

RAYTOWN
QUALITY
SCHOOLS
Expect the Exceptional



2021

**RAYTOWN C-2
SCHOOL
DISTRICT**

**COBRA
BENEFITS
GUIDE**



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CONTACT INFORMATION

RESOURCES

Raytown C-2 School District

Susann Bronson
816-268-7064

Raytown Schools Quality Care Clinic

877-423-1330
www.carehere.com
<https://bit.ly/raytownschoolsclinic>

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

Employee Assistance Program

New Directions Behavioral Health
800-624-5544
www.ndbh.com

Benefit Consultant

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

Susan Endicott
816-945-5289
sendicott@cbiz.com



2021 BENEFITS OVERVIEW

WELCOME TO THE 2021 BENEFITS OPEN ENROLLMENT

We recognize that this past year had many challenges that we overcame as a district. Many of that is thanks to you and your dedication to Raytown C-2 School District. With this in mind, we are excited to offer you a comprehensive COBRA package that includes the same medical, dental, and vision benefits that are familiar to you. Make sure you review this guide and mark your calendars so you don't miss out on enrolling in your benefits for 2021!

IMPORTANT DATES

Open enrollment runs

APRIL 26, 2021—MAY 7, 2021



2021 HIGHLIGHTS AT A GLANCE

- There will be no changes to the medical plan choices or benefits, however there will be a increase to contributions
- **HSA** maximum contributions will be increasing to \$3,600 per individual and \$7,200 per family
- There will be no changes to benefits or rates for our dental, vision and life plans for 2021!
- Raytown Schools Quality Care Clinic:
 - Now offers TeleVisits for certain appointment types
 - Coming Soon! Behavioral health services with an onsite therapist

MEDICAL INSURANCE

HOW TO GET STARTED

1. SELECT YOUR MEDICAL PLAN

- \$1500 PPO BUY-UP
- \$2500 PPO BASE
- \$2800 BLUESAVER QHDHP



YOUR HEALTH PLAN OPTIONS

The District offers three PPO plans through BlueKC. Each of these plans utilizes the Preferred-Care Blue PPO Network of providers.

- \$1500 PPO Buy-Up
- \$2500 PPO Base
- \$2800 BlueSaver QHDHP

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

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 new Medical ID card?

You will receive an ID card in the mail if you are electing medical coverage for the first time or if you are changing plans.

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

A calendar year basis.

? How long can I cover my dependent children?

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

MEDICAL INSURANCE



BlueCross BlueShield

MEDICAL INSURANCE PLAN OPTIONS AND COSTS

BlueCross BlueShield of Kansas City	\$1500 PPO Buy-Up	\$2500 PPO Base	\$2800 BlueSaver QHDHP*
	Employee Cost Per Month	Employee Cost Per Month	Employee Cost Per Month
Employee	\$905.01	\$786.34	\$786.34
Employee & Spouse	\$2,081.40	\$1,808.43	\$1,808.43
Employee & Children	\$1,692.36	\$1,470.41	\$1,470.41
Employee & Family	\$2,850.65	\$2,476.79	\$2,476.79
Network	Preferred-Care Blue PPO	Preferred-Care Blue PPO	Preferred-Care Blue PPO
Deductible			
Individual	\$1,500	\$2,500	\$2,800
Family	\$4,500	\$7,500	\$5,600
Coinsurance (Member Pays)	20%	20%	10%
Out-of-Pocket Maximum			
Individual	\$5,750	\$6,300	\$4,000
Family <i>(includes deductible, coinsurance & copays)</i>	\$13,100	\$13,200	\$8,000
Raytown Schools Quality Care Clinic			
Preventive Care Visit	Free	Free	Free
Preventive Dispensed Medication	Free	Free	Free
Non-Preventive Care Visit	Free	Free	\$30 per visit
Non-Preventive Dispensed Medication	Free	Free	\$8 per medication
Home Delivery Pharmacy	Free	Free	Free
Physical Therapy <i>(See pages 7 - 9 for details)</i>	\$30 per visit	\$30 per visit	\$30 per visit
Office Visit			
Primary Care Physician	\$35 copay	\$35 copay	Deductible then 10%
Specialist	\$70 copay	\$70 copay	Deductible then 10%
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Diagnostics			
Lab and X-ray	Deductible then 20%	Deductible then 20%	Deductible then 10%
Major Diagnostics (MRI, CT, PET...)	Deductible then 20%	Deductible then 20%	Deductible then 10%
Urgent Care	\$70 copay	\$70 copay	Deductible then 10%
Emergency Room	\$200 copay then deductible then 20%	\$200 copay then deductible then 20%	Deductible then 10%
Outpatient Surgery	Deductible then 20%	Deductible then 20%	Deductible then 10%
Inpatient Hospital Services	Deductible then 20%	Deductible then 20%	Deductible then 10%
Prescription Drug			
Tier 1 Generic	\$12	\$12	Deductible, then \$12
Tier 2 Preferred	\$55	\$55	\$55
Tier 3 Non-Preferred	\$75	\$75	\$75
Mail Order (102-day supply)	\$36 / \$165 / \$225	\$36 / \$165 / \$225	Deductible, then \$36 / \$165 / \$225

