

Joplin Schools Employee Benefits Guide



BENEFITS



Joplin Schools

Benefit Guide for Employee Benefits beginning October 1, 2018

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

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RENEWAL HIGHLIGHTS

Plan year beginning October 1, 2018

◆ Health Care Plan

- ◆ UMR, a UnitedHealthCare company, will be the Third Party Administrator for the Health Care Plan.
- ◆ Both Freeman Health Systems and Mercy Health Systems and their physicians will be In-Network providers.
- ◆ Prescription Drug benefits will be provided by CVS/Caremark. Although the name of the pharmacy benefit manager is CVS/Caremark there are many in-network pharmacies including Walmart, Sams, Target, Walgreens etc.
- ◆ Preventive Care, in accordance with the Affordable Care Act, will be covered at no cost share. Including, but not limited to, immunizations, exams, well woman visits, colonoscopies, and mammograms (specific age requirements and guidelines provided in the Plan Documents)
- ◆ Mental Health Coverage will now be a covered benefit and the benefits will be detailed in the Plan Document.
- ◆ The Health Care Plan is being changed to offer three options. All employees and retirees will be able to select any of the three options listed in this benefit guide. Each option will result in premium savings. The premiums are reflected later in this guide.
- ◆ UMR will offer new and exciting benefits for employees including a sophisticated website, Health Cost Estimator tool, Teladoc, FSA Debit Cards, and HSA Debit Cards.

◆ Dental Plan

- ◆ The District previously provided a dental reimbursement program for Full Time employees. It is being replaced with a dental plan through MetLife, which will offer more coverage and access to MetLife discounts for all employees
- ◆ The District will now offer two dental plans through MetLife; a Base Plan and a Buy-Up Plan. The District will contribute toward the cost of the Dental Plan selected for Full Time Employees.

CONTACT INFORMATION

	Phone Number	Website
Medical Claims: UMR	800-826-9781	www.umb.com
Pharmacy Claims: Rx Benefits (CVS/Caremark)	800-334-8134	www.caremark.com
Dental: MetLife	800-GET-MET8	www.metlife.com
Vision: MetLife	800-GET-MET8	www.metlife.com
Health Savings Account: UMB	866-520-4472	hsa.umb.com
Flexible Spending Accounts: UMR	800-826-9781	www.umb.com
STD/LTD/Accident/Cancer/Critical Illness: MetLife	800-GET-MET8	www.metlife.com
Life Insurance: Minnesota Life	651-665-3789	www.ochsinc.com

Additional Contacts

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ENROLLMENT PROCESS



OPEN ENROLLMENT

Employees will enroll in benefits using Employee Navigator. Employee Navigator is a website that can be accessed 24 hours a day, 7 days a week from work, home, or their mobile application. Visit www.employeenavigator.com to login and complete your enrollment.

Open Enrollment is from August 1st to August 23rd. All elections will be effective October 1, 2018. **DUE TO THE CHANGES THIS YEAR** all employees are required to login to Employee Navigator and make plan elections.



WHAT DO YOU NEED TO ENROLL...

- ◆ Review the plan information in this benefit guide.
- ◆ Gather information for all family members you will be enrolling in the plans. You will need their names, date of birth and social security number. SSN is needed for Medical Plans only.
- ◆ Login to Employee Navigator with your family to review your options and make your plan elections.

Some employees have used Employee Navigator and created a user name and password in the past. Many employees will be using Employee Navigator for the first time.

- ◆ From the home page click on “Login”
- ◆ Click on “Register as a new user” if this is your first time
- ◆ Enter your First Name, Last Name, Company Identifier is JSD, Last 4 digits of your SSN, and Birth Date
- ◆ Create a User Name—We recommend using an email address since that is unique to you.
- ◆ Create a Password—Must contain a special character

If you have previously registered for the site and forgotten your password there is a link to reset a forgotten password.

PLEASE NOTE: Open enrollment is the only time employees can make enrollment changes without a Qualifying Event!

HEALTH PLAN IMPORTANT INFORMATION



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UMR is the claims processor for the Health Plan. You can visit their website www.umar.com to view claims, view benefits, search for a provider, and much more.



CVS/Caremark is the Prescription Benefits provider. Visit www.caremark.com to view Rx claims, see opportunities for savings, order mail order prescriptions and more.



Find a Provider

To find an In-Network provider for Medical services go to www.umar.com and click "Find a Provider". In-Network providers are part of the Choice Plus Network.

Learn the language of health care

Let's face it. Understanding health and benefits terms is like learning a foreign language for most of us. Knowing the difference between co-insurance and co-payment can be confusing. And deciphering an EOB from COB shouldn't require a PhD.

Fortunately, you don't need a foreign language professor or CIA code-breaker to understand all of these terms. That's because our own UMR team of language experts has already defined them for you, along with a few others.

What is a deductible?

Definition: The amount you have to pay before your plan pays for specified services. Deductibles are usually an annual set amount. A deductible may apply to all services or just a portion of your benefits. It depends on your benefits plan.

