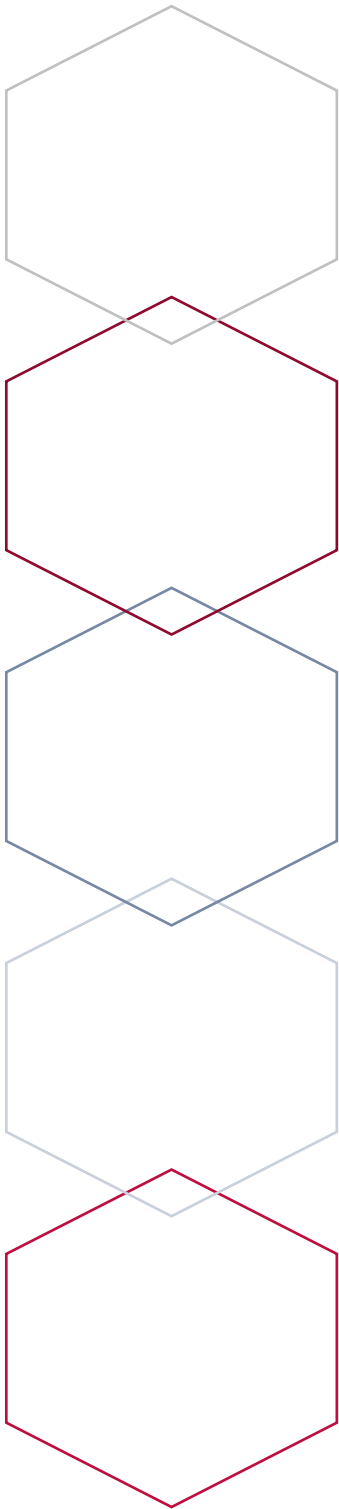




2019 EMPLOYEE BENEFITS GUIDE



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RESOURCES

Benefit Enrollment

BenefitsDirect
833-688-8656
www.benefits-direct.com/raytownqualityschools

Raytown C-2 School District

Payroll Department
816-268-7066

Benefit Consultant

CBIZ Benefits & Insurance Services, Inc.
Michelle Conn Susan Endicott
816-945-5224 816-945-5289
mconn@cbiz.com sendicott@cbiz.com

Raytown Schools Quality Care Clinic

CareHere Clinic
877-423-1330
www.carehere.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

Voluntary Products

BenefitsDirect
833-688-8656
Fax: 816-841-3790
www.benefits-direct.com/raytownqualityschools

MetLaw

800-821-6400
info.legalplans.com
Access Code: LEGAL

Purchasing Power

866-670-3477
raytownschooldistrict.purchasingpower.com

RETIREMENT- 403B AND 457 PLANS/ MISSOURI RETIREMENT SYSTEM

ASpire Financial Services

866-634-5873
www.aspireonline.com

Appreciation Financial, Steven Heffer

847-542-1183
sheffer@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
<https://us.axa.com/home.html>

Fidelity Security Life Insurance Company

800-648-8624
www.fslins.com

Horace Mann, Sherman Hoston

913-484-6085
www.horacemann.com/retirementadvantage

VALIC

913-402-5000
www.valic.com

PSRS/PEERS

Missouri Retirement Systems
800-392-6848
www.psr-peers.org

ADDITIONAL BENEFITS

MOSt

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

Workers' Compensation

CareHere Clinic
877-423-1330

Raytown Wellness Center

Rob Brockschink
816-268-7190

Employee Assistance Program

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

Welcome to the 2019 Benefits Open Enrollment

The Raytown School District annual insurance Open Enrollment period is about to begin.

We recognize the importance of benefits within the overall compensation package provided to all of our eligible employees.

This year when we reviewed our employee benefits options, we focused not only on providing quality medical plans but also on controlling the cost and financial risk for our employees. We offer multiple options to meet the individual needs of our employees and their dependents.

Open Enrollment runs
April 15, 2019—May 3, 2019

Enroll online at
**[www.benefits-direct.com/
raytownqualityschools/](http://www.benefits-direct.com/raytownqualityschools/)**

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 accident insurance, cancer insurance, critical illness, term life, short term disability, permanent life with long term care, identity theft protection, and prepaid legal 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.

2019 HIGHLIGHTS AT A GLANCE

- The District will continue to contribute \$500 to your UMB HSA when you enroll in the BlueSaver QHDHP during Open Enrollment.
- Dental premiums have been lowered, but you will still enjoy the same great benefits.
- **NEW for 2019.** Prepaid legal benefit through MetLaw.
- **NEW for 2019.** Employee purchasing program through Purchasing Power.

In this booklet, you'll find
easy-to-understand
instructions to help
you make your benefit
decisions.

HOW TO ENROLL



- Self Enrollment
- Face-To-Face Meeting

Raytown's standard Open Enrollment period will be held from **4/15/2019 TO 5/3/2019** You can make elections through BenefitsDirect during this Open Enrollment period.

For the 2019 Plan Year Open Enrollment, you have 2 options in order to complete your enrollment elections that will be effective July 1, 2019: **Self-Enroll or Face-To-Face Meeting with a Benefit Counselor.**

SELF-ENROLLMENT PORTAL:

- Use this website to self-enroll in your 2019 benefits www.benefits-direct.com/raytownqualityschools/
- Enroll: When on the webpage, use the "Enroll Now" button at top of page to self-enroll for your 2019 benefits.
- All User names and passwords have been reset for Open Enrollment. Please login as a first time user.

User ID: 1st initial of your first name, 1st initial of your last name, and the last 4 digits of your social security number (SSN).

Example: John Smith SSN 123-54-1453
User ID: JS1453

Password: Date of Birth

Example: March 16, 1960
Password: 03161960

- Once you have successfully logged in, you will be asked to confirm your email and enter your desired password.

Note: For subsequent visits to the self-enrollment portal, enter your email address and your newly selected password

- The "**Enroll Now**" button will be active on **Monday, April 15th.**
- Self-enrollment is open April 15th - May 3rd.**
- Contact BenefitsDirect Customer Service at 833-688-8656, option 1, if you need assistance.

