

# 2016 St. Louis Public Schools Benefits Reference Guide



# St. Louis Public Schools Benefits Overview

Welcome to the St. Louis Public Schools annual enrollment period for Calendar Year 2016. Annual enrollment will begin on **Sunday, October 25, 2015** and end at Midnight, CST on **Saturday, November 7, 2015**. You will be able to make corrections from **Sunday, November 15, 2015** through **Saturday, November 21, 2015**, Midnight, CST. Please use this 2016 enrollment guide, along with your enrollment worksheet, to make changes to medical, dental, vision, supplemental life insurance, and flexible spending accounts benefit options.

We encourage you to review the Enrollment Guide and your personal worksheet to determine your selections for 2016. If you do not make an election, a default enrollment will be made for you as described below.

## What's New for 2016?

- Your benefits will remain the same; however, rates have increased for medical (which includes pharmacy) and dental. Medical rates have increased primarily because the cost of prescription drugs continues to increase nationally.

## What you need to do

- Read the enclosed materials carefully to get answers to your questions.
- Discuss your options with your family. Make sure that you include any individuals who will be affected by your elections in the decision making process.
- Enroll by the deadline, which is Midnight, CST November 7, 2015.** If you decide to change plans or delete/add eligible dependents, refer to the instructions in the Enrollment Guide. All eligible employees should enroll online at <https://portal.adp.com>. If you have questions or do not have access to a computer, call the Benefits Call Center at 1-866-345-SLPS (7577). Customer Care Representatives will be available to help you throughout the enrollment period and on an ongoing basis after the enrollment deadline.
- Finally, you will receive a personalized confirmation statement around the week of November 9th. If your confirmation does not reflect your elections for 2016, call the Benefits Call Center. You will not be allowed to make corrections after November 21, 2015, Midnight, CST.

## What you need to remember

- Deductions for dependent coverage are taken from 24 paychecks for 12-month employees and 20 paychecks for non-12-month employees.
- Employee Assistance Services will be provided by MHNet.
- Be sure to review your first paycheck in January 2016, to ensure that the correct amount has been deducted.
- Your medical and pharmacy information is combined on one card.
- If you are participating in Flexible Spending Accounts, you must indicate the amount annually.**
- All employees are required to have Beneficiary Designations in place for their Life Insurance coverage.
- You may select any combination of medical, dental, and/or vision plans, as well as any combination of coverage categories. The choice is up to you!

**Do not forget to make your benefit choices no later than Midnight, CST Saturday, November 7, 2015.**

## If you do not enroll

If you do not enroll by **November 7, 2015**, you will not be able to make changes to your benefits until the correction period or next open enrollment period - unless you have a change in status or experience another qualified event under which election changes are allowed. You will default to the coverages listed below.

Default Coverage for 2016		
BENEFIT	COVERAGE LEVEL	PLAN
Medical and Prescription Drug Plan	Same as in 2015	Same as 2015
Dental Plan	Same as in 2015	Same as 2015
Vision Plan	Same as in 2015	Same as 2015
Basic Life Insurance	Same as in 2015	Same as 2015
Supplemental Life Insurance	Same as in 2015	Same as 2015
Healthcare Reimbursement Account	No Coverage	No Coverage
Dependent Care Reimbursement Account	No Coverage	No Coverage

**Keep this guide for future reference.**



# St. Louis Public Schools

## Important Dates to Remember

### Your Open Enrollment Dates Are:

October 25, 2015 through November 7, 2015

### Your Correction Dates are:

November 15, 2015 through November 21, 2015

### Your period of coverage dates are:

January 1, 2016 through December 31, 2016

## Welcome

The Board of Education of the City of St. Louis is committed to providing employees an affordable, high-quality employee benefits program while managing healthcare and vendor costs effectively.

It's time to enroll for your 2016 health and welfare benefits. This enrollment guide has been designed to provide you with information about the benefit choices available to you. Annual enrollment is the one time during the year when you can make changes to your benefits (other than when you have a qualified family status change such as marriage, death, birth or adoption of a child, etc.). Don't miss this opportunity to review your benefit needs and the needs of your family. Review your current coverage; think about whether your needs have changed since you made those benefit decisions.

- Open enrollment will take place from Sunday, October 25 through Saturday, November 7, 2015 at Midnight, CST.
- Review this guide and your personal enrollment worksheet before you enroll for your benefits. If you have any questions, you may contact the Benefits Call Center phone line at 1-866-345-SLPS (7577) for more information.
- If you are enrolling online - the enrollment website will be available **24 hours a day throughout the enrollment period. To enroll, visit the enrollment website at <https://portal.adp.com>. New users will need the registration pass code: SLPS-ESS.**
- You can make changes online or call the Benefits Call Center at 1-866-345-SLPS (7577).

## Table of Contents

4	Your 2016 Enrollment Materials
5	How to Enroll
6	Eligibility
	<i>Who is Eligible</i>
	<i>When Coverage Begins</i>
	<i>When You Can Make Changes</i>
	<i>Coverage Levels</i>
	<i>Cost of Coverage</i>
7	Change in Status
12	Medical Plans
	<i>Plan Comparisons</i>
	<i>Coventry Health Care Base Plan</i>
	<i>Coventry Health Care Buy Up Plan</i>
40	SLPS Wellness Program
41	Coventry Health Care's Nurse Advice
42	Behavioral Health & Substance Abuse
43	Employee Assistance Program
44	Prescription Drug Benefits
45	Dental Plan
46	Vision Plan
49	Basic & Supplemental Life Benefits
50	Supplemental Life Benefit
51	Will Preparation Program
52	Beneficiary Services
53	Flexible Spending Accounts
55	2016 Cost of Coverage
57	Employee Notices
	<i>Medicare Part D Certificate of Creditable Coverage</i>
	<i>HIPAA Special Enrollment Rights</i>
	<i>Women's Health &amp; Cancer Rights Act of 1998</i>
	<i>Medicaid &amp; the Children's Health Insurance Program (CHIP)</i>

Back cover    Contact Information

# Your 2016 Enrollment Materials

---

Your enrollment packet provides you with general and personalized information to help you make your 2016 elections, along with information on how to enroll online.

## Your Packet Contains:

**This enrollment guide** - Provides an overview of your benefits for 2016, including details on each enrollment decision, information on how to enroll and where to find more information about your benefit options.

**Your personal enrollment worksheet** - Presents personalized benefits information such as your benefit options and associated premium costs.

## Key Dates for Open Enrollment

You can make changes for benefits during the Open Enrollment period - October 25, 2015 through November 7, 2015, CST. If you don't enroll during this period, you will receive default benefits. (See "If You Do Not Enroll" on page 2 for more information.) You will be able to make changes or corrections from November 15, 2015 through November 21, 2015 at Midnight, CST.

The chart below provides more details about the coming weeks.

EVENT	TIMING	WHAT TO EXPECT
Open Enrollment	October 25 - November 7 at Midnight, CST	<ul style="list-style-type: none"><li>• Enrollment for Medical, Dental and Vision benefits for you and your dependents.</li><li>• Enrollment for Supplemental Term Life Insurance for you and your dependents.</li><li>• Election to participate in the Flexible Spending Accounts.</li><li>• <b>Beneficiary Designation Online.</b></li></ul>
Confirmation statements arrive at your home	Week of November 9, 2015	<ul style="list-style-type: none"><li>• If your confirmation does not reflect your elections for 2016, call the Benefits Call Center phone line at 1-866-345-SLPS (7577).</li></ul>
Corrections	November 15 through November 21, 2015 at Midnight, CST	<ul style="list-style-type: none"><li>• Call before November 21, 2015, Midnight CST to correct any errors or discrepancies with your confirmation statement.</li></ul>
New benefit elections effective	January 1, 2016	<ul style="list-style-type: none"><li>• Your new benefits become effective.</li></ul>

# How to Enroll

---

## Prepare

- Step 1:** Read the Employee Benefits Enrollment Guide to learn about important changes to the benefits program for the new Plan Year. Review the benefits plan design and the costs for each benefit plan and consider changes that you want to make during Open Enrollment.
- Step 2:** Examine your personalized worksheet for current elections. Mark your choice for each plan on your worksheet.
- Step 3:** Have personal and dependent information available, such as Social Security numbers, birthdates, and bi-weekly amount that you want to contribute to a Flexible Spending Account (FSA) if you are participating.

## Access Website

- Step 1:** Log onto <https://portal.adp.com> (new users refer to annual enrollment notification for instructions) and select the link "Enroll in 2016 Benefits."
- Step 2:** Click Continue to find instructions on each screen to guide you through the enrollment process.
- Step 3:** Complete the security screen before you enter your enrollment selections. You will need your Social Security number and your Personal Identification Number (PIN).

## Enroll

- Step 1:** With your worksheet in hand, choose from the available options on each screen to obtain or complete benefits information.
- Step 2:** Review Personal Information and Current Dependents sections and update appropriately. Keep in mind that adding dependent information does not automatically enroll your dependents in any coverage. You must still select the plan option and coverage level to enroll your dependents.
- Step 3:** Continue to follow the instructions and steps to enter your choices for your 2016 benefits.

