possible, out of courtesy for other patients and the Clinic care team.
- **Collaboration with outside provider.** If you have an outside provider and would like to share your visit information with them, the Clinic can send a full visit summary with your authorization.
- **eCheck-in.** To save time during your visit, complete any required paperwork before you arrive, within 7 days prior to your appointment, by logging into mypremisehealth.com or through the app. Select eCheck-in to complete all required forms and verify your health information. *Visit the How to eCheck-in page of the website for step-by-step instructions: raytownschoolsclinic.com/home/echeckin*

FIRST TIME REGISTRATION

Registration is required prior to being able to make an appointment the first time.

Note: You cannot register until your insurance is effective. Each eligible family member must register separately.

1. Go to mypremisehealth.com or download and open the My Premise Health mobile app
2. Click **'Sign up now'**
3. Enter the following information: your **full name, date of birth**, and the **last four digits of your social security number (SSN)**
4. Click **'Submit'**

Click here to activate your My Premise Health account. raytownschoolsclinic.com/home/registration

Click here to learn how to get started with the Clinic! raytownschoolsclinic.com/home/get-started

HOW TO SCHEDULE AN APPOINTMENT

Once registered, there are three ways to make an appointment.

Member Services:
(816) 744-8030

Online Portal:
mypremisehealth.com

Mobile App:
My Premise Health
Available for download in the App Store and Google Play

Secure Messaging: If you have a medical question or need to contact the Clinic providers directly (for things such as medication refills, non-urgent medical questions, test result questions, visit follow up questions, etc.), sign into My Premise Health and click the 'Send a Message' icon. To view sent and received messages, select 'Messages' from the Menu list.

CARE OPTIONS AND WHEN TO USE THEM

While we recommend visiting either the Raytown Schools Quality Care Clinic (RSQCC) or your primary care physician whenever possible, there are alternative options available to you when seeking care. Services may vary, so it is a good idea to visit the care provider's website.

CARE LOCATION:	SERVICE TYPE EXAMPLES:	DESCRIPTION:
PRIMARY CARE (Raytown Schools Quality Care Clinic and/or your Primary Care Physician)	• Routine, primary / preventive care • Vaccinations • Non-emergency treatment for illnesses, minor injuries, rashes, etc. • Chronic disease or condition management Note: Also includes the service examples under TeleVisits/Virtual Care, Convenience Care and Urgent Care	**PRIMARY CARE** **For routine, primary/preventive care or non-emergent treatment for minor injuries or illnesses, we recommend utilizing either:** • **the Raytown Schools Quality Care Clinic, or** (TIP: see page 12 for info on Raytown Schools Quality Care Clinic) • **your Primary Care Physician** (TIP: see page 17 for info on finding in-network Primary Care Physicians) Your doctor knows your health history and has access to your medical records. You will pay less out-of-pocket than many of the other options.

Virtual Visits can be a convenient alternative to in-person care at the Raytown Schools Quality Care Clinic. Additionally, when you are not able to access the Raytown Schools Quality Care Clinic or your Primary Care Physician, you may find Blue KC Virtual Care, Convenience Care or Urgent Care to be a good alternative.

Please Note: The services listed for these care options can also be provided at the RSQCC or your Primary Care Physician's office. The services outlined are not an exhaustive list by location but simply examples of when you might use them.

VIRTUAL VISITS / VIRTUAL CARE	• Cold/flu • Diarrhea • Fever • Rash • Sinus Problems	**VIRTUAL VISITS/VIRTUAL CARE** Virtual Visits at the RSQCC are a good alternative when you have an acute need but cannot make it in to be seen in person. Virtual Visits allow you to connect with the Clinic providers through phone or video, for certain appointment types including acute illnesses, prescription refills and review of lab testing, during Clinic operating hours. (TIP: see page 13 for info on RSQCC Virtual Visits). Blue KC Virtual Care is a good alternative when you have an urgent non-emergency room situation and are unable to obtain an appointment at RSQCC. Blue KC Virtual Care allows you to see and talk to a doctor from your mobile device or computer without an appointment, anytime and anywhere. (TIP: see page 16 for info on accessing Blue KC Virtual Care).
CONVENIENCE CARE	• Common infections (bronchitis, bladder and ear infections, pink eye, strep throat) • Minor skin conditions (athlete's foot, cold sores, minor sunburn, poison ivy) • Flu shots • Pregnancy tests	**CONVENIENCE CARE** These providers are a good alternative when you are not able to get to your doctor's office, the RSQCC or are unable to access Virtual Care and you need immediate care, but your condition is not urgent or an emergency. They are often located in malls or retail stores (such as CVS, Walgreens, Walmart, and Target), and generally serve patients 18-months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.
URGENT CARE	• Sprains • Small cuts • Strains • Sore throats • Mild asthma attacks • Rashes • Minor infections • Vaccination • Screenings • Back pain or strains	**URGENT CARE** Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to the RSQCC or your doctor's office. Outside regular office hours - or if you cannot be seen by your doctor immediately - you may consider going to an Urgent Care Center, where you can generally be treated for many minor medical problems faster than at an emergency room.
EMERGENCY CARE	• Heavy bleeding • Large open wounds • Chest pain • Sudden change in vision • Spinal injuries • Difficulty breathing • Major burns • Sudden weakness or trouble walking • Severe head injuries	**EMERGENCY ROOM** Used for an emergency medical condition including severe pain which you believe that without immediate medical care may result in any of the following: • Serious harm to your health or the health of an unborn child • Serious impairment to bodily functions • Serious dysfunction of any bodily organ or part If you obtain care at an emergency room, you will likely pay more out-of-pocket than if you were treated at any other facility. Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.

If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 911, even if your symptoms are not described here.

CALL 9-1-1

VIRTUAL CARE, RX SAVINGS, AND GOODRX

BLUE KC VIRTUAL CARE

Blue KC Virtual Care is available to all members enrolled in a District medical insurance plan. Whether you need a doctor for a physical illness or someone to assist you with your behavioral health needs, Blue KC Virtual Care will connect you to a board-certified doctor or licensed therapist using your mobile device or computer.