FACE-TO-FACE MEETING WITH A BENEFIT COUNSELOR:

- Book an appointment with a counselor by using the website www.benefits-direct.com/raytownqualityschools.com.
- Book Appointment:** When on the webpage, use the "**Book Now**" button at top of page to schedule a face-to-face meeting with a benefit counselor.
- The "**Book Now**" button will be active beginning **Monday, April 8th.**
- After clicking "**Book Now**" select building type and then specific location.
- You may schedule to meet with a benefit counselor **Monday, April 22nd through Friday, May 3rd.**

CALL CENTER:

The call center is open Monday - Friday 8am-5pm. If you have questions regarding products contact 833-688-8656, option 2.

Remember:

You cannot adjust your annual elections unless you have a qualifying life event such as marriage, birth, adoption, etc. Please visit the Benefits Department to determine if your situation qualifies as a change in status.

MEDICAL INSURANCE

HOW TO GET STARTED

SELECT YOUR MEDICAL PLAN

1

\$1000 PPO Buy-Up

\$1500 PPO Buy-Up

\$2500 PPO Base

\$2700 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.



YOUR HEALTH PLAN OPTIONS

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

- \$1000 PPO Buy-Up
- \$1500 PPO Buy-Up
- \$2500 PPO Base
- \$2700 BlueSaver QHDHP

Note: All four plans; Base, Buy-Up(s), and QHDHP family plans are implemented as a pre-tax deduction as regulated by the Cafeteria 125 Plan.

WHAT PORTION OF PREMIUM IS PAID BY THE DISTRICT*?

Employer Paid Portion is based on the "Employee Only" rate for the \$2,500 Deductible Base Plan pro-rated as follows:

- \$603.14 District Paid for Employees working 30 hours or more per week who elect either the \$1000, \$1500 or \$2500 Deductible Plan
- \$653.14 District Paid for Employees working 30 hours or more per week who elect the BlueSaver QHDHP plan.
 - Additionally, **Employees who elect the BlueSaver QHDHP during Open Enrollment for a July 1, 2019 effective date will receive a one-time contribution of \$500 to their UMB Bank Health Savings Account on July 1, 2019.**

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



Medical Insurance Plan Options and Costs

BlueCross BlueShield of Kansas City	\$1000 PPO Buy-Up	\$1500 PPO Buy-Up	\$2500 PPO Base	\$2700 BlueSaver QHDHP*
	Employee Cost Per Month	Employee Cost Per Month	Employee Cost Per Month	Employee Cost Per Month
Employee	\$196.36	\$146.09	\$50.00	\$0.00
Employee & Spouse	\$1,235.55	\$1,119.98	\$898.97	\$848.97
Employee & Children	\$891.84	\$797.90	\$618.19	\$568.19
Employee & Family	\$1,915.11	\$1,756.80	\$1,454.08	\$1,404.08
Network	Preferred-Care Blue PPO	Preferred-Care Blue PPO	Preferred-Care Blue PPO	Preferred-Care Blue PPO
Deductible				
Individual	\$1,000	\$1,500	\$2,500	\$2,700
Family	\$3,000	\$4,500	\$7,500	\$5,400
Coinsurance (Member Pays)	20%	20%	20%	10%
Out-of-Pocket Maximum**				
Individual	\$5,400	\$5,750	\$6,300	\$4,000
Family <i>(includes deductible, coinsurance & copays)</i>	\$12,750	\$13,100	\$13,200	\$8,000
Office Visit				
Primary Care Physician	\$35 copay	\$35 copay	\$35 copay	Deductible then 10%
Specialist	\$70 copay	\$70 copay	\$70 copay	Deductible then 10%
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Diagnostics				
Lab and X-ray	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
Major Diagnostics (MRI, CT, PET...)	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
Urgent Care	\$70 copay	\$70 copay	\$70 copay	Deductible then 10%
Emergency Room	\$200 copay then deductible then 20%	\$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 20%	Deductible then 10%
Inpatient Hospital Services	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
Prescription Drug				
Tier 1 Generic		\$12		Deductible, then \$12
Tier 2 Preferred		\$55		\$55
Tier 3 Non-Preferred		\$75		\$75
Mail Order (102-day supply)		\$36 / \$165 / \$225		Deductible, then \$36 / \$165 / \$225

*Employees who elect the BlueSaver QHDHP during Open Enrollment for July 1, 2019 effective date will receive a one-time contribution of \$500 to their UMB Bank Health Savings Account on July 1, 2019.

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

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



WHO IS CareHere! ?

The Raytown Schools Quality Care Clinic is operated by CareHere – a passionate on-site and near-site healthcare organization that is experienced in partnering with employers to provide cost-effective healthcare and online services for their employees. CareHere is more than just a clinic. They are providing care and innovative services that are helping to change lives.

WHAT ARE THE BENEFITS

- Cost Effective
 - Low or no-cost visits
 - Low or no-cost generic medications available on-site
- Convenient access to care
 - Extended hours, with little to no wait time
 - Same or next day appointments may be available
 - Access to a 24/7 toll-free nurse line
- More one-one-one time with a provider
- Access to telephonic health coaches

WHO CAN USE THE CLINIC?

- Benefit enrolled employees, dependents (over the age of 2), and pre-Medicare retirees of Raytown Quality Schools are eligible to receive care for personal health needs.
- The Clinic is open to all employees for occupational health and treatment of work related injuries, regardless of benefit enrollment.