*Out of Pocket Maximum includes all copays (medical and prescription drug copays).

RAYTOWN SCHOOLS QUALITY CARE CLINIC

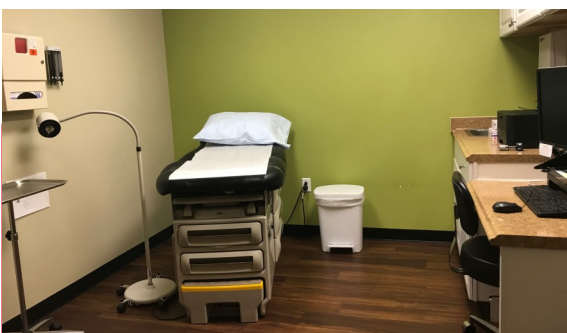
Raytown Schools Quality Care Clinic, operated by CareHere, serves Raytown C-2 School District, providing District employees and their families convenient and affordable access to health care, offering acute care, preventive care, chronic condition management, and physical therapy.



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.



**(877) 423-1330
www.carehere.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 the age of 2)

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 care
 - Extended hours, with little to no wait time
 - Same or next day appointments may be available
 - Online access to medical records and 24/7 appointment scheduling
 - TeleVisits via phone or video for certain appointment types
 - More dedicated time with a provider
- Access to:
 - Onsite physical therapy
 - 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
 - **Coming soon!** Behavioral health services with an onsite therapist



Visit our website! More information is available at <http://bit.ly/raytownschoolsclinic>

TIP: Bookmark this site!



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

PRIVACY POLICY

Your privacy is critical. Raytown Schools Quality Care Clinic is operated by a third-party, CareHere, 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.

RAYTOWN SCHOOLS QUALITY CARE CLINIC SERVICES

Raytown Schools Quality Care Clinic is a resource to manage your acute illnesses and minor injuries, assist with chronic conditions, provide preventive care exams and services and support the overall health and wellness of you and your family. Staffed with a Physician, Nurse Practitioner, and Physical Therapist, Clinic services include, but are not limited to:

Personal Health

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

Telephonic Health Coaching

Certified health professionals trained in:

- Behavior change
- Healthy eating
- Physical activity
- Stress management
- Tobacco cessation

Coordination with Outside Providers

Referral to Specialists

Care Coordination

Medication

- Prescribe medication, after thorough assessment
- Dispense pre-packaged medications, if available in the Raytown Schools Quality Care Clinic
- Home delivery program for certain long-term ongoing/chronic 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

Coming Soon! Behavioral health services with an onsite therapist

Physical Therapy

Physical therapy services available (ages 10+) for personal health
(See physical therapy room pictured)

[Click here to learn more about Physical Therapy services.](#)



TELEVISIT APPOINTMENTS

Available for certain appointment types, including:

Allergies • Cold • Flu • Follow-ups • Lab Review • Medical Questions • Prescription Refill

Connecting with a Raytown Schools Quality Care Clinic provider is easier and more convenient with

PHONE and **VIDEO** appointments. Using the TeleVisit function, you can have a visit wherever YOU are, during Clinic operating hours.