Blue KC Virtual Care is convenient for everyday medical health care needs such as the following:

URGENT/SICK CARE

- sinus pain
- mild asthma
- mild allergic reactions
- minor headaches'
- sore throat
- sprains
- pink eye
- nausea/vomiting

Urgent/sick care visits are $67* or less, depending on your plan
**Subject to change*

BEHAVIORAL HEALTH CARE

In addition to sick care, members can now schedule a video visit with behavioral health therapists right from their smartphone, tablet or computer. Blue KC Virtual Care is convenient for everyday behavioral health care needs such as the following:

- anxiety
- bereavement/grief
- bipolar disorder
- depression
- OCD
- PTSD/trauma
- panic attacks

Therapy services are provided by a network of doctoral level psychologists and master's degree level therapists trained and licensed in virtual care prevention and therapy techniques.

GET STARTED TODAY WITH BLUE KC VIRTUAL CARE!

? **DOWNLOAD**
Download the MyBlueKC Mobile App in the Apple Store or in Google Play. or visit virtualcare.bluekc.com

? **CREATE ACCOUNT**
Create an account in a few simple steps. Be sure to use your Blue KC member ID card in order to input your insurance information.

? **DOCTOR SELECTION**
View a list of available doctors, their experience and ratings, and select one.

? **VISIT**
Request a visit when you are sick and stream a live visit directly from the Web or your mobile device.

RX SAVINGS

SAVE MONEY AT THE PHARMACY

Step 1: Get Savings Alerts

Set-up alerts via text and/or email

A. Visit mybluekc.com if you are a first-time visitor, click CREATE AN ACCOUNT. Please have your member ID card available to reference.

B. Once logged in, click on the PLAN BENEFITS tab along the side, then PHARMACY. Then click the button SPEND LESS ON PRESCRIPTION DRUGS.

C. Once on the Rx Savings page fill in your email address and mobile phone number to start receiving email and/or text alerts!

Step 2: Review your savings options and share with your doctor

A. Switch from Pharmacy A to Pharmacy B.

B. Switch to a different equally-effective medication.

Step 3: Start Saving on Prescriptions

GOODRX

GoodRx compares prices for your prescriptions at pharmacies near you. GoodRx does not sell medications, they tell you where you can get the best deal on them.

GoodRx will show you prices, coupons, discounts, and savings tips for your prescriptions.

You can access GoodRx by going to www.goodrx.com, or by downloading the app.

GoodRx

Download on the App Store

GET IT ON Google Play

DOCTOR AND HOSPITAL FINDER

DOCTOR, URGENT CARE, AND HOSPITAL FINDER

USE THE DOCTOR, URGENT CARE, AND HOSPITAL FINDER TO SEARCH FOR QUALITY PROVIDERS

The Blue KC **Doctor and Hospital Finder** with the built-in **Cost Estimator Tool** helps you make more informed decisions about your health.

An important feature of this search tool is the ability to search for a **Blue Distinction Total Care** doctor. Blue Distinction Total Care doctors focus on health care instead of sick care. These doctors go above and beyond to enhance the overall health of their patients, providing preventive services and health coaching, and supporting patients with chronic conditions to better meet their care needs.

START YOUR SEARCH— LOG INTO BLUEKC.COM

A. **Select** Find Care at the top of the screen

B. **Select** Find Care Plans Through Employers

C. **Select** the type of care you need

D. **Select** I have or might get a Blue KC health plan through my employer

E. **Select** a network (BlueSelect Plus with Spira Care or Preferred-Care Blue with Spira Care)

F. **Select** Find Care as a guest

G. **Location** – Select the location that you would like to search (city, ZIP code, etc.).

H. **Search by** – You can search a variety of ways: simply enter a doctor or hospital name, a health condition, or even a specialist type that treats a health condition

If you are considering changing your health plan, you can determine what network the provider accepts by click on "Plans Accepted" to the right of the provider's name.

DOWNLOAD THE MYBLUEKC MOBILE APP

Blue KC has a new mobile app which allows you to access your health insurance information anytime, wherever you go.

- Digital ID Cards
- Policy Information
- Find a Doctor

Kansas City

Download on the App Store

GET IT ON Google Play

CONNECT WITH US

- **ONLINE** – www.MyBlueKC.com or download the MyBlueKC mobile app
- **BY PHONE** – Contact Customer Service at the number on your ID card, Monday through Friday, from 8 a.m. to 8 p.m. Central Time. You do not need to include the alpha prefix when providing your member ID number.



BLUE KC CARE MANAGEMENT APP

BlueCross BlueShield

BLUE KC CARE MANAGEMENT APP

MANAGE YOUR HEALTH AND TAKE CONTROL OF YOUR WELLNESS AND ONGOING HEALTH CONDITIONS.

With the Blue KC Care Management app, you can find resources and connect with our local Kansas City CareTeam today to help you manage a condition (such as diabetes, asthma or cancer), get maternal health support, lose weight, quit smoking, manage pain, and more.



Use the app to:

- Send a secure message to your CareTeam
- Set appointment and medication reminders
- Receive daily tasks and track progress
- Access clinically approved articles and videos personalized to you
- View your personal health information and care program details

DOWLOAD THE BLUE KC CARE MANAGEMENT APP

Scan the QR code or search for Blue KC Care Management in the App Store or Google Play and use access code kchealthwelcome to sign up.

Questions? Please call Blue KC Customer Service at the number listed on your member ID card.

Your privacy and security come first. The Blue KC Care Management app includes secure messaging and is fully HIPAA compliant.



Download on the App Store

GET IT ON Google Play

ACCESS CODE:

kchealthwelcome

UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

Two ways you can put money into your HSA:

(1) Regular payroll deductions on a pre-tax basis and

(2) lump-sum contributions of any amount, anytime, up to the maximum limit.

