



Mid-Missouri Educational Benefit Group
Employee Benefits Plan

July 1, 2023, to June 30, 2024

School: Southern Boone R-1

Important Contacts at Sundvold Financial

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Rules & Guidelines

Deductible

Medical deductible runs from July 1st to June 30th of each fiscal year; Dental Deductible & Vision benefits run Jan 1- Dec 31.

Enrollment/Termination Periods

- New Hire – first of the month following date of hire
- Timely Enrollment - Enrollment forms must be completed, signed and returned to your employer within 30 days of your effective date of coverage.
- Special Enrollment/Qualifying Event - If you or your dependents experience a life event during the year such as marriage, birth, adoption or involuntary loss of coverage (spouse changing jobs, reaching dependent age limit on parents plan, divorce, etc), **you have 30 days from the life event date to enroll in benefits.** Date of coverage due to a special enrollment/qualifying event will begin on the date of the event. **Enrollment forms must be on [Employee Navigator](#) within 30 days of the life event.** If the enrollment is submitted late, the enrollment change will be effective at the next renewal date.
- End of Coverage Dates – medical, dental, vision and life insurance terminate end of the month in which you are no longer benefit eligible.
- Annual Open Enrollment Period – The annual open enrollment period is the 30 days prior to your group’s renewal date.

Eligible Employees & Dependents

An eligible employee is one who works an average of 30 hours or more per week defined by your employer and the affordable care act after satisfying any new hire waiting period, as specified above. An eligible dependent would include your legally married spouse, domestic partner, dependent children of you or your spouse or dependent children for which you or your spouse have legal guardianship of. Dependent age limit is to end of the year in which they turn 26.

Coordination of Benefits – insured under more than one insurance plan

If you, your spouse and/or your children will be electing medical coverage AND will be enrolled by another insurance plan (spouse’s employers plan, individual plan, Medicaid, Medicare due to age, Medicare due to disability, Tri-Care, VA Benefits, etc), **it is your responsibility to notify both insurance plans about the other coverage to determine appropriate coordination of benefits.** Each plan has certain coordination of benefits rules it must follow. If you have questions about who pays primary and who pays secondary per family member, please review the plan documents or by contacting member services (number on the back of your ID cards). If your other enrollment is Medicaid, please contact your local Social Security office with questions. If the other enrollment is Medicare, please review “Which insurance pays first” on www.medicare.gov. If your other coverage changes at any time, it is your responsibility to notify both plans of this change.

Section 125/Premium Only Plan

Premiums for medical, dental, vision, HAS, Critical Illness, Accident and Hospital Indemnity will be deducted from your payroll on a pre-tax basis unless you request otherwise. Because of this tax savings, you can only make changes to your benefits mid-year with a Special Enrollment/Qualifying Event. Other changes are only allowed at open enrollment each year. Premiums for voluntary life and short term disability will be deducted on a post-tax basis to avoid you paying taxes on the benefit.

IMPORTANT

It is very important to keep your employer informed of any changes in address or other personal information for you and/or your dependents including beneficiaries for life insurance.

This is only intended to be a brief summary of benefits. If this summary differs from the Certificate of Coverage, the Certificate shall prevail.

MEDICAL: Anthem BCBS

Employees have the option to enroll in one of the four medical plans listed below. Whichever plan you choose, you will be enrolled in that plan for the full plan year. You will not be able to change plans mid-year.

Amounts reflected below are the member's portion of deductibles, copays, coinsurance, etc.