## Confirm

- Step 1:** When you are finished, click on the Submit button to save your selections.
- Step 2:** Write down your confirmation number. You have the opportunity to receive an e-mail confirmation - just enter your e-mail address when prompted during the enrollment process.
- Step 3:** You may also print the Confirmation page to keep a copy for your records.
- Step 4:** During the week of November 9, 2015, you will receive a statement confirming your final benefits selections for 2016. To make corrections to your selections, simply go back to the website (<https://portal.adp.com>) as many times as you want beginning November 15 through November 21, 2015, Midnight, CST.
- Step 5:** If your confirmation does not reflect your elections for 2016, call the Benefits Call Center, 1-866-345-SLPS (7577), Monday through Friday, 7:00 a.m. to 7:00 p.m. CST.
- Step 6:** To log off, press Continue at the bottom of the page.

# Eligibility

## Who is Eligible

You can participate in the SLPS Benefits Plan if you are an eligible employee. The district defines an eligible employee as a full-time permanent employee with a scheduled work week of 30 hours or more. Eligible dependents can participate in some of the benefit plans.

Your eligible dependents may include your:

- Legal spouse (unless legally separated);
- Dependent child until the end of the month in which he or she reaches age 26 (please see definition below);
- The term Child includes any of the following:
  - A natural child.
  - A stepchild.
  - A legally adopted child.
  - A child placed for adoption.
  - A child for whom legal guardianship has been awarded to the Subscriber or the Subscriber's spouse.
- To be eligible for coverage under the Policy, a Dependent must reside within the United States.
- The definition of Dependent is subject to the following conditions and limitations:
  - A Dependent includes any child listed above under 26 years of age.
  - A Dependent includes an unmarried dependent child age 26 or older who is or becomes disabled and dependent upon the Subscriber.

If you opt out of medical coverage for yourself or waive coverage for your dependents, you cannot enroll until the next annual enrollment period unless you have a qualified life event or change in status, as described below.

## When Coverage Begins

For newly hired or newly eligible employees, coverage is effective the 1st of the month following your hire date or eligibility date.

## When You Can Make Changes

In general, you can make changes to your benefits coverage during annual open enrollment. However, you can make changes during the year if you have a qualified life event or change in status. Any changes you make for yourself and your dependents must be consistent with and on account of your change in status. For example, you can enroll your newborn in medical coverage, but you cannot drop coverage for your spouse or change medical options because of the birth of your child.

**Qualified life events and changes in status that permit coverage changes are:**

- Employee gains a tax dependent, i.e., through birth, legal adoption or placement of a child for adoption

- Marriage
- Divorce, annulment or legal separation
- Dependent who reaches age 26 or no longer meets eligibility requirements
- Spouse gains or loses coverage due to gaining or losing employment/eligibility with current employer
- Death of a spouse
- Death of a dependent child
- Spouse/dependent becomes Medicare/Medicaid eligible or ineligible
- Dependent loses coverage

## Coverage Levels

If you choose to enroll in the Medical and/or Dental Plans, you can elect coverage for:

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Employee + Family

For the Vision Plan, you can elect coverage for:

- Employee Only
- Employee + 1 Dependent
- Employee + 2 or More Dependents

For the Supplemental Life Insurance Plan, you can elect coverage for:

- Employee Only
- Spouse
- Children

For the Flexible Spending Accounts, you can elect either or both:

- Healthcare Reimbursement Account
- Dependent Care Reimbursement Account

## Cost of Coverage

The District pays the cost for your coverage (employee only) in the Base Medical, Dental and Vision Plans. You pay the full cost for your spouse and dependent children and the difference in cost between Base and Buy-up plans on a pre-tax basis.

The District pays the cost of your coverage (employee only) for Basic Term Life Insurance which includes coverage for AD&D. You pay the cost for your Supplemental Life Insurance on an after-tax basis.

You pay the cost for the Flexible Spending Accounts on a pre-tax basis. See your personal enrollment worksheet for specific cost information.

# Change in Status

## Listing of Allowable/Non-allowable Changes

The Change in Status charts on the following pages list the changes that you may make to your current benefits if you have a qualified change in status event. **Note:** *The plan options for Medical cannot change from one plan to the other, regardless of CIS event.*

If you have a qualified life event, you must make your benefit changes within 30 days of the actual event using the Benefit website, <https://portal.adp.com>. You may also contact the Benefits Call Center at 1-866-345-SLPS (7577), from 7:00 a.m. to 7:00 p.m. CST, Monday through Friday.

**Otherwise you cannot make changes until the next benefits enrollment period.** Most coverage changes due to a qualified life event or change in status are effective on the event date, if submitted within 30 days of the event. Please refer to the next few pages for a list of allowable changes based on your qualifying event.

<b>Birth or Adoption</b> (If your newborn has not been assigned a SSN, then please enter your SSN)		
	<b>Allowed</b>	<b>Not Allowed</b>
<b>Medical</b>	Enroll Self Add Spouse Add Children	Drop Self Drop Spouse Drop Children
<b>Dental and Vision</b>	Add Spouse Add Children	Drop Spouse Drop Children
<b>Supplemental Life - Employee</b>	Late Entrant (No existing) – All levels pended and EOI required Existing coverage - Increased by one level, no EOI required Existing coverage – Increased by more than one level EOI required	N/A
<b>Supplemental Life - Spouse</b>	All new levels pended and EOI required	N/A
<b>Supplemental Life - Child(ren)</b>	No Limitations - No EOI required	N/A
<b>FSA (both Health and Dependent Care)</b>	Enroll Increase Coverage	Drop Coverage Decrease Coverage
<b>Spouse/Dependent Eligible Medicare/Medicaid/Other Group Coverage*</b>		
	<b>Allowed</b>	<b>Not Allowed</b>
<b>Medical</b>	Drop Spouse Drop Children	Enroll or Drop Self Add Spouse Add Children
<b>Dental and Vision</b>	Drop Spouse Drop Children	Add Spouse Add Children
<b>Supplemental Life - Employee</b>	No Changes Allowed	N/A
<b>Supplemental Life - Spouse</b>	No Changes Allowed	N/A
<b>Supplemental Life - Child(ren)</b>	No Changes Allowed	N/A
<b>Healthcare FSA</b>	Drop Coverage Decrease Coverage	Enroll Increase Coverage
<b>Dependent Care FSA</b>	No Changes Allowed	N/A

\*ONLY APPLICABLE TO THE AFFECTED DEPENDENT

# Change in Status

<b>Marriage</b>		
	<b>Allowed</b>	<b>Not Allowed</b>
<b>Medical</b>	Enroll or Drop Self Add Spouse Add or Drop Children	Drop Spouse
<b>Dental and Vision</b>	Add Spouse Add or Drop Children	Drop Spouse
<b>Supplemental Life - Employee</b>	Late Entrant (No existing) – All levels pended and EOI required Existing coverage - Increased by one level, no EOI required Existing coverage – Increased by more than one level EOI required	N/A
<b>Supplemental Life - Spouse</b>	All new levels pended with exception of \$20,000 guarantee with no pend	
<b>Supplemental Life - Child(ren)</b>	No Limitations - No EOI required	N/A
<b>FSA (both Health and Dependent Care)</b>	No Limitations	N/A
<b>Divorce/Annulment/Legal Separation</b>		
	<b>Allowed</b>	<b>Not Allowed</b>
<b>Medical</b>	Enroll Self Drop Spouse Add or Drop Children	Drop Self Add Spouse
<b>Dental and Vision</b>	Drop Spouse Add or Drop Children	Add Spouse
<b>Supplemental Life - Employee</b>	Late Entrant (No existing) – All levels pended and EOI required Existing coverage - Increased by one level, no EOI required Existing coverage – Increased by more than one level EOI required	N/A
<b>Supplemental Life - Spouse</b>	Drop Only	N/A
<b>Supplemental Life - Child(ren)</b>	All new levels pended and an EOI is required	N/A
<b>FSA (both Health and Dependent Care)</b>	No Limitations	N/A



# Change in Status

Spouse/Dependent Gain Employment		
	Allowed	Not Allowed
Medical	Drop Self Drop Spouse Drop Child	Enroll Self Add Spouse Add Children
Dental and Vision	Drop Spouse Drop Children	Add Spouse Add Children
Supplemental Life - Employee	Late Entrant (No existing) – All levels pended and EOI required Existing coverage - Increased by one level, no EOI required Existing coverage – Increased by more than one level EOI required	N/A
Supplemental Life - Spouse	All new levels pended and EOI required	N/A
Supplemental Life - Child(ren)	All new levels pended and an EOI is required	N/A
Healthcare FSA	Drop Coverage Decrease Coverage	Enroll Increase Coverage
Dependent Care FSA	No Limitations	N/A
Spouse/Dependent Loses Employment		
	Allowed	Not Allowed
Medical	Enroll Self Add Spouse Add Child	Drop Self Drop Spouse Drop Children
Dental and Vision	Add Spouse Add or Drop Children	Drop Spouse Drop Children
Supplemental Life - Employee	Late Entrant (No existing) – All levels pended and EOI required Existing coverage - Increased by one level, no EOI required Existing coverage – Increased by more than one level EOI required	N/A
Supplemental Life - Spouse	All new levels pended and EOI required	N/A
Supplemental Life - Child(ren)	All new levels pended and an EOI is required	N/A
Healthcare FSA	Enroll Self Increase Coverage	Drop Coverage Decrease Coverage
Dependent Care FSA	No Limitations	N/A