Contribute up to **$4,400*** Single, or **$8,750*** Family

YOU CAN USE HSA FUNDS FOR IRS-APPROVED ITEMS SUCH AS:

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, laser surgery, contact lenses and solution
- Hearing aids
- Orthodontia, dental cleanings, and fillings
- Prescription drugs and some over-the-counter medications
- Physical therapy, speech therapy, and chiropractic expenses
- More information about approved items, plus additional details about the HSA, is available at irs.gov.

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on those funds.

The HSA is your personal account and contains your personal funds. It can be considered an asset by a creditor and garnished as applicable. As an HSA account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions, or earned interest associated with your account.

This may be the best plan option for you if any of the following is true:

- You want to save for the future on a pre-tax basis to use for medical expenses during retirement.
- You would like money in a savings account to pay for qualified expenses permitted under Federal Law.
- You would like the opportunity to contribute pre-tax income to a Health Savings Account.

***Contribute up to $4,400 Single, or $8,750 Family. If you are age 55 or older, you can make an extra $1,000 "catch-up" contribution each year.**

WHAT ARE THE RULES?

- You must be covered under a QHDHP in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Dependent Care or Limited Purpose FSA.
- You cannot be enrolled in Medicare, Medicaid or Tricare due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be claimed as a dependent under someone else's tax return.
- You can change your contribution amount during the year by contacting the Payroll department.

WHAT ELSE SHOULD I KNOW?

You can use the money in your HSA to pay for your deductible and other expenses not covered by your health plan, like dental or vision expenses. It is yours to:

- **SAVE:** You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2026 are $4,400 for Single and $8,750 for Family coverage. *If you are age 55 or older, you are allowed to make an extra $1,000 contribution each year.
- **GROW:** The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision and over-the-counter medications with a physician's prescription).
- **OWN:** Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- **CHOOSE:** Use for current expenses, save for the future, or explore investment options.
- Just like you report pre-tax dollars that you contribute to other benefit plans, like a 403(b), the IRS requires that you report your pre-tax contributions to your HSA using Form 8889. Your contribution will appear on your W-2 for easy reference.

HEALTH SAVINGS ACCOUNT (HSA)

HOW DO HEALTH SAVINGS ACCOUNTS WORK?

You choose how much you would like to save in your HSA each year and contributions are automatically made from your paycheck to your account.

You can choose to pay for current eligible expenses with your HSA. Or you can choose to pay for current expenses out of your pocket and save the money in your HSA to pay for future eligible expenses. How you use your account and when you use it are entirely up to you.

WHY SHOULD I CONSIDER ENROLLING IN THE QHDHP WITH AN HSA?

If one or more of the following are true for you, you may want to consider making a change to a **QHDHP** with an HSA:

- You are paying for insurance you are not using.
- You want an option to save for current and future medical expenses.
- You want to save on monthly premiums and take more control over how you use your health care benefits.
- You anticipate major health expenses such that you would reach the out-of-pocket maximum associated with one of the **QHDHP plans.**

HOW MUCH CAN I CONTRIBUTE TO MY HSA?

You can choose how much to contribute to your HSA, up to IRS limits that are set each year. For 2026 the maximum contribution amount from all sources—your contributions and any other sources—is $4,400 for employee-only coverage and $8,750 for family coverage.

FREQUENTLY ASKED QUESTIONS

I AM NEARING RETIREMENT. CAN I MAKE CATCH-UP CONTRIBUTIONS?

People aged 55 and older can make a catch- up contribution each year that is over and above the allowable limit for the individual year. The catch-up contribution for 2026 is $1,000. You are able to make catch-up contributions until you become Medicare active.

WHAT WILL I PAY AT THE PHYSICIAN'S OFFICE WITH THE HSA QUALIFIED PLAN?

You will provide your ID card at the time of the visit and the physician's office will submit the claim to Blue KC.

You will receive an Explanation of Benefits (EOB) from Blue KC that shows the charges discounted based on their contract with the physician. When you receive a bill from the physician's office, you pay the portion of the discounted cost you are responsible for as shown on the EOB.

If you do not have enough money in your account to pay for the entire amount of an expense (for example, if you just opened the account or Raytown C-2 School District has not made its full contribution yet), you can pay for a portion of that expense with your account and cover the rest with personal funds. Once the HSA funds build and are available in the account, you can reimburse yourself from the HSA.

FLEXIBLE SPENDING ACCOUNTS

TRI-STAR SYSTEMS

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for your dependent's eligible health care expenses, even if you choose single or family coverage.

The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year. Be aware: any unused portion of the account over $680 at the end of the plan year is forfeited.

If you wish to participate in the FSA program, a new election must be completed each year. When you elect to participate in the District sponsored FSA there will be an additional **monthly Participation and Administration Fee of $4.10** deducted from your paycheck.

Full list of Health Care FSA Eligible Expenses

HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to Tri-Star Systems. Reimbursement is issued to you through direct deposit into your bank account, or if you prefer, a check can be issued to you.

Tri-Star HCRA Plan Information

FSA Debit Card Instructions

2026 Maximum Elections

Health Care Flexible Spending Account	$3,400 max
Dependent Care Expense Account	$7,500 max

2. SELECT YOUR FSA ACCOUNTS

- HEALTH CARE FLEXIBLE SPENDING ACCOUNT
- DEPENDENT CARE EXPENSE ACCOUNT

DEPENDENT CARE EXPENSE ACCOUNT

- This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13.
- Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes).
- Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a childcare tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.
- Expenses claimed from your account must be incurred during the Plan Year and Grace Period of 2 months and 15 days (July 1 – September 15 of following year).

Tri-Star DCRA Plan Information

CONTACT INFORMATION

Request a full statement of your accounts at any time by calling 800-727-0182 or log on to FSA.help/login to review your FSA balance. The address to mail claims to is 16401 Swingley Ridge Road, Suite 250, Chesterfield, Mo 63017.