	Option 1	Option 2	Option 3	Option 4
	Traditional PPO	High Deductible Health Plans (HDHP)		
	PPO 1000	HSA 2000 (HDHP/HSA)	HSA 3000 (HDHP/HSA)	HSA 4000 (HDHP/HSA)
NETWORK (www.anthem.com):				
For BLUE PREFERRED SELECT plans:				
<ul style="list-style-type: none"> When in or around Columbia/St. Louis area: search Blue Preferred Select to receive in network benefits If you live or are traveling outside the Columbia/St. Louis area: search National PPO (Blue Card PPO) to receive in network benefits. 				
<i>IMPORTANT: This network DOES NOT include the following hospital systems in MO: BJC Hospital system in STL (Wash U, Children's Hospital, etc); St. Francis Hospital in Cape Girardeau; Mercy Hospital in Springfield/Joplin; or their affiliate providers.</i>				
For BLUE ACCESS plan: when searching for providers, search Blue Access.				
In Network (Individual/Family)				
Deductible	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$5,600	\$4,000/\$8,000
Embedded vs. Non-Embedded Deductible	n/a	Non-Embedded	Embedded	Embedded
Coinsurance	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	0%
Out of Pocket Max	\$6,000/\$12,000	\$5,000/\$8,150	\$5,000/\$8,900	\$6,500/\$13,000
Office Visit	\$30 (Primary) & \$50 (Specialist)	Deductible, then 20%	Deductible	Deductible
Live Health Online	\$0 (Specialist \$50)	Deductible		
Preventive Care	Covered in full, no cost to employee with in-network providers			
Urgent Care	\$75	Deductible, then 20%	Deductible, then 20%	Deductible
ER	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible
Vision Exams (Refractory exam only)	No cost to you (Limited to 1 exam per year from a Blue View Vision Provider) <i>*eye exams with a medical diagnosis are subject to deductible</i>			
Rx Network: Anthem Essential Rx Network (4-Tier)	\$250 calendar year Rx deductible applies to Tier 2, 3, 4 (per person)	HSA plans include PreventiveRx + (Essential) – includes a list of medications that are covered in full (deductible waived, no cost to member)		
Pharmacy Retail Prescription Co-pays: 30 day supply <i>Essentials Drug List 4-tier</i> (www.anthem.com)	Tier 1: \$15 Tier 2: \$40 Tier 3: \$75 Tier 4: 25% to \$300 max	Tier 1: Deductible, then \$15 Tier 2: Deductible, then \$40 Tier 3: Deductible, then \$75 Tier 4: Deductible, then 25% to \$300 max		
Mail Order Prescription Co-pays: 90 day supply Carelon Rx: www.carelonrx.com	Tier 1: \$15 Tier 2: \$40 Tier 3: \$75	Tier 1: Deductible, then \$10 Tier 2: Deductible, then \$100 Tier 3: Deductible, then \$225		
Out of Network (Individual/Family)				
Deductible	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$5,600	\$4,000/\$8,000
Coinsurance	50%	40%	40%	30%
Out of Pocket Max	\$10,000/\$30,000	\$8,000/\$16,000	\$8,000/\$16,000	\$11,000/\$22,000

***Preventive Services:** Preventive care is defined as "care you receive to prevent illnesses or diseases". If you truly want these services applied as your free preventive visit, make sure you keep this visit and other medical care separate. If your provider bills the claim with a diagnosis code because you discussed other current conditions, received medication refills, or other ailments, this may no longer be considered preventive care and charges would apply to deductible/coinsurance.

Medical Prior Authorization/Pre-Certification of services: Before obtaining outpatient or inpatient services including testing, please confirm that your provider has reviewed Anthem's medical policy or submitted a prior authorization of care to confirm the service meets medical necessity to be covered by the plan. Failure to confirm this information could result in denied claims.

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Option 1: Traditional Plan – PPO

Monthly Premium	Full Rate	School District Contribution	Employee Cost
Employee Only	\$676.33	\$676.33	\$0.00
Employee & Spouse	\$1,425.62	\$676.33	\$749.29
Employee & Child(ren)	\$1,287.82	\$676.33	\$611.49
Family	\$1,969.93	\$676.33	\$1,293.60

Option 2: 2000 HSA (Non-Embedded)

Monthly Premium	Full Rate	School District Contribution	Employee Cost
Employee Only	\$612.63	\$612.63	\$0.00
Employee & Spouse	\$1,288.96	\$612.63	\$676.33
Employee & Child(ren)	\$1,166.20	\$612.63	\$553.57
Family	\$1,783.47	\$612.63	\$1,170.84

Option 3: 3000 HSA (Embedded)

Monthly Premium	Full Rate	School District Contribution	Employee Cost
Employee Only	\$612.63	\$612.63	\$0.00
Employee & Spouse	\$1,288.96	\$612.63	\$676.33
Employee & Child(ren)	\$1,166.20	\$612.63	\$553.57
Family	\$1,783.47	\$612.63	\$1,170.84

