



# Stewartsville C-2 School District

## 2024 BENEFITS PLAN OVERVIEW

January 1, 2024 - December 31, 2024



# Your Bukaty Service Team

Your dedicated service team is available to help address claims, billing, and other benefit-related questions. Please contact them by phone, email, or fax. They will work to ensure your satisfaction.

## Meet the Team



**Jeff Walstrom**  
*Benefits Consultant*  
[jwalstrom@bukaty.com](mailto:jwalstrom@bukaty.com)  
913.647.3981

Jeff oversees all aspects of your employee benefits program.



**Carmen Weber**  
*Account Manager*  
[cweber@bukaty.com](mailto:cweber@bukaty.com)  
913.222.5225

Carmen is responsible for the daily administrative and service issues including claims, billing, identification card request, and enrollments.



**Enrollment Support Help Desk**  
[enrollmentsupport@bukaty.com](mailto:enrollmentsupport@bukaty.com)  
913.345.0440

Please contact our Help Desk for any Employee Navigator questions or issues.

# Medical Plan I



Below is a brief summary of benefits offered under the plan. Where the Certificate of Coverage and summary differ, the Certificate supersedes. For questions concerning your medical benefits, your prescription drug coverage or any claims as well as searching for providers, you may register at [www.mybluekc.com](http://www.mybluekc.com).

BSP \$5000 Deductible Plan	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$5,000 / \$10,000	\$5,000 / \$10,000
Out-of-pocket max. individual/family (includes deductible.)	\$9,100 / \$18,200	\$20,000 / \$40,000
Co-insurance	50% After Deductible (AD)	50% After Deductible (AD)
Office visit/specialist	\$40 / \$40 Copay	Deductible & Co-Insurance
Preventive Care Services	100%	Deductible & Co-Insurance
Adult and child immunizations	100%	Deductible & Co-Insurance
Mammograms, PSA, Pap Smear tests	100%	Deductible & Co-Insurance
Pharmacy prescription drug coverage: Level 1/ Level 2/ Level 3	\$15/\$70/\$110/\$200	\$15/\$70/\$110/\$200 then 50% Co-Insurance
Mail order prescription drug coverage: Level 1/ Level 2/ Level 3	\$37.50/\$175/\$275	\$37.50/\$175/\$275 then 50% Co-Insurance
Urgent care facility	\$40 Copay	Deductible & Co-Insurance
Inpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient lab services	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient surgery and scopes	Deductible & Co-Insurance	Deductible & Co-Insurance
Emergency room	\$100 Copay then Deductible & Co-Insurance	\$100 Copay the In-Network Deductible & Co-Insurance
Skilled nursing facility (30-day calendar year maximum)	Deductible & Co-Insurance	Deductible & Co-Insurance
Physical & occupational therapy (limited to 60 visits per calendar year), speech & hearing therapy (limited to 20 visits per calendar year)	Deductible & Co-Insurance	Deductible & Co-Insurance

Rates per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$0.00	\$806.49	\$493.04	\$986.89

# Medical Plan 2



Below is a brief summary of benefits offered under the plan. Where the Certificate of Coverage and summary differ, the Certificate supersedes. For questions concerning your medical benefits, your prescription drug coverage or any claims as well as searching for providers, you may register at [www.mybluekc.com](http://www.mybluekc.com).

BSP \$3000 Deductible Plan	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$3,000 / \$6,000	\$3,000 / \$6,000
Out-of-pocket max. individual/family (includes deductible.)	\$5,000 / \$10,000	\$10,000 / \$20,000
Co-insurance	80% After Deductible (AD)	60% After Deductible (AD)
Office visit/specialist	\$40 / \$40 Copay	Deductible & Co-Insurance
Preventive Care Services	100%	Deductible & Co-Insurance
Adult and child immunizations	100%	Deductible & Co-Insurance
Mammograms, PSA, Pap Smear tests	100%	Deductible & Co-Insurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3	\$15/\$70/\$110/\$200	\$15/\$70/\$110/\$200 then 50% Co-Insurance
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3	\$37.50/\$175/\$275	\$37.50/\$175/\$275 then 50% Co-Insurance
Urgent care facility	\$40 Copay	Deductible & Co-Insurance
Inpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient lab services	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient surgery and scopes	Deductible & Co-Insurance	Deductible & Co-Insurance
Emergency services	\$100 Copay then Deductible & Co-Insurance	\$100 Copay then In-Network & Co-Insurance
Skilled nursing facility (30-day calendar year maximum)	Deductible & Co-Insurance	Deductible & Co-Insurance
Physical & occupational therapy (limited to 60 visits per calendar year), speech & hearing therapy (limited to 20 visits per calendar year)	Deductible & Co-Insurance	Deductible & Co-Insurance

Rates per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$57.15	\$950.97	\$603.24	\$1150.15



# Medical Plan 3



Below is a brief summary of benefits offered under the plan. Where the Certificate of Coverage and summary differ, the Certificate supersedes. For questions concerning your medical benefits, your prescription drug coverage or any claims as well as searching for providers, you may register at [www.mybluekc.com](http://www.mybluekc.com).

PCB \$5000 Deductible Plan	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$5,000 / \$10,000	\$5,000 / \$10,000
Out-of-pocket max. individual/family (includes deductible.)	\$6,500 / \$13,000	\$13,000 / \$26,000
Co-insurance	80% After Deductible (AD)	60% After Deductible (AD)
Office visit/specialist	\$40 / \$40 Copay	Deductible & Co-Insurance
Preventive Care Services	100%	Deductible & Co-Insurance
Adult and child immunizations	100%	Deductible & Co-Insurance
Mammograms, PSA, Pap Smear tests	100%	Deductible & Co-Insurance
Pharmacy prescription drug coverage: Level 1/ Level 2/ Level 3	\$15/\$70/\$110/\$200	\$15/\$70/\$110/\$200 then 50% Co-Insurance
Mail order prescription drug coverage: Level 1/ Level 2/ Level 3	\$37.50/\$175/\$275	\$37.50/\$175/\$275 then 50% Co-Insurance
Urgent care facility	\$40 Copay	Deductible & Co-Insurance
Inpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient lab services	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient surgery and scopes	Deductible & Co-Insurance	Deductible & Co-Insurance
Emergency room	\$100 Copay then Deductible & Co-Insurance	\$100 Copay then In-Network Deductible & Co-Insurance
Skilled nursing facility (30-day calendar year maximum)	Deductible & Co-Insurance	Deductible & Co-Insurance
Physical & occupational therapy (limited to 60 visits per calendar year), speech & hearing therapy (limited to 20 visits per calendar year)	Deductible & Co-Insurance	Deductible & Co-Insurance

Rates per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$73.47	\$991.80	\$635.08	\$1196.69

# Medical Plan 4



Below is a brief summary of benefits offered under the plan. Where the Certificate of Coverage and summary differ, the Certificate supersedes. For questions concerning your medical benefits, your prescription drug coverage or any claims as well as searching for providers, you may register at [www.mybluekc.com](http://www.mybluekc.com).