# Change in Status

Death of Spouse		
	Allowed	Not Allowed
Medical	Enroll Self Drop Spouse Add Children	Drop Self Add Spouse Drop Children
Dental and Vision	Drop Spouse Add Children	Add Spouse Drop Children
Supplemental Life - Employee	Late Entrant (No existing) – All levels pended and EOI required Existing coverage - Increased by one level, no EOI required Existing coverage – Increased by more than one level EOI required	N/A
Supplemental Life - Spouse	Drop Only	N/A
Supplemental Life - Child(ren)	All new levels pended and an EOI is required	N/A
FSA (both Health and Dependent Care)	No Limitations	N/A
Death of Dependent		
	Allowed	Not Allowed
Medical	Drop Children	Enroll or Drop Self Add or Drop Spouse Add Children
Dental and Vision	Drop Children	Add or Drop Spouse Add Children
Supplemental Life - Employee	Late Entrant (No existing) – All levels pended and EOI required Existing coverage - Increased by one level, no EOI required Existing coverage – Increased by more than one level EOI required	N/A
Supplemental Life - Spouse	All new levels pended and EOI required	N/A
Supplemental Life - Child(ren)	All new levels pended and an EOI is required	N/A
FSA (both Health and Dependent Care)	Drop Coverage Decrease Coverage	Enroll Increase Coverage

# Change in Status

Dependent Loss of Coverage (turns age 26)		
	Allowed	Not Allowed
Medical	Drop Children	Enroll or Drop Self Add or Drop Spouse Add Children
Dental and Vision	Drop Children	Add or Drop Spouse Add Children
Supplemental Life - Employee	No Changes Allowed	N/A
Supplemental Life - Spouse	No Changes Allowed	N/A
Supplemental Life - Child(ren)	No Changes Allowed	N/A
FSA (both Health and Dependent Care)	No Limitations	N/A
Coverage and Cost changes to Dependent Care FSA		
	Allowed	Not Allowed
Medical	No Changes Allowed	N/A
Dental and Vision	No Changes Allowed	N/A
Supplemental Life - Employee	No Changes Allowed	N/A
Supplemental Life - Spouse	No Changes Allowed	N/A
Supplemental Life - Child(ren)	No Changes Allowed	N/A
FSA - Healthcare	No Changes Allowed	N/A
FSA - Dependent Care	Drop Coverage Increase Coverage Decrease Coverage	N/A
Spouse/Dependent no longer Eligible Medicare/Medicaid/Other Group Coverage*		
	Allowed	Not Allowed
Medical	Add Spouse Add Children	Enroll or Drop Self Drop Spouse Drop Children
Dental and Vision	Add Spouse Add Children	Drop Spouse Drop Children
Supplemental Life - Employee	No Changes Allowed	N/A
Supplemental Life - Spouse	No Changes Allowed	N/A
Supplemental Life - Child(ren)	No Changes Allowed	N/A
FSA - Healthcare	Add Coverage Increase Coverage	Drop Coverage Decrease Coverage
FSA - Dependent Care	No Changes Allowed	N/A

\*ONLY APPLICABLE TO THE AFFECTED DEPENDENT

# Medical Plans

## Your health care options for 2016 will include a choice of the following:

- Coventry Health Care Base PPO R683 Plan
- Coventry Health Care Buy Up PPO R667 Plan
- Opt out of medical coverage

Coventry Health Care insures and administers both medical plans.

If you choose to opt out of Medical coverage because you have coverage under another plan, you will receive a monthly credit. A credit of \$50 per month will be paid to 12-month employees; non-12-month employees receive a \$60 monthly credit. This amount will be included in the last paycheck of each month, as taxable wages.

## Comparing Your Medical Plan Options

Both Coventry Health Care Base and Coventry Health Care Buy Up plans are known as Preferred Provider Organization (PPO) plans. This gives members the ultimate freedom of choice when selecting providers. The following provides details on the differences between selecting an in-network provider vs. an out-of-network provider.

## Coventry Health Care Base PPO R683

This plan offers in- and out-of-network benefits, and you do not need to choose a primary care physician (PCP) or obtain a referral to see a network specialist. Your cost for care is lower when you use network providers. You can receive care from providers outside of the network, but your share of

the cost is higher and you are responsible for paying any expenses that exceed the "Eligible Expense." (The "Eligible Expense" is a percentage of the published rates allowed by Medicare for the same or similar services.) You pay a set fee, or co-payment, for in-network physician office visits under this plan. When you use network providers, you often pay only a co-payment for covered services. Network services have lower deductibles and out-of-pocket costs. However, the co-payments and deductibles are higher for in-network benefits under this plan as compared to the Coventry Health Care Buy Up PPO R667.

After you meet the annual deductible, the plan shares a percentage of covered medical expenses up to the "Eligible Expense" limits. Your share of the expenses is the coinsurance. For hospital stays, surgeries, extensive tests, lab tests and X-rays, you pay your annual deductible, the coinsurance and any separate hospital co-payments or confinement deductibles, if applicable. Once you reach the annual out-of-pocket maximum, the PPO pays for certain covered expenses at 100% of "Eligible Expense" limits. Network care expenses are based on the contracted fees with that network provider.

## Coventry Health Care Buy Up PPO R667

This plan works similar to the Coventry Health Care Base PPO R683 plan. Under the Coventry Health Care Buy Up PPO R667 plan, the co-payments and deductibles for in-network benefits are less.

The screenshot shows the My Online Services website interface. At the top, there are navigation links: "Find A Doctor/Hospital", "Find Another Provider", and "Find Prescription Tools". Below this is a "MY ONLINE SERVICES" header with a "Change" button. A secondary navigation bar includes "Home", "Need Help", "Messages(2)", "Text Size", and "Log Out". The main content area is divided into several sections:

- Member Info**, **Benefits**, **Claims**, **Personal Health Record**, and **Wellness** (partially visible).
- Go Mobile**: A promotional banner for the Coventry Mobile app, available for iPhone and Android.
- My Favorites**: A sidebar menu with links to "Claims and Benefit Usage", "Topics of Interest", "Prescription Information", "WellBeing Solutions", "Health Risk Assessment", "Personal Health Record Summary", and "Calendar and Reminders".
- Claims and Benefit Usage**: The main content area, featuring a "Recent Claims" table and a "Benefit Usage" section.

Date	Provider	Status
05/15/2012	TEST	APPROVED
03/14/2012	TEST 2	APPROVED
02/06/2012	TEST 3	APPROVED

**Benefit Usage** \$0.00  
Deductible Satisfied From: 09/01/2012 - 08/31/2013  
Maximum: \$7,500.00

## Member website

Members can view personalized health information by visiting [chcmisouri.com](http://chcmisouri.com) and registering for **My Online Services**<sup>SM</sup>

- **Your personal health record**, allowing you to view, store and track your information securely
- **Provider search tools** that connect you with providers that best match your needs
- **Claims activity** showing how much of your deductible you've met and other important information
- **Coventry WellBeing**<sup>SM</sup> tools featuring a health risk assessment and personalized digital coaching
- **Lab results** marking your most recent tests and results
- **Health news** presenting important breaking news that is tailored to your needs
- **Calendars and reminders** so you can track appointments and schedule reminders for important services



# Plan Comparisons

The following chart compares your benefits under the Coventry Health Care Base and Coventry Health Care Buy Up plans.

Medical Plan				
	Coventry Health Care Base PPO R683 Plan		Coventry Health Care Buy Up PPO R667 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>				
Individual	\$500	\$1,000	\$200	\$400
Family	\$1,000	\$2,000	\$400	\$800
<b>Coinsurance (includes deductible)</b>	80%	70%	90%	70%
Individual Out-of-Pocket Max	\$3,500	\$7,000	\$1,400	\$2,800
Family Out-of-Pocket Max	\$7,000	\$14,000	\$2,800	\$5,600
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
<b>Physician Office Visit</b>				
Illness/Injury	\$25/\$35 Copay	70% AD	\$15/\$30 Copay	70% AD
Preventative Care	100%	70% AD	100%	70% AD
<b>Hospital Services</b>				
In-Patient	80% AD	70% AD	90% AD	70% AD
Out-Patient	80% AD	70% AD	90% AD	70% AD
<b>Emergency Care</b>				
Hospital Emergency Room	\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay
Urgent Care	\$75 Copay	70% AD	\$50 Copay	70% AD
<b>Other Services</b>				
Outpatient X-rays & Lab (except CT Scans, PET Scans, MRIs, and nuclear medicine)	100%	70% AD	100%	70% AD
Chiropractic Services	\$20 Copay	70% AD	\$20 Copay	70% AD
Physical Therapy	\$25 Copay	70% AD	\$15 Copay	70% AD
Durable Medical Equipment	80% AD	70% AD	90% AD	70% AD

## VISION BENEFIT – under your Coventry Health Care Base and Buy Up plans

- Routine vision exam every year (including refraction) at your physician office visit co-pay.
- Preferred pricing on eyeglasses and contact lenses.
- Services must be performed at a EyeMed Vision in-network provider, which consists of private practice and retail optical providers.

## How to Receive Plan Benefits

Each time you need medical care, you decide the level of benefits by choosing in- or out-of-network providers. If you want in-network benefits, be sure to confirm that your provider is part of the Coventry Health Care PPO network before you receive care. If your provider is not part of the network, ask if he or she would be willing to join.

To choose a network provider, visit the Coventry Health Care website at [chcmisouri.com](http://chcmisouri.com) and click on *Locate A Provider* at the top of the page.

When you use an in-network provider, you do not have to file a claim - your provider files a claim directly with Coventry Health Care. Depending on the type of service you receive, you will pay a co-payment amount or coinsurance and the plan pays the remaining covered amount. When you use an out-of-network provider, you pay the full cost to the provider and file a claim to be reimbursed a percentage of the covered expenses for medically necessary services, after you meet your annual deductible.