What is a co-insurance?

Definition: A set percentage of costs that are covered by your plan after your deductible has been paid. Your plan pays a higher percentage. You pay a lower percentage.

Tip...think percentage

What is a co-payment?

Definition: A small set fee. It is paid each time you have an office visit, outpatient service or prescription refill. The fee is determined by your health plan. Co-payments don't vary with the cost of service.

Tip...think set fee

What is an out-of-pocket?

Definition: The amount you pay out of your pocket for particular health care services during a particular period of time. An out-of-pocket maximum limits the amount you have to pay during a particular period of time.

-more-



Still confused?

Go to justplainclear.com to view a full glossary of health care terms.



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HEALTH CARE PLAN OPTIONS

	Base Plan	HSA Plan	Buy Up Plan
Annual Deductible	Individual / Family	Individual / Family	Individual / Family
In-Network	\$2,000 / \$4,000	\$1,500 / \$3,000	\$1,000 / \$2,000
Out-of-Network	\$4,000 / \$8,000	\$3,000 / \$6,000	\$2,000 / \$4,000
Co-Insurance (Plan Pays)	In / Out of Network 80% / 50% after deductible	In / Out of Network 80% / 50% after deductible	In / Out of Network 80% / 50% after deductible
Out of Pocket Maximum	Individual / Family (Includes Deductible, Coinsurance & Copays)	Individual / Family (Includes Deductible & Coinsurance)	Individual / Family (Includes Deductible, Coinsurance & Copays)
In-Network	\$4,000 / \$8,000	\$5,000 / \$10,000	\$3,000 / \$6,000
Out-of-Network	\$8,000 / \$16,000	\$10,000 / \$20,000	\$6,000 / \$12,000
Office Visit (Primary Care/ Specialist)	\$30 copay / \$50 copay	Applies to Deductible and Coinsurance	\$25 copay / \$45 copay
Covered Preventive Care	No Cost Share for members	No Cost Share for members	No Cost Share for members
Urgent Care Clinic	\$100 Copay	Applies to Deductible and Coinsurance	\$100 Copay
Emergency Room	\$200 copay	Applies to Deductible and Coinsurance	\$200 copay
Prescription Drug (Tier 1/2/3/4)	\$15 / \$35 / \$60 / 20% to \$100 (or cost of Rx, whichever is less)	Applies to Deductible and Coinsurance	\$15 / \$35 / \$60 / 20% to \$100 (or cost of Rx, whichever is less)
Mental Health Services	Copay for Office Visit, Ded/Co-Ins Outpatient/ Inpatient	Applies to Deductible and Coinsurance	Copay for Office Visit, Ded/Co-Ins Outpatient/ Inpatient

HEALTH CARE PLAN PREMIUMS

Base Plan	Total Premium	District Contribution for Full Time Employees	Full Time Employee Cost Monthly
Employee Only	\$465	\$400	\$65
Employee	\$1,025	\$400	\$625
Employee Child(ren)	\$725	\$400	\$325
Family	\$1,275	\$400	\$875

HSA Plan	Total Premium	District Contribution for Full Time Employees	District HSA Contribution for Full Time Employees	Full Time Employee Cost Monthly
Employee Only	\$435	\$370	\$30	\$65
Employee Spouse	\$955	\$370	\$30	\$585
Employee Child(ren)	\$680	\$370	\$30	\$310
Family	\$1,150	\$370	\$30	\$780

Buy Up Plan	Total Premium	District Contribution for Full Time Employees	Full Time Employee Cost Monthly
Employee Only	\$515	\$400	\$115
Employee Spouse	\$1,125	\$400	\$725
Employee	\$825	\$400	\$425
Family	\$1,425	\$400	\$1,025

Part Time Employees are eligible to enroll in all health plan options. Part Time Employees will pay the Total Premium for the coverage selected.

CHOOSING A HEALTH CARE PLAN

Deciding on which Health Care Plan option to choose requires members to know and understand their current utilization and the way the plans work. This simple chart is intended to help you consider your costs and is not intended to provide advice.

	Base Plan	HSA Plan	Buy-Up Plan
Additional Premium (Compared to the lowest cost option)			
Do you take medications: If so, complete:	Expected Co-pays for Medication Annually:	Expected Cost of Medication Annually:	Expected Co-pays for Medication Annually:
Do you have doctors visits annually? If so, complete:	Expected Co-pays for Doctor's Visits Annually:	Expected Cost of Doctor's Visits Annually:	Expected Co-pays for Doctor's Visits Annually:
Do you have annual lab work (non preventive care)? If so, complete:	Expected costs of lab work (see EOB)	Expected costs of lab work (see EOB)	Expected costs of lab work (see EOB)
Do you have other expected medical costs in the upcoming year?			
Deductible/Co-Insurance	Lab and other medical would apply to \$2,000 Deductible then 20% co-insurance: _____ Co-pays _____ Deductible _____ Co-Insurance	Any expected expenses above would apply to \$1,500 Deductible then 20% co-insurance: _____ Deductible _____ Co-Insurance	Lab and other medical would apply to \$2,000 Deductible then 20% co-insurance: _____ Co-pays _____ Deductible _____ Co-Insurance
HSA Contribution from the District (\$30 per month)	N/A		N/A
Expected Costs, Additional Premium, Minus HSA Contribution for HSA Plan			