For more information on the Raytown Schools Quality Care Clinic, visit:
<http://bit.ly/raytownschoolsclinic>



CLINIC SERVICES

The 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. Below are examples of services provided in the Clinic:

Personal Health

Preventive Services

- Routine well-woman and well-man exams
- Preventive lab work
- Vaccinations
- Flu shot

Acute Illness (Ages 2+)

- Sore throat
- Ear infections
- Sinus infections
- Cold, flu, etc.
- Bladder infections
- Allergy care
- Headaches

Minor Injuries

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

Disease Management

Including, but not limited to:

- Diabetes
- Cholesterol
- Blood pressure

Telephonic Health Coaching

Certified health professionals trained in:

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

Medication

- Prescribe medication, after thorough assessment
- Dispense pre-packaged medications, if available in the Raytown Schools Quality Care Clinic

Diabetes Testing Supplies & Education Program

Lab Work and Vaccinations

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

Sports / Camp / School Physicals

Coordination with Outside Providers

Referral to Specialists

Care Coordination

Physical Therapy

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

(See physical therapy room pictured to the left)

Work Related

Work Related Injury Treatment

Occupational Health Services

- Initial triage and follow up of work related injuries
- Drug testing
- Occupational testing
- Bus driver physicals



LOCATION AND HOURS

The Raytown Schools Quality Care Clinic is conveniently located in the same building as the Raytown Schools Wellness Center:
10301 E 350 Highway, Raytown, MO 64138

The 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	10:30 AM - 1:30 PM	2 - 3 PM
Wednesday	6 AM - 12 PM	9 AM - 3 PM	-	-
Thursday	-	7 - 9 AM, 12 - 6 PM	3 - 6 PM	9 AM - 11 PM
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 and weight checks, etc.

COST OF SERVICES

The Clinic will have the following cost for members enrolled in Raytown Quality Schools' medical insurance plan.

We want you to be prepared that the visit fee will be collected at the time of service. For safety reasons, the Raytown Schools Quality Care 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	Blue Saver QHDHP ⁴
Preventive	Services	Free	Free
	Medications	Free	Free
Non-Preventive	Services	Free	\$30
	Medications	Free	\$8
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 BlueKC medical insurance plan amounts

HOW TO SCHEDULE AN APPOINTMENT

Once registered, you can schedule an appointment:

- By calling **877-423-1330**, or
- Online at www.carehere.com

Please Note: Appointments are required. Please schedule an appointment prior to arriving at the Clinic. By scheduling an appointment you should expect little to no wait time. Same day appointments may be available.

ONE-TIME REGISTRATION FOR FIRST TIME CLINIC ACCESS

Prior to scheduling your first appointment at the Clinic, you must first register with CareHere:

1. Go to www.carehere.com
2. Click member login
3. Click I need to register for the first time with my access code
4. Enter your access code (according to which plan you are enrolled in), and then click go
 - RTQS2 for PPO and PPO Buy-Up Plans
 - RTHA6 for BlueSaver QHDHP
5. Provide responses to all questions on the next four web pages of the health questionnaire, including contact data and health and behavioral data
6. Create a user name and password

NO SHOW POLICY **NEW!**

Beginning 7/1/2019, 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.

ADDITIONAL CARE OPTIONS AND WHEN TO USE THEM

While we recommend that you seek routine medical care from your primary care physician or the Raytown Schools Quality Care Clinic whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. Be sure to check that the facility is in-network by calling the toll-free number on the back of your medical ID card, or by visiting www.bluekc.com.

RAYTOWN SCHOOLS QUALITY CARE CLINIC
OR OUTSIDE PRIMARY CARE PROVIDER

PRIMARY CARE

- Routine, primary/ preventive care
- Non-urgent treatment
- Chronic disease management

CONVENIENCE CARE

- Common infections (Ear infections, pink eye, strep throat, bronchitis,)
- Minor skin conditions
- Flu shots
- Pregnancy tests
- Sprains
- Sore throats
- Mild asthma attacks
- Rashes
- Minor Infections
- Vaccines
- Screenings
- Back pain or strains

URGENT CARE

EMERGENCY ROOM

- Heavy bleeding
- Large open wounds
- Chest pain
- Spinal injuries
- Difficulty breathing
- Major burns
- Sever head injures

PRIMARY CARE

For routine, primary/ preventive care or non-urgent treatment, we recommend going to your doctor's office. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out of pocket.

When you are not able to access the Raytown Schools Quality Care Clinic or your primary care provider, the following may be a good alternative:

CONVENIENCE CARE

These providers are a good alternative when you are not able to get to your doctor's office and your condition is not urgent or an emergency.

They are often located in malls or retail stores (such as CVS, Walgreens, Wal-Mart 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

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 your doctor's office. Outside regular office hours—or if you can't 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 ROOM

An emergency medical condition is any condition (including severe pain) which you believe that, without immediate medical care, may result in serious injury or is life threatening.

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**

TELEHEALTH, RX SAVINGS, AND GOODRX

TELEHEALTH

Retail Telehealth, or a “virtual visit” lets you see and talk to a doctor from your mobile device or computer without an appointment. Blue Cross Blue Shield partners with American Well (Amwell) to bring you care from the comfort and convenience of your home or wherever you are.

Conditions commonly treated through a virtual visit:

- Bladder infection/urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat

Most visits take about 10-15 minutes, and your doctor can write a prescription, if needed, that you can pick up at your local pharmacy.



GET STARTED TODAY WITH AMWELL!

- 1 Download the Amwell Mobile App**
The Amwell app can be downloaded directly to your smart phone or tablet. Or, if you prefer the web, visit Amwell.com.
- 2 Enroll**
Create an account in a few simple steps. Be sure to include your Blue KC insurance information when creating your account. Your information is stored securely.
- 3 Choose a Doctor**
View a list of available doctors, their experience and ratings, and select one.
- 4 Visit**
Engage in a secure live video visit directly from the web or your mobile device in high-quality streaming video.



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 REGISTER NOW. Please have your member ID card available to reference.
- B) Once logged in, click on the Pharmacy Tab at the top. Then click the button SAVE ON PRESCRIPTIONS.
- 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.

The GoodRx logo is a yellow square with the text "GoodRx" in black, where the "Rx" is in a larger font.



