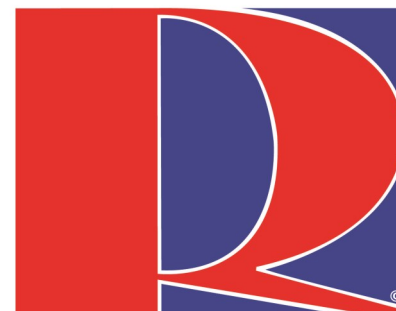




2023

RAYTOWN C-2 SCHOOL DISTRICT BENEFITS GUIDE



**RAYTOWN
QUALITY
SCHOOLS**
Expect the Exceptional

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CONTACT INFORMATION

RESOURCES

Benefit Enrollment

Amerilife Benefits—BenefitsDirect
833-688-8656
www.benefits-direct.com/raytownqualityschools
Customer Service email:
CustomerSupport@AmerilifeBenefits.com

Raytown C-2 School District

Susann Bronson
816-268-7064

Raytown Schools Quality Care Clinic

816-744-8030
mypremisehealth.com
raytownschoolsclinic.com

EMPLOYEE BENEFITS

Medical

BlueKC
816-395-2270
www.mybluekc.com

Health Savings Accounts

UMB
866-520-4472
www.hsa.umb.com

Dental

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

Vision

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

Flexible Spending Accounts

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

Group Term Life

The Standard
800-628-8600
www.standard.com

Benefit Consultant

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

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

VOLUNTARY COVERAGE

Amerilife Benefits—BenefitsDirect

833-688-8656
Fax: 844-665-7638
www.benefits-direct.com/raytownqualityschools
Customer Service email:
CustomerSupport@AmerilifeBenefits.com

MetLife Legal Plan

800-821-6400
www.members.legalplans.com

Purchasing Power

888-923-6236
raytownschooldistrict.purchasingpower.com

IdentityForce Identity Theft

855-441-0270
www.identityforce.com

Nationwide Insurance Pet insurance

877-738-7874

Farmer's GroupSelect Auto & Home

800-438-6381
www.myautohome.farmers.com

CONTACT INFORMATION

RETIREMENT– 403B AND 457 PLANS/ MISSOURI RETIREMENT SYSTEM

403B/457B Plan Administrators

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

ASpire Financial Services

866-634-5873
www.aspireonline.com

Appreciation Financial, Steven 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, Frank Oligbo

816-926-9700
frank.oligbo@horacemann.com

VALIC

913-402-5000
www.valic.com

PSRS/PEERS

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

ADDITIONAL BENEFITS

MOST

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

Workers' Compensation

Regina Goodwin, Secretary to the Assistant
Superintendent of Support Services
816-268-7000

Raytown Wellness Center

Michael Deen
816-268-7190

Employee Assistance Program

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



2023 BENEFITS OVERVIEW

WELCOME TO THE 2023 BENEFITS OPEN ENROLLMENT

We recognize your hard work and dedication to Raytown C-2 School District. With this in mind, we are excited to be able to continue to offer you a comprehensive employee package that includes the same medical, dental, and vision benefits that are familiar to you. We are pleased to announce that there will be no change in cost for medical, dental and vision in 2023. Make sure you review this guide and mark your calendars so you don't miss out on enrolling in your benefits for 2023!

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, long-term disability, hospital indemnity, permanent life with long term care, identity theft protection, prepaid legal, pet insurance, and auto and home insurance 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.

IMPORTANT DATES

Open enrollment runs

APRIL 24, 2023 - MAY 5, 2023

2023 HIGHLIGHTS AT A GLANCE

- There will be no changes in premiums to the Medical, Dental, Vision, and Basic Life/AD&D & Voluntary Life plans
- The BlueSaver QHDHP will have a statutory change to the **in-network Deductible** (from \$2,800/Individual and \$5,600/Family to \$3,000/Individual and \$6,000/Family) and the **Out-of-Pocket Maximum** (from \$4,000/Individual and \$8,000/Family to \$4,300/Individual and \$8,600/Family)
- If you are currently taking a specialty drug and using a copay card or coupon, only the amount you actually pay will now apply towards your deductible and out-of-pocket maximum
- The District will continue it's contribution of **\$750** to your UMB HSA when you enroll in the BlueSaver QHDHP during Open Enrollment
- **HSA** maximum contributions will be increasing to \$3,850 per individual and \$7,750 per family
- **Health Care FSA** maximum contribution is increasing from \$2,850 to \$3,050
- Guardian Accident and Hospital Indemnity will be changing to MetLife on 7/1/23

TIP

REMEMBER! Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.

HOW TO ENROLL

Raytown's standard Open Enrollment period will be held from **4/24/2023 TO 5/5/2023**. You can make elections through Amerilife Benefits—BenefitsDirect during this Open Enrollment period.

For this year's Open Enrollment, you have two options to enroll: **Self-Enroll or Call Center Meeting with a Benefit Counselor.**

SELF-ENROLLMENT:

- Use the Employee Benefits Portal to self-enroll in your 2023 benefits at www.benefits-direct.com/raytownqualityschools
- Enroll: When on the Employee Benefits Portal, use the **"How to Enroll"** tab at top of page to elect **"Self Enroll Now"** for your 2023 benefits.
- All User names and passwords have been reset for Open Enrollment.

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

Example: John Smith SSN 123-54-1453
User ID: JSmith1453 (do not use dashes or spaces)

Personal Identification Number (PIN): Last four of SSN + last two digits of birth year

Example: Date of Birth March 16, 1960
PIN: 145360

- Once you have successfully logged into the system, it will guide you through each step of the process by clicking **"Next"** in the bottom right hand corner of each screen.
- Enrollment is not complete until you sign confirmation and see **"Congratulations"** you have completed your enrollment
- Self-Enroll Instructions are posted on the Home Page of the Employee Benefits Portal at www.benefits-direct.com/raytownqualityschools under the **"How To Enroll"** tab drop down and select **"Self Enroll Instructions."**
- **Self-Enrollment is available April 24th - May 5th.**
- Contact Amerilife Benefits—BenefitsDirect Customer Service at 833-688-8656, option 1, if you need assistance.