PCB \$2700 Deductible Plan	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$2,700 / \$5,400	\$2,700 / \$5,400
Out-of-pocket max. individual/family (includes deductible.)	\$5,400 / \$10,800	\$10,800 / \$21,600
Co-insurance	80% After Deductible (AD)	60% After Deductible (AD)
Office visit/specialist	\$40 / \$40 Copay	Deductible & Co-Insurance
Preventive Care Services	100%	Deductible & Co-Insurance
Adult and child immunizations	100%	Deductible & Co-Insurance
Mammograms, PSA, Pap Smear tests	100%	Deductible & Co-Insurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3	\$15/\$70/\$110/\$200	\$15/\$70/\$110/\$200 then 50% Co-Insurance
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3	\$37.50/\$175/\$275	\$37.50/\$175/\$275 then 50% Co-Insurance
Urgent care facility	\$40 Copay	Deductible & Co-Insurance
Inpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient lab services	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient surgery and scopes	Deductible & Co-Insurance	Deductible & Co-Insurance
Emergency services	\$100 Copay then Deductible & Co-Insurance	\$100 Copay then In-Network Deductible & Co-Insurance
Skilled nursing facility (30-day calendar year maximum)	Deductible & Co-Insurance	Deductible & Co-Insurance
Physical & occupational therapy (limited to 60 visits per calendar year), speech & hearing therapy (limited to 20 visits per calendar year)	Deductible & Co-Insurance	Deductible & Co-Insurance

Rates per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$114.28	\$1094.64	\$713.43	\$1313.40

# Medical Plan 5



Below is a brief summary of benefits offered under the plan. Where the Certificate of Coverage and summary differ, the Certificate supersedes. For questions concerning your medical benefits, your prescription drug coverage or any claims as well as searching for providers, you may register at [www.mybluekc.com](http://www.mybluekc.com).

PCB \$3000 Deductible Plan	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$3,000 / \$6,000	\$3,000 / \$6,000
Out-of-pocket max. individual/family (includes deductible.)	\$3,000 / \$6,000	\$6,000 / \$12,000
Co-insurance	100% After Deductible (AD)	80% After Deductible (AD)
Office visit/specialist	\$40 / \$40 Copay	Deductible & Co-Insurance
Preventive Care Services	100%	Deductible & Co-Insurance
Adult and child immunizations	100%	Deductible & Co-Insurance
Mammograms, PSA, Pap Smear tests	100%	Deductible & Co-Insurance
Pharmacy prescription drug coverage: Level 1/ Level 2/ Level 3	\$15/\$70/\$110/\$200	\$15/\$70/\$110/\$200 then 50% Co-Insurance
Mail order prescription drug coverage: Level 1/ Level 2/ Level 3	\$37.50/\$175/\$275	\$37.50/\$175/\$275 then 50% Co-Insurance
Urgent care facility	\$40 Copay	Deductible & Co-Insurance
Inpatient hospital care	Deductible	Deductible & Co-Insurance
Outpatient hospital care	Deductible	Deductible & Co-Insurance
Outpatient lab services	Deductible	Deductible & Co-Insurance
Outpatient surgery and scopes	Deductible	Deductible & Co-Insurance
Emergency services	Deductible	In-Network Deductible
Skilled nursing facility (30-day calendar year maximum)	Deductible	Deductible & Co-Insurance
Physical & occupational therapy (limited to 60 visits per calendar year), speech & hearing therapy (limited to 20 visits per calendar year)	Deductible	Deductible & Co-Insurance

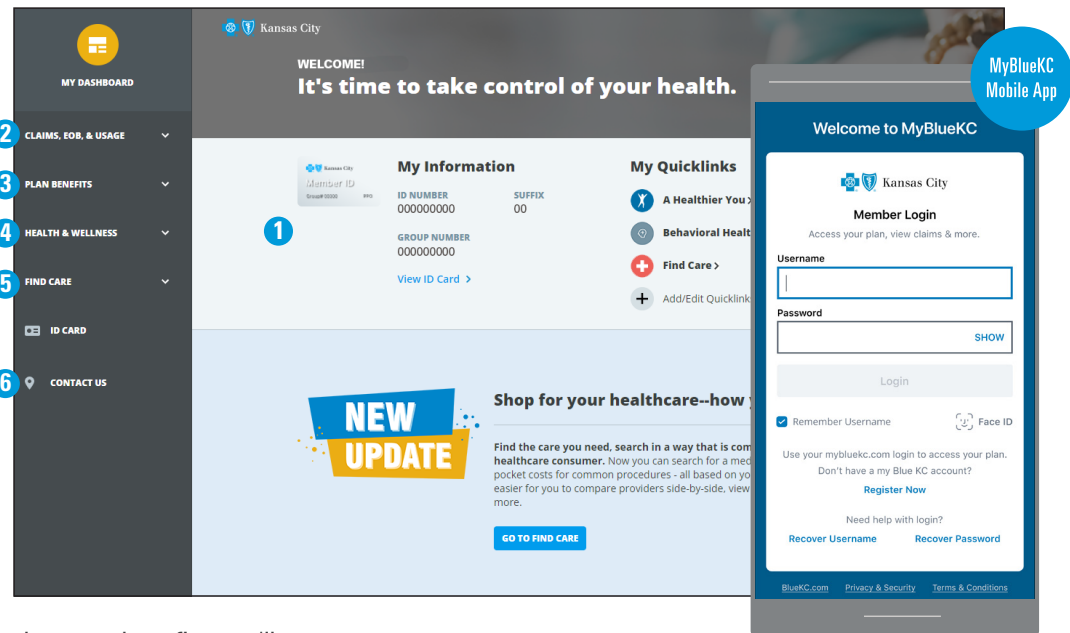
Rates per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$163.25	\$1217.91	\$808.11	\$1453.80

# GETTING STARTED

## Your Member Portal On MyBlueKC.com

Please register online at [MyBlueKC.com](https://mybluekc.com) or on the MyBlueKC mobile app to take advantage of helpful tools and information.

1. **My Information** – Quickly view, print or email a copy of your member ID card.
2. **Claims, EOB, & Usage** – Check the status of your claims and export a list of past claims. You can view a copy of your Explanation of Benefits (EOB), which you receive within approximately 14 days of a claim being processed. This section also includes graphs to illustrate your progress toward your deductible and out-of-pocket maximum.
3. **Plan Benefits** – View your medical certificate, summary of benefits and coverage, and more. If your Blue KC policy includes pharmacy benefits, you'll have tools to help you locate a pharmacy, learn about the differences between generic and brand name medications, save on prescriptions and access the Blue KC Prescription Drug List.
4. **Health & Wellness** – We're proud to offer a variety of resources to help you stay healthy and live well. Learn more about our **A Healthier You™** wellness program and a variety of other programs available.



5. **Find Care** – Search for an in-network doctor, hospital or other healthcare professional and estimate your out-of-pocket costs for common procedures - all based on your specific health plan.
6. **Contact Us** – Get answers to questions about your Blue KC policy or health insurance in general.

### Register with your member ID card using three easy steps:

1. Go to [MyBlueKC.com](https://mybluekc.com) to create your new account.
2. Follow the on-screen instructions. You will have the option to create your account without a member ID.
3. You will also need to provide and verify your email address. Once verified, personalize your communication preferences to be logged in to your account.