DOCTOR AND HOSPITAL FINDER



Doctor, Urgent Care, and Hospital Finder

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

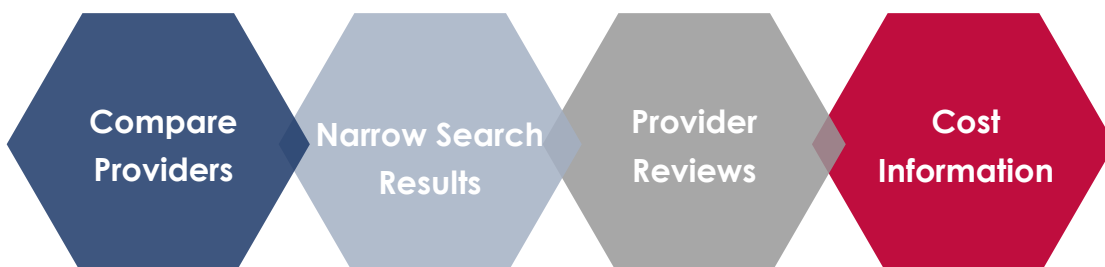
The Doctor, Urgent Care, and Hospital Finder helps you make more informed decisions using many features like **search filters**, **comparison options**, **provider reviews** and **quality information**.

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

- A. **Choose your health plan** –If you logged in, your plan's network should already display. If it does not, see your Blue KC member ID card; your network appears on the top of the ID.
- B. **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.
- C. **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 change your health plan, you can determine what network the provider accepts by click on "Plans Accepted" to the right of the provider's name.



HSA

HEALTH SAVINGS ACCOUNT



FSA

FLEXIBLE SPENDING ACCOUNT



An HSA is a great choice if you have a high-deductible health plan. You set up the HSA and the account belongs to you, not your employer. Anyone can contribute to your HSA, as can other people such as your family. However, contributions cannot exceed the maximum IRS allowed amount. The maximum allowed contribution for 2019 is \$3,500 for single coverage and \$7,000 for family coverage.

Employees who elect the \$2700 BlueSaver QHDHP during Open Enrollment for July 1, 2019 effective will receive a one-time contribution of \$500 to their UMB Bank HSA on July 1, 2019.

Your HSA stays with you when you change jobs. You contribute with pre-tax earnings, earn interest on your money, and can roll over the year-end balance.

You can build up a fund to pay for your health care expenses throughout the year. If you have a doctor or medical procedure scheduled, you can plan ahead and make contributions to cover your out-of-pocket costs.

Your HSA money comes out of your paycheck pre-tax and you can use the money for qualified medical expenses tax free. It's not treated as income when you take money out for medical bills, and other qualified expenses.



This type of account is set up by your employer, and your contributions come out of your paycheck before taxes, lowering your taxable income. That saves you money with every contribution! During enrollment you will choose the amount of money you would like to have available in your FSA. This amount cannot be changed during the year unless you have a qualifying event.

The funds are immediately available to you and can be used for your health care expenses throughout the year. You have until August 31, 2020 to file any claims incurred during the 2019 plan year. Unused balances of \$500 or less will be rolled over to the following year. You forfeit the balance if you leave your job.

There are two separate Flexible Spending Accounts into which you can enroll—

1. Health Care Reimbursement Account—\$2,700 annual maximum election.
2. Dependent Care Reimbursement—\$5,000 annual maximum election.

At date of hire or annual enrollment time you make a yearly election for how much you want to set aside tax-free for the year to cover your health care and/or daycare qualified expenses.

Your election is then divided by the number of pay periods in a year. That pre-tax deduction is then withheld from your paycheck each pay period.

You cannot adjust your annual election amount unless you have a qualifying life event such as marriage, birth, adoption, etc. Please visit the Payroll department to determine if your situation qualifies as a change in status.

What will I pay at the physician's office with the HSA qualified plan?

You'll provide your ID card at the time of the visit and the physician's office will submit the claim to Blue Cross Blue Shield of Kansas City.

You'll receive an Explanation of Benefits (EOB) from Blue Cross 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.

Where can I get a copy of an EOB?

You can access all of your EOB information, as well as obtain other important information, by registering on www.bluekc.com

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).



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.

WHAT ARE THE RULES?

- You must be covered under the \$2700 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's 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 2019 are \$3,500 for Single and \$7,000 for Family coverage. *If you're 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.**
- Just like you report pre-tax dollars that you contribute to other benefit plans, like a 401(k), 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.



FLEXIBLE SPENDING ACCOUNTS

2

SELECT FSA ACCOUNTS

- Health Care Flexible Spending Account
- Dependent Care Expense Account

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 \$500 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.

Eligible Expenses Examples	
<ul style="list-style-type: none"> • Alcoholism treatment • Artificial limbs • Ambulance • Braces • Contact lens solution • Contraceptives • Crutches • Dental expenses • Diagnostic expenses • Handicapped care and support • Hearing devices and batteries • Hospital Bills 	<ul style="list-style-type: none"> • Laboratory fees • Surgical expenses • Licensed practical nurses • Oxygen • Prescription drugs • Psychiatric care • Psychologist expenses • Routine physical • Seeing-eye dog expenses • Surgical expenses • Smoking cessation programs • Substance abuse treatment

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.

2019 Maximum Elections

Health Care Flexible Spending Account	\$2,700 max
Dependent Care Expense Account	\$5,000 max

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 child care 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.

Contact Information

Request a full statement of your accounts at any time by calling 800-727-0182 or log on to www.tri-starsystems.com to review your FSA balance. The address to mail claims to is 14323 S Outer Forty Rd #200, Chesterfield, MO 63017.

At www.tri-starsystems.com you can:

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

DENTAL INSURANCE

3

- Low Dental Plan
- High Dental Plan

The District offers two dental plans through Delta Dental of Missouri for you to choose from. The dental plans are PPO's which offers 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.

FIND A DENTIST

To find a Delta Dental provider in your area, visit the website at www.deltadentalks.com or call 800-234-3375.

- 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

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 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.				