# Coventry Health Care Base PPO R683

---

Coventry Health Care Base PPO R683 plan gives you the freedom to see any Physician or other health care professional from our Network, including specialists, without a referral. With this plan, you will receive the highest level of benefits when you seek care from a network physician, facility or other health care professional. In addition, you do not have to worry about any claim forms or bills.

You also may choose to seek care outside the Network, without a referral. However, you should know that care received from a non-network physician, facility or other health care professional means a higher deductible and Copayment. In addition, if you choose to seek care outside the Network, Coventry Health Care only pays a portion of those charges and it is your responsibility to pay the remainder. This amount you are required to pay, which could be significant, does not apply to the Out-of-Pocket Maximum. We recommend that you ask the non-network physician or health care professional about their billed charges *before you receive care*.

This Summary of Benefits summarizes your obligation towards the cost of certain covered services. Refer to your Certificate of Coverage for a detailed description of covered services and limitations or exclusions.

To receive In-Network benefits, all covered services, except for Emergency Health Services, must be performed or referred by a participating Coventry Health Care of Missouri provider or authorized in advance by the Plan.

All services must be medically necessary as a condition of coverage and not otherwise limited or excluded.

## Some of the Important Benefits of Your Plan:

- You have access to a Network of physicians, facilities and other health care professionals, including specialists, without designating a Primary Physician or obtaining a referral.
- Benefits are available for office visits and hospital care, as well as inpatient and outpatient surgery.
- Transition of care services are available to help identify and prevent delays in care for those who might need specialized help.
- Pap smears are covered.
- Prenatal care is covered.
- Routine check-ups are covered.
- Childhood immunizations are covered.
- Mammograms are covered.
- Vision and hearing screenings are covered.

# Coventry Health Care Base PPO R683

	BENEFITS AND SERVICES	MEMBER RESPONSIBILITY			
		IN-NETWORK		OUT-OF-NETWORK	
1.	<p><b>Annual Deductible</b> Total amount a plan member is required to pay each calendar year before he or she is eligible for certain health services. The Annual Deductible need only be met once per plan member per calendar year.</p>	Individual	\$500	Individual	\$1,000
		Family	\$1,000	Family	\$2,000
2.	<p><b>Annual Out-of-Pocket Maximum</b> Medical and pharmacy copayments, annual deductibles, and coinsurance apply to the out-of-pocket maximum, need only be met once per plan member per calendar year.</p>	Individual	\$3,500	Individual	\$7,000
		Family	\$7,000	Family	\$14,000
3.	<p><b>Maximum Lifetime Benefit</b> Combined total of all benefits.</p>	Unlimited		Unlimited	
4.	<p><b>Physician Office Visit - Preventive Care</b> Services include routine health assessment, well-child care, child health supervision services, immunizations and injections, hearing test, annual self-referred gynecological examination and pap smear, and mammogram screening.</p>	For Primary Care Services \$0 Copay per visit For Specialty Care Services \$0 Copay per visit		For Primary Care Services 30% Coinsurance per visit after Deductible For Specialty Care Services 30% Coinsurance per visit after Deductible	
5.	<p><b>Physician Office Visit-Medical Services</b> Services include diagnosis, consultation and treatment, diagnostic tests and radiology services, surgery, vision examination and refraction, and allergy tests and treatment.</p>	For Primary Care Services \$25 Copay per visit For Specialty Care Services \$35 Copay per visit		For Primary Care Services 30% Coinsurance per visit after Deductible For Specialty Care Services 30% Coinsurance per visit after Deductible	
6.	<p><b>Chiropractic Services</b> Coverage is provided for chiropractic services up to 26 visits.</p>	\$20 Copay per visit		30% Coinsurance per visit after deductible	
7.	<p><b>Emergency Room Services</b> Coverage is provided for worldwide emergency health services as defined in the COC.</p>	\$250 Copay per visit (waived if patient is admitted)		\$250 Copay per visit (waived if patient is admitted)	

# Coventry Health Care Base PPO R683

	BENEFITS AND SERVICES	MEMBER RESPONSIBILITY	
		IN-NETWORK	OUT-OF-NETWORK
8.	<b>Emergency Ambulance Services</b> Coverage is provided for Emergencies as defined in the COC.	20% Coinsurance per occurrence after deductible	20% Coinsurance per occurrence after deductible
9.	<b>Urgent Care Services</b> Urgent care services at participating alternate facilities both in and out of the service area are covered.	\$75 Copay per visit	30% Coinsurance per occurrence after deductible
10.	<b>Maternity Care Office Visits</b> Covered services include pre-natal and post-natal care, examinations, tests and educational services.	\$25 Copay first visit only	30% Coinsurance first visit only after deductible
11.	<b>Maternity Care, Inpatient Hospital</b> Covered services include all physician services for mother and newborn(s), delivery, newborn nursery services and semi-private room.	20% Coinsurance per admission after deductible	30% Coinsurance per admission after deductible \$1,000 penalty for failure to precertify
12.	<b>Outpatient Services and Diagnostic Procedures and Tests</b> Coverage includes diagnostic procedures and tests, including but not limited to lab and radiology. Certain procedures and tests are considered surgery, including but not limited to colonoscopy and endoscopy. Refer to the Outpatient for Surgery section.	0% Coinsurance per visit after deductible	30% Coinsurance per visit after deductible 20% penalty for failure to precertify



# Coventry Health Care Base PPO R683

	BENEFITS AND SERVICES	MEMBER RESPONSIBILITY	
		IN-NETWORK	OUT-OF-NETWORK
13.	<b>High Technology Diagnostic Services, Tests, and Procedures</b> Including, but not limited to: MRI, MRA, CT Scans, Thallium Scans, Nuclear Stress Tests, PET Scans, Echocardiograms, Ultrasounds (regardless of where service is performed)	20% Coinsurance per visit after deductible	30% Coinsurance per visit after deductible 20% penalty for failure to precertify
14.	<b>Outpatient Surgery</b> Benefits are provided for covered services rendered at an outpatient hospital or free standing surgery center.	20% Coinsurance per visit after deductible	30% Coinsurance per visit after deductible 20% penalty for failure to precertify
15.	<b>Inpatient Hospital Services</b> Unlimited coverage is provided for medically necessary physician and surgeon services, semi-private rooms, operating rooms and related facilities, intensive and coronary care units, laboratory, x-rays, radiology services and procedures, medications and biologicals, anesthesia, special duty nursing as prescribed, short-term rehabilitation services, nursing care, meals and special diets.	20% Coinsurance per admission after deductible	30% Coinsurance per admission after deductible \$1,000 penalty for failure to precertify
16.	<b>Skilled Nursing Facility</b> Coverage is provided in lieu of an inpatient hospital admission when approved by the Plan. Coverage is provided for a semi-private room.	20% Coinsurance per admission after deductible Limited to 45 days per calendar year	30% Coinsurance per admission after deductible Limited to 45 days per calendar year \$1,000 penalty for failure to precertify
17.	<b>Home Health Care and Hospice</b> Coverage is provided when services are authorized in advance by the Plan.	20% Coinsurance per visit after deductible	30% Coinsurance per visit after deductible 20% penalty for failure to precertify
18.	<b>Durable Medical Equipment</b> Coverage is provided when services authorized in advance by the Plan.	20% Coinsurance of covered expenses after deductible	30% Coinsurance of covered expenses after deductible 20% penalty for failure to precertify

# Coventry Health Care Base PPO R683

	BENEFITS AND SERVICES	MEMBER RESPONSIBILITY	
		IN-NETWORK	OUT-OF-NETWORK
19.	<b>Orthotics and Prosthetics</b> Coverage is provided when services authorized in advance by the Plan.	20% Coinsurance of covered expenses after deductible (covers initial placement only)	30% Coinsurance of covered expenses after deductible (covers initial placement only) 20% penalty for failure to precertify
20.	<b>Physical, Occupational and Speech Therapy</b> Coverage is provided for medically necessary outpatient physical, occupational and speech therapy when authorized in advance by the Plan. Limited to 60 combined visits.	\$25 Copay per visit after deductible	30% Coinsurance per visit after deductible 20% penalty for failure to precertify
21.	<b>Mental Health/Substance Abuse - Inpatient</b> All mental health services must be prior authorized in advance by calling the Coventry Health Care of Missouri behavior health line toll free at 877-227-3520.	20% Coinsurance per admission after deductible	30% Coinsurance per admission after deductible \$1,000 penalty for failure to precertify
22.	<b>Mental Health/Substance Abuse - Outpatient</b> All mental health services must be prior authorized in advance by calling the Coventry Health Care of Missouri behavior health line toll free at 877-227-3520.	\$35 Copay per visit	30% Coinsurance per visit after deductible


This summary of Benefits is intended only to highlight your Benefits and should not be relied upon to fully determine coverage. This plan may not cover all your health expenses. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the Certificate of Coverage, the Certificate of Coverage prevails. Terms that are capitalized in the Benefit Summary are defined in the Certificate of Coverage.