HEALTH SAVINGS ACCOUNT



- ◆ A Health Savings Account, HSA, allows you to set aside money pre-tax for medical, dental, and vision expenses for you and eligible family members.
- ◆ Only available for members enrolling in the HSA Plan.
- ◆ Employees can contribute along with receiving Joplin Schools contribution.
- ◆ UMB will administer the Health Savings Accounts (HSAs) for Joplin Schools members.
- ◆ Members will make an HSA Contribution election on Employee Navigator during Open Enrollment, but this amount can be changed throughout the year.
- ◆ A Health Savings Account (HSA) will be established for each member electing the HSA Plan.
- ◆ Please watch for a welcome packet from UMB and HSA Card.
- ◆ Each month UMB will charge \$1.95 to the member HSA balance for the HSA. The fee is waived when the balance is over \$1,500.

Top Questions about Health Savings Accounts

These are answers to some of the most commonly asked questions about health savings accounts (HSAs).

General questions

Q1: What is a health savings account (HSA)?

A1: An HSA helps you set aside money for current and future health care expenses that aren't covered by your medical plan. You can make contributions to your HSA, up to IRS limits. For 2018, the maximum contribution amount from all sources—your contributions, your employer's contributions and any other sources—is \$3,450 for individual coverage and \$6,900 for family coverage.

Q2: What types of medical plans are compatible with an HSA?

A2: To contribute to an HSA, you must be enrolled in a high-deductible health plan (HDHP). An HDHP is a health plan that meets two requirements as specified by the U.S. Treasury Department. First, it must have an annual deductible that meets the minimum deductible amount, which is published annually. Second, the annual out-of-pocket expenses—such as deductibles, copayments and other expenses paid for by the participant—associated with the HDHP may not exceed the specified out-of-pocket maximums. Premiums (the amount you pay each month for coverage) do not count as out-of-pocket expenses.

Q3: How do HSAs work?

A3: You choose how much you'd like to save in your HSA each year and contributions are automatically made from your paycheck to your account. See Question 8 for additional contribution methods.

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.

Q4: Is my money safe in an HSA?

A4: Yes. Your HSA deposit account balance is FDIC insured.

Once you have \$1,000 saved in the HSA, you have the opportunity to open a UMB HSA Saver^{®1} investment portfolio to have the option to make investments in securities that carry various levels of risk and reward, similar to investment in a retirement savings plan.

*Investments in securities through UMB HSA Saver[®] are:
Not FDIC-Insured · May Lose Value · No Bank Guarantee.*

Q5: Why should I consider enrolling in the HDHP with an HSA?

A5: If one or more of the following are true for you, you may want to consider making a change to a HDHP with an HSA:

- You are paying for insurance you're 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 a HDHP.



Eligibility and opening an account

Q6: Who can open an account?

- A6: If you are enrolled in a high-deductible health plan, you are eligible to open an HSA as long as you:
- Are not covered by any other health plan that is not a high-deductible health plan (for example, a spouse's plan),
 - Are not enrolled in Medicare benefits, and
 - May not be claimed as a dependent on another person's tax return.

Account contributions

Q7: How much can I contribute?

- A7: You can choose how much to contribute to your HSA, up to IRS limits that are set each year. For 2018, the maximum contribution amount from all sources—your contributions, your employer's contributions and any other sources—is \$3,450 for employee-only coverage and \$6,900 for family coverage.

Q8: How do I contribute to the account?

- A8: The Welcome Kit you will receive from UMB once you open your account outlines the different ways you can contribute to your account. The simplest way is through pretax payroll contributions, but you may also write a check or transfer money from your bank account to make a lump sum contribution to your HSA. If the money comes from your bank account instead of through payroll contributions, you may deduct the amount you contribute on your taxes² since those contributions would be made with after-tax money. Your family members or others can also contribute to the account on your behalf.

Q9: I'm nearing retirement. Can I make catch-up contributions like I do to my retirement savings plan?

- A9: 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 is \$1,000. You are able to make catch-up contributions until you become Medicare active.

Using your HSA

Q10: What can I spend my HSA balance on?

- A10: You can use your balance to pay for qualified medical expenses for you or your covered dependents (shown in *IRS Publication 502*). Some examples include:
- Your deductible
 - Dental treatments, exams or cleaning costs
 - Prescription drug costs
 - Vision expenses such as contact lenses or glasses
 - Chiropractic or acupuncture fees
 - Crutches
 - Eye surgery

They don't include insurance premiums other than premiums for long-term care insurance, premiums on a health plan during any period of continuation coverage required by federal law (for example, "COBRA" coverage) or premiums for healthcare coverage while you receive unemployment compensation.