**NOTE:** Once you've registered online, the same information can be used to access the MyBlueKC mobile app.



Visit [MyBlueKC.com](https://mybluekc.com)



or download the **MyBlueKC mobile app** to access your member ID card and much more, wherever you go.





# GETTING STARTED

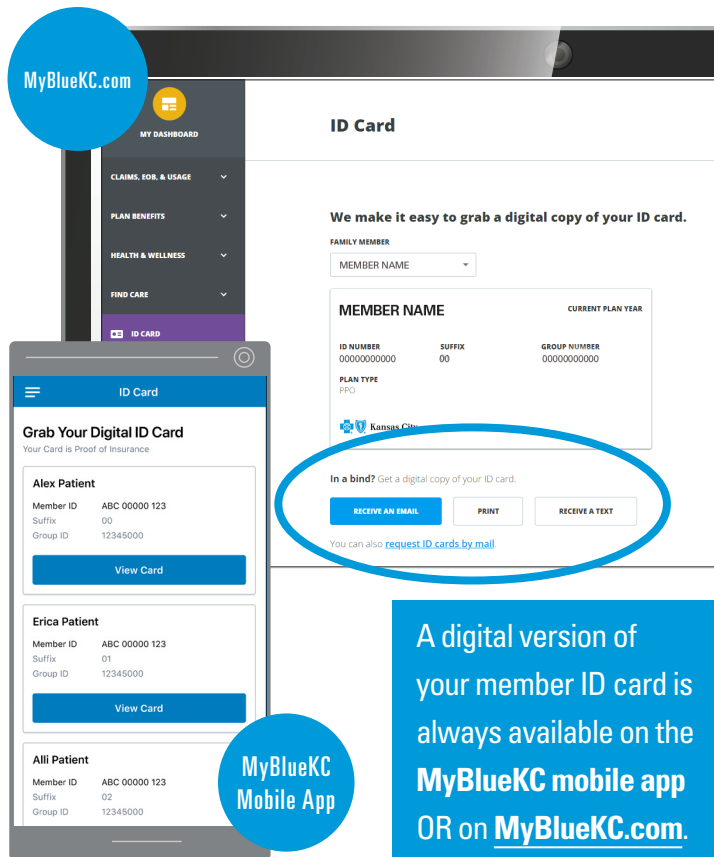
## Your Blue KC Member ID Card


Please present your card anytime you visit your doctor, receive healthcare services or fill a prescription. It contains information healthcare professionals need to make sure your care is covered.


## Understand and Access Your Member ID Card






1. **Member ID Number** – Number we use to identify you and your policy. Contains a three letter prefix, followed by your ID number. You do not need to include the prefix when providing your member ID number.
2. **Suffix** – This number is unique for each member covered on your policy.
3. **Group Number** – Number we use to classify members into groups, usually by the employer they receive their plan from, or a direct pay group.
4. **Plan Type** – Describes what type of plan you have (for example, a PPO plan).
5. **Customer Service Phone Number** – Our team is available Monday through Friday, from 8 a.m. to 8 p.m. Central Time. We're here to help.
6. **Network Name** – This is the network of hospitals, doctors and other healthcare professionals that accept your Blue KC policy. It's important that you see providers in this network to maximize the benefits of your policy.
7. **In Network Deductible & Out of Pocket** – This space will include your plan's applicable In Network Deductible and max Out of Pocket amounts.
8. **QR Code** – Use the camera on your mobile device to scan this code on your member ID card to view your benefit summary.
9. **Suitcase** – Some Blue KC members have access to the **BlueCard®** program, which extends to all 50 states.



[Visit MyBlueKC.com](https://www.mybluekc.com)



or download the **MyBlueKC mobile app** to access your member ID card and much more, wherever you go.



## Find A Doctor Or Hospital

Estimate your medical costs and learn ways to save.

At [MyBlueKC.com](https://www.mybluekc.com), members have access to **Find Care**, a **cost-sharing estimate** and **price comparison tool** that empowers members to see and compare costs for healthcare. With this tool, members can better understand healthcare expenses before visiting a doctor or scheduling care.

- Find providers in your network
- Narrow search using filters
- Estimate costs
- Read and write provider reviews
- Compare providers
- Review doctor quality information

## Get more from your search

Use categories to expand your search and feel more empowered with your healthcare decisions:

### Search by Location

Search by city or ZIP.

### Search by Plan

For current members, your plan's network should display. If it does not, you can find your network name at the top of your Blue KC member ID card.

### Search by Category

- Name of doctor or specialty - Search by first or last name, or a specialty, such as **general practice** or **OB/GYN**.
- Facility name or type of facility – Enter the name of a hospital or clinic, or types of facilities near you and the support you might need.

### Search by Costs for Procedures

**Find Care** enables members to search for procedures and estimate their out of pocket costs for medical procedures such as a **knee replacement** or **MRI**.

### Condition Information

Search conditions such as **deviated septum** or **lumbar (low back pain)**. Read medical information to find treatment options and doctors, which can provide insights into how you can lower your total costs and find the support you might need.



## To Search as a New Member or Guest\*

Step 1: Visit [BlueKC.com](https://www.mybluekc.com)

Step 2: Select Find Care, in the upper right corner of the page

Step 3: Make the appropriate selection under **CONTINUE AS A GUEST**

Step 4: Select **Your Network** under the **Select a Medical Network** dropdown

Step 5: Explore your Options

\*Searching as a guest will not allow you to estimate costs, research condition information or view treatment timelines.

### Find Care



Visit [MyBlueKC.com](https://www.mybluekc.com)



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



# FINDING CARE

## 24/7 Access To Virtual Care Online Or Mobile Doctor Visits

Get care wherever you are for common medical issues.

### What can be treated?

#### Common medical issues, such as:

- COVID-19
- Sinus Pain
- Mild Asthma
- Mild Allergic Reactions
- Minor Headaches
- Burning with Urination
- Cold Sores
- Sprains, Strains
- Pink Eye
- Nausea, Vomiting, Diarrhea
- Bumps, Cuts, Scrapes
- Coughs, Sore Throat
- Eye Swelling, Irritation, Redness or Pain
- Minor Fevers, Colds
- Rashes, Minor Burns

#### Behavioral healthcare issues, such as:

- Anxiety
- Bereavement/grief
- Bipolar disorder
- Depression
- OCD
- PTSD/trauma
- Panic attack



### WHY USE VIRTUAL CARE?



**Short wait times**



**Meet with licensed, U.S. board-certified physicians and behavioral healthcare providers**



**Feel safe with private, secure, HIPAA-compliant tool**



**Rest assured if you are traveling and need care quick**



**Connect with your camera phone or computer with camera**



**Get the care you need – including some prescriptions<sup>1</sup>**



**Save on drive time or office wait time**



**Pay much less than going to emergency room**

<sup>1</sup> Blue KC does not guarantee a prescription will be written.