## Coventry Health Care of Missouri: SLPS Base Active

Coverage Period : 01/01/2016 - 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Employee, Emp+Spouse, Emp | Plan Type: PPO  
+Child, Family

 <b>This is only a summary.</b> If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <a href="http://coventryone.com/chcmisouri">http://coventryone.com/chcmisouri</a> or by calling 866-364-5663.	Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	In network: <b>\$500</b> person <b>\$1,000</b> family Out of network: <b>\$1,000</b> person <b>\$2,000</b> family. Does not apply to preventive care.	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .	
<b>Are there other deductibles for specific services?</b>	No	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.	
<b>Is there an out-of-pocket limit on my expenses?</b>	In network: <b>\$3500</b> person <b>\$7000</b> family Out of network: <b>\$7000</b> person <b>\$14000</b> family	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.	
<b>What is not included in the out-of-pocket limit?</b>	Premiums, Balance-billed charges, Health care this plan doesn't cover, Prior authorization penalties.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .	
<b>Is there an overall annual limit on what the plan pays?</b>	No	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.	
<b>Does this plan use a network of providers?</b>	Yes Phone: 866-364-5663; Web: <a href="http://coventryone.com/chcmisouri">http://coventryone.com/chcmisouri</a>	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .	
<b>Do I need a referral to see a specialist?</b>	No	You can see the <b>specialist</b> you choose without permission from this plan.	
<b>Are there services this plan doesn't cover?</b>	Yes. See your plan document for additional information about excluded services.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <b>excluded services</b> .	

**Questions:** Call 866-364-5663 or visit us at <http://coventryone.com/chcmisouri>.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the

Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 866-364-5663 to request a copy.

**SNO:** 1312807

**SBC Name:** 023\_50683



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use In network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a In network Provider	Your Cost If You Use a Out of network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 co-payment (co-pay)/occurrence	30% co-insurance (co-ins)/occurrence	-----none-----
	Specialist visit	\$35 co-pay/occurrence	30% co-ins/occurrence	-----none-----
	Other practitioner office visit	Nurse Practitioners, Physician Assistants: \$25 (PCP)/\$35 (Specialist) co-pay/occurrence	30% co-ins/occurrence	-----none-----
If you have a test	Preventive care/Screening/Immunization	\$0 co-pay/occurrence	30% co-ins/occurrence	-----none-----
	Diagnostic test (x-ray, blood work)	20% co-ins/occurrence x-ray 0% co-ins/occurrence lab	30% co-ins/occurrence x-ray 30% co-ins/occurrence lab	-----none-----
	Imaging (CT/PET scans, MRIs)	20% co-ins/occurrence	30% co-ins/occurrence	Precertification Required. Failure: 20%penalty



Common Medical Event	Services You May Need	Your Cost If You Use a Provider In network	Your Cost If You Use a Provider Out of network	Limitations & Exceptions
<b>If you need drugs to treat your illness or condition.</b> More information about <b>prescription drug coverage</b> is available at <a href="http://coventryone.com/chcmisouri">http://coventryone.com/chcmisouri</a> .	Generic drugs	Not Covered	Not Covered	-----none-----
	Preferred brand drugs	Not Covered	Not Covered	-----none-----
	Non-preferred brand drugs	Not Covered	Not Covered	-----none-----
	Specialty drugs	Not Covered	Not Covered	-----none-----
<b>If you have outpatient surgery</b>	Facility fee (e.g, ambulatory surgery center)	20% co-ins/occurrence	30% co-ins/occurrence	Precertification Required. Failure: 20% penalty
	Physician/surgeon fees	20% co-ins/occurrence	30% co-ins/occurrence	Precertification Required. Failure: 20% penalty
<b>If you need immediate medical attention</b>	Emergency room services	\$250 co-pay/occurrence	\$250 co-pay/occurrence	Co-pay waived if patient is admitted.
	Emergency medical transportation	20% co-ins/occurrence	20% co-ins/occurrence	-----none-----
	Urgent care	\$75 co-pay/occurrence	30% co-ins/occurrence	-----none-----
	Facility fee (e.g, hospital room)	20% co-ins/occurrence	30% co-ins/occurrence	Precertification Required. Failure: \$1,000 penalty
<b>If you have a hospital stay</b>	Physician/surgeon fee	20% co-ins/occurrence	30% co-ins/occurrence	-----none-----
	Mental/Behavioral health outpatient services	\$35 c-pay/occurrence	30%co-ins/occurrence	-----none-----
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health inpatient services	20% co-ins/occurrence	30% co-ins/occurrence	-----none-----
	Substance use disorder outpatient services	\$35 c-pay/occurrence	30%co-ins/occurrence	-----none-----
	Substance use disorder inpatient services	20% co-ins/occurrence	30% co-ins/occurrence	-----none-----

Common Medical Event	Services You May Need	Your Cost If You Use a In network Provider	Your Cost If You Use a Out of network Provider	Limitations & Exceptions
<b>If you are pregnant</b>	Prenatal and postnatal care	\$25 c-pay one time only	30% co-ins/occurrence	-----none-----
	Delivery and all inpatient services	20% co-ins/occurrence	30% co-ins/occurrence	Pre-certification Required for Out-of-Network. Failure: \$1,000 penalty
<b>If you need help recovering or have other special health needs</b>	Home health care	20% co-ins/occurrence	30% co-ins/occurrence	Pre-certification Required for Out-of-Network. Failure: 20% penalty
	Rehabilitation services	Inpatient 20% co-ins/occurrence Outpatient \$25 co-pay/occurrence	Inpatient 30% co-ins/occurrence Outpatient 30% co-ins/occurrence	Pre-certification Required for Out-of-Network. Failure: \$1000 penalty
	Habilitation services	\$25 co-pay/occurrence	30% co-ins/occurrence	Limited to: 60 visits (physical, occupational therapy, pulmonary each)
	Skilled nursing care	20% co-ins/occurrence	30% co-ins/occurrence	Limited to 45 days per calendar year.
	Durable medical equipment	20% co-ins/unit	30% co-ins/unit	Pre-certification Required. Failure: \$1,000 penalty.
	Hospice Service	20% co-ins/occurrence	30% co-ins/occurrence	Pre-certification Required. Failure: 20% penalty
	Eye exam			-----none-----
<b>If your child needs dental or eye care</b>	Glasses			-----none-----
	Dental check-up	Not Covered	Not Covered	No coverage for dental check-ups for children.

**Excluded Services & Other Covered Services:**

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)
<ul style="list-style-type: none"> <li>● Acupuncture</li> <li>● Bariatric surgery</li> <li>● Child/Dental check-up</li> <li>● Cosmetic surgery</li> <li>● Generic drugs</li> <li>● Hearing aids</li> <li>● Infertility treatment</li> <li>● Long-term care</li> <li>● Preferred brand drugs</li> <li>● Routine eye care (Adult)</li> <li>● Routine foot care</li> <li>● Specialty drugs</li> </ul>

- Dental care (Adult)
- Non-preferred brand drugs
- Weight loss programs

**Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)**

- Chiropractic care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

**Your Rights to Continue Coverage:**

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 866-364-5663. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.ccmio.cms.gov](http://www.ccmio.cms.gov).

**Your Grievance and Appeals Rights:**

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

For group health coverage subject to ERISA, you may contact 866-364-5663. You may also contact, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or your state department of insurance at Missouri Department of Insurance P.O. Box 690 Jefferson City, MO 64102-0690 800-726-7390 (Toll Free) E-mail: [consumeraffairs@insurance.mo.gov](mailto:consumeraffairs@insurance.mo.gov).

For non-federal governmental group health plans and church plans that are group health plans, you may contact 866-364-5663 or your state department of insurance at Missouri Department of Insurance P.O. Box 690 Jefferson City, MO 64102-0690 800-726-7390 (Toll Free) E-mail: [consumeraffairs@insurance.mo.gov](mailto:consumeraffairs@insurance.mo.gov).

Additionally, a consumer assistance program can help you file your appeal. Contact Illinois Department of Insurance 320 W. Washington St, 4th Floor Springfield, IL 62767 (877) 527-9431 <http://www.insurance.illinois.gov> DOI.Director@illinois.gov

**Does this Coverage Provide Minimum Essential Coverage?**

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy provide minimum essential coverage.**

**Does this Coverage Meet the Minimum Value Standard?**

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health**

coverage meet the minimum value standard for the benefits it provides.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 866-364-5663.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 866-364-5663.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 866-364-5663.

Navajo (Dine): Dinek'ehgo shika at'ohwol nimisingo, kwijigo holne' 866-364-5663.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,210
- Patient pays \$1,330

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine Obstetric Care	\$2,100
Hospital Charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$500
Copays	\$30
Coinsurance	\$600
Limits or exclusions	\$200
<b>Total</b>	<b>\$1,330</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$700
- Patient pays \$4,700

#### Sample care costs:

Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$500
Copays	\$200
Coinsurance	\$0
Limits or exclusions	\$4,000
<b>Total</b>	<b>\$4,700</b>

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 866-364-5663 or visit us at <http://coventryone.com/chmissouri>.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 866-364-5663 to request a copy.

**SNO:** 1312807

**SBC Name:** 023\_50683



# Coventry Health Care Buy Up PPO R667

---

Coventry Health Care Buy Up PPO R667 plan gives you the freedom to see any Physician or other health care professional from our Network, including specialists, without a referral. With this plan, you will receive the highest level of benefits when you seek care from a network physician, facility or other health care professional. In addition, you do not have to worry about any claim forms or bills.

You also may choose to seek care outside the Network, without a referral. However, you should know that care received from a non-network physician, facility or other health care professional means a higher deductible and Copayment. In addition, if you choose to seek care outside the Network, Coventry Health Care only pays a portion of those charges and it is your responsibility to pay the remainder. This amount you are required to pay, which could be significant, does not apply to the Out-of-Pocket Maximum. We recommend that you ask the non-network physician or health care professional about their billed charges *before you receive care*.