You can find a full list of qualified expenses at www.irs.gov.

Q11: How do I pay for medical expenses?

A11: You'll receive a UMB Visa® debit card that you can use to pay for qualified expenses not covered by the high-deductible health plan. Simply swipe the card, or access your card using ApplePay,® at the pharmacy or for other health-related services and the associated cost will be debited from your HSA balance. Or use your card to pay doctor's visit bills once the claim has been submitted to your insurance carrier so that you will receive the negotiated rates for services. Save your receipts, since you may need them if the IRS requests that you show proof of how you used your tax-free money. Use UMB's ReceiptVault to store and organize receipts online for qualified healthcare expenses. If you cannot use your debit card, you will pay for the expense out of your own pocket, then reimburse yourself from your HSA.

If you don't have enough money in your account to pay for the entire amount of an expense (for example, if you just opened the account or the company hasn't 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.

Q12: How does my HSA track with my deductible?

A12: You may use your HSA to pay for qualified expenses including your deductible. Or you can let the HSA build up for future expenses. The choice is yours. The HSA is not a method to determine if you've met your deductible; that information is available on your medical plan provider's website or on any explanation of benefits (EOBs) that you receive from your plan.

Q13: If I open an HSA, can I also enroll in a health care flexible spending account?

A13: No, you cannot enroll in both. If you are married, you may not have coverage under your spouse's flexible spending account (FSA). You can only have a "limited purpose" FSA. Eligible expenses with a limited purpose FSA include most unreimbursed dental, vision and/or hearing care expenses (including expenses for your dependents), and out-of-pocket medical expenses you paid after you met your plan deductible.

Q14: What are the tax implications for participating in an HSA?

A14: The money you save in your HSA is tax free. The money you contribute isn't taxed, nor is the money taxed as your balance grows. As long as you use the money to pay for qualified expenses, you won't pay taxes when you withdraw it either.

Note: States can choose to follow the federal tax-treatment guidelines for HSAs or establish their own; some states tax HSA contributions. If you have questions about your tax implications, consult your tax advisor. Withdrawals for non-qualified medical expenses are subject to income taxes and a possible 20% penalty, if you're under age 65

Q15: I have an HSA already set up through my former employer. Can I contribute to that HSA instead with payroll contributions?

A15: No. However, you may transfer the balance from that HSA into your UMB HSA and continue to make pretax contributions. First, open your UMB HSA. Then decide how you'd like to transfer the funds. You have two options:

1. A direct transfer of all of the balance from one trustee to a UMB HSA

Understanding your new ID card

WHAT YOU NEED TO KNOW

Have you ever wondered what all that stuff on your ID card really means? Here's a sample of what you might see. Each plan is different.

The number assigned specifically to you to track all of your benefits and claims information.

A list of the family members who are covered under your plan.



The number assigned to identify your group health plan.

Information about your prescription drug plan. Pharmacists use this to process your claims.

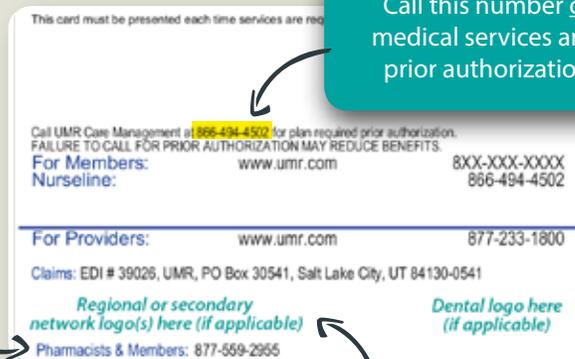
Your medical provider network, also referred to as your preferred provider organization (PPO). Going to doctors, clinics and hospitals in your network will save you money.

More on the back

Look for important contact information, including the customer service phone number to call for answers to claims or benefit questions. You can also go to umr.com to check your benefits, claims status, accumulators and eligibility.

Call this number when you have questions about pharmacy benefits.

Call this number **only** when you need medical services and your plan requires prior authorization for those services.



If you're traveling outside your in-network coverage area, look to see if you have access to a regional or secondary network.



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Teladoc[®]

24/7 doctor visits via phone or mobile app



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.

Talk to a doctor anytime!