- SELF ENROLLMENT
- CALL CENTER APPOINTMENT

CALL CENTER APPOINTMENT WITH A BENEFIT COUNSELOR:

Virtual meetings are available for those who prefer and have access to their laptop, iPad, or other electronic devices during their scheduled meeting time.

- Schedule an appointment with a counselor by using the Employee Benefits Portal website www.benefits-direct.com/raytownqualityschools and use the **"How To Enroll"** tab drop down and select **"Schedule an Appointment"**.
- The **"Schedule an Appointment"** button will be available beginning **Tuesday, April 4th.**
- After clicking **"Schedule an Appointment"** select the day and time you would like. Please provide Complete Name, Email, and Phone Number (include Area Code). Please provide the number of where you can be reached on your selected day and time by the Benefit Counselor as they will be calling you. Please note: The call could be up to 10 minutes after your scheduled time.
- You may schedule a Call Center appointment with a benefit counselor **Monday, April 24th through Friday, May 5th.**

CALL CENTER:

Call Center Benefit Counselors are available **April 24th—May 5th**. The call center is open Monday - Friday 8am-5pm CST.

- If you are needing a password reset or help with the system contact 833-688-8656, option 1.
- 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 contact the Payroll Department to determine if your situation qualifies as a change in status.

MEDICAL INSURANCE

HOW TO GET STARTED

1. SELECT YOUR MEDICAL PLAN

- \$1000 PPO BASE
- \$1500 PPO BUY-UP
- \$2500 PPO BASE
- \$3000 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
- \$3000 BlueSaver QHDHP

Note: All three plans—Base, Buy-Up, and QHDHP family plans are implemented as a pre-tax deduction as regulated by the Cafeteria 125 Plan.

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

WHAT PORTION OF PREMIUM IS PAID BY THE DISTRICT*?

Employer Paid Portion is based on the “Employee Only” rate for the \$2,500 Deductible Base Plan:

- \$720.92 District Paid for Employees working 30 hours or more per week who elect either the \$1500 or \$2500 Deductible Plan.
- \$770.92 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, 2023 effective date will receive a one-time contribution of **\$750** to their UMB Bank Health Savings Account on July 1, 2023.

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

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 (1) electing medical coverage for the first time, (2) changing plans, (3) in the QHDHP, as the Deductible and Out-of-Pocket Maximum are changing on 7-1-23.



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.

Beginning July 1st, if you are using a coupon for specialty medication through Optum Rx, the amount you pay out-of-pocket after the coupon will be the amount applied towards your deductible or out-of-pocket maximum.

MEDICAL INSURANCE



BlueCross BlueShield

MEDICAL INSURANCE PLAN OPTIONS AND COSTS

BlueCross BlueShield of Kansas City	\$1500 PPO Buy-Up	\$2500 PPO Base	\$3000 BlueSaver QHDHP*
	Employee Cost Per Month	Employee Cost Per Month	Employee Cost Per Month
Employee	\$166.34	\$50.00	\$0.00
Employee & Spouse	\$1,319.67	\$1,052.05	\$1,002.05
Employee & Children	\$938.26	\$720.66	\$670.66
Employee & Family	\$2,073.83	\$1,707.31	\$1,657.31
Network	Preferred-Care Blue PPO	Preferred-Care Blue PPO	Preferred-Care Blue PPO
Deductible			
Individual	\$1,500	\$2,500	\$3,000
Family	\$4,500	\$7,500	\$6,000
Coinsurance (Member Pays)	20%	20%	10%
Out-of-Pocket Maximum			
Individual	\$5,750	\$6,300	\$4,300
Family (includes deductible, coinsurance & copays)	\$13,100	\$13,200	\$8,600
Raytown Schools Quality Care Clinic			
Preventive Care Visit	No cost for all services	No cost for all services	No cost
Preventive Dispensed Medication			No cost
Non-Preventive Care Visit			\$30 per visit ¹
Non-Preventive Dispensed Medication			\$8 per medication ¹
Home Delivery Pharmacy			No cost
Behavioral Health Counseling			\$30 per visit ¹
Physical Therapy			\$30 per visit ¹
(See pages 10-12 for details)			¹ Until deductible met
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

***Employees who elect the BlueSaver QHDHP during Open Enrollment for July 1, 2023 effective date will receive a one-time contribution of \$750 to their UMB Bank Health Savings Account on July 1, 2023.**

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

RAYTOWN SCHOOLS QUALITY CARE CLINIC

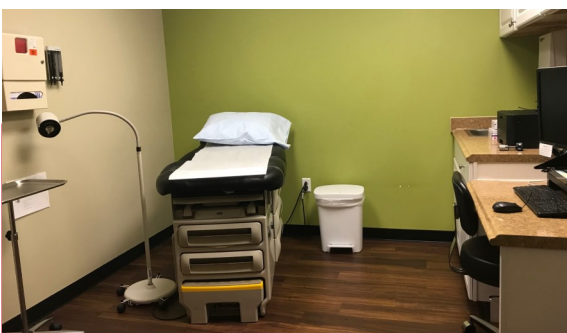
Raytown Schools Quality Care Clinic, operated by Premise Health, serves Raytown C-2 School District, providing District employees and their families convenient and affordable access to quality health care, offering acute care, preventive care, chronic condition management, behavioral health, physical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



LOCATION

**10301 E 350 Highway
Raytown, MO 64138**

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



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
 - Virtual visits via phone or video for certain appointment types
 - Secure messaging with providers in My Premise Health portal
 - More dedicated time with a provider
- Access to:
 - Telephonic health coaching at no cost
 - Diabetes testing supplies and education program at no cost
 - Home Delivery Pharmacy with select preventive medications at no cost
 - Behavioral health services with an onsite counselor
 - Onsite physical therapy



Visit our website! More information is available at raytownschoolsclinic.com

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, Premise Health, that abides by all federal HIPAA and confidentiality regulations. By law, your information cannot be shared with your employer without your consent, unless you are receiving treatment for occupational health or a work related injury.