To receive In-Network benefits, all covered services, except for Emergency Health Services, must be performed or referred by a participating Coventry Health Care of Missouri provider or authorized in advance by the Plan.

All services must be medically necessary as a condition of coverage and not otherwise limited or excluded.

## Some of the Important Benefits of Your Plan:

- You have access to a Network of physicians, facilities and other health care professionals, including specialists, without designating a Primary Physician or obtaining a referral.
- Benefits are available for office visits and hospital care, as well as inpatient and outpatient surgery.
- Transition of care services are available to help identify and prevent delays in care for those who might need specialized help.
- Pap smears are covered.
- Prenatal care is covered.
- Routine check-ups are covered.
- Childhood immunizations are covered.
- Mammograms are covered.
- Vision and hearing screenings are covered.

# Coventry Health Care Buy Up PPO R667

	BENEFITS AND SERVICES	MEMBER RESPONSIBILITY	
		IN-NETWORK	OUT OF-NETWORK
1.	<p><b>Annual Deductible</b> Total amount a plan member is required to pay each calendar year before he or she is eligible for certain health services. The Annual Deductible need only be met once per plan member per calendar year.</p>	Individual \$200 Family \$400	Individual \$400 Family \$800
2.	<p><b>Annual Out-of-Pocket Maximum</b> Medical and pharmacy copayments, annual deductibles, and coinsurance apply to the out-of-pocket maximum, need only be met once per plan member per calendar year.</p>	Individual \$1,400 Family \$2,800	Individual \$2,800 Family \$5,600
3.	<p><b>Maximum Lifetime Benefit</b> Combined total of all benefits.</p>	Unlimited	Unlimited
4.	<p><b>Physician Office Visit - Preventive Care</b> Services include routine health assessment, well-child care, child health supervision services, immunizations and injections, hearing test, annual self-referred gynecological examination and pap smear, and mammogram screening</p>	For Primary Care Services \$0 Copay per visit For Specialty Care Services \$0 Copay per visit	For Primary Care Services 30% Coinsurance per visit after Deductible For Specialty Care Services 30% Coinsurance per visit after Deductible
5.	<p><b>Physician Office Visit - Medical Services</b> Services include diagnosis, consultation and treatment, diagnostic tests and radiology services, surgery, vision examination and refraction, and allergy tests and treatment.</p>	For Primary Care Services \$15 Copay per visit For Specialty Care Services \$30 Copay per visit	For Primary Care Services 30% Coinsurance per visit after Deductible For Specialty Care Services 30% Coinsurance per visit after Deductible
6.	<p><b>Chiropractic Services</b> Coverage is provided for chiropractic services up to 26 visits.</p>	\$20 Copay per visit	30% Coinsurance per visit after deductible

# Coventry Health Care Buy Up PPO R667

	BENEFITS AND SERVICES	MEMBER RESPONSIBILITY	
		IN-NETWORK	OUT OF-NETWORK
7.	<b>Emergency Room Services</b> Coverage is provided for worldwide emergency health services as defined in the COC.	\$150 Copay per visit (waived if patient is admitted)	\$150 Copay per visit (waived if patient is admitted)
8.	<b>Emergency Ambulance Services</b> Coverage is provided for Emergencies as defined in the COC.	10% Coinsurance per occurrence after deductible	10% Coinsurance per occurrence after deductible
9.	<b>Urgent Care Services</b> Urgent care services at participating alternate facilities both in and out of the service area are covered when authorized in advance by the plan.	\$50 Copay per visit	30% Coinsurance per occurrence after deductible
10.	<b>Maternity Care Office Visits</b> Covered services include pre-natal and post-natal care, examinations, tests and educational services.	\$15 Copay first visit only	30% Coinsurance first visit only after deductible
11.	<b>Maternity Care, Inpatient Hospital</b> Covered services include all physician services for mother and newborn(s), delivery, newborn nursery services and semi-private room.	10% Coinsurance per admission after deductible	30% Coinsurance per admission after deductible \$1,000 penalty for failure to precertify
12.	<b>Outpatient Services and Diagnostic Procedures and Tests</b> Coverage includes diagnostic procedures and tests, including but not limited to lab and radiology. Certain procedures and tests are considered surgery, including but not limited to colonoscopy and endoscopy. Refer to the Outpatient Surgery section.	0% Coinsurance per visit after deductible	30% Coinsurance per visit after deductible 20% penalty for failure to precertify
13.	<b>High Technology Diagnostic Services, Tests, and Procedures</b> Including, but not limited to: MRI, MRA, CT Scans, Thallium Scans, Nuclear Stress Tests, PET Scans, Echocardiograms, Ultrasounds (regardless of where service is performed)	10% Coinsurance per visit after deductible	30% Coinsurance per visit after deductible 20% penalty for failure to precertify
14.	<b>Outpatient Surgery</b> Benefits are provided for covered services rendered at an outpatient hospital or free standing surgery center.	10% Coinsurance per visit after deductible	30% Coinsurance per visit after deductible 20% penalty for failure to precertify

# Coventry Health Care Buy Up PPO R667

	BENEFITS AND SERVICES	MEMBER RESPONSIBILITY	
		IN-NETWORK	OUT OF-NETWORK
15.	<p><b>Inpatient Hospital Services</b>            Unlimited coverage is provided for medically necessary physician and surgeon services, semi-private rooms, operating rooms and related facilities, intensive and coronary care units, laboratory, x-rays, radiology services and procedures, medications and biologicals, anesthesia, special duty nursing as prescribed, short-term rehabilitation services, nursing care, meals and special diets.</p>	10% Coinsurance per admission after deductible	30% Coinsurance per admission after deductible \$1,000 penalty for failure to precertify
16.	<p><b>Skilled Nursing Facility</b>            Coverage is provided in lieu of an inpatient hospital admission when approved by the Plan. Coverage is provided for a semi-private room.</p>	10% Coinsurance per admission after deductible Limited to 45 days per calendar year	30% Coinsurance per admission after deductible Limited to 45 days per calendar year \$1,000 penalty for failure to precertify
17.	<p><b>Home Health Care and Hospice</b>            Coverage is provided when services are authorized in advance by the Plan.</p>	10% Coinsurance per occurrence after deductible	30% Coinsurance per visit after deductible 20% penalty for failure to precertify
18.	<p><b>Durable Medical Equipment</b>            Coverage is provided when services authorized in advance by the Plan.</p>	10% Coinsurance of covered expenses after deductible	30% Coinsurance of covered expenses after deductible 20% penalty for failure to precertify
19.	<p><b>Orthotics and Prosthetics</b>            Coverage is provided when services authorized in advance by the Plan.</p>	10% Coinsurance of covered expenses after deductible (covers initial placement only)	30% Coinsurance of covered expenses after deductible (covers initial placement only) 20% penalty for failure to precertify

# Coventry Health Care Buy Up PPO R667

	BENEFITS AND SERVICES	MEMBER RESPONSIBILITY	
		IN-NETWORK	OUT OF-NETWORK
20.	<p><b>Physical, Occupational and Speech Therapy</b> Coverage is provided for medically necessary outpatient physical, occupational and speech therapy when authorized in advance by the Plan. Limited to 60 combined visits.</p>	\$15 Copay per visit	30% Coinsurance per visit after deductible 20% penalty for failure to precertify
21.	<p><b>Mental Health/Substance Abuse -Inpatient</b> All mental health services must be prior authorized in advance by calling the Coventry Health Care of Missouri behavior health line toll free at 877-227-3520</p>	10% Coinsurance per admission after deductible	30% Coinsurance per admission after deductible \$1 ,000 penalty for failure to precertify
22.	<p><b>Mental Health/Substance Abuse -Outpatient</b> All mental health services must be prior authorized in advance by calling the Coventry Health Care of Missouri behavior health line toll free at 877-227-3520</p>	\$30 Copay per visit	30% Coinsurance per visit after deductible


This summary of Benefits is intended only to highlight your Benefits and should not be relied upon to fully determine coverage. This plan may not cover all your health expenses. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the Certificate of Coverage, the Certificate of Coverage prevails. Terms that are capitalized in the Benefit Summary are defined in the Certificate of Coverage.

## Coventry Health Care of Missouri: SLPS Buy Up Active

Coverage Period : 01/01/2016 - 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Employee, Emp+Spouse, Emp + Child, Family | Plan Type: PPO

 <b>This is only a summary.</b> If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <a href="http://www.chcmissouri.coventryhealthcare.com">www.chcmissouri.coventryhealthcare.com</a> or by calling 1-800-755-3901.		
Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	In network: Individual: <b>\$200</b> Family: <b>\$400</b> . Does not apply to preventive care. Out of network: Individual: <b>\$400</b> Family: <b>\$800</b>	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
<b>Is there an out-of-pocket limit on my expenses?</b>	In network: Yes. Individual: <b>\$1,400</b> Family: <b>\$2,800</b> Out of network: Yes. Individual: <b>\$2,800</b> Family: <b>\$5,600</b>	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
<b>What is not included in the out-of-pocket limit?</b>	Premiums, Balance-billed charges, Health care plan doesn't cover, Prior auth penalties, Prescription drugs.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
<b>Is there an overall annual limit on what the plan pays?</b>	No	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
<b>Does this plan use a network of providers?</b>	Yes For a list of participating providers, see <a href="http://www.chcmissouri.com">www.chcmissouri.com</a> or call 1-800-755-3901.	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
<b>Do I need a referral to see a specialist?</b>	No	You can see the <b>specialist</b> you choose without permission from this plan.