Dental Insurance High Plan Features and Costs



Delta Dental of Missouri	Employee Cost Per Month			
Employee Employee + 1 Employee + 2 or More	\$39.73 \$76.81 \$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			• For dependent children to age 19 that begin treatment while covered by this plan ¹
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.				

¹Delta Dental will continue providing benefits for orthodontic treatment plans that were covered by the prior carrier and in progress on 7/1/2019. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental.

²The 12-month waiting period for a replacement bridge or denture is waived for all members who enroll in this plan effective 7/1/2019.

VISION INSURANCE

4 REVIEW YOUR VISION PLAN

VSP IS THE VISION CARRIER FOR 2019.

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.

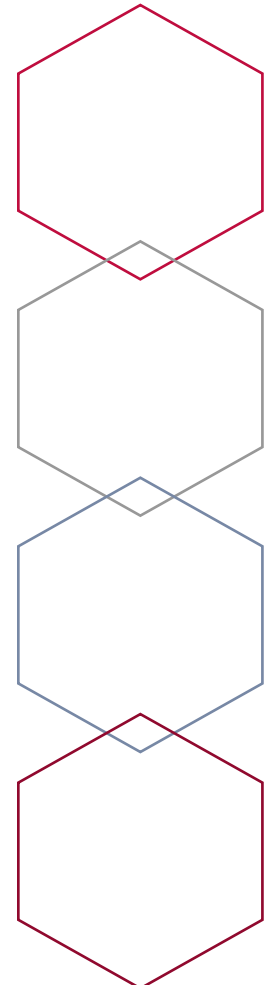


FIND A DOCTOR

- Enter your ZIP code and click the "Search" button on "Find a Doctor"
- Results list providers closest to your ZIP code first
- Click on the "Full Practice Info" button next to the provider to display products, services, doctors, etc. for that location
- OR, you can call to speak with a Customer Service representative

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
Examination Copays	
- Exams	\$10
- Prescription Glasses	\$25
- Lenses	\$35
Anti-Reflective	\$50
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	\$20
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	\$130
Wide Selection	\$150
Featured frame brands	20% off amount over allowance
- Contact Lenses	\$130
Extra Discounts	
- Additional Glasses or Sunglasses	20% - 30% off
- Laser Vision Correction	5% - 15% off



LIFE AND AD&D INSURANCE



5 REVIEW YOUR LIFE INSURANCE POLICY

- Add your spouse
- Add your dependents
- Increase your coverage

SUPPLEMENTAL TERM LIFE AND AD&D AND DEPENDENT LIFE

You can purchase additional Life and AD&D coverage beyond what Raytown School District provides. The Standard guarantee issues coverage during your initial enrollment period—which means you can't 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.
- **During the District's Open Enrollment:** 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.
- **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 employees age.)

BASIC LIFE AND AD&D

Raytown 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.

Supplemental Term Life and AD&D and Dependent Life Options and Costs

The Standard	Monthly Rates per \$1,000 of coverage		
	Age	Employee	Spouse*
Supplemental Term Life	<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	\$1.815	\$1.815
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 don't enroll in the Supplemental Term and AD&D plan during your initial enrollment period, you'll be required to complete an Evidence of Insurability form and be approved by The Standard before you're 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 PRODUCTS



6

- Short Term Disability Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Critical Illness Insurance
- Cancer Insurance
- Identity Theft
- Life Insurance with Long-Term Care
- Metlaw
- Purchasing Power

Detailed plan information for **all voluntary products** can be found at www.benefits-direct.com/raytownqualityschools

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. **Benefits will not be paid if the person's disability begins within the first 12 months of coverage.**

Monthly Rate	Plan 1: 7 day elimination period			Plan 2: 14 day elimination period			Plan 3: 30 day elimination period		
	0 – 49	50 – 59	60 +	0 – 49	50 – 59	60 +	0 – 49	50 – 59	60 +
Age									
\$500	\$12.63	\$14.73	\$19.82	\$11.74	\$13.70	\$18.43	\$7.35	\$10.27	\$13.82
\$600	\$15.15	\$17.67	\$23.78	\$14.09	\$16.43	\$22.11	\$8.82	\$12.32	\$16.58
\$700	\$17.68	\$20.62	\$27.74	\$16.44	\$19.17	\$25.80	\$10.29	\$14.38	\$19.35
\$800	\$20.20	\$23.56	\$31.70	\$18.78	\$21.91	\$29.48	\$11.76	\$16.43	\$22.11
\$900	\$22.73	\$26.51	\$35.67	\$21.13	\$24.65	\$33.17	\$13.23	\$18.49	\$24.88
\$1,000	\$25.25	\$29.45	\$39.63	\$23.48	\$27.39	\$36.85	\$14.70	\$20.54	\$27.64
\$1,500	\$37.88	\$44.18	\$59.45	\$35.22	\$41.09	\$55.28	\$22.05	\$30.81	\$41.46
\$2,000	\$50.50	\$58.90	\$79.26	\$46.96	\$54.78	\$73.70	\$29.40	\$41.08	\$55.28
\$2,500	\$63.13	\$73.63	\$99.08	\$58.70	\$68.48	\$92.13	\$36.75	\$51.35	\$69.10
\$3,000	\$75.75	\$88.35	\$118.89	\$70.44	\$82.17	\$110.55	\$44.10	\$61.62	\$82.92
\$3,500	\$88.38	\$103.08	\$138.71	\$82.18	\$95.87	\$128.98	\$51.45	\$71.89	\$96.74
\$4,000	\$101.00	\$117.80	\$158.52	\$93.92	\$109.56	\$147.40	\$58.80	\$82.16	\$110.56
\$4,500	\$113.63	\$132.53	\$178.34	\$105.66	\$123.26	\$165.83	\$66.15	\$92.43	\$124.38
\$5,000	\$126.25	\$147.25	\$198.15	\$117.40	\$136.95	\$184.25	\$73.50	\$102.70	\$138.20
\$5,500	\$138.88	\$161.98	\$217.97	\$129.14	\$150.65	\$202.68	\$80.85	\$112.97	\$152.02
\$6,000	\$151.50	\$176.70	\$237.78	\$140.88	\$164.34	\$221.10	\$88.20	\$123.24	\$165.84



ACCIDENT INSURANCE

A voluntary accident plan through Guardian offers coverage for accidents, injuries, ambulance services, and accidental death in addition to your primary medical insurance. It is available to your spouse and children so your whole family can be protected.