(816) 744-8030
mypremisehealth.com

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, Behavioral Health Counselor 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

Behavioral health services with an onsite therapist

[Click here to learn more about Behavioral Health services.](#)

Physical Therapy

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

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

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



VIRTUAL VISIT 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. With a Virtual Visit you can have see a Clinic provider wherever you are, during Clinic operating hours.

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

Virtual Visit Appointment TIPS:

- When scheduling through My Premise Health online or mobile app, select 'Schedule an Appointment' and look for appointment types that include the word 'Telephonic' or 'Video'. Visit the [Virtual Visits](#) page of the Clinic website for more detailed instructions.
- Sign into your My Premise Health account 10 minutes before your appointment to complete the eCheck-in. Once ready, your provider will join the video visit or call you if you selected a telephonic visit.

HOURS OF OPERATION

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

HOURS ¹	Nurse Only ²	Primary Care	Behavioral Health	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	7 AM - 6 PM	-	-
Thursday	-	7:30 - 9 AM, 12 - 6 PM	7 AM - 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. See website for current hours: <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. If applicable, visit fee will be collected at the time of service. For safety reasons, the Clinic does not accept cash. Please bring with you a Visa, Mastercard, American Express, or Discover credit card. If you have an HSA debit card, this a great time to use it!

VISIT FEE SCHEDULE		PPO Base or Buy-Up Plan	BlueSaver QHDHP ^{3,4}
Preventive	Services	No Cost	No Cost
	Dispensed Rx	No Cost	No Cost
Non-Preventive	Services	No Cost	\$30 until deductible met
	Dispensed Rx	No Cost	\$8 until deductible met
Home Delivery Pharmacy		No Cost	No Cost
Health Coaching		No Cost	No Cost
Behavioral Health Counseling		No Cost	\$30 until deductible met
Physical Therapy		No Cost	\$30 until deductible met

³ All fees apply towards deductible and out of pocket maximum

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

VISIT FEES

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

APPOINTMENTS

A few reminders about appointments:

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

[Click here to learn how to schedule an appointment and what to bring to your first visit.](#)

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

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. Each eligible family member must register separately.

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

[Click here to activate your My Premise Health account.](#)



HOW TO SCHEDULE AN APPOINTMENT

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

24/7 Member Services Line: **(816) 744-8030**

Online Portal: mypremisehealth.com

Mobile App: **My Premise Health**
Available for download in [Google Play](#) and [App Store](#)

CARE OPTIONS AND WHEN TO USE THEM

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

CARE LOCATION:	SERVICE TYPE EXAMPLES:	DESCRIPTION:
----------------	------------------------	--------------

PRIMARY CARE

(Raytown Schools Quality Care Clinic and/or your Primary Care Physician)

- Routine, primary / preventive care
- Vaccinations
- Non-emergency treatment for illnesses, minor injuries, rashes, etc.
- Chronic disease or condition management

Note: Also includes the service examples under TeleVisits/Virtual Care, Convenience Care and Urgent Care

PRIMARY CARE

For routine, primary/preventive care or non-emergent treatment for minor injuries or illnesses, we recommend utilizing, either:

- the Raytown Schools Quality Care Clinic, or
(TIP: see page 10 for info on Raytown Schools Quality Care Clinic)
- your Primary Care Physician
(TIP: see page 15 for info on finding in-network Primary Care Physicians)

Your doctor knows your health history and has access to your medical records. You will pay less out-of-pocket than many of the other options.

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

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

VIRTUAL VISITS / VIRTUAL CARE

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

VIRTUAL VISITS/VIRTUAL CARE

Virtual Visits at the RSQCC are a good alternative when you have an acute need, but cannot make it in to be seen in person. Virtual Visits allow you to connect with the Clinic providers through phone or video, for certain appointment types including acute illnesses, prescription refills and review of lab testing, during Clinic operating hours.
(TIP: see page 11 for info on RSQCC Virtual Visits).

Blue KC Virtual Care is a good alternative when you have an urgent non-emergency room situation and are unable to obtain an appointment at RSQCC. Blue KC Virtual Care allows you to see and talk to a doctor from your mobile device or computer without an appointment, anytime and anywhere.

(TIP: see page 14 for info on accessing Blue KC Virtual Care).

CONVENIENCE CARE

- Common infections (bronchitis, bladder and ear infections, pink eye, strep throat)
- Minor skin conditions (athlete's foot, cold sores, minor sunburn, poison ivy)
- Flu shots
- Pregnancy tests

CONVENIENCE CARE

These providers are a good alternative when you are not able to get to your doctor's office, the RSQCC or are unable to access Virtual Care and you need immediate care but your condition is not urgent or an emergency. They are often located in malls or retail stores (such as CVS, Walgreens, Walmart, and Target), and generally serve patients 18-months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.

URGENT CARE

- Sprains
- Small cuts
- Strains
- Sore throats
- Mild asthma attacks
- Rashes
- Minor infections
- Vaccination
- Screenings
- Back pain or strains

URGENT CARE

Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to the RSQCC or your doctor's office. Outside regular office hours - or if you cannot be seen by your doctor immediately - you may consider going to an Urgent Care Center, where you can generally be treated for many minor medical problems faster than at an emergency room.