Option 4: 4000 HSA (Embedded)

Monthly Premium	Full Rate	School District Contribution	Employee Cost
Employee Only	\$573.26	\$573.26	\$0.00
Employee & Spouse	\$1,206.74	\$573.26	\$633.48
Employee & Child(ren)	\$1,090.93	\$573.26	\$517.67
Family	\$1,667.66	\$573.26	\$1,094.40

If you elect HSA 2000, HSA 2800, or HSA 4000, the School District will contribute the following amounts into your HSA account:

	Monthly Contributions from School District	Annual Contributions from School District
HSA 2000 & 3000	\$63.70	\$764.40
HSA 4000	\$103.07	\$1,236.84

****Health Savings Account (HSA)**

- For 2023, you can contribute up to **\$3,850** if you are enrolled as employee only or up to **\$7,750** if enrolled as a family through payroll deductions.
- **If you are 55 year or older you can contribute an extra \$1,000.**
- Annual limits include both employer and employee contributions together.
- Contributions to a Health Savings Account can be used to pay for out-of-pocket medical expenses such as deductibles, prescription co-pays, dental and vision services.
- Contributions are made on a pre-tax basis. Funds roll over from year to year.
- **YOU CAN NOT CONTRIBUTE TO A HSA and FSA in the same calendar year.**

Voluntary Dental (Base Plan without Ortho): Anthem

Base Plan without Orthodontic	In Network	Out of Network	
Calendar Year Deductible (Individual/Family)	\$50/\$150	\$50/\$150	Applies to Basic & Major Procedures only
Calendar Year Max	\$1,000	\$1,000	
Unit 1: Preventive Procedures	100%	100%	Cleaning, Fluoride treatments, Oral Exams, Sealants, X-rays, etc.
Unit 2: Basic Procedures	50%	50%	Fillings, Perio Surgery, Periodontal Maintenance, Simple Extractions, Surgical Extractions, etc.
Unit 3: Major Procedures	50%	50%	Root Canals, Bridges, Dentures, Inlays, Onlays, Crowns, etc.
Unit 4: Orthodontia	n/a	n/a	n/a

Monthly Premium	Employee Cost
Employee Only	\$29.21
Employee & Spouse	\$58.39
Employee & Child(ren)	\$64.25
Family	\$96.38

Voluntary Dental (Buy Up Plan with Ortho): Anthem

Buy Up Plan with Orthodontic	In Network	Out of Network	
Calendar Year Deductible (Individual/Family)	\$50/\$150	\$50/\$150	Applies to Basic & Major Procedures only
Calendar Year Max	\$1,000	\$1,000	Includes Maximum Rollover up to \$2,000
Unit 1: Preventive Procedures	100%	100%	Cleaning, Fluoride treatments, Oral Exams, Sealants, X-rays, etc.
Unit 2: Basic Procedures	80%	80%	Fillings, Perio Surgery, Periodontal Maintenance, Root Canal, Simple Extractions, Surgical Extractions, etc.
Unit 3: Major Procedures	50%	50%	Bridges, Dentures, Inlays, Onlays, Crowns, etc.
Unit 4: Orthodontia	50%	50%	Lifetime max \$1000 per enrolled member

Network (www.anthem.com) Anthem Dental Complete

For any claim you estimate will be more than \$300, it is recommended to do a pre-determination of benefits to get an estimated cost of service prior to the service being performed. Contact your dental provider or Anthem's customer service to request this service.

Monthly Premium	Employee Cost
Employee Only	\$39.97
Employee & Spouse	\$79.96
Employee & Child(ren)	\$88.63
Family	\$133.65

Voluntary Vision: Blue View Vision Network/Anthem

Dependent age limit is the end of the calendar year in which the dependent turns age 26.

Please refer to attached vision benefit summary for details on plan.

Benefit	Frequency	In-Network Member Cost
Vision Exam	Every 12 months	\$10 co-pay
Lenses	Every 12 months	\$20 co-pay for lenses (includes single, lined bifocal, lined trifocal).
Frames	Every 24 months	\$150 allowance for frames of your choice and 20% off the remaining balance.
Elective Contact Lenses	Every 12 months	\$140 allowance for materials. 15% discount off the remaining balance.