Teladoc.com 1-800-Teladoc



TELADOC



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Choose the right health care setting

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs:



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TYPE OF CARE		WAIT TIME	COST**
	<p>NurseLineSM – 877-950-5083</p> <p>You may speak by phone with a registered nurse any time of day, seven days a week.</p> <p>When to call*</p> <ul style="list-style-type: none"> • Help choosing the right health care setting for illness or injury • Information about common health problems or injuries 	<p>20-30 seconds</p> <p>Call answered, on average</p>	<p>\$0</p>
	<p>TeladocSM – 800-835-2362 or Teladoc.com</p> <p>You may request a consultation from a board-certified doctor any time of day, seven days a week, by phone or online. Teladoc physicians can diagnose routine ailments, recommend treatments and prescribe medications.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Cold or flu • Bronchitis • Respiratory infection • Sinus problems • Allergies • Urinary tract infection • Pediatric care • Poison ivy or pink eye 	<p>17 minutes</p> <p>Approximate wait time for doctor to respond</p>	<p>\$5 Copay PPO Plans per consultation</p> <p>\$45 HSA per consultation</p>
	<p>Clinical care (your doctor's office)</p> <p>Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Preventive services and vaccinations • Medical problems or symptoms that are not an immediate, serious threat to your health or life 	<p>1 week or more</p> <p>Approximate wait time for an appointment</p>	<p>\$30/\$50 Copay Base Plan</p> <p>\$25/\$45 Copay Base Plan</p> <p>\$80-\$150 Average cost HSA Plan</p>
	<p>Urgent care</p> <p>Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Sprains and strains • Mild asthma attacks • Sore throats • Minor broken bones or cuts • Minor infections or rashes • Earaches 	<p>20-30 minutes</p> <p>Approximate wait time</p>	<p>\$100 Copay PPO Plans</p> <p>\$150-\$200 Average cost HSA Plan</p>
	<p>Emergency room (ER)</p> <p>Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours and your health plan may not cover non-emergency ER visits.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Sudden change in vision • Sudden weakness or trouble talking • Large, open wounds • Difficulty breathing • Severe head injury • Heavy bleeding • Spinal injuries • Chest pain • Major burns • Major broken bones 	<p>3 to 12 hours</p> <p>Approximate wait time for non-critical cases</p>	<p>\$200 Copay PPO Plans</p> <p>\$1,200-\$1,500 Average cost</p>

* This is a sample list of services and is not intended to be all-inclusive.

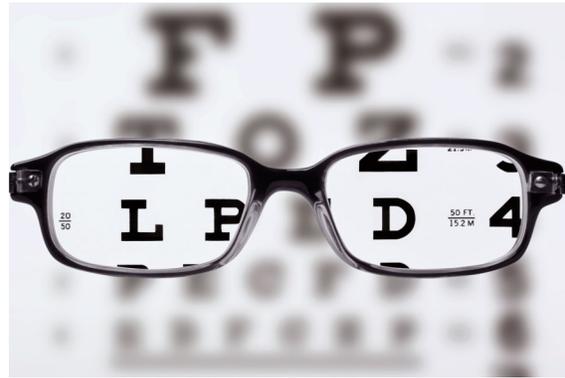
** Costs are averages only and not tied to a specific condition or treatment. Out-of-pocket costs will vary based on your medical plan design.

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DENTAL/VISION PLAN IMPORTANT INFORMATION



Dental and Vision benefits are provided through MetLife. Visit <https://mybenefits.metlife.com> to research benefits and claims.



Find a Dental Provider

To find an In-Network provider for Dental services go to www.metlife.com and under "I want to find a MetLife" choose Dentist. In Network providers are part of the PDP Plus Network.

Find a Vision Provider

To find an In-Network provider for Vision go to www.metlife.com and under "I want to find a MetLife" choose Vision Provider. In Network providers are part of Vision PPO.

DENTAL PLAN OPTIONS

	Base Plan	
	In-Network (MetLife PDP Plus Dentists)	Out-of-Network (Reimbursed at MetLife Maximum Allowable Cost)
Preventive Care (Exams, Cleanings, X-rays)	50%	50%
Annual Deductible (Applies to Basic and Major Services Only)	\$50 per person, maximum \$150 per family	\$50 per person, maximum \$150 per family
Basic Services (Sealants, Space	50% after deductible	50% after deductible
Major Services (Crowns, Bridges, Dentures, Implants, Extractions, Endontics, Periodontics)	50% after deductible	50% after deductible
Annual Maximum Benefit	\$500 per person	\$500 per person
	Buy-Up Plan	
	In-Network (MetLife PDP Plus Dentists)	Out-of-Network (Reimbursed at 90th Percentile of Reasonable and customary)
Preventive Care (Exams, Cleanings, X-rays)	100%	100%
Annual Deductible (Applies to Basic and Major Services Only)	\$50 per person, maximum \$150 per family	\$50 per person, maximum \$150 per family
Basic Services (Sealants, Space Maintainers, Fillings)	80% after deductible	80% after deductible
Major Services (Crowns, Bridges, Dentures, Implants, Extractions,	50% after deductible	50% after deductible
Annual Maximum Benefit	\$1,500 per person	\$1,500 per person
Orthodontia Services (for children up to age 19 only)	50%	50%
Lifetime Max Benefit for Orthodontia Services	\$1,000 per person	\$1,000 per person

DENTAL PLAN PREMIUMS

Base Plan	Total Premium	District Contribution for Full Time Employees	Full Time Employee Cost
Employee Only	\$11.67	\$11.67	\$0
Employee Spouse	\$22.90	\$11.67	\$11.23
Employee Child(ren)	\$28.56	\$11.67	\$16.89
Family	\$42.86	\$11.67	\$31.19

Buy Up Plan	Total Premium	District Contribution for Full Time Employees	Full Time Employee Cost Monthly
Employee Only	\$34.12	\$11.67	\$22.45
Employee	\$66.98	\$11.67	\$55.31
Employee	\$83.51	\$11.67	\$71.84
Family	\$125.35	\$11.67	\$113.68

Part Time Employees are eligible to enroll in either dental plan option. Part Time Employees will pay the Total Premium for the coverage selected.