EMERGENCY CARE

- Heavy bleeding
- Large open wounds
- Chest pain
- Sudden change in vision
- Spinal injuries
- Difficulty breathing
- Major burns
- Sudden weakness or trouble walking
- Severe head injuries

EMERGENCY ROOM

Used for an emergency medical condition including severe pain which you believe that without immediate medical care may result in any of the following:

- Serious harm to your health or the health of an unborn child
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

If you obtain care at an emergency room, you will likely pay more out-of-pocket than if you were treated at any other facility.

Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.

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



CALL 9-1-1

VIRTUAL CARE, RX SAVINGS, AND GOODRX

BLUE KC VIRTUAL CARE

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

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

URGENT/SICK CARE

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

Urgent/sick care visits are \$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. Blue KC Virtual Care is convenient for everyday behavioral health care needs such as the following:

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

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

GET STARTED TODAY WITH BLUE KC VIRTUAL CARE!

? DOWNLOAD

Download the MyBlueKC Mobile App in the [Apple Store](#) or in [Google Play](#), or visit virtualcare.bluekc.com

? CREATE ACCOUNT

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

? DOCTOR SELECTION

View a list of available doctors, their experience and ratings, and select one.

? VISIT

Request a visit when you are sick & 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 CREATE AN ACCOUNT. Please have your member ID card available to reference.
- Once logged in, click on the PLAN BENEFITS tab along the side, then PHARMACY. Then click the button SPEND LESS ON PRESCRIPTION DRUGS.
- 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.

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— LOG INTO MYBLUEKC.COM

- A. **Select Find Care**
- B. **Choose your health plan** –If you logged in, your plan's network should already display.
- C. **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.
- D. **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.



BLUE KC SMART SHOPPER

SmartShopper is an incentive and engagement platform that can save you money on healthcare expenses every time you select reward-eligible, lower cost care for qualifying procedures.

- Encourages you to focus on high value care for qualifying services
- Has been shown to improve overall customer satisfaction

WHY SHOP?

Same Procedure. Different Costs.

- Costs may vary considerably for the same procedure at different locations
- Many patients do not make cost comparisons when scheduling a procedure

SmartShopper addresses this by:

- Verifying claims savings and promoting behavioral change
- Engaging consumers to drive shopping and savings
- Providing direct financial rewards to members who make informed decisions

STEP BY STEP

Members can choose care from in-network providers.



Doctor recommends a medical service, procedure or test that is included in the program



Member logs into MyBlueKC.com to compare providers, prices, and rewards



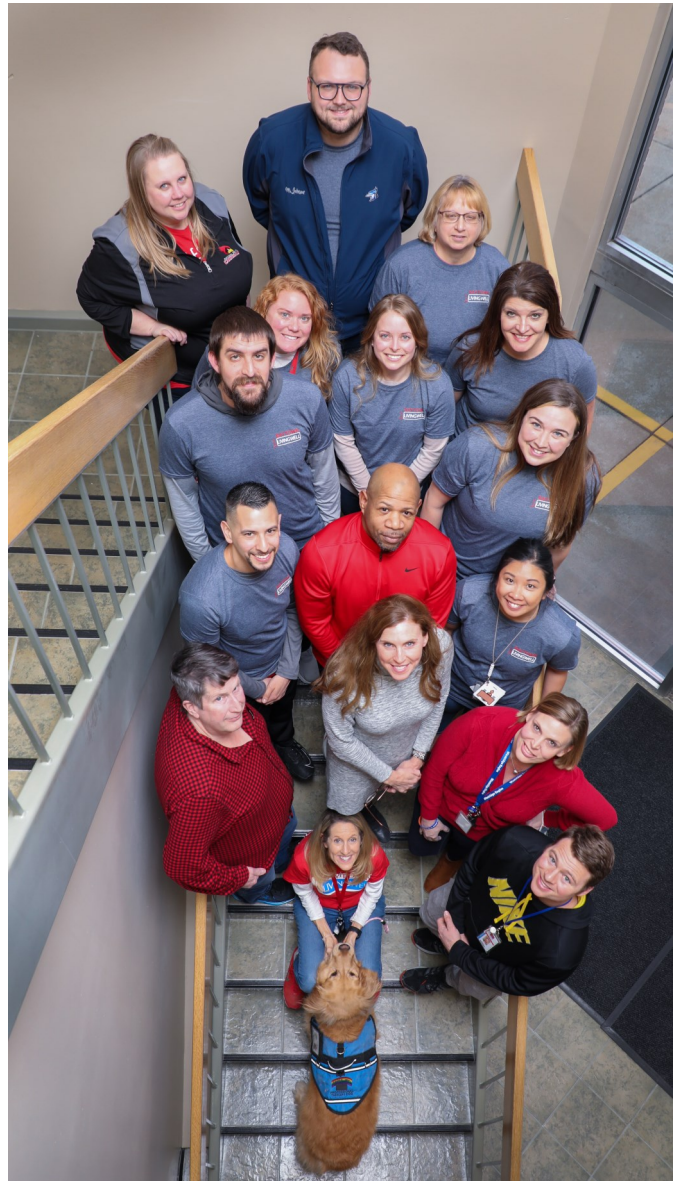
SmartShopper results automatically display in the member's cost comparison search



Member has the procedure at a rewards-eligible location of their choice



SmartShopper sends a reward check to the member after claims matching is complete



[BlueKC Find Care and SmartShopper Demonstration](#)



Kansas City **SmartShopper**

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
- 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
\$3,850*
Single, or
\$7,750*
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 \$3,850 Single, or \$7,750 Family. Remember the annual maximum contribution includes the \$750 you may receive from the District when you enroll in the BlueSaver QHDHP during Open Enrollment

WHAT ARE THE RULES?