At Tri-Star's website, FSA.help/login you can:

- View account information and activity
- File claims
- Manage your profile
- View notifications
- Access forms

DENTAL INSURANCE

DELTA DENTAL®

DELTA DENTAL OF MO IS THE DENTAL CARRIER FOR 2026

The District offers two dental plans through Delta Dental of Missouri for you to choose from. The dental plans are PPO's which offer coverage in and out-of-network. It is to your advantage to utilize a network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding Delta Dental of Missouri's negotiated fees, plus any deductible and coinsurance associated with your procedure.

3. REVIEW YOUR DENTAL PLAN

- LOW DENTAL PLAN
- HIGH DENTAL PLAN

FIND A DENTIST

To find a Delta Dental provider in your area, visit the website at www.deltadentalmo.com or call 800-335-8266.

- Click on "Find a Dentist" on the right-hand side of the page
- Select "Delta Dental PPO" or "Delta Dental Premier" Network
- Either click "Yes" to search by current location, or click "No" and type in the zip code you would like to search
- Click "Find dentists"
- Choose a dentist from the list

For the most savings use Delta Dental "PPO Network Providers"

DENTAL INSURANCE LOW PLAN FEATURES AND COSTS

Delta Dental of Missouri	Employee Cost Per Month	Employee Cost Per Pay Period
Employee **Employee + 1** **Employee + 2 or More**	$23.12 $44.06 $75.30	$11.56 $22.03 $37.65

	Delta Dental PPO Dentist	**Delta Dental Premier Dentist**	**Non-Participating Dentist**	
	Based on applicable PPO Maximum Plan Allowance No balance Billing	Based on applicable Premier Maximum Plan Allowance No balance Billing	Based on applicable Maximum Plan Allowance for Non-Participating Dentist Dentist balance Bills	
Deductible Individual / Family	$50 / $150			Applies to Basic Services only
Calendar Year Benefit Maximum	$1,250 per person			Applied to Basic Services only
Diagnostic and Preventive Services	100%	100%	100%	• Bitewing x-rays, two sets per calendar year • Full-mouth x-rays, once in any 3 year period • Periapical x-rays as required • Oral exams (all types), twice per calendar year • Prophylaxis (cleanings), twice per calendar year • Sealants for dependent children under age 15, once per tooth every 3 years, limited to caries-free first and second permanent molars • Fluoride, twice per calendar year for dependents under age 19 • Space maintainers, for dependent children under age 16, initial appliance only • Emergency palliative treatment
Basic Services	100%	80%	80%	• Fillings; restorative services including composite resin (white) and amalgam (silver) • Simple extractions • Surgical extractions and other oral surgery • Endodontics: root canal filling and pulpal therapy (same tooth once in 24 month period) • Stainless steel crowns • General anesthesia, in conjunction with a covered surgical procedure
Dependent children are eligible until the end of the month in which they turn age 26.				

DENTAL INSURANCE

DELTA DENTAL®

DENTAL INSURANCE HIGH PLAN FEATURES AND COSTS

Delta Dental of Missouri	Employee Cost Per Month	Employee Cost Per Pay Period
Employee **Employee + 1** **Employee + 2 or More**	$41.68 $80.57 $125.84	$20.84 $40.29 $62.92



	Delta Dental PPO Dentist	**Delta Dental Premier Dentist**	**Non-Participating Dentist**	
	Based on applicable PPO Maximum Plan Allowance No balance Billing	Based on applicable Premier Maximum Plan Allowance No balance Billing	Based on applicable Maximum Plan Allowance for Non-Participating Dentist Dentist balance Bills	
Calendar Year Deductible Individual / Family	$50 / $150			Applies to Basic and Major Services only[1]
Calendar Year Benefit Maximum	$1,250 per person			
Orthodontic Lifetime Maximum	$1,250 per eligible dependent			• For dependent children to age 19 who begin treatment while covered by this plan[1]
Diagnostic and Preventive Services	100%	100%	100%	• Bitewing x-rays, two sets per calendar year • Full-mouth x-rays, once in any 3 year period • Periapical x-rays as required • Oral exams (all types), twice per calendar year • Prophylaxis (cleanings), twice per calendar year • Sealants for dependent children under age 15, once per tooth every 3 years, limited to caries-free first and second permanent molars • Fluoride, twice per calendar year for dependents under age 19 • Space maintainers, for dependent children under age 16, initial appliance only • Emergency palliative treatment
Basic Services	100%	80%	80%	• Fillings; restorative services including composite resin (white) and amalgam (silver) • Simple extractions • Surgical extractions and other oral surgery • Endodontics: root canal filling and pulpal therapy (same tooth once in 24 month period) • Stainless steel crowns • General anesthesia, in conjunction with a covered surgical procedure
Major Services	50%	50%	50%	• Periodontal maintenance, twice per calendar year (this limit is also combined with the prophylaxis limit) • Periodontics: treatment for diseases of gums and bone supporting the teeth (Periodontal surgery is covered once in a 3 year period for the same site) (Scaling and root planning is limited to once in a 2 year period for the same site) • Prosthetics: bridges and dentures, replacements are covered once in a 5 year period but not during the first year of coverage[2] • Crowns, inlays and onlays when required for restorative purposes, replacements covered once every 5 years per tooth
Orthodontic Services	50%	50%	50%	For dependent children under age 19 who begin treatment while covered under this plan

Dependent children are eligible until the end of the month in which they turn age 26.

VISION INSURANCE

4. REVIEW YOUR VISION PLAN

VSP IS THE VISION CARRIER FOR 2026

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

DID YOU KNOW? There are discounts available for Lasik surgery.