VISION PLAN

	In-Network MetLife Provider
Eye Exam	Covered in full after a \$10 copay
Materials Copay	\$25 copay for Lenses/Frames if purchased separately or full set of glasses
Frames	\$130 Allowance every 24 months
Standard Corrective Lenses (Single Vision, Lined Bifocal, Lined Trifocal, Lenticular)	Covered in full after \$25 copay once every 12 months
Standard Lens Enhancements (Progressive, Polycarbonate, Photochromic, Anti-Reflective, Scratch-Resistant coatings and Tints)	Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits
Contact Lenses (Instead of glasses)	\$130 Allowance once every 12 months

	Monthly Premium
Employee Only	\$7.95
Employee Spouse	\$15.94
Employee Child	\$13.50
Family	\$22.26

MetLife also offers out of network benefits for Vision. The benefit summary is available on Employee Navigator. Employees receive a better benefit by utilizing in-network providers.

FLEXIBLE SPENDING ACCOUNTS

Healthcare Flexible Spending Account

- * For employees not enrolled in a Health Care Plan through Joplin Schools or those enrolled in the Base or Buy-up Plan— Not for HSA Plan participants
- * Use pre-tax dollars to pay for medical co-pays, prescriptions, glasses and contacts, medical supplies, and more
- * Annual contribution between \$300 and \$2,650

Dependent Care Flexible Spending Account

- * Available for all eligible employees
- * Use pre-tax dollars to pay for eligible dependent care expenses
- * Annual contribution between \$300 and \$5,000

Debit Card for Healthcare Flexible Spending Account



- ◆ Easy access to FSA funds with the swipe of a card
- ◆ Reduces requests for reimbursement

www.UMR.com

Convenient online account management:

- ◆ View account balance(s)
- ◆ Request a reimbursement and upload receipts
- ◆ View transactions
- ◆ Update profile
- ◆ Set up direct deposit

Consumer Accounts with UMR App

- ◆ Free download at Apple Store and Google Play
- ◆ Full access on your mobile device to manage your account, view and file claims

Make your annual election on Employee Navigator.

Employees cannot change their annual election without a qualifying event.

Flexible Spending Accounts are “use it or lose it” so plan wisely.

DISABILITY INSURANCE

- * Disability Insurance pays you if you are unable to work due to a disability
- * If you were unable to work how would you pay for mortgage/rent, car payments, utilities, food, and other expenses
- * In MetLife's 10th annual employee benefits trend study 60% of employees indicated they are very concerned about having enough money to pay bills during a period of sudden income loss
- * Enrollment is voluntary and paid 100% by the employee

Voluntary Short Term

Disability

- ◆ Intended to help replace a portion of weekly income during the initial weeks of disability
- ◆ Pays a benefit up to 60% of pre-disability wages weekly and is non-taxable income
- ◆ Employee chooses the benefit amount in increments of \$50 per week \$100 minimum and \$1,000 maximum (no more than 60% of weekly pay)
- ◆ Benefits payable 1st day if due to injury, 8th day if due to sickness for up to 13 weeks
- ◆ Joplin Schools requires employees to use available paid leave prior to receiving benefits
- ◆ Pre-existing condition exclusion—in the first 12 months you are covered there will be no benefits payable for any illness or injury that existed 3 months prior to enrolling

Voluntary Long Term

Disability

- ◆ Intended to help replace a portion of weekly income during the initial weeks of disability
- ◆ Pays a benefit up to 60% of pre-disability wages monthly and is non-taxable income
- ◆ Benefits are payable following a 90 day waiting period for 24 months if you cannot perform your own occupation and until Social Security Normal Retirement age if you are unable to perform any work.
- ◆ Pre-existing condition exclusion—in the first 12 months you are covered there will be no benefits payable for any illness or injury that existed 12 months prior to enrolling

Full benefit details and rates are available on Employee Navigator



Group Life Insurance Program

Your employer provides benefit eligible employees Term Life Insurance through Securian - administered by Ochs, Inc.

LIFE INSURANCE

Protect yourself and your family

from the unexpected loss of life and income during working years. Life Insurance provides a financial benefit to beneficiaries upon death.

HOW MUCH LIFE INSURANCE DO YOU NEED?

Check out the life insurance calculator at LifeBenefits.com/Insuranceneeds.