Network (www.anthem.com): Blue View Vision Network

Monthly Premium	Employee Cost
Employee Only	\$7.85
Employee & Spouse	\$13.74
Employee & Child(ren)	\$14.92
Family	\$22.77

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BASIC LIFE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D): Guardian

(This benefit is provided to Active Full-Time employees only)

Benefit Amount: **\$25,000**

Please make certain you keep updated beneficiary designations on file.

Benefits will reduce based on the following schedule: by 35% at age 65; 50% at age 70. All based of the original amount. Benefits end at retirement.

VOLUNTARY LIFE and VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D): Guardian

- **Employee benefit:** you can purchase in units of \$20,000 from \$20,000 up to \$300,000.
- **Spouse benefit:** if you elect coverage for yourself, you can purchase up to 50% of your coverage in \$5,000 increments to a max of \$100,000. Spouse's benefit ends at age 70.
- **Child(ren) benefit:** if you elect coverage for yourself, you can purchase \$10,000 for your children. This will cover each of your children for one single premium.
- **AD&D benefit:** can be added for a small premium equal to the benefit amounts elected above for Employee, Spouse and Child(ren). Can not be elected alone.
- **Guarantee Issue* amounts:** Employee \$200,000; Spouse \$50,000; Child(ren) \$10,000.
- Benefits will reduce based on the following schedule: by 35% at age 65; 50% at age 70.
- Premiums will be calculated for you based on your age when you complete your enrollment elections in [Employee Navigator](#).
- Please refer to voluntary life/AD&D benefit summary for details on plan in the Documents library of the portal.

IMPORTANT enrollment information

For New Hires: You can purchase up to the Guarantee Issue amounts for yourself, spouse and child(ren) without answering any medical questions. Anything higher than those amounts, an Evidence of Insurability (EOI) will need to be submitted to determine your eligibility.

During future open enrollment periods, if you are currently enrolled and you have less than \$200,000 for yourself, you can increase your benefit by \$50,000 without any Evidence Of Insurability up to a max benefit of \$200,000.

Any other changes for yourself or any changes for your dependents would require the EOI. EOI's can be submitted online at www.guardiananytime.com/eoi. Benefit submissions for EOI are not guaranteed.

WillPrep Services: *For employees who are enrolled in the voluntary life benefit, Guardian provides a range of different resources that make preparing a will easier. For more information on this service, refer to the handouts available in the Documents library on [Employee Navigator](#).*

Conversion Rights (For Basic Life & Voluntary Life) and Portability Rights (For Voluntary Life only)

If you terminate employment with the Paris School District you can elect to continue the Basic life and/or the Voluntary Life policy by applying for coverage and paying the first month's premium within 30 days of your termination. For details about your continuation rights, contact Anthem at 1-800-676-2583

SHORT TERM DISABILITY (STD): Guardian

The benefit will pay 60% of your pre-disability income up to a \$1,000 max weekly benefit. Benefits will begin on the 15th day due to an accident or illness. You will receive this benefit for up to 13 weeks dependent on your accident or illness. The start of a disability and length of a disability is dependent on information provided from your provider. Pregnancy is considered as any other disability and payable for either 4 or 6 weeks depending on your delivery type.

Pre-existing conditions – any condition you are treated for during the 3 months prior to the effective date of coverage will not be a payable disability claim for the first 12 months on the plan.

Benefit Offset Notice – if you receive any other income while out on disability (such as disability or retirement benefits from any source, sick leave, paid time off, etc), your short term disability benefit payout may be reduced. Please review the attached benefit summary and Guardian policy located at guardiananytime.com if you have any questions.

Monthly Premium will be calculated in Employee Navigator based on age and salary

CRITICAL ILLNESS: Guardian

Benefits help pay in a lump sum on the first and second occurrence of the Critical Illness Conditions listed in the Benefits Summary. Employee can choose a lump sum amount of \$10,000 or \$20,000. Spouses are eligible for a lump sum benefit of 50% of the Employee's Lump Sum Benefit. Children are eligible for a lump sum benefit of 25% of the Employee's lump sum benefit. Child rate is included with employee election.