# FINDING CARE

## How do I start an appointment?

1. Download the [MyBlueKC mobile app](#) or visit [MyBlueKC.com](#).
2. Create an account using your Blue KC member ID card for reference.
3. View a list of available doctors, their experience and ratings, and select one.
4. **For urgent or sick care needs:** Stream a live visit directly online or on your mobile device.
5. **For behavioral healthcare therapy:** Schedule your session with a psychologist or counselor.



**Virtual sick care needs  
available 24/7**



**Behavioral healthcare therapy and  
medication by appointment**



**Affordable visits based on your  
plan's benefits (costs can vary  
for behavioral healthcare  
provider type)**



## Virtual Care Is Not For Emergencies

If you have a serious medical concern, go to the emergency room or call 911.



**Meet with a doctor or behavioral healthcare provider using your computer or smartphone. Have your Blue KC member ID card handy.**



Visit [MyBlueKC.com](#)



or download the [MyBlueKC mobile app](#)





## Make The Most Of Your Pharmacy Benefits



We know how important your pharmacy benefits are to you. Blue KC, together with our Pharmacy Benefit Manager (PBM), provides safe, easy and cost-effective ways for you to get the medication you need.

Let's get started making the most of your pharmacy benefits. You have several ways to fill prescriptions. Each option offers convenient services to help you make the most of your pharmacy plan. Here's what you need to know about each:



### RETAIL NETWORK

You have access to fill your prescriptions at thousands of retail pharmacies and many national drug stores, supermarkets and large retailers.



### HOME DELIVERY

Our home delivery program can save you time and money by delivering maintenance medications directly to your home. Learn more on the next page.



### SPECIALTY PHARMACY

Our specialty pharmacy can help you manage your chronic conditions and specialty therapies. Learn more about these benefits on the next page.

### Access Your Account.



Visit [MyBlueKC.com](https://www.MyBlueKC.com)



or download the **MyBlueKC mobile app** to find your Prescription Drug List (PDL) which lists the prescriptions covered by your plan.

**NOTE:** The app makes it even easier to always have access to your member ID card, which includes your pharmacy information.



## Getting Started

### Log into your pharmacy benefits account by following these easy steps:

1. Log into [MyBlueKC.com](https://mybluekc.com).
2. Click **Plan Benefits** on the left and then select **Pharmacy**.
3. From that screen click the **View Your Pharmacy Benefits** button to be redirected to our PBM's site.
4. Once you're redirected to our PBM's homepage, **you can enroll in home delivery, find a network pharmacy, check medication coverage** and much more.

Use the same credentials that you use on [MyBlueKC.com](https://mybluekc.com) to access the MyBlueKC mobile app. Find Pharmacy Benefits on the app under Plan Benefits & Coverage Information.

### Home Delivery

Follow the instructions above to enroll in our home delivery program and have a three-month supply of maintenance medication (those you take regularly) delivered directly to your home. Here's what else this program can offer:

- **Cost Savings** – You may pay less for your medication with a three-month supply through home delivery.
- **Convenience** – Get free standard shipping on medications delivered to your mailbox.
- **24/7 Access and Reminders** – Speak to a pharmacist who can answer your questions any time, any day.

### Specialty Pharmacy

Specialty medications can be important to maintaining or improving your health and quality of life. If you take a specialty medication, our specialty pharmacy can help by providing resources and personalized, therapy-specific support. Here are just a few of the support services available to you:

- Access to your medications at the lowest cost.
- 24/7 access to personalized patient care from knowledgeable pharmacists and nurses who specialize in your condition.
- Proactive refill reminders with timely delivery and shipping in confidential packaging.

### PHARMACY HELP

#### General Questions or Assistance

Call Pharmacy Customer Service at the number listed on your member ID card, Monday through Friday, from 8 a.m. to 5 p.m. Central Time with any questions.

**Pharmacy Benefit Manager's customer service team** is available to answer your questions after hours.



**Home Delivery Assistance**  
**1-844-579-7774**

**Specialty Medication Assistance**  
**1-855-427-4682**

## Use Rx Savings Solutions To Save On Prescriptions

### Yes, there's something you can do about prescription costs.

Rx Savings Solutions is a secure, online tool that helps you find ways to save money on your prescription drugs. Your health plan offers this service free of charge to all members and their dependents enrolled in medical benefits.

#### This is how it should be...



##### Selection

Discover all the options available to treat your condition and compare them to your current prescription(s).



##### Price

Know exactly what a medication costs, if your plan covers it, and the impact on your deductible.



##### Convenience

Never miss a savings opportunity, even in the doctor's office, and request a lower-cost prescription in just a few clicks.



##### Assistance

If you have a savings opportunity, the experienced Rx Savings staff can work directly with your doctor to help you make safe changes and start saving quickly!

#### This is how you can save...



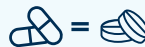
##### Same Drug, Different Form

Believe it or not, a capsule might cost more than a tablet or liquid form - or vice versa. You never know, but now you will.



##### Different Drug, Same Treatment

There is usually more than one medication available to treat a medical condition. We show you all of them, along with their costs.



##### Same Ingredients, Different Pills

If a drug has two active ingredients, the price can skyrocket! Take the active ingredients separately at the same time for the same treatment at a lower cost.



##### Same Active Ingredient, Lower Price

If a generic is available, we'll find it. If there is more than one option, you'll know exactly what each one costs.

# PHARMACY



## Start saving with Rx Savings Solutions.

- Log into [MyBlueKC.com](https://mybluekc.com), select **Plan Benefits**, then **Pharmacy**. Select **Spend Less on Prescription Drugs** (or use the quick link: [myrxss.com/BlueKC](https://myrxss.com/BlueKC)).
- For eligible members, **Rx Savings Solutions** is integrated with our **Find Care** tool. Go to **Browse by Category** and select **Medication Finder**.
- See your current savings opportunities or search any medication for savings. You can also view your prescription history and share with your doctors.
- If you have a savings opportunity, talk to your doctor or pharmacist to discuss your options.

OR

- Rx Savings Solutions' experienced pharmacists can work directly with your doctor or pharmacist to make safe changes that save you money. For assistance, please contact the Rx Savings Solutions' Pharmacy Support team at 1-800-268-4476.
- Receive notifications when new savings opportunities are available.

## START SAVING!



Visit [MyBlueKC.com](https://mybluekc.com)

to log in and access your pharmacy benefits and Rx Savings Solutions (or use quick link: [myrxss.com/BlueKC](https://myrxss.com/BlueKC)). If you have a savings opportunity, Rx Savings Solutions can help make changes with your doctor.



# Dental



Maintaining good dental health by getting regular checkups may prevent you from have major expenses later. The dental plan covers routine checkups – and just about any other type of dental work you might need. Eligible dependents may also participate. Eligible dependents include your legal spouse and/or dependent child(ren) under the age 26.

	In Network	Out of Network
Annual maximum benefit	\$1,000	\$1,000
Deductible For B & C services (below)	\$50 / \$150 (Family)	\$50 / \$150 (Family)
Dependent age limit	26	26
<b>Preventative Dental Services</b>	100%	100%
<b>Basic Dental Services</b>	100% or 80% (network)	80%
<b>Major Dental Services</b>	60%	50%

Rates per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$32.18	\$65.80	\$65.28	\$104.91

# Vision



An annual vision exam allows an eye doctor to identify vision problems, as well as other health conditions, such as diabetic eye disease, high blood pressure and high cholesterol. Eligible dependents, spouse and/or child(ren) under age 26, may participate.