Why do I need accident coverage?

Here are a few facts to consider from the National Center for Health Statistics:

- Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home
- Where the external cause of nonfatal injuries is specified, falls are the leading cause of inpatient and outpatient care in emergency rooms, outpatient clinics and doctors' offices
- Injuries due to motor vehicle traffic accidents, overexertion and strenuous movements, and striking against or being struck accidentally by objects also make up a large portion of injuries

What does accident coverage do?

Accident insurance provides you with valuable primary benefits as well as any optional benefits selected by your employer. Features include:

- **Accident Medical Expense:** pays actual charges, up to the amount selected, for physician's treatment or other emergency treatment
- **Ambulance Benefit:** pays actual charges, up to policy amount, for ground ambulance service and emergency air transportation in 100-mile radius
- **Hospital Confinement:** pays a daily benefit for hospital room charge for a maximum of one year, up to the amount selected, when the injury is a result of a covered accident

Accident Insurance Monthly Employee Premiums (Age 18-70)

Monthly Rate	Value Plan	Advantage Plan
Employee Only	\$14.63	\$22.45
Employee Plus Spouse	\$22.17	\$34.22
Employee Plus Children	\$29.36	\$38.40
Family	\$36.90	\$50.17

For plan details please visit:

www.benefits-direct.com/raytownqualityschools/voluntary-insurance/accident





HOSPITAL INDEMNITY

Focus on recovery during a hospital stay—not your out-of-pocket costs. A hospital confinement due to an illness or injury can happen to anyone. Staying in the hospital after an accident or illness can be costly. Hospital Indemnity insurance benefit payments are made directly to you, no matter what other coverage you may have, and can be used however you choose. Hospital Indemnity insurance through Guardian helps provide financial peace of mind.

Hospital Indemnity Monthly Employee Premiums (Age 18-69)

BENEFITS

- **Hospital/ICU Admission:** \$500 per year, limited to 1 admission per benefit year.
- **Hospital/ICU Confinement:** \$100/\$200 per day up to 15 days
- **Pre-existing Limitation:** 3 month look back, 12 month exclusion
- **Child(ren) Age Limits:** Children age birth to 26 years

Hospital Indemnity Plan	Monthly Rates
Employee Only	\$13.93
Employee Plus Spouse	\$25.68
Employee Plus Children	\$21.85
Family	\$33.60

CRITICAL ILLNESS INSURANCE



WHY DO I NEED CRITICAL ILLNESS INSURANCE?

Heart disease is the leading cause of death in the United States and strokes affect about 795,000 people each year, according to the American Heart Association. Loyal American's Critical Illness coverage will pay a lump sum benefit to you which will help with the treatment costs of these health events.

COVERED ILLNESS

- Heart attack (100%)
- Organ Transplant (100%)
- Paralysis (100%)
- Stroke (100%)
- Coma (100%)
- Sever Burn (100%)
- Bypass Surgery (25%)
- Renal Failure (100%)
- Angioplasty (25%)

FEATURES:

- \$50 Annual Health Screening Benefit (60 day waiting period on wellness benefit)
- Reoccurrence Benefit for multiple situations
 - Pays 100% of initial benefit (Events must be separated by 180 days)
- Employee chooses: **\$10,000 to \$30,000** of coverage
- Spouse benefit is 50% of employee's not to exceed \$15,000
- Child benefit is 10% of employee's benefit not to exceed \$3,000
- Coverage underwritten by Loyal American Life Insurance Company

For plan details please visit:

www.benefits-direct.com/raytownqualityschools/voluntary-insurance/critical-illness/

Please see the next page for Critical Illness Insurance rates.

CRITICAL ILLNESS INSURANCE RATES

Employee Monthly Premiums (Base Only)

Monthly Rate	Issue Age	\$10,000	\$20,000	\$30,000
Individual	Under 30	3.71	5.75	8.15
	30 - 39	5.94	9.82	14.25
	40 - 49	11.68	20.26	29.91
	50 - 59	19.90	35.22	52.35
	60 - 69	31.23	55.87	83.31
Single Parent Family	Under 30	3.76	5.84	8.27
	30 - 39	6.02	9.97	14.46
	40 - 49	11.85	20.56	30.36
	50 - 59	20.20	35.75	53.14
	60 - 69	31.69	56.71	84.55
Two Parent Family	Under 30	5.89	8.92	12.55
	30 - 39	9.44	15.23	21.95
	40 - 49	18.57	31.40	46.06
	50 - 59	31.64	54.59	80.62
	60 - 69	49.65	86.60	128.29

Employee Monthly Premiums (Base + Cancer Rider)

Monthly Rate	Issue Age	\$10,000	\$20,000	\$30,000
Individual	Under 30	7.17	12.12	17.18
	30 - 39	11.48	20.70	30.03
	40 - 49	22.59	42.69	63.03
	50 - 59	38.49	74.21	110.31
	60 - 69	60.40	117.72	175.53
Single Parent Family	Under 30	7.42	12.55	17.78
	30 - 39	11.88	21.42	31.08
	40 - 49	23.38	44.19	65.24
	50 - 59	39.84	76.81	114.17
	60 - 69	62.52	121.84	181.68
Two Parent Family	Under 30	11.25	19.02	26.95
	30 - 39	18.02	32.48	47.11
	40 - 49	35.45	66.98	98.89
	50 - 59	60.39	116.43	173.08
	60 - 69	94.77	184.71	275.41

CANCER INSURANCE



Why do I need cancer coverage?