[Click here for more information on TeleVisits, including how to schedule.](#)

TeleVisit Appointment TIPS: Be ready a few minutes before your appointment and get connected:

- **If Video:** Join the visit from your computer at CareHere.com or mobile device using the CareHere App 5-10 minutes before your scheduled time.
- **If Telephone:** Accept the call (likely from unknown caller) at the time of your visit. If you do not answer they will make an attempt to call back; however, not answering your phone is considered a no show appointment.

HOURS OF OPERATION

Raytown Schools Quality Care Clinic is currently open the following hours¹:

HOURS ¹	Nurse Only ²	Primary Care	Physical Therapy	Occ Health
Monday	-	7 AM - 12 PM, 1 - 4 PM	-	-
Tuesday	-	9 AM - 6 PM	1 - 5 PM	2 - 3 PM
Wednesday	6 AM - 12 PM	9 AM - 3 PM	-	-
Thursday	-	7 - 9 AM, 12 - 6 PM	3 - 6 PM	9 - 11 AM
Friday	7 - 10 AM	7 AM - 1 PM	-	1 - 3 PM

¹ The hours of operation are subject to change. If this occurs, changes that affect the established schedule will be communicated. The website will be kept up-to-date with hours of operation: <http://bit.ly/raytownschoolsclinic>

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.

We want you to be prepared that the 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 ³		PPO Base or Buy-Up Plan	BlueSaver QHDHP ⁴
Preventive	Services	Free	Free
	Dispensed Rx	Free	Free
Non-Preventive	Services	Free	\$30
	Dispensed Rx	Free	\$8
Home Delivery Pharmacy		Free	Free
Health Coaching		Free	Free
Physical Therapy ^{5,6}		Before deductible is met: \$30 After deductible is met: 20% coinsurance (\$6) ⁵ After out-of-pocket max. is met: 0% coinsurance (\$0)	Before deductible is met: \$30 After deductible is met: 10% coinsurance (\$3) After out-of-pocket max. is met: 0% coinsurance (\$0)

³ All fees apply towards deductible and out of pocket maximum

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

⁵ Blue KC medical insurance plan visit maximums apply

⁶ Cost sharing aligns to Blue KC medical insurance plan amounts

FIRST TIME REGISTRATION

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

Note: You can not register until your insurance is effective.

To register, you will need the correct access code and you may either call (877) 423-1330, or follow the steps below:

- Go to carehere.com/register
- Enter your Access Code in Step 1 (based on the plan you are enrolled in):
 - RTQS2** for PPO Base and Buy-Up Plans
 - RTHA6** for BlueSaver QHDHP
- Click Next
- Complete Steps 2-5, through Confirmation

NO SHOW POLICY

If you no show for any appointment more than one time within a 12 month period, there will be a penalty assessed in the amount of \$30 per occurrence.

To avoid this penalty, simply reschedule or cancel your appointment prior to the scheduled time, either at www.carehere.com, or by calling (877) 423-1330.

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.



HOW TO SCHEDULE AN APPOINTMENT

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

24/7 Patient Support Line:
(877) 423-1330

Online Portal:
carehere.com/login

Mobile App:
carehere.com/app

APPOINTMENTS

A few reminders about appointments:

- Appointments are Required.** Please schedule an appointment prior to arriving at the Clinic. This helps ensure you and fellow patients 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 CareHere. (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 the 24/7 Patient Support Line or use the Live Chat feature in the Online Portal to see if they can accommodate you.
- Cancellations.** If you are unable to make your appointment time, please call ahead to cancel or reschedule as far in advance as possible, out of courtesy for other patients and the Clinic staff.
- Appointment Duration.** If scheduling your appointment online or in the app, please be sure to schedule the amount of time appropriate for your visit type.