FIND A DOCTOR

- Go to www.vsp.com
- Click on "Find a Doctor" Enter your ZIP code and click Search
- Click on the "View Practice
- Details" button next to the
- provider to display doctors, services, products and offers for that location
- OR, call 800-877-7195 to speak with Customer Service

VISION INSURANCE PLAN OPTIONS AND COSTS

VSP	Employee Cost Per Month	Employee Cost Per Pay Period
Employee **Employee & Spouse** **Employee & Child(ren)** **Employee & Family**	**$8.91** **$17.82** **$19.07** **$30.46**	**$4.46** **$8.91** **$9.54** **$15.23**
	Cost for Services when using VSP Providers:	
Examination Copays - **Exams** - **Prescription Glasses & LightCare** - **Lenses** Anti-Glare Coating Standard Progressive lenses Standard Progressive lenses Premium Progressive lenses Custom - **Contact Lens Fitting and Evaluation** - **Essential Medical Eyecare Program**	 $10 copay $25 copay $0 $0 $80-$90 $120-$160 Up to $60 $20 copay	
Frequency of Service Exam Lenses Frames VSP KidsCare	 Every 12 months Every 12 months Every 24 months (12 months for children under the age 18) As needed	
Allowances - **Frames** VSP Doctors and Retail Chains Costco Optical Walmart Optical and Sam's Club Optical VSP Light Care* - **Contact Lenses**	 $200, plus 20% off over allowance $110 $200 $200 $180	
Extra Discounts - **Additional Glasses or Sunglasses** - **Laser Vision Correction**	 20% - 30% off 5% - 15% off	

*VSP Light Care (ready made sunglasses or blue light filtering glasses for members who get an eye exam but do not need a prescription). Can be ordered through Eyeconic online store as well as purchased through a VSP provider.

LIFE AND AD&D INSURANCE

BASIC LIFE AND AD&D

Raytown C-2 School District provides $15,000 Term Life and Accidental Death and Dismemberment (AD&D) insurance at no cost if you are an active employee working 10 or more hours per week.

5. REVIEW YOUR LIFE INSURANCE POLICY

- ADD YOUR SPOUSE
- ADD YOUR DEPENDENTS
- INCREASE YOUR COVERAGE

SUPPLEMENTAL TERM LIFE AND AD&D AND DEPENDENT LIFE

If you are working 20 or more hours for Raytown C-2 School District, you can purchase additional Life and AD&D coverage beyond what the District provides. The Standard guarantees coverage during your initial enrollment period—which means you can not be turned down for coverage based on medical history.

- **Supplemental Term Employee Life & AD&D:** minimum $10,000 to a maximum of 6x your annual salary or $500,000, in $10,000 increments. Guarantee issue up to $200,000, when first eligible.
- **Supplemental Term Dependent Life & AD&D for Spouse:** minimum $5,000 up to $250,000 maximum. Spousal coverage may not exceed 100% of your additional life coverage. Guarantee issue up to $25,000, when first eligible.
- **Supplemental Dependent Life & AD&D for Children:** You may purchase coverage for your eligible children between the ages of birth and the end of the month in which they turn 26 in the amount of $10,000.
- **Age Reduction:** Term life insurance reduces in coverage as you age. The amount of life insurance and the principle sum of coverage will decrease by 35% at age 65 and by 50% at age 70. (Age reduction is based on the employee's age.)
- **Coverage Increase Options During the District's Open Enrollment:**
    - **For Employee Coverage**: if you are currently enrolled in Supplemental Term Life for an amount less than $200,000 you may elect to increase your coverage amount each year by $10,000 (one increment) without having to submit Evidence of Insurability (EOI).
    - **For Spouse Coverage**: Spouse must provide EOI if newly enrolled or for any increases in coverage during Open Enrollment.
    - **For Children Coverage:** Children can enroll during Open Enrollment if not previously covered. There is no EOI requirement.

SUPPLEMENTAL TERM LIFE AND AD&D AND DEPENDENT LIFE OPTIONS AND COSTS

	Monthly Rates per $1,000 of coverage		
The Standard	**Age**	**Employee**	**Spouse***
Supplemental Term Life and AD&D (premiums combined)	<25	$0.07	$0.07
	25-29	$0.076	$0.076
	30-34	$0.082	$0.082
	35-39	$0.101	$0.101
	40-44	$0.137	$0.137
	45-49	$0.198	$0.198
	50-54	$0.296	$0.296
	55-59	$0.467	$0.467
	60-64	$0.613	$0.613
	65-69	$1.028	$1.028
	70-74	$1.822	$1.822
	75+	$3.092	$3.092
	Child(ren)	$0.90/month for $10,000 coverage	

**Spouse rate is based on the employee's age.*

- If you do not enroll in the Supplemental Term and AD&D plan during your initial enrollment period, you will be required to complete an Evidence of Insurability form and be approved by The Standard before you are able to get coverage in the future.
- You must be enrolled in the Supplemental Term Employee Life Plan in order to enroll your spouse and/or dependent child(ren) in the Supplemental Term Life and AD&D coverage.

VOLUNTARY COVERAGE

AMERILIFE® BENEFITS | Benefits Direct

VOLUNTARY BENEFITS

Raytown C-2 School District has partnered with Amerilife Benefits – BenefitsDirect to offer employees access to voluntary Short-Term Disability (STD) and Long-Term Disability (LTD) insurance. These disability plans are optional and are designed to help provide income protection in the event of a qualifying illness or injury. Participation is voluntary, and employees may choose whether to enroll based on their individual needs.

6. REVIEW YOUR VOLUNTARY COVERAGE

- SHORT TERM DISABILITY INSURANCE
- LONG TERM DISABILITY INSURANCE

CONNECT WITH AMERILIFE BENEFITS - BENEFITSDIRECT

- **BY PHONE** – Speak with a Benefit Counselor, Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time at 833-688-8656, option 2.
- **Claim Assistance** - For claim filing help or claim questions, call Customer Service at 833-688-8656, option 1.

ELIGIBILITY

All active employees who work a minimum of **20 hours per week** are eligible to enroll in the voluntary benefits as described on the following pages.