- You must be covered under the \$3000 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 2023 are \$3,850 for Single and \$7,750 for Family coverage. *If you are age 55 or older, you are allowed to make an extra \$1,000 contribution each year.
- **GROW:** The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision and over-the-counter medications with a physician's prescription).
- **OWN:** Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- **CHOOSE:** Use for current expenses, save for the future, or explore investment options.
- **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 automatically made from your paycheck to your account. Raytown C-2 School District also contributes to your account if you are enrolled the **\$3000 BlueSaver QHDHP** and elect employee only coverage.

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 **\$3000 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 **\$3000 BlueSaver QHDHP**.

DOES RAYTOWN C-2 SCHOOL DISTRICT CONTRIBUTE TO MY HSA? IF SO, HOW MUCH?

Yes, the District will make a **one-time contribution of \$750 to your UMB Bank HSA on July 1, 2023.**

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 2023 the maximum contribution amount from all sources—your contributions, your employer's contributions and any other sources—is \$3,850 for employee-only coverage and \$7,750 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 2023 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.

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 \$610 at the end of the plan year is forfeited.

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

[Full list of Health Care FSA Eligible Expenses](#)

HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

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

[HCRA Plan Information](#)

[FSA Debit Card Instructions](#)

2. SELECT YOUR FSA ACCOUNTS

- HEALTH CARE FLEXIBLE SPENDING ACCOUNT
- DEPENDENT CARE EXPENSE ACCOUNT

DEPENDENT CARE EXPENSE ACCOUNT

- This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13.
- Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes).
- Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a 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.

[DCRA Plan Information](#)

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

2023 Maximum Elections

Health Care Flexible Spending Account	\$3,050 max
Dependent Care Expense Account	\$5,000 max

DELTA DENTAL OF MO IS THE DENTAL CARRIER FOR 2023

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	\$23.12			
Employee + 1	\$44.06			
Employee + 2 or More	\$75.30			
	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	\$41.68			
Employee + 1	\$80.57			
Employee + 2 or More	\$125.84			
	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 2023

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 copay
- Prescription Glasses	\$25 copay
- Lenses	
Anti-Glare Coating	\$0
Standard progressive lenses	\$0
Premium progressive lenses	\$80-\$90
Custom Progressive lenses	\$120-\$160
- Contact Lens Fitting and Evaluation	Up to \$60
- Essential Medical Eyecare Program	\$20 copay
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	
VSP Doctors and Retail Chains	\$200, plus 20% off over allowance
Costco Optical	\$110
Walmart Optical and Sam's Club Optical	\$200
- Contact Lenses	\$150
Extra Discounts	
- Additional Glasses or Sunglasses	20% - 30% off
- Laser Vision Correction	5% - 15% off

LIFE AND AD&D INSURANCE



BASIC LIFE AND AD&D

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



SUPPLEMENTAL TERM LIFE AND AD&D AND DEPENDENT LIFE

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

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

5. REVIEW YOUR LIFE INSURANCE POLICY

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

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	\$1.822	\$1.822
75+	\$3.092	\$3.092	
Child(ren)	\$0.90/month for \$10,000 coverage		

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

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

VOLUNTARY BENEFITS

We understand that every employee has their own unique benefit needs. Raytown C-2 School District has partnered with Amerilife Benefits—BenefitsDirect to offer employees additional benefit options for you and your eligible family members. These plans are completely voluntary and you have the flexibility to enroll in the plans that best fit you and your family's needs.

ELIGIBILITY

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

CONNECT WITH AMERILIFE BENEFITS - BENEFITSDIRECT

- **ONLINE** – www.benefits-direct.com/raytownqualityschools
- **BY PHONE** – Contact Benefit Counselors, Monday through Friday, from 8 a.m. to 5 p.m. Central Time at 833-688-8656, option 2.
- For claim filing assistance or claim questions please call Customer Service at 833-688-8656, option 1.

Disclaimer: Raytown C-2 School District's voluntary benefits is an arrangement that allows active employees to buy personal insurance or other products and services on an employee-pay-all basis. It is not a Raytown C-2 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 C-2 School District provides access to these programs and the convenience of paying for your purchase through payroll deduction, as applicable. Raytown C-2 School District may end, suspend or amend any of its plans or programs at any time. If changes are made you will be notified.

6. REVIEW YOUR VOLUNTARY COVERAGE

- SHORT TERM DISABILITY INSURANCE
- LONG TERM DISABILITY INSURANCE
- ACCIDENT INSURANCE
- CRITICAL ILLNESS INSURANCE
- HOSPITAL INDEMNITY INSURANCE
- CANCER INSURANCE
- LIFE INSURANCE WITH LONG-TERM CARE
- IDENTITY THEFT
- PET INSURANCE
- LEGAL PLAN
- PURCHASING POWER
- AUTO AND HOME



SHORT-TERM DISABILITY INSURANCE

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

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

For rates and plan details, go to www.benefits-direct.com/raytownqualityschools/short-term-disability

LONG-TERM DISABILITY INSURANCE

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

You can elect this benefit in increments of \$100 per month (minimum \$500 required), not to exceed 60% of your covered monthly earnings to a maximum benefit of \$8,000.

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

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

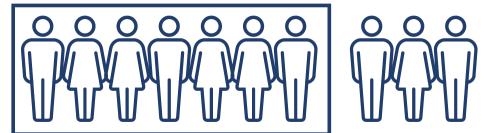
Both options are guaranteed issue subject to pre-existing conditions at time of claim.

For rates and plan details, go to www.benefits-direct.com/raytownqualityschools/long-term-disability

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

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

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





A voluntary accident plan through MetLife 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

Monthly Rate	Low Plan	High 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

HOW ACCIDENT INSURANCE WORKS

1

You select Accident Insurance

2

You injure your leg in a covered accident and go to the hospital by ambulance

3

The ER doctor diagnoses a fracture and treats you

4

You hobble out of the hospital on crutches

5

MetLife pays your benefit

For plan details please visit:

www.benefits-direct.com/raytownqualityschools/accident



WHY DO I NEED CRITICAL ILLNESS INSURANCE?