Click here to learn how to schedule and choose an appointment length.

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:
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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 7 for info on Raytown Schools Quality Care Clinic)
 - your Primary Care Physician
(TIP: see page 12 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.

TeleVisits 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 exhausted list by location, but simply examples of when you might use them.

TELEVISITS/VIRTUAL CARE

- Cold/flu
- Diarrhea
- Fever
- Rash
- Sinus Problems

TELEVISITS/VIRTUAL CARE

TeleVisits at the RSQCC are a good alternative when you have an acute need, but cannot make it in to be seen in person. TeleVisits 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 8 for info on how to schedule a RSQCC TeleVisit).

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 11 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.

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.



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 \$59 or less, depending on your plan.

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 starting at \$85 per visit. 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 Blue KC Virtual Care Mobile App in the [Apple Store](#) or in [Google Play](#). or visit www.bluekcvirtualcare.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 & 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

- Visit mybluekc.com if you are a first time visitor, click REGISTER NOW. Please have your member ID card available to reference.
- Once logged in, click on the Pharmacy Tab at the top. Then click the button SAVE ON PRESCRIPTIONS.
- 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

- Switch from Pharmacy A to Pharmacy 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. By using Good Rx, the charges might not go towards your deductible.

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.



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—[MYBLUEKC.COM](https://mybluekc.com), SELECT FIND CARE

- Choose your health plan** – If you logged in, your plan's network should already display.
- Location** – Select the location that you would like to search (city, ZIP code, etc.). The radius default is 25 miles; you can adjust to as low as one mile on the search results page.
- 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



CONNECT WITH US

- **ONLINE** – 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.
- **IN PERSON** – Visit with our Customer Service team in our lobby at 2301 Main St., Monday through Friday from 8 a.m. to 5 p.m. Central Time.



THE BLUE KC COST ESTIMATOR TOOL

UNDERSTAND YOUR COSTS AND TREATMENT OPTIONS

DON'T LET THE COST OF A PROCEDURE OR SERVICE COMPLETELY SURPRISE YOU.

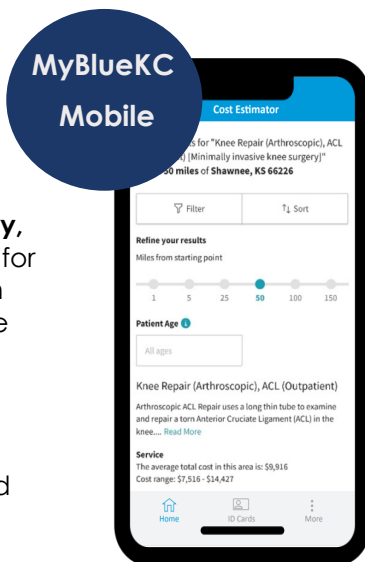
Use the Blue KC Cost Estimator tool to find out average costs and treatment timelines before you step foot into a doctor's office.

WHAT IS IT? An online tool that allows you to search more than 1,600 healthcare services to find estimated cost information based on claims data, provider type, treatment timelines and treatment options for common medical concerns.

WHY USE IT? The tool can help control your healthcare expenses by estimating costs based on the type of treatment you receive, who provides it and the facility in which you receive it. It provides you an understanding of your care options and how you might save money, just like comparison shopping for other important purchases.