**Questions:** Call 1-800-755-3901 or visit us at [www.chcmissouri.coventryhealthcare.com](http://www.chcmissouri.coventryhealthcare.com).


If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 1-800-755-3901 to request a copy.

SNO: 1312814

SBC Name: 023\_53667 023\_D1



Important Questions	Answers	Why This Matters:
Are there services this plan doesn't cover?	Yes. Some of the services this plan doesn't cover are listed in Services Your Plan Does Not Cover. See your plan document for additional information about excluded services.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .

- 
**Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use In network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a In network Provider	Your Cost If You Use a Out of network Provider	Limitations & Exceptions
If you visit a health care <b>provider's office</b> or clinic	Primary care visit to treat an injury or illness	\$15 co-payment (co-pay)/occurrence	30% co-insurance (co-ins)/occurrence	-----none-----
	Specialist visit	\$30 co-pay/occurrence	30% co-ins/occurrence	-----none-----
	Other practitioner office visit	Chiro: \$20 Co-pay/occurrence; Nurse Practitioners and Physician Assistants: \$15 Co-pay/occurrence (PCP) / \$30 Co-pay/occurrence (Specialist)	30% co-ins/occurrence	Chiro services are limited to 26 visits/benefit year.
	Preventive care/Screening/Immunization	\$0 co-pay/visit	ded. then 30% co-ins/visit	None

Common Medical Event	Services You May Need	Your Cost If You Use a In network Provider	Your Cost If You Use a Out of network Provider	Limitations & Exceptions
If you have a test	Diagnostic test (x-ray, blood work)	ded. then 0% co-ins/visit x-ray \$0 co-pay/visit at preferred independent lab; \$15 co-pay/visit (PCP)/\$30 co-pay/visit (Specialist) at doctor's office lab	ded. then 30% co-ins/visit x-ray ded. then 30% co-ins/visit lab	Pre-auth required. Failure: Additional charges equal to 20% of the OON rate.
	Imaging (CT/PET scans, MRIs)	ded. then 10% co-ins/visit	ded. then 30% co-ins/visit	Pre-auth required. Failure: Additional charges equal to 20% of the OON rate.
If you need drugs to treat your illness or condition.  More information about <u>prescription drug coverage</u> is available at <a href="http://www.chcmismissouri.coventryhealthcare.com">www.chcmismissouri.coventryhealthcare.com</a> .	Generic drugs	Not Covered	Not covered	-----none-----
	Preferred brand drugs	Not Covered	Not covered	Preauthorization may be required for some drugs.
	Non-preferred brand drugs	Not Covered	Not covered	-----none-----
	Specialty drugs	Not Covered	Not covered	-----none-----
If you have outpatient surgery	Facility fee (e.g, ambulatory surgery center)	ded. then 10% co-ins/visit	ded. then 30% co-ins/visit	Pre-auth required. Failure: Additional charges equal to 20% of the OON rate.
	Physician/ surgeon fees	ded. then 10% co-ins/visit	ded. then 30% co-ins/visit	Pre-auth required. Failure: Additional charges equal to 20% of the OON rate.
If you need immediate medical attention	Emergency room services	\$150 Co-pay/occurrence	\$150 Co-pay/occurrence	Co-pay waived if patient is admitted. Must meet emergency criteria.
	Emergency medical transportation	10% co-ins/occurrence	10% co-ins/occurrence	Must meet emergency criteria.
	Urgent care	\$50 co-pay/visit	ded. then 30% co-ins/visit	Must meet urgent care criteria.

Common Medical Event	Services You May Need	Your Cost If You Use a In network Provider	Your Cost If You Use a Out of network Provider	Limitations & Exceptions
If you have a hospital stay	Facility fee (e.g, hospital room)	ded. then 10% co-ins/admission	ded. then 30% co-ins/admission	Pre-auth required unless Emergency admission. Failure: Additional charge of \$1,000 for OON services.
	Physician/surgeon fee	ded. then 10% co-ins/admission	ded. then 30% co-ins/admission	Pre-auth required unless Emergency admission. Failure: Additional charge of \$1,000 for OON services.
	Mental/Behavioral health outpatient services	\$30 co-pay/visit	ded. then 30% co-ins/visit	Pre-auth required.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health inpatient services	ded. then 10% co-ins/admission	ded. then 30% co-ins/visit	Pre-auth required unless Emergency admission. Failure: Additional charge of \$1,000 for OON services.
	Substance use disorder outpatient services	\$30 co-pay/visit	ded. then 30% co-ins/visit	Pre-auth required.
	Substance use disorder inpatient services	ded. then 10% co-ins/admission	ded. then 30% co-ins/admission	Pre-auth required unless Emergency admission. Failure: Additional charge of \$1,000 for OON services.
If you are pregnant	Prenatal and postnatal care	\$15 co-pay first visit only	ded. then 30% co-ins first visit only	None.
	Delivery and all inpatient services	ded. then 10% co-ins/admission	ded. then 30% co-ins/admission	Limited to 48 hrs (vaginal delivery) / 96 hrs (cesarean section). Stays beyond time require pre-auth. Failure: Additional charge of \$1,000 for OON services
	Home health care	10% co-ins/occurrence	30% co-ins/occurrence	Recertification required for OON services. Failure: \$1,000 penalty.
If you need help recovering or have other special health needs	Rehabilitation services	Inpatient ded. then 10% co-ins/admission Outpatient \$15 Co-pay/visit	Inpatient ded. then 30% co-ins/admission Outpatient ded. then 30% co-ins/visit	Pre-auth required for PT in custodial care setting. Failure: Additional charge of \$1,000 (inpatient services) and 20% for OON (outpatient services). Limited to 60 visits per benefit year.

Common Medical Event	Services You May Need	Your Cost If You Use a In network Provider	Your Cost If You Use a Out of network Provider	Limitations & Exceptions
<b>If you need help recovering or have other special health needs</b>	Habilitation services	Inpatient 10% co-ins/occurrence Outpatient \$15 co-pay/occurrence	30% co-ins/occurrence	Pre-certification required for OON services. Failure: \$1,000 for inpatient services / 20% penalty for outpatient services.
	Skilled nursing care	10% co-ins/occurrence	10% co-ins/occurrence	Limited to 45 days per calendar year. Pre-certification required for OON services. Failure: \$1,000 penalty.
	Durable medical equipment	10% co-ins/occurrence	30% co-ins/occurrence	Pre-certification required for purchase over \$500 and rental equipment (oxygen and TENS units not included) and OON services. Failure: 20% penalty.
	Hospice Service	10% co-ins/occurrence	30% co-ins/occurrence	Pre-certification required for OON services. Failure: 20% penalty.
	Eye exam			-----none-----
<b>If your child needs dental or eye care</b>	Glasses	Not Covered	Not Covered	Excluded Service
	Dental check-up	Not Covered	Not Covered	Excluded Service

**Excluded Services & Other Covered Services:**

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric surgery</li> <li>• Child/Dental check-up</li> <li>• Child/Glasses</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> </ul>
<ul style="list-style-type: none"> <li>• Generic drugs</li> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Non-preferred brand drugs</li> </ul>
<ul style="list-style-type: none"> <li>• Preferred brand drugs</li> <li>• Private-duty nursing</li> <li>• Routine foot care</li> <li>• Specialty drugs</li> <li>• Weight loss programs</li> </ul>

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)
<ul style="list-style-type: none"> <li>• Chiropractic care</li> <li>• Routine eye care (Adult)</li> </ul>

## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-755-3901. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cchio.cms.gov](http://www.cchio.cms.gov).

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

For group health coverage subject to ERISA, you may contact 1-800-755-3901. You may also contact, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or your state department of insurance at Missouri Department of Insurance P.O. Box 690 Jefferson City, MO 66102-0690 800-726-7390 (Toll Free) E-mail: [consumeraffairs@insurance.mo.gov](mailto:consumeraffairs@insurance.mo.gov).

For non-federal governmental group health plans and church plans that are group health plans, you may contact 1-800-755-3901 or your state department of insurance at Missouri Department of Insurance P.O. Box 690 Jefferson City, MO 66102-0690 800-726-7390 (Toll Free) E-mail: [consumeraffairs@insurance.mo.gov](mailto:consumeraffairs@insurance.mo.gov).

Additionally, a consumer assistance program can help you file your appeal. Contact Illinois Department of Insurance 320 W. Washington St, 4th Floor Springfield, IL 62767 (877) 527-9431 <http://www.insurance.illinois.gov> DOI.Director@illinois.gov Missouri Department of Insurance 301 W. High Street, Room 830 Harry S. Truman State Office Building Jefferson City, MO 65101 (800) 726-7390 [www.insurance.mo.gov](http://www.insurance.mo.gov) [consumeraffairs@insurance.mo.gov](mailto:consumeraffairs@insurance.mo.gov)

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-755-3901.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-755-3901.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-755-3901.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-755-3901.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* —————

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



### This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays** \$6,820
- **Patient pays** \$720

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine Obstetric Care	\$2,100
Hospital Charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$200
Copays	\$20
Coinsurance	\$300
Limits or exclusions	\$200
<b>Total</b>	<b>\$720</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays** \$1,070
- **Patient pays** \$4,330

#### Sample care costs:

Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$200
Copays	\$100
Coinsurance	\$30
Limits or exclusions	\$4,000
<b>Total</b>	<b>\$4,330</b>



## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 1-800-755-3901 or visit us at [www.chmissouri.coventryhealthcare.com](http://www.chmissouri.coventryhealthcare.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.cms.gov/CCHIO/resources/files/downloads/uniform-glossary-final.pdf> or call 1-800-755-3901 to request a copy.