Insurance helps cover

- Funeral/burial costs
- Medical bills
- Taxes & living expenses (i.e. mortgage, childcare)

Automatically Enrolled Coverage - employer paid (full-time employees only)

Employee
Basic Term Life

Enrolled

\$25,000 (full-time employees) • Employer paid, no election required

Elect Supplemental Coverage - employee paid (full-time and part-time employees)

Employee
Term Life

Elect

up to **\$500,000** maximum • Elect in **\$10,000 increments**

Spouse
Term Life

Elect

up to **\$250,000** maximum • Elect in **\$5,000 increments**

Child
Term Life

Elect

up to **\$20,000** for each child • Elect **\$10,000, \$15,000, or \$20,000**
• One premium insures all eligible children from live birth to age 26

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child.

MONTHLY COST
Employee or Spouse
Supplemental Term Life

See rate grid for easy cost calculation.

Age	Rate per \$1,000
<25	\$0.04
25-29	\$0.04
30-34	\$0.04
35-39	\$0.08
40-44	\$0.10
45-49	\$0.15
50-54	\$0.23
55-59	\$0.43
60-64	\$0.66
65-69	\$1.27
70-74	\$2.06
75*	\$2.06

*Rates beyond age 75 are available upon request.
Rates increase with age and all rates are subject to change.

Child Term Life

\$0.20 per \$1,000

one premium insures all eligible children

ENROLL NOW

Turn in your completed forms to your employer by the enrollment deadline. Premiums will be automatically deducted from your paycheck.

BENEFICIARY DESIGNATIONS

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your elections periodically.

ADDITIONAL FEATURES

- **Waiver of Premium** - If you become totally and permanently disabled, life insurance premiums may be waived.
- **Accelerated Benefit** - If an insured person becomes terminally ill, he/she may be eligible to request early payment of life insurance in force.
- **Continuation** - If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage, if elected during the limited enrollment period. Premiums may be higher than those paid by active employees. Contact your employer or Ochs for information.

NEWLY HIRED EMPLOYEES

A special guaranteed issue opportunity is available for newly hired employees during their initial 31 day enrollment period. No evidence of insurability is required for the following **guaranteed amounts**:

- **Employee** - up to **\$250,000**
- **Spouse** - up to **\$50,000**
- **Child** - **all coverage**

Evidence of insurability is required for elections above the guaranteed amounts.

ANNUAL ENROLLMENT

During your employer's designated annual enrollment period, no evidence of insurability is required for the following **guaranteed amounts**:

- **Child** - **all coverage**

Evidence of insurability is required for employee and spouse elections above the guaranteed amounts.

OTHER ENROLLMENT

If your policy or employer allows enrollment outside of their designated enrollment periods, **elections will require evidence of insurability.** *If you experience a family status change, check with your employer within 31 days to confirm guaranteed issue eligibility.*



Contact Ochs

ochs@ochsinc.com

651-665-3789 or 1-800-392-7295

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life or Securian Life, affiliates of the Securian Financial Group, Inc. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations, and terms of coverage.

Policy forms are offered under policy form series MHC-96-13180.24 Rev 3-2009.

Ochs, Inc.
A Securian Company
400 Robert Street N, Ste 1880, St. Paul, MN 55101



Email: ochs@ochsinc.com
Phone: 651-665-3789 • 1-800-392-7295
Web: ochsinc.com



Employee and Spouse Supplemental Term Life Monthly Rates (based on age)