Routine exams (every 12 months)	Comprehensive exam covered in full after \$10 Copay
Frames (every 24 months)	\$130 Allowance 20% savings on balance over allowance
Lenses and Contacts- Single vision, lined bifocal, lined trifocal, lenticular	\$25 Copay
Contacts (every 12 months)	\$130 Allowance 15% savings on balance over allowance \$25 Copay with \$250 Allowance for medically necessary contacts

Rates per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$6.94	\$13.02	\$14.76	\$21.52

# Life and AD&D



## Basic Life/AD&D

Coverage is provided by your employer at no cost.

Benefit amount	\$25,000
Benefit Reduction Schedule	Benefits reduce by: <ul style="list-style-type: none"><li>• Benefit reduced to 35% at Age 65</li><li>• Benefit reduced an additional 15% at Age 70</li></ul>



## Voluntary Life/AD&D

You also have the option of purchasing additional life insurance for yourself, your spouse and child(ren). Please see Employee Navigator for rates. Please see Employee Navigator for rates.

Insurance Schedules	Increments	Maximum Amount	Guaranteed Issue
Employee	\$10,000	\$300,000	\$100,000
Spouse	\$10,000	Up to 100% of Employee Benefit or \$100,000	\$25,000
Child(ren)	\$10,000	\$10,000	\$10,000

### Benefit Reduction Schedule

- Benefit reduced to 35% at Age 65
- Benefit reduced an additional 15% at Age 70

## Online process

Following the online EOI process is easy! If Principal has the employee's email, follow the 3-step process below.

- 1** | Employee receives an email from Principal with instructions to complete their EOI online and a link to log in. They can create an account if they don't already have one.
- 2** | Employee completes required information online. After submitting, they either receive auto approval or notification that we need further health information. If more information is needed, employee receives a letter with details.
- 3** | Once a decision is made, you receive a letter. If the coverage is approved, it includes the effective date. If the coverage is declined, the employee also receives a letter which includes the reason.

**If we don't have the employee's email, you can quickly initiate the process.** You'll receive an email stating we need an employee to complete EOI. Log in to principal.com and go to the Evidence of Insurability page under the Group tab. After clicking "Start EOI" next to the employee's name, enter the employee's email address and select "Online". Note: Choosing "Paper" during this step is not preferred—it will stop the online EOI process.

## Plan Highlights

### Voluntary Group Short Term Disability Insurance



#### Stewartsville C-2 School District

#### COVERAGE

Disability income protection insurance provides a benefit for short term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

#### ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week and earning a minimum salary of \$15,000 per year, except any person working on a temporary or seasonal basis.

#### BENEFIT AMOUNT

You may elect a weekly benefit equal to 60% of your covered earnings, up to a maximum benefit of \$1,000 per week.

#### DAY BENEFITS BEGIN

Injury (accident): Benefits begin on the 1st consecutive day of disability.

Sickness (illness): Benefits begin on the 8th consecutive day of disability.

#### MAXIMUM BENEFIT DURATION

Benefits for one period of disability will be paid up to a maximum of 13 weeks.

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

#### RATES

See attached Rate Sheet

#### FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial disability benefit included
- ▶ Zero Day Residual: You can accumulate time toward the elimination period even while partially disabled

#### LIMITATIONS

- ▶ Pre-Existing Condition Limitation - A pre-existing condition is any sickness or injury, whether specifically diagnosed or not, for which you received medical treatment, consultation, care, or services, including diagnostic procedures, or for which you took prescription drugs or medicines during the look back period (**3 months**) before the individual effective date of coverage (or the effective date of an increase in coverage). Benefits (or an increased benefit) would not be payable due to a pre-existing condition unless the Total Disability occurs after (**12 months**) from the effective date of coverage (or effective date of an increase).
- ▶ Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

#### EXCLUSIONS

Benefits will not be payable for any disability caused or contributed by: an intentionally self-inflicted Injury; an act of war (declared or undeclared); an Injury or Sickness that occurs while confined in any penal or correctional institution; while confined in any penal or correctional institution; committing a felony; caused or contributed to by any of the following: cosmetic surgery or treatment primarily to change appearance; or in vitro fertilization; or embryo transfer procedures; or artificial insemination; or reversal of sterilization; or liposuction; or radial keratotomy.

For a comprehensive list of exclusions and limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.

## Premium Worksheet

### Voluntary Group Short Term Disability Insurance



#### Stewartsville C-2 School District

**Scheduled Benefit:** Eligible employee may elect 60% of their weekly earnings, up to \$1,000 per week benefit maximum.

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your **Weekly Earnings**, not to exceed **\$1,667**. 1. \$ \_\_\_\_\_
2. **Multiply** the amount on Line 1 by **0.60**. 2. \$ \_\_\_\_\_
3. Find your rate from the age table displayed. 3. \$ \_\_\_\_\_
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3. 4. \$ \_\_\_\_\_
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your **monthly payroll deduction**. 5. \$ \_\_\_\_\_

Age	Rate per \$10 benefit
18-24	\$0.468
25-29	\$0.468
30-34	\$0.477
35-39	\$0.477
40-44	\$0.494
45-49	\$0.587
50-54	\$0.724
55-59	\$0.885
60-64	\$0.936
65-69	\$1.047
70+	\$1.047

**Example Calculation: Jane Smith is age 35.**

1. Enter your **Weekly Earnings**, not to exceed **\$1,667**. 1. \$ 400
2. **Multiply** the amount on Line 1 by **0.60**. 2. \$ 240 (maximum weekly benefit)
3. Find your rate from the age table displayed. 3. \$ 0.477
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3. 4. \$ 114.48
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your **monthly payroll deduction**. 5. \$ 11.45 (monthly payroll deduction)



## Plan Highlights

### Voluntary Group Long Term Disability Insurance



#### Stewartsville C-2 School District

##### COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

##### ELIGIBILITY

All Active Full-Time Employee working 30 hours or more per week and earning at least \$15,000 annually, except any person working on a temporary or seasonal basis.

##### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

##### ELIMINATION PERIOD

90 consecutive days of total disability.

##### BENEFIT AMOUNT

You may elect a monthly benefit equal to 60% of your covered earnings, up to a maximum benefit of \$5,000 per month.

##### MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement	Duration of Benefits
61 or less	To Age 65
62	3 1/2 Years
63	3 Years
64	2 1/2 Years
65	2 Years
66	1 3/4 Years
67	1 1/2 Years
68	1 1/4 Years
69 or more	1 Year

##### RATES

See attached Rate Sheet

##### FEATURES

- ▶ Military Services Leave of Absence
- ▶ Own Occupation Coverage – 24 months
- ▶ Rehabilitation Provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
  - \*This policy includes a limitation benefit schedule for disbursement
- ▶ Survivor Benefit – 3 months
- ▶ Work Incentive & Child Care Provisions
- ▶ Worksite Modification Benefit

##### VALUE-ADDED SERVICES

- ▶ Travel Assistance Services

##### LIMITATIONS

- ▶ Mental/Nervous Illness Limitation – 24 months outpatient
- ▶ Substance Abuse Limitation – 24 months
- ▶ Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans
- ▶ Pre-Existing Condition Limitation – 3/12

##### EXCLUSIONS

Benefits will not be payable for any disability caused or contributed to by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; or for injury or sickness occurring while confined in any penal or correctional institution. Exclusions and Limitations may vary from state to state. For a comprehensive list of exclusions and specific limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits. This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.