Chances are you may know someone who has been diagnosed with a critical illness. You can not help notice the difference in the person's life—both physically and emotionally. What is not so obvious is the impact a critical illness may have on someone's personal finances.

That is because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

FEATURES:

- Available with or without Cancer coverage
- \$50 Annual Health Screening Benefit
- Reoccurrence Benefit for multiple situations
 - Pays 100% of initial benefit (Events must be separated by 180 days)
- Employee chooses: \$5,000 to \$50,000 of coverage. Guaranteed issue **\$30,000**
- Spouse benefit is 50% of employee's not to exceed \$25,000. Guaranteed issue up to **\$15,000**
- Child benefit is 50% of employee's benefit not to exceed \$25,000. All amounts are guaranteed issue
- Rates are based on employee and spouse age and smoker status

COVERED ILLNESS:

- Heart attack (100%)
- Organ Transplant (100%)
- Paralysis (100%)
- Stroke (100%)
- Coma (100%)
- Sever Burn (100%)
- Renal Failure (100%)
- ALS/MS (100%)
- Childhood Diseases (50%)
- Advanced Alzheimer's (25%)
- Advanced Parkinson's (25%)
- Bypass Surgery (25%)

For rates and plan details please visit:

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

HOW CRITICAL ILLNESS COVERAGE WORKS

1

Critical Illness coverage is selected

2

You experience chest pains and numbness in your left arm

3

You visit the emergency room

4

A physician determines that you have suffered a heart attack

5

Aflac Critical Illness coverage pays you a First Occurrence Benefit

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.

BENEFITS

- **Hospital/ICU Admission:** \$500 per year, limited to 4 admission per benefit year.
- **Hospital/ICU Confinement:** \$100/\$200 per day up to 15 days
- **No-Pre-existing Limitation and No Waiting Period**
- **Child(ren) Age Limits:** Children age birth to 26 years

Hospital Indemnity Monthly Employee Premiums

Hospital Indemnity Plan	Monthly Rates
Employee Only	\$12.73
Employee Plus Spouse	\$23.05
Employee Plus Children	\$19.36
Family	\$29.68

For plan details please visit:

www.benefits-direct.com/raytownqualityschools/hospital-indemnity

CANCER INSURANCE



No one wants to experience a cancer diagnosis, but the fact is that the risk of getting cancer is great. In the United States, men have slightly less than a one in two lifetime risk of developing cancer; for women, the risk is a little more than one in three (Cancer Facts and Figures 2012, American Cancer Society). Prosperity Cancer plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness.

HERE IS 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 is 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.

WHY DO I NEED CANCER COVERAGE?

A supplemental cancer insurance policy through Prosperity Life can also help protect your income and savings from expenses that are not covered by your major medical coverage, including:

- Out-of-pocket medical expenses
- Experimental cancer treatment
- Travel and lodging when treatment is far from home
- \$100 Annual Health Screening Benefit
- Initial Diagnosis Benefit
 - Plan 1—\$3,000
 - Plan 2—\$5,000
- Annual Radiation and Chemotherapy Benefit

Monthly Rate	Plan 1 (Low Plan)	Plan 2 (High Plan)
Employee	\$22.74	\$31.92
Employee + Spouse	\$35.54	\$49.74
Employee + Child(ren)	\$24.94	\$35.00
Family	\$37.62	\$52.70

For detailed plan design information visit:

www.benefits-direct.com/raytownqualityschools/cancer

LIFE INSURANCE WITH LONG-TERM CARE



Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. Universal Life Events can help.

The Universal Life Events option offers a higher death benefit during your working years, when your needs and responsibilities are the greatest.

Universal Life Events includes a long-term care (LTC) benefit that can help pay for these services at any age. This benefit remains at the same level throughout your life, so the full amount is always available when you most need it.

FEATURES:

- You can collect 4% of your Universal Life Events death benefit per month for up to 25 months to help pay for long-term care services.
- Accelerated death benefit—75% of death benefits when diagnosed with a terminal illness.
- Apply for coverage for family members—spouse, children and grandchildren
- At annual open enrollment employees currently enrolled can increase their coverage by \$10,000 not to exceed \$125,000 without EOI if under age 65.
- Waive your policy payments if your doctor says you are totally disabled.
- Rates are based on employee and spouse age and smoker status. **Note: your rate is "locked in" at your age at purchase, even if you change jobs or retire.**

For more rates and more information visit:

www.benefits-direct.com/raytownqualityschools/permanent-life

IDENTITY THEFT PROTECTION



Raytown C-2 School District offers identity management and monitoring services, powered by IdentityForce, to all eligible employees (family or household members are also eligible for coverage). IdentityForce's Identity Management and Monitoring Services include identity and credit monitoring with additional privacy protection features, to alert you of suspicious activity most commonly associated with identity theft.

You also have access to remediation services and expense reimbursement to help restore your credit and identity if your personal information has been stolen and used fraudulently.

PLAN FEATURES

- Identity and credit monitoring
- Bank Account Monitoring
- Credit Card and Debit Card Monitoring
- Email Account Monitoring
- Dark web/internet monitoring
- Data Breach Notification
- Social Media Reputation Monitoring
- Mobile App (Android™ and iOS)
- Financial Account Monitoring
- Lost Wallet and Document Replacement
- \$2 million identity theft expense reimbursement

Monthly Rate	ID Theft Protection
Employee Only	\$9.50
Family	\$17.50

For plan details please visit:

www.benefits-direct.com/raytownqualityschools/identity-theft-protection

CHOOSE THE LEVEL OF COVERAGE THAT FITS YOUR NEEDS

50%
Reimbursement

\$20-\$38/month²

70%
Reimbursement

\$26-\$51/month²

90%
Reimbursement

\$33-\$64/month²

My Pet Protection® pet insurance plans now feature more choices and more flexibility.