Disclaimer: Raytown C-2 School District's voluntary disability coverage allows active employees to purchase personal insurance on an employee-paid basis. These voluntary disability plans are not Raytown C-2 School District-sponsored employee benefit plans, and employees are under no obligation to participate. Raytown C-2 School District provides access to these programs and the convenience of payroll deduction, where applicable. Raytown C-2 School District may end, suspend, or amend its plans or programs at any time. Employees will be notified if changes occur.



DISABILITY INSURANCE

SHORT-TERM DISABILITY INSURANCE

OneAmerica Short Term Disability plan can replace a portion of your income if you become ill or injured and cannot perform the duties of your job.

You can elect this benefit in increments of $100 per month, not to exceed 60% of your covered monthly earnings to a maximum benefit of $6,000. Choose between a 7,14, or 30 day elimination period. All plans are guaranteed issue subject to pre-existing conditions at time of claim.

For rates and plan details, go to

Raytown Quality Schools - My Benefits Portal

LONG-TERM DISABILITY INSURANCE

OneAmerica Long Term Disability plan can replace a portion of your income if you become ill or injured and cannot perform the duties of your job after being disabled for 180 days or more.

You can elect this benefit in increments of $100 per month, not to exceed 60% of your covered monthly earnings to a maximum benefit of $8,000.

You will have two options to choose from depending on your maximum benefit duration.

- Option 1: Benefit will be paid for 5 years or until normal retirement age, depending on your age at time of disability.
- Option 2: Benefits will be paid until normal retirement age, depending on your age at time of disability.

Both options are guaranteed issue at time of enrollment subject to pre-existing conditions at time of claim.

Benefits will not be paid for a STD/LTD claim in the first 12 months of the policy being in force if the condition was diagnosed or treated in any way with in the 3 months prior to the effective date of policy.

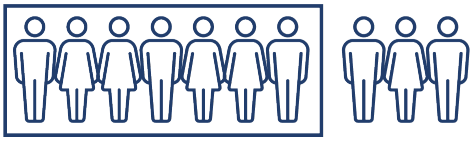
For rates and plan details, go to

Raytown Quality Schools - My Benefits Portal

COULD YOU PAY THE BILLS IF YOU WEREN'T WORKING?

Less than **1/4** of U.S. consumers have enough emergency savings to cover six months or more of their expenses.

Nearly **70%** of workers that apply to Social Security Disability Insurance **are denied.**



ADDITIONAL SERVICES

- WELLNESS CENTER
- EMPLOYEE ASSISTANCE PROGRAM
- RETIREMENT
- MO$T
- WORKER'S COMPENSATION

WELLNESS CENTER

The Raytown Schools Wellness Center is **free to all District employees,** their spouses, and children under the age of 18 (children must be 13 or older to use the exercise floor).

REGISTRATION

Registration to use the facility is required.

Registration includes:

- fitness evaluations,
- program design,
- group exercise classes,
- exercise equipment,
- indoor track and pool,
- locker rooms, and
- childcare

LOCATION

10301 E 350 Highway
Raytown, MO 64138

HOURS OF OPERATION

Day	Wellness Center	Pool	Kid's Club
Monday	5 AM - 9 PM	5 AM - 8 PM	5 AM - 8 PM
Tuesday	5 AM - 9 PM	5 AM - 8 PM	5 AM - 8 PM
Wednesday	5 AM - 9 PM	5 AM - 8 PM	5 AM - 8 PM
Thursday	5 AM - 9 PM	5 AM - 8 PM	5 AM - 8 PM
Friday	5 AM - 8 PM	5 AM - 7 PM	Closed
Saturday	7 AM - 3 PM	7 AM - 1 PM	9 AM - 1 PM
Sunday	7 AM - 12 PM	7 AM - 11 AM	Closed

Hours of operation are subject to change.

Visit the website for current operating hours, group class schedules, and holiday closings.

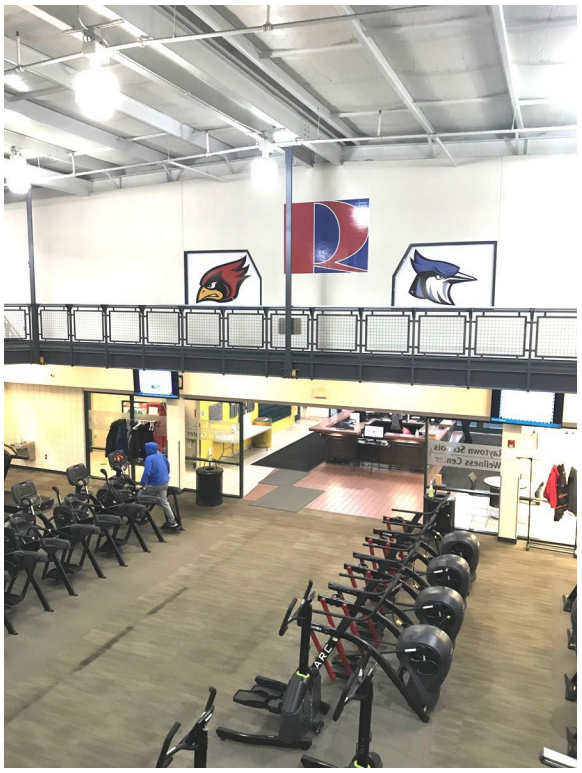
FOR MORE INFORMATION

For more information on the Wellness Center, please visit:

www.raytownschools.org/community/raytown-schools-wellness-center

RAYTOWN SCHOOLS
WELLNESS CENTER





EMPLOYEE ASSISTANCE PROGRAM

supportlinc

SupportLinc EAP

SupportLinc EAP offers you objective, professional assistance at no cost to you or your immediate family. This program is both voluntary and confidential – SupportLinc makes every effort to safeguard your privacy. The call center is open 24 hours a day, 7 days a week, 365 days per year and you will always speak with a live person.

NOTE: 6 sessions per issue are available!

ELIGIBILITY

Available to EVERYONE who works for the Raytown School District and your household family member (spouse/partner, children, etc.)

This is offered separate from the District's medical insurance.