WHERE IS IT? Follow these easy steps to use the tool:

1. Log in to **MyBlueKC.com**
2. Click **Claims & Usage**
3. Click **Cost Estimator**
4. Click **Research Costs**
5. From the **Select a Category**, click on drop-down arrow for **Search All** then select item you want, such as Estimate Your Costs or **Treatment Timelines**
6. Enter your search term
7. Compare the results based on your search



LOG INTO MyBlueKC.com TO HELP ANSWER YOUR QUESTIONS

COST ESTIMATOR TOOL FEATURES



View estimated cost information for in-network providers



Find local facilities with the lowest estimated out-of-pocket costs



See costs associated with the most common services, such as pre- and post-procedure appointments



Read patient reviews to help you choose quality physicians and specialists

ACCESS YOUR ACCOUNT

Go to **MyBlueKC.com** or download the **MyBlueKC mobile app** to access your health insurance information anytime, wherever you go.



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

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.

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 (with a physician's prescription)
- Physical therapy, speech therapy, and chiropractic expenses
- More information about approved items, plus additional details about the HSA, is available at [irs.gov](https://www.irs.gov).

Contribute up to
\$3,600*
Single, or
\$7,200*
Family

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 \$3,600 Single, or \$7,200 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 the \$2800 BlueSaver 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 2021 are \$3,600 for Single and \$7,200 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.
- **UMB Bank will charge the account holder a \$2.50 monthly Administration Fee for balances under \$3,000.**
- 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.

HOW DO HEALTH SAVINGS ACCOUNTS WORK?

You choose how much you would like to save in your HSA each year and contributions are deductible from your federal tax return.

You can choose to pay for current eligible medical 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 medical expenses. How you use your account and when you use it are entirely up to you.

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

If one or more of the following are true for you, you may want to consider making a change to the **\$2800 BlueSaver 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 the **\$2800 BlueSaver QHDHP**.

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 2021, the maximum contribution amount from all sources—your contributions and any other sources—is \$3,600 for employee-only coverage and \$7,200 for family coverage.

FREQUENTLY ASKED QUESTIONS

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

People age 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 2021 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.

DELTA DENTAL OF MO IS THE DENTAL CARRIER FOR 2021.

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.

DENTAL INSURANCE LOW PLAN FEATURES AND COSTS

Delta Dental of Missouri	Employee Cost Per Month			
Employee	\$22.04			
Employee + 1	\$42.00			
Employee + 2 or More	\$71.78			
	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%	<ul style="list-style-type: none"> • 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%	<ul style="list-style-type: none"> • 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.				

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 HIGH PLAN FEATURES AND COSTS

Delta Dental of Missouri	Employee Cost Per Month			
Employee	\$39.73			
Employee + 1	\$76.81			
Employee + 2 or More	\$119.96			
	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 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			<ul style="list-style-type: none"> For dependent children to age 19 who begin treatment while covered by this plan¹
Diagnostic and Preventive Services	100%	100%	100%	<ul style="list-style-type: none"> 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%	<ul style="list-style-type: none"> 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%	<ul style="list-style-type: none"> 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 coverage² Crowns, inlays and onlays when required for restorative purposes, replacements covered once every 5 years per tooth
Orthodontic Services	50%	50%	50%	
Dependent children are eligible until the end of the month in which they turn age 26.				



VSP IS THE VISION CARRIER FOR 2021

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.

4. REVIEW YOUR VISION PLAN

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	\$8.91
Employee & Spouse	\$17.82
Employee & Child(ren)	\$19.07
Employee & Family	\$30.46
	Cost for Services when using VSP Providers:
Examination Copays	
- Exams	\$10
- Prescription Glasses	\$25
- Lenses	\$35
Anti-Reflective	\$0
Standard progressive lenses	\$80-\$90
Premium progressive lenses	\$120-\$160
Custom Progressive lenses	Up to \$60
- Contact Lens Fitting and Evaluation	\$20
- Diabetic Eyecare Plus Program	
Frequency of Service	
Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months
Diabetic Eyecare Plus Program	(12 months for children under the age 18) As needed
Allowances	
- Frames (20% off amount over allowance)	
VSP featured brand name frames	\$150
CostCo, Walmart, Sam's Club	\$70
All other frames	\$130
- Contact Lenses	\$130
Extra Discounts	
- Additional Glasses or Sunglasses	20% - 30% off
- Laser Vision Correction	5% - 15% off

EMPLOYEE ASSISTANCE PROGRAM

Raytown C-2 School District is pleased to offer an Employee Assistance Program (EAP) through New Directions Behavioral Health.