Get reimbursement on these vet bills and more:

	My Pet Protection: with wellness	My Pet Protection: standard
Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

PLEASE NOTE:

- Just like all other pet insurers, **pre-existing conditions are not covered**, these being any illness or injury that your pet had prior to the start of your policy.
- Each additional pet requires a **separate policy**.
- For bird, reptile and exotic pet coverage, contact Nationwide at 877-738-7874.

Visit site for details.

[www.benefits-direct.com/
raytownqualityschools/pet-insurance](http://www.benefits-direct.com/raytownqualityschools/pet-insurance)



Prepaid legal through MetLife 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

Monthly Rate	MetLife Legal Plan
Employee Only or Family	\$18.75

For plan details please visit:

[www.benefits-direct.com/
raytownqualityschools/metlaw](http://www.benefits-direct.com/raytownqualityschools/metlaw)

PURCHASING POWER



Purchasing Power is an employee purchasing program that helps you buy items you need now and pay for them over time, right from your paycheck. No credit check. No hidden fees. Fixed payments. Visit their online store to shop thousands of products and save money and stress compared to high-interest credit cards or rent-to-own stores. You must meet a few eligibility requirements:

- 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).



Visit site for details.

www.Raytownschooldistrict.PurchasingPower.com



TAKE ADVANTAGE OF SPECIAL FARMER'S GROUPELECT AUTO & HOME SAVINGS.



SWITCH & SAVE!

You may apply for group auto and home insurance at any time. Take advantage of these savings.

For information contact Farmer's SelectGroup Auto & Home at 800-438-6381.

PROGRAM DESCRIPTION

As a Raytown C-2 School District Employee you have access to auto and home insurance from Farmer's GroupSelect Auto & Home. This program provides you with special savings, outstanding customer service and a full suite of products to meet your diverse insurance needs. In addition to auto and homeowners insurance, we offer a variety of other policies including:

- Condo/renters
- Personal excess liability
- Boat
- Motorcycle
- RV
- Personal property

PROGRAM DISCOUNTS & FEATURES:

Take advantage of special Farmer's GroupSelect Auto & Home discounts and benefits that could save you hundreds.

- A group discount of up to 15%
- Automatic payment discount
- Good driving rewards
- A loyalty discount for your years of service
- Multi-policy discounts
- Multi-vehicle savings
- 24/7 superior service

Visit site for details.

<https://benefits-direct.com/raytownqualityschools/auto-home>

ADDITIONAL SERVICES

WELLNESS CENTER

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

REGISTRATION

Registration to use the facility is required.

Registration includes:

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

LOCATION

**10301 E 350 Highway
Raytown, MO 64138**

HOURS OF OPERATION

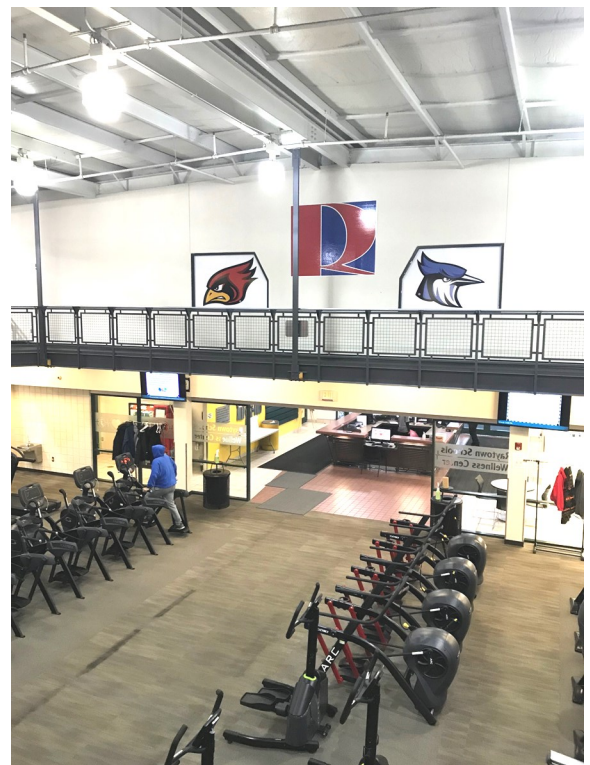
Day	Wellness Center	Pool Hours	Kid's Club
MON	5 AM – 9 PM	5 AM – 8 PM	5 PM – 8 PM
TUES	5 AM – 9 PM	5 AM – 8 PM	5 PM – 8 PM
WED	5 AM – 9 PM	5 AM – 8 PM	5 PM – 8 PM
THURS	5 AM – 9 PM	5 AM – 8 PM	5 PM – 8 PM
FRI	5 AM – 8 PM	5 AM – 7 PM	Closed
SAT	7 AM – 3 PM	7 AM – 1 PM	9 AM – 1 PM
SUN	7 AM – 12 PM	7 AM – 11 AM	Closed

Hours of operation are subject to change. Visit the website for current operating hours, group class schedules, and holiday closings.

FOR MORE INFORMATION

For more information on the Wellness Center, please visit:
www.raytownschools.org/domain/1566

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



SupportLinc EAP

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

NOTE: 6 sessions per issue are available!

ELIGIBILITY

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

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

COST

All services are available at NO COST.

CONFIDENTIALITY

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

SERVICES

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

HOW TO ACCESS SUPPORTLINC

Group Code: **RAYTOWN**

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

HOW TO GET STARTED

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

[Click here for more information, including frequently asked questions!](#)

See pages 9-11 for information on additional wellbeing services, including wellness coaching and behavioral health counseling, offered through the Raytown Schools Quality Care Clinic for those who are on the District's medical insurance plan, ages 13+.