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*
Rate per \$1,000	\$0.04	\$0.04	\$0.04	\$0.08	\$0.10	\$0.15	\$0.23	\$0.43	\$0.66	\$1.27	\$2.06
Amount											
\$5,000	0.20	0.20	0.20	0.40	0.50	0.75	1.15	2.15	3.30	6.35	10.30
\$10,000	0.40	0.40	0.40	0.80	1.00	1.50	2.30	4.30	6.60	12.70	20.60
\$20,000	0.80	0.80	0.80	1.60	2.00	3.00	4.60	8.60	13.20	25.40	41.20
\$30,000	1.20	1.20	1.20	2.40	3.00	4.50	6.90	12.90	19.80	38.10	61.80
\$40,000	1.60	1.60	1.60	3.20	4.00	6.00	9.20	17.20	26.40	50.80	82.40
\$50,000	2.00	2.00	2.00	4.00	5.00	7.50	11.50	21.50	33.00	63.50	103.00
\$60,000	2.40	2.40	2.40	4.80	6.00	9.00	13.80	25.80	39.60	76.20	123.60
\$70,000	2.80	2.80	2.80	5.60	7.00	10.50	16.10	30.10	46.20	88.90	144.20
\$80,000	3.20	3.20	3.20	6.40	8.00	12.00	18.40	34.40	52.80	101.60	164.80
\$90,000	3.60	3.60	3.60	7.20	9.00	13.50	20.70	38.70	59.40	114.30	185.40
\$100,000	4.00	4.00	4.00	8.00	10.00	15.00	23.00	43.00	66.00	127.00	206.00
\$110,000	4.40	4.40	4.40	8.80	11.00	16.50	25.30	47.30	72.60	139.70	226.60
\$120,000	4.80	4.80	4.80	9.60	12.00	18.00	27.60	51.60	79.20	152.40	247.20
\$130,000	5.20	5.20	5.20	10.40	13.00	19.50	29.90	55.90	85.80	165.10	267.80
\$140,000	5.60	5.60	5.60	11.20	14.00	21.00	32.20	60.20	92.40	177.80	288.40
\$150,000	6.00	6.00	6.00	12.00	15.00	22.50	34.50	64.50	99.00	190.50	309.00
\$160,000	6.40	6.40	6.40	12.80	16.00	24.00	36.80	68.80	105.60	203.20	329.60
\$170,000	6.80	6.80	6.80	13.60	17.00	25.50	39.10	73.10	112.20	215.90	350.20
\$180,000	7.20	7.20	7.20	14.40	18.00	27.00	41.40	77.40	118.80	228.60	370.80
\$190,000	7.60	7.60	7.60	15.20	19.00	28.50	43.70	81.70	125.40	241.30	391.40
\$200,000	8.00	8.00	8.00	16.00	20.00	30.00	46.00	86.00	132.00	254.00	412.00
\$210,000	8.40	8.40	8.40	16.80	21.00	31.50	48.30	90.30	138.60	266.70	432.60
\$220,000	8.80	8.80	8.80	17.60	22.00	33.00	50.60	94.60	145.20	279.40	453.20
\$230,000	9.20	9.20	9.20	18.40	23.00	34.50	52.90	98.90	151.80	292.10	473.80
\$240,000	9.60	9.60	9.60	19.20	24.00	36.00	55.20	103.20	158.40	304.80	494.40
\$250,000	10.00	10.00	10.00	20.00	25.00	37.50	57.50	107.50	165.00	317.50	515.00
\$260,000	10.40	10.40	10.40	20.80	26.00	39.00	59.80	111.80	171.60	330.20	535.60
\$270,000	10.80	10.80	10.80	21.60	27.00	40.50	62.10	116.10	178.20	342.90	556.20
\$280,000	11.20	11.20	11.20	22.40	28.00	42.00	64.40	120.40	184.80	355.60	576.80
\$290,000	11.60	11.60	11.60	23.20	29.00	43.50	66.70	124.70	191.40	368.30	597.40
\$300,000	12.00	12.00	12.00	24.00	30.00	45.00	69.00	129.00	198.00	381.00	618.00
\$350,000	14.00	14.00	14.00	28.00	35.00	52.50	80.50	150.50	231.00	444.50	721.00
\$400,000	16.00	16.00	16.00	32.00	40.00	60.00	92.00	172.00	264.00	508.00	824.00
\$450,000	18.00	18.00	18.00	36.00	45.00	67.50	103.50	193.50	297.00	571.50	927.00
\$500,000	20.00	20.00	20.00	40.00	50.00	75.00	115.00	215.00	330.00	635.00	1,030.00

*Additional rates available upon request and rates change according to age brackets.

ADDITIONAL BENEFITS

- * Enrollment time is a good time to consider additional benefits offered by the District
- * These additional benefits are Accident Insurance, Critical Illness Insurance, and Cancer Insurance
- * Payments are made directly to you to help pay for medical bills, home expenses, groceries, however you see fit to use the funds
- * Enrollment is voluntary and paid 100% by the employee

Accident Insurance

- ◆ Accidents happen—every 2 seconds at home, every 6 seconds at work and every 9 seconds on the road
- ◆ Accident Insurance helps with out of pocket expenses associated with these accidents
- ◆ Plan provides a payment for over 150 different covered events (fractures, dislocations, burns, lacerations, broken teeth, etc)
- ◆ You receive payments when you have covered expenses related to the accident as well such as ambulance, emergency care, surgery, x-rays, physical therapy, hospitalization etc.
- ◆ Also includes accidental death life insurance policy
- ◆ Low Plan and High Plan to choose from

Critical Illness Insurance

- ◆ Critical Illness plans provide a lump-sum payment if you or a covered family member is diagnosed with Cancer, Heart Attack/Stroke, Coronary Artery Bypass, Kidney Failure, Alzheimer's, Organ Transplant and over 20 other listed conditions
- ◆ \$15,000 and \$30,000 benefit options
- ◆ Pre-existing condition exclusion—in the first 6 months you are covered there will be no benefits payable for any illness existed 3 months prior to enrolling

Cancer Insurance

- ◆ Cancer plans provide a lump-sum payment if you or a covered family member is diagnosed with Cancer
- ◆ \$15,000 and \$30,000 benefit options
- ◆ Pre-existing condition exclusion—in the first 6 months you are covered there will be no benefits payable for any illness existed 3 months prior to enrolling

Full benefit details and rates plans are available on Employee Navigator