## Voluntary Group Long Term Disability Insurance



### Stewartsville C-2 School District

**Scheduled Benefit:** Eligible employee may elect 60% of their monthly earnings, up to \$5,000 per month benefit maximum.

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your **Annual Earnings**. 1. \$ \_\_\_\_\_
2. **Divide** your annual earnings by 12 (monthly earnings).  
Average monthly income cannot exceed **\$8,333**. 2. \$ \_\_\_\_\_
3. Find your rate from the age table displayed. 3. \$ \_\_\_\_\_
4. **Multiply** the amount on Line 2 by the appropriate rate  
for your age entered on Line 3. 4. \$ \_\_\_\_\_
5. **Divide** the amount on Line 4 by 100 and enter the  
amount on Line 5 to get your **monthly payroll deduction**. 5. \$ \_\_\_\_\_

Age	Rate per \$100 of covered payroll
18-24	\$0.080
25-29	\$0.210
30-34	\$0.220
35-39	\$0.360
40-44	\$0.620
45-49	\$0.810
50-54	\$1.130
55-59	\$1.290
60-64	\$1.000
65-69	\$0.380
70+	\$0.380

**Example Calculation: Jane Smith is age 35.**

1. Enter your **Annual Earnings**. 1. \$ 50,000
2. **Divide** your annual earnings by 12 (monthly earnings).  
Average monthly income cannot exceed **\$8,333**. 2. \$ 4,167 (monthly earnings)
3. Find your rate from the age table displayed. 3. \$ 0.360
4. **Multiply** the amount on Line 2 by the appropriate rate for  
your age entered on Line 3. 4. \$ 1,500.12
5. **Divide** the amount on Line 4 by 100 and enter the  
amount on Line 5 to get your **monthly payroll deduction**. 5. \$ 15.00 (monthly payroll deduction)

## Plan Highlights

# Voluntary Hospital Indemnity Insurance



## Stewartsville C-2 School District

### COVERAGE

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

### ELIGIBILITY

All Active Benefit Eligible Employees, except for any person working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner. Spouse must be under age 70 at date of application.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

### FEATURES

- ▶ Guaranteed issue; no medical questions
- ▶ No pre-existing conditions exclusions
- ▶ Mental & Nervous and Substance Abuse treated same as any other hospital admission
- ▶ No deductibles
- ▶ Eligible for continuation of coverage
- ▶ HIPAA privacy compliant
- ▶ Overlying Major Medical Plan NOT Required\*
- ▶ Coverage Offered on a Voluntary Basis

\*Overlying major medical plan is required for all California residents.

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

### BENEFITS

#### Hospital Room & Board / Nursery Benefits

Room & Board Benefit per Day (10 Daily Benefits per Coverage Year)*	\$100
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#### Hospital Critical Care Unit Benefits

Critical Care Unit Benefits per Day (10 Daily Benefits per Coverage Year)	\$200
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#### Hospital Admission / Nursery Admission Benefit

One Daily Benefit per Coverage Year	\$1,000
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#### Non-Insurance Services

On-Call Travel Assistance	Included
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*\*In no event will the Daily Benefits exceed 10 daily benefits per Coverage Year.*

### MONTHLY PREMIUM

Employee Only	\$24.30
Employee + Spouse	\$42.90
Employee + Children	\$33.61
Employee + Family	\$51.41

## EXCLUSIONS

Benefits will not be paid for any loss caused by: suicide; war; assault/felony; dental care except hospitalizations for the care of sound, natural teeth and gums required on account of accidental injury that happens while covered, and that occur within 6 months of the accident; hospitalizations that occur while outside the United States of America; or care or treatment rendered in connection with cosmetic surgery, except hospitalizations for cosmetic surgery needed for breast reconstruction following a mastectomy or for an accident that happens while covered. The cosmetic surgery needed for an accidental injury must be performed within 90 days of the accident. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits. This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage

# Protect Your Savings from Life's Unexpected Moments

Because medical insurance doesn't cover everything

Health care costs are on the rise. Even with medical insurance, you're often still responsible for both medical and non-medical expenses related to your recovery from a serious illness. The cost you pay for co-pays and deductibles, as well as other expenses such as child care, transportation to the doctor and loss of income when you are unable to work, could really set you back financially. Are you prepared to manage these expenses if you or a family member were diagnosed with a serious illness?

## Helps protect your savings

- Guardian® Critical Illness Insurance complements your medical plan — no matter what type of coverage you have.
- The plan pays you cash benefits based on each eligible diagnosis such as a heart attack, stroke or cancer.
- Also pays a benefit for covered illnesses, as well as offering benefits for a recurring condition.\*
- Cash benefits are paid directly to you, so you decide how to use them.

## Here's an example of how Critical Illness Insurance works\*\*

Bob suffers a heart attack and receives a cash payment of \$15,000 from his Critical Illness plan. Four years later he has a stroke and receives an additional payment of \$15,000 from his plan. During both of these illnesses, his plan provided the financial support to cover a variety of expenses, such as his mortgage and car payments, while he recovered.

Condition	Formula	Benefit
Heart Attack	100% of covered benefit X \$15,000	\$15,000
Stroke	100% of covered benefit X \$15,000	\$15,000

**Total cash benefit paid: \$30,000**

## Critical Illness Insurance with Guardian is easy

- Convenient payroll deduction
- Take the coverage with you if you change jobs or retire
- Protects your savings when the unexpected occurs



**A serious illness may impact you and your family.**

- Every 40 seconds, an American will suffer a heart attack or stroke.<sup>1</sup>
- Medical issues account for approximately 65.5% of personal bankruptcies in the US.<sup>2</sup>
- Average out-of-pocket expenses for a cancer diagnosis can be up to \$6,500 per year.<sup>3</sup>

**Learn more about Critical Illness Insurance at [guardianlife.com](https://guardianlife.com)**

The Guardian Life Insurance  
Company of America  
New York, NY

[guardianlife.com](https://guardianlife.com)

2018-58025 (04-20)

\*See your plan for additional details. \*\*For illustrative purposes only. 1. Heart Disease and Stroke Statistics At-a-Glance, American Heart Association, 2017. 2. Konish, Lorie, "This is the real reason most Americans file for bankruptcy," <https://www.cnn.com/2019/02/11/this-is-the-real-reason-most-americans-file-for-bankruptcy.html>. 3. Johns Hopkins University, HUB at Work, Serious Illness can come with serious costs, <https://hub.jhu.edu/at-work/2017/09/27/know-your-benefits-critical-illness/>. Guardian's Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America. ©Copyright 2019 The Guardian Life Insurance Company of America. Policy Form No. GP-1-CI-14; GP-1-LAH-12R.