The program is designed to provide confidential, professional counseling to all employees, their spouses/partners, and dependent children.

This program provides assistance for a number of services to help you balance home and work:

- Workplace conflicts
- Interpersonal difficulties
- Marriage and family concerns
- Stress management
- Emotional upsets
- Financial matters
- Alcohol and drug problems

DID YOU KNOW?

Up to 6 visits are covered by your employers plan at no cost to you!

You can depend on the expertise of New Directions Employee Assistance Program. When you call, a licensed EAP professional will help you resolve problems and offer you any needed referrals to community and treatment resources.

New Directions is here for YOU to help you find that balance between work and home so necessary to quality living, yet so difficult to achieve without help.

Available 24 hours a day, 365 days a year.

Your concerns will be treated with confidentiality consistent with all state and federal mandates.

NEW DIRECTIONS IS AVAILABLE:

- By phone, toll-free at **(800) 624-5544**, or
- Online at **www.ndbh.com**
 - Select "For Individual and Families", then choose "Employee Assistance Program"
 - The Company Code is: **RaytownSD**



GLOSSARY OF MEDICAL 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 non-network services.

Copays—A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the Deductible, but will go toward the Out-of-Pocket Maximum. Copays should not apply to any preventive services.

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.

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

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

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.

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—A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

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.

Preventive Services—All services coded as Preventive must be covered 100% without a Deductible, Coinsurance or Copayments.

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.

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.

IMPORTANT NOTICES

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 Blue Cross and Blue Shield of Kansas City 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:

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.

Raytown C-2 School District has determined that the prescription drug coverage offered by the Blue Cross and Blue Shield of Kansas City 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 Blue Cross and Blue Shield of Kansas City 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.

Contact: Payroll Department 816-268-7066

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 <http://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 <http://www.socialsecurity.gov>, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: July 1, 2020

Name of Entity/Sender: Payroll Department

Contact--Position/Office: Susann Bronson

Address: 6608 Raytown Road, Raytown, MO 64133

Phone Number: 816-268-7064

This notice is a summary. For a full description of all of Raytown C-2 School District's Benefit plans, please contact the Payroll Department at 816-268-7066 or payroll_staff@raytownschools.org

MEDICAID CHIP NOTICE

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

If you or your children are eligible for Medicaid or CHIP and you'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, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 E mail: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

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<p align="center">GEORGIA – Medicaid</p> <p>Website: https://medicaid.georgia.gov/third-party-liability/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p>
<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>	<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p align="center">KENTUCKY – Medicaid</p> <p>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: KIHIP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA-Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE-Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852- 3345, ext 5218</p>

This notice is a summary. For a full description of all of Raytown C-2 School District's Benefit plans, please contact the Payroll Department at 816-268-7066 or payroll_staff@raytownschools.org

NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
Medicaid Website: https://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	TEXAS – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT-Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA-Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
OREGON – Medicaid	WASHINGTON-Medicaid
Website: https://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	WEST VIRGINIA -Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

This notice is a summary. For a full description of all of Raytown C-2 School District's Benefit plans, please contact the Payroll Department at 816-268-7066 or payroll_staff@raytownschools.org

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov

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.

OMB Control Number 1210-0137 (expires 1/31/2023)

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 following deductibles and coinsurance apply: please refer to your plan Certificate of Coverage for the deductible and coinsurance that would apply. If you would like more information on WHCRA benefits, call your Plan Administrator: 816-268-7066.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more full-time employees, we are required to provide 1095-C forms to each employee who was employed as a full-time employee for at least one month during 2021, without regard to whether he/she was covered by our group health plan. These employees should expect to receive their Form 1095-C in early March, 2022. We are also required to send a copy of your 1095-C form to the IRS. The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

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 Payroll Department.



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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.