403B AND 457 PLANS



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

FORM TO COMPLETE:

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

PLAN FEATURES

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

Contact information is included below. For a list of additional vendors and contact information, please see page 5.

403B/457B Plan Administrators

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

RETIREMENT SYSTEM OF MISSOURI (PSRS/PEERS)

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

BENEFIT EXPLANATION

- Membership in PSRS is **mandatory** for Certified staff working at least 17 hours per week on a regular basis and Membership in PEERS is **mandatory** for Classified staff working at least 20 hours per week on a regular basis for an employer included in the retirement system.
- A **Certified** employee contributes 14.5% of gross wages and health benefit and the Board of Education contributes 14.5% for a total 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.



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 CFO-Chief Financial Officer. 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 C-2 School District Board of Education at no cost to the employee for all staff members with a maximum coverage of \$2,000,000. The coverage is automatic to the employee.



UNEMPLOYMENT INSURANCE:

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



GLOSSARY OF MEDICAL TERMS

INSURANCE TERMS



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



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



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



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



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



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



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



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



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

MEDICAL TERMS



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



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



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



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



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

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Raytown C-2 School District has determined that the prescription drug coverage offered by the Blue Cross 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.**

This notice is a summary. For a full description of all of Raytown C-2 School District's Benefit plans, please contact the Susann Bronson at 816-268-7064 or susann.bronson@raytownschools.org

IMPORTANT NOTICES

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

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

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

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

Contact the person listed below or call the Payroll Department at 816-268-7066 for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Raytown C-2 School District changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: July 1, 2023
Name of Entity/Sender: Payroll Department
Contact--Position/Office: Susann Bronson
Address: 6608 Raytown Road, Raytown, MO 64133
Phone Number: 816-268-7064

IMPORTANT NOTICES

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 July 31, 2022. Contact your State for more information on eligibility.

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: 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: https://health.alaska.gov/dpa/Pages/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.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</p> <p>Phone: 678-564-1162, Press 1 GA CHIPRA</p> <p>Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</p> <p>Phone: (678) 564-1162, Press 2</p>	<p>Website: https://www.mass.gov/masshealth/pa</p> <p>Phone: 1-800-862-4840</p> <p>TTY: (617) 886-8102</p>
INDIANA-Medicaid	MINNESOTA-Medicaid
<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/</p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid Website: https://www.in.gov/medicaid/</p> <p>Phone 1-800-457-4584</p>	<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</p> <p>Phone: 1-800-657-3739</p>
IOWA-Medicaid and CHIP (Hawki)	MISSOURI-Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members</p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: http://dhs.iowa.gov/Hawki</p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP</p> <p>Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</p> <p>Phone: 573-751-2005</p>
KANSAS-Medicaid	MONTANA-Medicaid
<p>Website: https://www.kancare.ks.gov/</p> <p>Phone: 1-800-792-4884</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</p> <p>Phone: 1-800-694-3084</p> <p>Email: HSHIPPProgram@mt.gov</p>
KENTUCKY-Medicaid	NEBRASKA-Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p> <p>Phone: 1-855-459-6328</p> <p>Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx</p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov</p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
LOUISIANA-Medicaid	NEVADA-Medicaid
<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>Medicaid Website: http://dhcfp.nv.gov</p> <p>Medicaid Phone: 1-800-992-0900</p>
MAINE-Medicaid	NEW HAMPSHIRE-Medicaid
<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms</p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms</p> <p>Phone: -800-977-6740.</p> <p>TTY: Maine relay 711</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

IMPORTANT NOTICES

NEW JERSEY-Medicaid and CHIP	SOUTH DAKOTA-Medicaid
Medicaid Website: http://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/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON-Medicaid	WASHINGTON-Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855 MyWVHIPP (1-855-699-8447)
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

IMPORTANT NOTICES

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

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

IMPORTANT NOTICES

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.
- Prosthesis.
- 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. If you would like more information on WHCRA benefits, call your Plan Administrator 816-268-7064.

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 the calendar year, without regard to whether they were covered by our group health plan. These employees should expect to receive their Form 1095-C in early March 2023. 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 Human Resources.

IMPORTANT NOTICES

Notice Regarding Wellness Program

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

If you choose to participate in the wellness program you will be asked to complete the following voluntary health activities* through Raytown Schools Quality Care Clinic operated by Premise Health:

- A biometric health screening, which will include blood pressure and BMI or waist circumference, as well as a fasting blood test (for total Cholesterol, LDL cholesterol, HDL cholesterol, total cholesterol to 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, albumin, protein total serum, globulin total, iron serum, uric acid serum) and achieve the following biometric benchmarks:
 - Total Cholesterol or TC to HDL Ratio: Total Cholesterol < 220 or TC/HDL ratio of < 5
 - Fasting Blood Sugar (Glucose) or Hemoglobin A1c: Glucose <100 or HbA1c < 5.7
 - BMI (Body Mass Index) or Waist Circumference: BMI < 30 or Waist Measurement < 40 inches (males) and < 35 inches (females)
 - Blood Pressure - Systolic: <140
 - Blood Pressure - Diastolic: <90
- If any of your screening results are out of the benchmark ranges listed above, you can still earn the wellbeing incentive by scheduling and attending a Screening Follow Up appointment to review your results with the Raytown Schools Quality Care Clinic provider or your personal physician.

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

INFORMATION REGARDING ALTERNATIVE:

Participation in the incentive entails submitting health information to Premise Health. If you would like an alternative way to earn the wellness incentive, you may contact District Wellbeing Coordinator, Michelle Kruse, by email at mkruse@cbiz.com by October 1, 2023.

IMPORTANT NOTICES

Protections from Disclosure of Medical Information

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

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

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Susann Bronson at 816-268-7064.



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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.