Critical Illness Insurance						
	Monthly Rates					
Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
Employee						
\$15,000 in coverage	\$13.95	\$19.05	\$35.70	\$67.05	\$113.10	\$192.45
\$10,00 in coverage	\$9.30	\$12.70	\$23.80	\$44.70	\$75.40	\$128.30
\$5,000 in coverage	\$4.65	\$6.35	\$11.90	\$22.35	\$37.70	\$64.15
Spouse						
\$7,500 in coverage	\$6.98	\$9.53	\$17.85	\$33.53	\$56.55	\$96.23
\$5,000 in coverage	\$4.65	\$6.35	\$11.90	\$22.35	\$37.70	\$64.15
\$2,500 in coverage	\$2.33	\$3.18	\$5.95	\$11.18	\$18.85	\$32.08
Child (Childbirth to 26 years)						
\$7,500 - Child cost included with Employee election						
Guaranteed issue Underwriting			Employee: \$15,000, Spouse: \$7,500, Child: \$7,500			
Pre-Existing Condition Limitation			None			
Covered Conditions*						
			First Occurrence	Second Occurrence		
Invasive Cancer			100%	100%		
Carcinoma In Situ			30%	0%		
Benign Brain Tumor			75%	0%		
Skin Cancer			\$250 per lifetime	0%		
Heart Attack			100%	100%		
Stroke			100%	100%		
Heart Failure			100%	100%		
Arteriosclerosis			30%	0%		
Organ Failure & Kidney Failure			100%	100%		
Addison's Disease, Huntington's Disease, Multiple Sclerosis			30%	0%		
ALS (Lou Gehrig's Disease) & Parkinson's Disease			100%	0%		
Alzheimer's			50%	0%		
Coma			100%	0%		
Loss of Hearing, Sight or Speech			100%	0%		
Permanent Paralysis		50% for 1 limb; 100% for 2 limbs			0%	
Severe Burns			100%	0%		
Childhood Conditions: Cerebral Palsy, Cleft Lip/Palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida & Type 1 Diabetes			100%	0%		
Hospital Admission Benefit		Provides \$150 per day for each day employee is hospitalized for a condition other than the critical illnesses listed above. 10 day per year limit after a 2-day elimination period.				

\*The services, exclusions, and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. Coverage terms may vary by state and employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.

Summary Of Plan Limitations And Exclusions For Critical Illness: The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. There are limitations & special requirements for each condition. See the certificate of coverage or contact your sales representative for full details. • We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. • We will not pay benefits for a second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor. • We do not pay for a third or later occurrence of a critical illness. • First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance. • A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. • If the plan is new (not transferred): During the exclusion period, this critical illness plan does not pay charges relating to a preexisting condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply. • We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces), committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane, or insane. • In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian. • Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period. • Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting. • This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

## MEMBERSHIP BENEFITS COMPARISON

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members' \$0 in out-of-pocket costs for emergency transport.

	EMERGENT PLUS MEMBERSHIP	PLATINUM MEMBERSHIP
Emergent Air Transportation	●	●
Emergent Ground Transportation	●	●
Non-Emergency Inter-Facility Transportation	●	●
Repatriation/ Recuperation	●	●
Escort Transportation		●
Visitor Transportation		●
Return Transportation		●
Mortal Remains Transportation		●
Minor Return		●
Organ Retrieval/ Organ Recipient Transportation		●
Vehicle Return		●
Pet Return		●
Worldwide Coverage		●
	<b>\$14 /MONTH</b>	<b>\$39 /MONTH</b>

The information provided in this product sheet is for informational purposes only. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms and conditions please refer to the applicable member service agreement for your territory. MASA MTS products and services are not available where prohibited. For Florida residents, Medical Air Services Association of Florida, Inc. is doing business as MASA MTS and is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 operating in Florida at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation.

## How to use your benefits

MASA provides emergency transport claim coverage or transport coordination services, depending on your plan.

### After-emergency claims include:

- ✓ Emergency Ground Ambulance Coverage
- ✓ Hospital to Hospital Ground Ambulance Coverage
- ✓ Emergency Air Ambulance Coverage
- ✓ Hospital to Rehab, Skilled Nursing, Long Term Care, or Home Coverage

### How to file a claim with MASA

**Filing a claim is easy! Simply submit your claim via the MASA member portal, email, fax, or regular mail.**

**Online:** <https://masamts.com/member>  
**Email:** [ambulanceclaims@masaglobal.com](mailto:ambulanceclaims@masaglobal.com)  
**Fax:** 877-681-2399

**Mail:** MASA Global / **ATTN:** Claims  
1250 S. Pine Island Road, Suite 500  
Plantation, FL 33324

**Include:** Writing your MASA membership number on the bill or in the email if not using the portal.

**A full claim will need the following, which a MASA claims specialist will help acquire:**

- Invoice/Health Insurance Claim Form (HICFA)
- Run/trip notes
- Explanation of Benefits (EOB)
- W-9

*Note: you must file a claim within 180 days of transport.*

You can check the status of your claim online at <https://masamts.com/member>, on the MASA app, or by phone at 954-334-1901.

### Transport coordination services include:

- ✓ Repatriation Near Home Coverage
- ✓ Pandemic Quarantine Expense Protection
- ✓ Minor Return Transportation Coverage
- ✓ Pet Return Transportation Coverage
- ✓ Companion Transportation Coverage
- ✓ Patient Return Transportation Coverage
- ✓ Hospital Visitor Transportation Coverage
- ✓ Vehicle & RV Return Coverage
- ✓ Organ Retrieval & Organ Recipient Transportation Coverage
- ✓ Mortal Remains Transportation Coverage

### How to use MASA transport coordination services

The Transport Team is available 24/7/365 to coordinate the necessary services. If your plan includes transport coordination services, call the MASA Transport Team at 800-643-9023 for assistance.

#### **Still have questions about MASA claims or services?**

Reach out to the Claims Team at 954-334-1901 or Member Services at 877-503-0585.

# Plan Features and Rates\*

Our Legal Plan Plus Credit Monitoring provides full coverage for the most common personal legal matters, as well as Triple Bureau Credit Monitoring, with no additional out-of-pocket cost to employees when using a network attorney for a covered matter.