A supplemental cancer insurance policy through Loyal American can also help protect your income and savings from expenses that aren't covered by your major medical coverage, including:

- Out-of-pocket medical expenses
- Experimental cancer treatment
- Travel and lodging when treatment is far from home
- Out-of-network specialists
- Drug trials and special diet needs

Here's how it works:

Benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. The first occurrence diagnosis benefit is available to you after your initial diagnosis of internal cancer, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

For detailed plan design information visit:
www.benefits-direct.com/raytownqualityschools/voluntary-insurance/cancer/

Monthly Rate	Plan 1 (Low Plan)	Plan 2 (High Plan)
Employee	\$23.50	\$33.32
Single Parent	\$26.64	\$37.91
Family	\$37.68	\$53.59

IDENTITY THEFT PROTECTION



Identity theft protection through InfoArmor is available for you and your family. The plan offers protection for your privacy, identity and finances. PrivacyArmor offers consumers a comprehensive, proactive identity theft defense. The proprietary technology makes InfoArmor's identity protection more than enough to help fight 21st century crime.

Plan Features

- Identity and credit monitoring
- High-risk transaction alerts
- Dark web/internet monitoring
- 24/7 Privacy Advocate remediation
- Social media monitoring
- Financial threshold monitoring
- Digital exposure monitoring
- Identity restoration management
- \$1 million identity theft insurance policy

Monthly Rate	ID Theft Protection
Employee Only	\$7.96
Family	\$13.96

For plan details please visit:
www.benefits-direct.com/raytownqualityschools/identity-theft-protection/

LIFE INSURANCE WITH LONG-TERM CARE

The Combined Permanent Life Insurance and Long-Term Care policy provides a mechanism for purchasing Long-Term Care (LTC) coverage.

Plan Features

- Life insurance premiums guaranteed for life
- Long-term care coverage worth 3x your death benefit amount. That's up to 75 months of care for nursing home, assisted living, and home care
- Guaranteed acceptance up to \$100,000
- Paid-up insurance starting the tenth year
- Death benefit is fully paid-up prior to age 100 on a current assumption basis
- Plan is portable with no increase in life insurance premium
- Spouse and children coverage available
- Accelerated death benefit for terminal illness

Benefit Amount (Initial Eligibility Only)

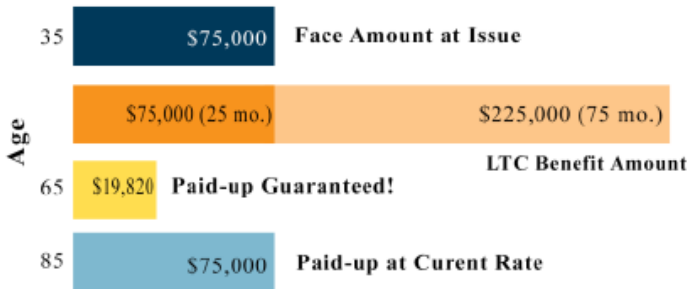
- **Employees:** Up to \$100,000 with one health question
- **Spouse:** Up to \$75,000 with four health questions
- **Child(ren):** Child Term Rider benefit—covers all dependent children in family (18 and under on issue date, can remain on until age 23), no health questions
\$25,000 Term Policy can be converted to \$125,000 Term Policy at age 23



For more rates and more information visit:
www.benefits-direct.com/raytownqualityschools/voluntary-insurance/supplemental-life/

An Example of How LifeTime Benefit Term with LTC Works

- » A 35-year-old non-smoker can purchase \$75,000 of coverage including the Accelerated Death Benefits for Long Term Care and Terminal Illness with Extension of Long Term Care Benefits for \$12.87 weekly.
- » At age 65, the employee would have guaranteed paid-up insurance at \$19,820.
- » At age 85, the full face amount of \$75,000 would be paid-up based on current interest rates.
- » Long Term Care benefits of \$3,000 (4% of \$75,000) per month would be available for up to 75 months.)



****NEW** METLAW**

Prepaid legal through MetLaw covers you, your spouse and dependents. This includes telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice.

Plan Features

- Estate Planning Documents
- Document Preparation
- Document Review
- Traffic Offenses
- Personal Property Protection
- Family Law
- Immigration Assistance
- Financial Matters
- Elder Law Matters
- Juvenile Matters
- Real Estate Matters
- Consumer Protection

Employee Monthly Premium

\$18.75

For plan details please visit:
[www.benefits-direct.com/
raytownqualityschools/metlaw/](http://www.benefits-direct.com/raytownqualityschools/metlaw/)

****NEW** PURCHASING POWER**

Starting July 1, 2019 employees will have a new way to purchase items such as computers, electronics, furniture and many more products.

Purchasing Power is a purchasing program that allows you to buy products and pay for them over time through payroll deductions. There is no interest, no credit checks and no hidden fees.

- You must be an active employee the last 12 months.
- You must have annual earnings of \$16,000 or more and be paid on a regular basis.
- You must have a bank account or credit card (to be used in case of non-payment via payroll deduction).

**Receive 20%
off your first
order**
Exclusions may apply

Raytown School Districts voluntary benefits is an arrangement that allows active employees to buy personal insurance or other product and services on an employee-pay-all basis. It is not a Raytown School District sponsored employee benefit plan, and you are under no obligation to participate in these benefits if it does not meet your needs. Raytown School District provides access to these programs and the convenience of paying for your purchase through payroll deduction, as applicable. Raytown School District may end, suspend or amend any of its plans or programs at any time. If changes are made you will be notified.

ADDITIONAL SERVICES

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- Employee Assistance Program
- Wellness Center
- Retirement
- MO\$T
- Worker's Compensation



EMPLOYEE ASSISTANCE PROGRAM

Raytown 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 employees, their spouses/partners, and dependent children.

To access New Directions call the toll free number (800) 624-5544. You can also visit www.ndbh.com. Select "For Individual and Families" then choose "Employee Assistance Program"

The Company Code is: **RaytownSD**

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 to use the facility is required.

Registration includes fitness evaluations, program design, group exercise classes, exercise equipment, indoor track and pool, locker rooms, and child care.