Guardian will guarantee up to \$20,000 for employee and \$10,000 for spouse (all less than age 70) and all amounts for children. Benefits will reduce by 50% at age 70.
Pre-existing conditions – any condition you are treated for during the 3 months prior to the effective date of coverage will not be a payable disability claim for the first 12 months on the plan.

This policy includes the Annual \$50 Wellness Screening benefit each year for you, spouse and child.

Monthly premium will be calculated in Employee Navigator based on age

ACCIDENT: Guardian

This policy is available to you, your spouse and your children to help cover unexpected accidental situations. Benefit payments can help with medical deductibles and out of pocket expenses such as bills, groceries and childcare. See Benefit Summary for complete listing of benefit payments under "Features". This plan has Guaranteed Acceptance with no pre-existing limitation.

This policy includes both an Accidental Death & Dismemberment (AD&D) benefit and the Annual \$50 Wellness Screening benefit (each year) for you, spouse and child.

Portability Rights —if you terminate employment with the school district, you can elect to continue the Accident policy by applying for coverage and paying the first month's premium within 30 days of your termination.

Monthly Premium	Employee Cost
Employee Only	\$9.88
Employee & Spouse	\$15.56
Employee & Child(ren)	\$15.86
Family	\$21.54

HOSPITAL INDEMNITY: Guardian

Benefits help pay out of pocket expenses related to hospital confinements due to illness or injury. See Benefit Summary for complete listing.

Plan Benefit: \$500 per admission (1 admission per insured/3 admissions per family per benefit year)

Pre-existing conditions – None.

Monthly Premium	Employee Cost
Employee Only	\$11.46
Employee & Spouse	\$19.42
Employee & Child(ren)	\$18.04
Family	\$26.01

Guardian's Employee Assistance Program (EAP)

Available to ALL benefit eligible employees, Guardian provides you with unlimited free telephonic consultations 24/7 for anything you might be dealing with in your personal life, whether it's a major life event or on a day-to-day basis. This service also allows up to 3 free in person visits with a local counselor. Additional details on this program can be found in the Documents library on [Employee Navigator](#).

IMPORTANT ANNUAL COMPLIANCE NOTICES

Medicare Part D Creditable Coverage Notice

Please refer to the notice at the end of this packet if you or your dependent(s) enrolled on this medical plan are currently Medicare eligible or close to Medicare eligibility. This would affect whether or not you would be subject to any penalties if you delayed enrollment in Medicare Part D when you become Medicare eligible.

COBRA General Notice

This plan offers COBRA coverage, which is a temporary extension of coverage under the plan if you or your dependents lose eligibility for various reasons. For list of reasons or to find out more information about COBRA, please refer to the notice at the end of this packet.

Marketplace Notice

The Affordable Care Act (ACA) provides another way to purchase individual insurance through www.healthcare.gov. Because this plan meets certain standards set by the ACA, neither you nor your dependents are eligible to purchase an individual plan through the Marketplace AND receive subsidies. For additional information, please refer to the New Health Insurance Marketplace Coverage Options and Your Health Coverage form at the end of this packet.

Health Savings Account (HSA) Bank Account eligibility

If you are enrolling in a high deductible health plan (HDHP) that is HSA compatible, it is your responsibility to determine if you are eligible open and to fund the HSA Bank Account. HSA accounts are tax free accounts you can fund to pay for out of pocket eligible medical expenses. You as the employee own this account, it is not owned by your employer. Enrollment in another plan that is not a HDHP or enrollment in Medicare, Medicaid, Tri-Care, VA Benefits or in a flexible spending account may limit you from being eligible to fund your HSA account. To determine if you are eligible to fund your HSA account or to learn more about the HSA accounts, you can refer to IRS Publication 969 (www.irs.gov/pub/irs-pdf/p969.pdf). If you determine you are ineligible to fund your HSA account, this would include your money as well as any employer money they may have contributed. For information regarding eligible medical expenses, please refer to IRS Publication 502 (www.irs.gov/pub/irs-pdf/p502.pdf).

Women's Health and Cancer Rights Act

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information on this coverage, contact member services (number on the back of your ID card).

Newborn Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Medicaid and Children's Health Insurance Plan (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance, your employer must permit you to enroll in your employer plan (within 60 days of being determined eligible) if you are not already enrolled.