<b>Money Matters</b>	<ul style="list-style-type: none"> <li>• Debt Collection Defense</li> <li>• Financial Education Workshops<sup>1</sup></li> <li>• Identity Management Services<sup>2</sup></li> <li>• Identity Theft Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Negotiations with Creditors</li> <li>• Personal Bankruptcy</li> <li>• Promissory Notes</li> <li>• Tax Audit Representation</li> </ul>	<ul style="list-style-type: none"> <li>• Tax Collection Defense</li> <li>• Triple Bureau Credit Monitoring<sup>2</sup></li> </ul>
<b>Home &amp; Real Estate</b>	<ul style="list-style-type: none"> <li>• Boundary &amp; Title Disputes</li> <li>• Deeds</li> <li>• Eviction Defense</li> <li>• Foreclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Mortgages</li> <li>• Property Tax Assessments</li> <li>• Refinancing &amp; Home Equity Loan</li> <li>• Sale or Purchase of Home</li> </ul>	<ul style="list-style-type: none"> <li>• Security Deposit Assistance</li> <li>• Tenant Negotiations</li> <li>• Zoning Applications</li> </ul>
<b>Estate Planning</b>	<ul style="list-style-type: none"> <li>• Codicils</li> <li>• Complex Wills</li> <li>• Healthcare Proxies</li> </ul>	<ul style="list-style-type: none"> <li>• Living Wills</li> <li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>• Revocable &amp; Irrevocable Trusts</li> <li>• Simple Wills</li> </ul>
<b>Family &amp; Personal</b>	<ul style="list-style-type: none"> <li>• Adoption</li> <li>• Affidavits</li> <li>• Conservatorship</li> <li>• Demand Letters</li> <li>• Garnishment Defense</li> <li>• Guardianship</li> </ul>	<ul style="list-style-type: none"> <li>• Immigration Assistance</li> <li>• Juvenile Court Defense, Including Criminal Matters</li> <li>• Name Change</li> <li>• Parental Responsibility Matters</li> <li>• Personal Properties Issues</li> </ul>	<ul style="list-style-type: none"> <li>• Prenuptial Agreement</li> <li>• Protection from Domestic Violence</li> <li>• Review of ANY Personal Legal Document</li> <li>• School Hearings</li> </ul>
<b>Civil Lawsuits</b>	<ul style="list-style-type: none"> <li>• Administrative Hearings</li> <li>• Civil Litigation Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Disputes Over Consumer Goods &amp; Services</li> <li>• Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Pet Liabilities</li> <li>• Small Claims Assistance</li> </ul>
<b>Elder-care Issues</b>	Consultation & Document Review for Issues Related to Your Parents: <ul style="list-style-type: none"> <li>• Deeds</li> <li>• Leases</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Medicare</li> <li>• Notes</li> <li>• Nursing Home Agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Powers of Attorney</li> <li>• Prescription Plans</li> <li>• Wills</li> </ul>
<b>Vehicle &amp; Driving</b>	<ul style="list-style-type: none"> <li>• Defense of Traffic Tickets<sup>3</sup></li> <li>• Driving Privileges Restoration</li> </ul>	<ul style="list-style-type: none"> <li>• License Suspension Due to DUI</li> </ul>	<ul style="list-style-type: none"> <li>• Repossession</li> </ul>

\*Exclusions apply. Please see page 13 for more details.

**Rate:<sup>4</sup> Cost per employee per month (Covers spouse and dependents)**

**\$22.50**

**Additional Features:** Telephone advice and office consultations on an unlimited number of personal legal matters. Trials for covered matters are covered from beginning to end, regardless of length, when using a Network Attorney. For non-covered matters that are not otherwise excluded, this benefit provides four hours of network attorney time and services per plan year.<sup>5</sup> Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.

**Reduced Fees:** For personal injury, probate & estate administration matters, provided by Network Attorneys.

**E-services:** Attorney locator; Law Firm E-Panel<sup>®</sup>; Self-Help Documents.

**As a part of our standard plan, we also offer:**

**Rate guarantees:** For all size groups, we offer up to three years.

**Usage reports:** Usage reports, and analysis and evaluation of the reports.

**Portability:** Offers additional ease of use and flexibility for employees.

## Add-on Coverages Available:

The coverages listed above are what we've found to be the most commonly needed legal services. We can also add on, for an additional cost, other coverages depending on your employees' needs.<sup>6</sup>

Some of those coverages include:

- *Custody (8 hours)*
- *Divorce (20 hours)*
- *Enforcement/Modification of Support Orders*
- *Misdemeanor Defense*
- *Reproductive Assistance Law*

1. MetLife administers PlanSmart's Retirewise program, but has arranged for specially-trained third party financial professionals to offer financial education and, upon request, provide personal guidance to employees and former employees of companies providing PlanSmart's Retirewise through MetLife.

2. These benefits provide the Participant with access to LifeStages Identity Management Services and FraudScout Triple Bureau Credit Monitoring, provided by CyberScout, LLC. CyberScout is not a corporate affiliate of MetLife Legal Plans.

3. Does not cover DUI.

4. Rate is standard and subject to change.

5. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.

6. Plans can be customized for groups over 3,000 benefit eligible employees. Speak with your MetLife representative for more information.

# ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

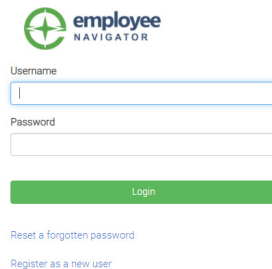
## STEP 1. LOG IN

Go to <https://www.employeenavigator.com/benefits>

**Returning Users:** Log in with the username and password you created.

**New Users:** Click on the Registration Link in the email sent to you from your administrator or Register As New User. Create an account and your own username and password. You will be asked to provide:

- First and last name
- PIN (last four digits of SSN)
- DOB (mm/dd/yyyy)

The image shows the Employee Navigator login interface. It features the 'employee NAVIGATOR' logo at the top. Below the logo are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

**COMPANY IDENTIFIER:** **Stewartsville**

## STEP 2. BEGIN ENROLLMENT PROCESS

After you login, click **Let's Begin** to complete your required tasks. Once you've completed any assigned onboarding tasks click **Start Enrollment** to begin your enrollment.

## STEP 3. UPDATE PERSONAL INFO

After clicking **Start Enrollment**, you'll need to provide some personal and dependent information before moving to your benefit elections. To enroll a dependent in coverage you will need their DOB and SSN.

## STEP 4. ELECT YOUR BENEFITS

You can now choose to either select or waive each of your benefits. To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?** You must click **Save & Continue** at the bottom of each screen to save your elections.

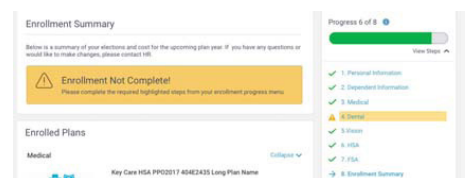
## STEP 5. ADDITIONAL FORMS

If you have elected benefits that require a beneficiary or primary care physician designation, or completion of an Evidence of Insurability form, you will be prompted to add those details.

## STEP 6. REVIEW AND CONFIRM ELECTIONS

Review the summary of your selected benefits. Click **Sign & Agree** if everything

looks correct to complete your enrollment. You may login and view your online summary at any point during the year.

The image is a screenshot of the 'Enrollment Summary' page. It shows a progress bar at the top indicating 'Progress 5 of 8'. Below the progress bar, there is a list of steps: 1. Personal Information, 2. Dependent Information, 3. Medical, 4. Dental, 5. Vision, 6. Life, 7. FSA, and 8. Enrollment Summary. The 'Medical' step is currently selected and highlighted in yellow. Below the list, there is a section titled 'Enrolled Plans' which shows 'Medical' and 'Key Care HSA PPO0217-4542435 Long Plan Name'. At the bottom, there is a 'Collapse' button.

**Scan me for  
Employee Navigator  
access at your  
fingertips!**



For help contact:  
[enrollmentsupport@bukaty.com](mailto:enrollmentsupport@bukaty.com)  
913.345.0440