The Raytown Schools Wellness is located at **10301 E 350 Highway, Raytown, MO 64138** and is open the following hours:

Day	Wellness Center	Pool Hours	Child Care
Monday	5:00 AM – 9:00 PM	5:15 AM – 8:00 PM	4:00 PM – 8:00 PM
Tuesday	5:00 AM – 9:00 PM	5:15 AM – 8:00 PM	4:00 PM – 8:00 PM
Wednesday	5:00 AM – 9:00 PM	5:15 AM – 8:00 PM	4:00 PM – 8:00 PM
Thursday	5:00 AM – 9:00 PM	5:15 AM – 8:00 PM	4:00 PM – 8:00 PM
Friday	5:00 AM – 8:00 PM	5:15 AM – 7:00 PM	Closed
Saturday	8:00 AM – 5:00 PM	8:15 AM – 4:00 PM	9:00 AM – 1:00 PM
Sunday	10:00 AM – 5:00 PM	10:15 AM – 4:00 PM	Closed

Hours of operation are subject to change.



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.
- For a list of vendors and contact information, please see page 3.



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.

Form to Complete:

- Membership Record Based on Certification (PSRS) or Classified (PEERS) Eligibility Forms provided by the Payroll department (New Hire Packet)

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 of an 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 of an 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.



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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.



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 Regina Goodwin, Secretary to the Assistant Superintendent of Support Services. 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 clinic hours @www.raytownschools.org. Select For Staff > Finance/Human Resources /Payroll > FMLA/Work Comp). 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 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 School District are covered by unemployment insurance. Raytown 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

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

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

Medicare prescription drug coverage is available if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan.

All Medicare drug plans provide at least a standard level of coverage set by Medicare. More coverage may be offered at a higher premium.

Blue Cross Blue Shield has determined that the prescription drug coverage offered by Raytown School District 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 this coverage is Creditable Coverage, you can keep it and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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

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

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

This information is provided for the Medicare Open Enrollment period which begins on October 15. If you want more information about Medicare plans that offer prescription drug coverage, you will find it in the "Medicare & You" handbook or you can visit [medicare.gov](https://www.medicare.gov) or call 800.MEDICARE (800.633.4227).

TTY users: 800.486.2048. If you have limited income and resources, visit Social Security at [socialsecurity.gov](https://www.socialsecurity.gov), or call 800.772.1213 (TTY users call 800.325.0778).

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

This notice is intended as a brief outline; please see Payroll department for more information.

NOTICE REGARDING WELLNESS PROGRAM

Raytown Quality Schools' wellness incentive 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 Raytown Quality Schools Quality Care Clinic, CareHere: Health Questionnaire or Health Risk Assessment "HRA" that asks a series of questions about your health-related activities and behaviors including your Tobacco/Nicotine Status and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include Blood pressure and BMI and a blood test for Total **Cholesterol**, LDL Cholesterol Calc, HDL Cholesterol, T. Chol/HDL Ratio, Triglycerides, Sodium Serum, Potassium Serum, Chloride, Carbon Dioxide, Blood Urea Nitrogen, Creatinine, BUN/Creatinine Ratio, Glucose, Serum, Calcium, Phosphorus Serum, Magnesium Serum, Aspartate Aminotransferase Enzyme, Alanine Aminotransferase Enzyme, Gamma Glutamyl transferase Enzyme, Bilirubin—Total, Alkaline Phosphatase Serum, Lactate Dehydrogenase Enzyme, Protein Total Serum, Globulin Total, Iron Serum, Uric Acid Serum and achieve the following biometric benchmarks or complete a reasonable alternative*:

- Total Cholesterol or TC to HDL Ratio: Total Cholesterol < 200 or TC/HDL ratio of < 4
- Fasting Blood Sugar (Glucose): 109 or less
- BMI (Body Mass Index) or Waist Circumference: < 27 BMI or Waist Measurement < 40 inches (males) and < 35 inches (females)
- Blood Pressure: Systolic: 140 or less; Diastolic: 90 or less (measurements listed individually)
- Tobacco/Nicotine Status: Non-Tobacco/Nicotine User (Registration Questionnaire Reported)

*If your biometric screening results are out of the benchmark ranges listed above, and/or you are a tobacco user, you can still earn the wellbeing incentive by scheduling and attending a "HRA Follow-up" appointment with the Raytown Schools Quality Care Clinic provider to review your HRA results and get enrolled in a CareHere Wellness Plan or work with your personal physician.

You are not required to complete the HRA or to participate in the blood test, or other medical examinations, or meet the biometric benchmarks (or complete the reasonable alternative); however,

employees who choose to participate will save \$35 a month on their health plan premium.

Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will save \$35 a month on their health plan premium.

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 Michelle Kruse at mkruse@cbiz.com.

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 program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

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 also 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 healthcare.gov.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, call 877.KIDS.NOW (877.543.7669) or visit 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, and are 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 askebsa.dol.gov or call 866.444.EBSA (3272).

For the latest form and states where you may be eligible for assistance paying your employer health premiums, go to dol.gov/ebsa/pdf/chipmodelnotice.pdf

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

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/ebsa
866.444.3272, option 4, ext 61565

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
cms.hhs.gov
877.267.2323

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512
MISSOURI – Medicaid
Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

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. To request special enrollment or obtain more information, contact the Payroll Department.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

NOTICE OF MATERIAL CHANGE (ALSO MATERIAL REDUCTION IN BENEFITS)

Raytown School District has amended the Medical, Dental and Vision benefit plans. This benefit guide contains a summary of the modifications that were made. It should be read in conjunction with the Summary Plan Description or Certificate of Coverage, which is available to you once it has been updated by the carriers. If you would like a copy, please submit your request to the Payroll Department.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more eligible employees, we are required to provide 1095-C forms to all employees who were eligible for coverage under our group health plan in 2019. If you were eligible for coverage under our group plan, you'll receive a personalized 1095-C form before July 31, 2019. 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.

You'll need a 1095 form to complete your Federal tax return.





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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.