COST

All services are available at NO COST.

CONFIDENTIALITY

Strict confidentiality standards ensure no one will know you have accessed the program, without your written permission, except as required by law.

SERVICES

- Short-term counseling (in person)
  - *Example reasons: depression/anxiety, relationship issues, grief/loss, family or parenting issues, substance abuse*
  - *Initial contact with licensed professional counselor to develop care plan. They will assist in next steps including connecting you with a counselor/therapist for ongoing treatment if needed*
- Legal consultation
- Financial expertise
- Identity theft recovery
- Dependent care referrals
  - *Child and adult/elder care*
- Convenience resources
  - *Home improvement, pet care, auto repair, travel, etc.*

HOW TO ACCESS SUPPORTLINC

Group Code: **RAYTOWN**

- By Phone: **1-888-881-5462** *(Available 24/7/365)*
- Web Portal: **supportlinc.com**
- Mobile App: **eConnect** (*Available in Google Play and App Store)*

HOW TO GET STARTED

1. Visit the web or mobile platform
2. Click 'Create Account'
3. Enter Group Code: RAYTOWN
4. Answer a few questions and create your individual username and password

Click here for more information, including frequently asked questions!

See pages 12-14 for information on additional wellbeing services, including wellness coaching and behavioral health counseling, offered through the Raytown Schools Quality Care Clinic for those who are on the District's medical insurance plan.

403B AND 457 PLANS



Raytown C-2 School District does not endorse investment products or vendors. The ultimate decision of where to invest rests with each individual participant. Included with this information is a list of authorized vendors and contact information for them.

FORM TO COMPLETE:

- 403b/457/Roth Salary Reduction Election Agreement Access Link Online at www.tsacg.com/individual/plan-sponsor/missouri/raytown-c-2-school-district/

PLAN FEATURES

- As a benefit to its employees, the District provides a salary reduction option for purchase of tax-sheltered investments/annuities in the form of a deferred compensation plan.
- The minimum salary reduction is $16.67 per month.
- Once a 403b/457 Salary Reduction Agreement is filed, it continues from year to year until the employee files an amended form.
- The employee may start, stop, increase or decrease his/her salary reduction under the plan in any month except June, July and August.
- Salary Reduction Agreement must be filled out by the employee, signed by his/her agent, dated and submitted to the Payroll Office in the month prior to the month in which the deduction is taken.
- Participation in either retirement plan is voluntary and should be based on your financial objectives and resources. Individual investment strategies should reflect your personal savings goals and tolerance for financial risk. You may want to consult a tax advisor or financial planner before enrolling. Raytown C-2 School District is not liable for any loss that may result from your investment decisions.

Contact information is included below. For a list of additional vendors and contact information, please see page 4.

403B/457B Plan Administrators
TSA Consulting Group, Inc.
Attn: Participant Services
73 Eglin Parkway NE, Suite 202
Fort Walton Beach, FL 32548
Toll-Free Phone: 1-888-796-3786

RETIREMENT SYSTEM OF MISSOURI (PSRS/PEERS)

PSRS and PEERS is a defined benefit plan that provides disability and service retirement benefit to members and survivor benefits to qualified beneficiaries.

BENEFIT EXPLANATION

- Membership in PSRS is **mandatory** for Certified staff working at least 17 hours per week on a regular basis and Membership in PEERS is **mandatory** for Classified staff working at least 20 hours per week on a regular basis for an employer included in the retirement system.
- A **Certified** employee contributes 14.5% of gross wages and health benefit and the Board of Education contributes 14.5% for a total annual 29% to the Public School Retirement System. A **Classified** employee contributes 6.86% of gross wages and health benefit and the Board of Education contributes 6.86% for a total annual 13.72% to the Non-Teacher Public School Retirement System.
- A **PSRS** member who is required to contribute to Social Security will have a contribution rate of 9.67% (two third's the normal PSRS contribution rate as required by statute).

It's your future, invest in it!

SOCIAL SECURITY

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

FORM TO COMPLETE:

- Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security Forms provided by the Human Resources department

EMPLOYERS MUST:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.



MO$T

MO$T is a flexible higher education savings program which is available to anyone, regardless of whether he or she is a resident of Missouri. Parents, grandparents, relatives and friends can open an account for a child. Employees can also open an account to use for themselves.

FORM TO COMPLETE:

- Missouri Savings for Tuition Participation Agreement (one for each participant)
- Missouri Savings for Tuition Authorization for Automatic Payroll

BENEFIT EXPLANATION

- The account can be used for qualified higher education expenses at any eligible educational institution in the country, as well as some schools abroad. Eligible schools include virtually all accredited colleges, universities, and two-year post-secondary institutions, and certain propriety or vocational/technical schools.
- Qualified expenses include tuition, fees, supplies, certain room and board costs, and books and equipment required for college enrollment or attendance.
- MO$T operates under the direction and control of the Missouri Higher Education Savings Program Board.
- MO$T accounts are tax advantage to Missouri taxpayers. Missouri taxpayers can deduct up to $8,000 in contributions annually from their Missouri adjusted gross income. All earnings on contributions are exempt from Missouri state taxes if used for qualified higher education expenses of the designated beneficiary and are not subject to federal income tax until withdrawn.
- MO$T offers 2 investment options: a guaranteed option and a managed option.

MOST
MISSOURI'S 529 COLLEGE SAVINGS PLAN

WORKER'S COMPENSATION / WORK RELATED INJURIES

Employees who suffer an injury or illness caused by an accident or occupational disease arising out of and in the course of employment ("work-related injury") will receive benefits paid by the District according to the Workers' Compensation Law of the State of Missouri ("the law"). The District's insurer shall determine whether the injury is compensable under the law. If the injury is deemed compensable, the employee will receive, subject to all provisions of the law:

1. Medical treatment (if approved by the District in advance)
2. Temporary Total Disability (TTD) payments, paid by the insurer. TTD payments are two-thirds (2/3) of the employee's average weekly wage up to a state maximum while temporarily and totally disabled, if the employee is off work more than three (3) work days.
3. A lump-sum benefit for the disability if awarded by the Division of Workers' Compensation, if the injury is judged by the Division of Workers' Compensation as severe and causing permanent disability.

NOTICE REQUIREMENTS & DIRECTION OF MEDICAL CARE – WORKERS' COMPENSATION

The employee is required to report an injury to an immediate supervisor immediately. If an immediate supervisor cannot be contacted, the employee should report the injury to Hannah Wallace, Finance Department. The employee must report all accidents even though the accident may not require seeing a physician. All reports must be in writing. Employees will be required to complete an employee injury statement following the injury. The injury statement needs to be completed as soon as possible following the injury. When an injury occurs at work, the District requires the employee to use the Raytown Schools Quality Care Clinic (see page 14 for clinic hours and phone number). If the employee uses unauthorized medical providers, the District is not responsible for the medical costs. For non-life threatening, work-related injuries occurring after Raytown Schools Quality Care Clinic hours, the District still requires the employee to use U.S. Health Works. The on-call physician will determine if the employee will be sent to an emergency room. For an emergency medical situation, use the emergency room of Research Medical Center or St. Luke's East Hospital. If an injured employee fails to report an injury in writing within 30 days, the Division of Workers' Compensation may be entitled to deny any benefits under the law.

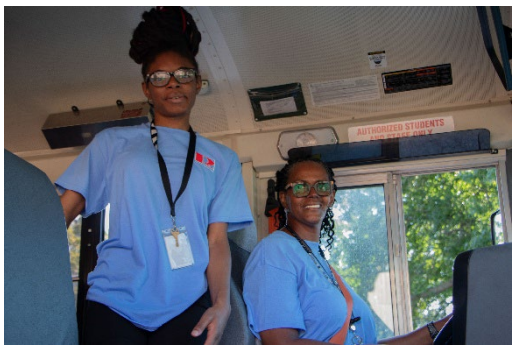
PROFESSIONAL LIABILITY INSURANCE:

- Professional Liability Insurance coverage is provided by the Raytown C-2 School District Board of Education at no cost to the employee for all staff members with a maximum coverage of $2,000,000. The coverage is automatic to the employee.



UNEMPLOYMENT INSURANCE:

- All employees of the Raytown C-2 School District are covered by unemployment insurance. Raytown C-2 School District is insured and reimburses the state for claims for which the District is ruled liable.
- Federal posters are located in each building for review.



GLOSSARY OF MEDICAL TERMS

INSURANCE TERMS

Coinsurance — The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and out-of-network services.

Copays — A fixed amount you pay for a covered health care service. Copays can apply to doctor's office visits as well as urgent care and emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any

Deductible — The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

***Embedded Deductible** — The single team member deductible is *embedded* into the family deductible, meaning no one person covered under the plan can contribute more than the single amount towards the family deductible.

Lifetime Benefit Maximum — All plans are required to have an unlimited lifetime maximum.

Network Provider — A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

Out-of-Pocket Maximum — The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

Preauthorization (also known as Prior Authorization (PA))— — A process conducted by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is some-

UCR (Usual, Customary and Reasonable) — The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

MEDICAL TERMS

Prescription Drugs — Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

Urgent Care — Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

Emergency Room — Services you receive from a hospital for any serious condition requiring immediate care.

Preventive Services — All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

Medically Necessary — Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

MEDICARE PART D CREDITABLE COVERAGE

Important Notice from Raytown C-2 School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Raytown C-2 School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Raytown C-2 School District has determined that the prescription drug coverage offered by the Blue KC health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Raytown C-2 School District coverage **may** be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the Raytown C-2 School District medical plan, **be aware that you and your dependents may not be able to get this coverage back**.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Raytown C-2 School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Raytown C-2 School District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	3/13/2026
Name of Entity/Sender:	Finance Department
Contact--Position/Office:	Hannah Wallace
Address:	6608 Raytown Road, Raytown, MO 64133
Phone Number:	816-268-7030

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If you have had, or are going to have, a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductibles and coinsurance as laid out in this guide apply. If you would like more information on WHCRA benefits, call your Plan Administrator, Hannah Wallace at 816-268-7030.

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

To request special enrollment or obtain more information, contact Hannah Wallace at 816-268-7030.

NOTICE REGARDING WELLNESS PROGRAM

Raytown C-2 School District's wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and

Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete the following voluntary health activities through the Raytown Schools Quality Care Clinic operated by Premise Health:

- A **biometric screening**, which will include measurements for blood pressure, BMI and waist circumference, as well as a blood draw (with a cholesterol panel, as well as blood sugar, electrolytes, kidney, and liver tests), **and achieve the following biometric benchmarks**:
    - Total Cholesterol or TC to HDL Ratio: Total Cholesterol < 220 or TC/HDL ratio of < 5
    - Blood Sugar (Glucose) or Hemoglobin A1c: Glucose <100 or HbA1c < 5.7
    - BMI (Body Mass Index) or Waist Circumference: BMI < 30 or Waist Measurement < 40 inches (males) and < 35 inches (females)
    - Blood Pressure: Systolic <140 and Diastolic <90
- If any of your screening results are out of the benchmark ranges listed above, you can still earn the wellbeing incentive by scheduling and **attending a Screening Follow Up appointment** to review your results with the Raytown Schools Quality Care Clinic provider or your personal primary care provider.

However, pending wellness regulations, employees who choose to participate in the wellness program may receive an incentive of a reduced employee contribution to the medical plan. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Hannah Wallace at 816-268-7030 by October 1, 2026.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness and/or health plan program. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although Raytown C-2 School District may use aggregate information it collects to design a program based on identified health risks in the workplace, the health plan will never disclose any of your personal health information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness
program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are health professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Hannah Wallace at 816-268-7030.

NOTES



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The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plans as described in this material and official plan documents, the language of the documents shall govern.

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