# SLPS Wellness Program

In 2009, SLPS rolled out its first wellness plan in order to help our employees either stay healthy and/or become healthy. We are so impressed with the years of success and participation and want to continue the momentum into 2016 and beyond. We will continue to partner with Coventry Health Care for 2016 in order to deliver a comprehensive wellness plan to our district employees.

For the 2016 wellness plan year, you will need to complete a Biometric Screening or Health Risk Assessment in order to be considered a wellness participant and avoid being charged a non-participation fee.

**Biometric Screening** – this is a non-fasting finger prick blood draw which will test for Total Cholesterol, HDL, Ratio of Total Cholesterol to HDL, and Glucose.

**Health Risk Assessment** – a series of questions regarding your personal lifestyle and health.

**The 2016 wellness plan will continue to include the following benefits:**

- 1. Digital online Coaching Program** – services focus on losing weight, quitting smoking, exercising more, relieving stress, and more.
- 2. Incentives/Rewards** – ability to earn gift cards for taking steps to understand and improve your health and well-being! See information in the box below. However, you have the right to waive participation in the gift card program.

**Important Notes:**

- Due to legal restrictions, Coventry Health Care will not release any personal screening or assessment results to St. Louis Public Schools. Therefore, all personal and member-specific information is confidential.

Activity	Reward Amount*	Who participates†	When you do this
<b>Biometric Screening or Health Risk Assessment</b>	\$75	Employees covered by this Coventry Health Care plan	Annually
<b>Digital Coaching Programs</b>	\$25 each up to \$100 annually	Employees and spouses covered by this Coventry Health Care plan	Annually

\* Maximum reward per employee \$175; Maximum reward per family \$350. Each Employee and Spouse is eligible to receive a maximum of one reward for completing the wellness activity listed in each category. This includes a maximum of one reward per person for completing the Health Assessment.

† Children may not participate in the reward program.

Watch for more SLPS Wellness communications regarding how to improve your health.

# Coventry Health Care's Nurse Advice

---

Coventry Health Care is proud to offer St. Louis Public School members access to nurses around the clock. For health-related issues such as fever, back and muscle pain, minor burns, dizziness or headaches, we are here to help! Contact Coventry's FREE nurse advice line 24 hours a day by calling 1-888-551-2989.

The nurse will ask you questions about your health problem, which include:

- Where it hurts
- What it looks like
- What it feels like

Then the nurse can help you decide if you need to:

- Go to the hospital
- See your primary care provider
- Care for yourself at home

For emergencies, go to the nearest hospital or call 911.

For questions about your health care benefits, call Customer Service at 800-755-3901. Representatives are available Monday through Friday, 8:00a.m.-6:00p.m.

# Behavioral Health & Substance Abuse

## Understanding Your Needs

Coventry Health Care of Missouri, Inc. ("Coventry Health Care") provides mental health and substance abuse services through MHNNet Behavioral Health ("MHNNet"). Coventry Health Care and MHNNet work with you to help address behavioral health issues and improve your well-being.

MHNNet Behavioral Health Case Managers help you receive the treatment you need.

They provide confidential support and treatment through a network of licensed and certified professionals, covering a variety of specialties to address your emotional wellness needs.

## Getting Started

If you have questions concerning your behavioral health benefits and/or you would like to request services, please call the number below. This number can also be found on your Coventry Health Care member ID card.

Experienced MHNNet personnel are available around the clock, and calls are kept confidential.

MHNNet providers offer a wide range of services, including, but not limited to:

- inpatient care
- outpatient therapy
- medication management
- alcohol or drug dependency programs
- intensive outpatient treatment

## When You Call

You are connected with an experienced Behavioral Health Specialist who helps you decide the type(s) of service you need.

## MHNNet will:

Provide you with all the information you need to schedule an appointment.

Ensure you receive the services you need to address your behavioral health concerns.

## Behavioral Health Benefits

Your behavioral health benefit provides you with support for a wide range of concerns, such as:

- Managing stress
- Depression
- Eating disorders
- Coping with grief and loss
- Alcohol or drug dependency
- Anger management
- Anxiety
- Mental disorders
- Physical abuse
- Schizophrenia
- Mood disorders
- If you suffer from a behavioral health condition, Coventry Health Care and MHNNet are here to help you get the treatment you need.

**Physician Referral is NOT Required.  
Members or Providers can contact MHNNet  
directly for a referral:**

**1-877-227-3520**

**Callers with TTY equipment, please call:  
1-800-735-2966**

# Employee Assistance Program

MHNet Employee Assistance Program is a free confidential service that provides individuals and their families with the resources and tools to live a balanced and healthy life at home and at work. MHNet counselors are available 24 hours a day, seven days a week to assist you. Using one toll-free phone number, you can speak with a Masters-Level Counselor who can assist you with a wide variety of issues.

## Connecting People With Information They Need

MHNet EAP services connects people with reliable resources for information and support regarding a wide range of personal concerns 24 hours a day, 365 days per year.

One toll-free phone number gives you access to experienced professionals.

- Masters-Level Counselors
- Legal and Financial Professionals
- Community Resources

## Expanded Support

If Face-to-Face services are appropriate for your situation, an MHNet counselor will refer you to a local provider who can schedule a counseling appointment for you. Counselors can also refer you to a wide range of community resources.

## 24-Hour Convenience

MHNet EAP counselors help you and your family to identify and address concerns that span the spectrum of work and life.

## How to Access your EAP

EAP services are available 24 hours a day, 7 days a week. To contact a Counselor, call 1-800-492-4357 and someone in their access center will assist you. TTY/TDD callers please call the National Relay Center at 1-866-200-3269. For Online Access, go to [www.mhneteap.com](http://www.mhneteap.com), Username: St. Louis Public Schools, Password: 8004924357

### Services Your EAP Offers –

- Face-to-Face Counseling—up to 3 sessions per issue per year
- Marital and Family Relationships
- Stress Management
- Alcohol and Drug Issues
- Work-Related Concerns
- Depression and Anxiety
- Bereavement
- Life Coaching Services
- Online Services and Access
- Webinars
- Online Mental Wellness Services
- Legal Services
  - Consultation
  - Referrals
- Financial Services
  - Consultation
  - Referrals
  - Webinars

# Prescription Drug Benefits

The cost of prescription drugs is increasing rapidly - resulting in higher expenses for the District. Using your prescription drug benefit effectively by requesting generic drugs will help both you and the District manage expenses. The prescription drug program is self-funded by the District and currently administered by Express Scripts.

Prescription drugs are available to you for a co-payment that is dependent on the retail cost to the plan. This allows you and your physician to research the cost of various drugs that may be of benefit to you and determine the cost of the various drug options available to you.

The chart below compares your prescription drug benefits under the Coventry Health Care Base and Buy Up plan options.

	Participants in Coventry Health Care Base PPO R683	Participants in Coventry Health Care Buy Up PPO R667
Prescription Drugs		
Co-pay at Participating Retail Pharmacies	\$10* (drug cost of \$10-\$40) \$25 (drug cost of \$40.01-\$80) \$40 (drug cost of \$80.01 & above)	\$10* (drug cost of \$10-\$40) \$20 (drug cost of \$40.01-\$80) \$40 (drug cost of \$80.01 & above)
Co-pay for Mail Service or selected pharmacies (up to a 90-day supply)	\$20 (drug cost of \$20-\$80) \$50 (drug cost of \$80.01-\$160) \$80 (drug cost of \$160.01 & above)	\$20 (drug cost of \$20-\$80) \$40 (drug cost of \$80.01-\$160) \$80 (drug cost of \$160.01 & above)

\*If the actual cost of the drug is less than the co-pay, you pay actual cost.

## Don't Forget!

The prescription drug plan will provide for a voluntary prescription drug savings program that allows members the option of replacing high cost brand drugs with over-the-counter (OTC) and generic alternatives.

The OTC program will cover over-the-counter equivalents of high cost and highly utilized drugs in the following three drug classes: PPIs (acid reducers, e.g. "Nexium"); NSAIDs (non steroidal anti-inflammatory drugs, e.g., "Celebrex"); and Antihistamines (e.g., brand drug Clarinex; OTC drug Claritin). The program will feature a zero (\$0) co-pay for members able to use an OTC alternative with a physician's prescription.

Prescription Drug information is located on your Coventry Health Care ID Card. You will have one ID card for your Medical and Prescription Drugs.

### Special Note:

Retail 90-day supplies of maintenance medications can be filled at any in-network pharmacy location or by mail order via [www.express-scripts.com](http://www.express-scripts.com). Click on "members" and register on the website. Once registered, follow the instructions to request prescriptions by mail.

The National Pharmacy network contains over 50,000 pharmacies which contain both chain pharmacies and independent pharmacies.

Examples of in-network Chain Pharmacies: Medicine Shoppe, Schnucks, Walgreen's, Wal-Mart, Target and K-Mart.

Pharmacy Locator services are available by contacting customer service at **1-877-850-3340** or by logging onto [www.express-scripts.com](http://www.express-scripts.com). Once you have logged in, click "My Prescription Plan" and then click "Locate Pharmacy."



# Dental Plan



Sample dental ID card

Delta Dental coverage helps you and your family with the cost of maintaining good dental health and treating dental disease or injury.

Your personal enrollment worksheet lists the options available to you, along with each option's cost per pay period.

	PPO	Premier	Out of Network
<b>Deductible</b>		Waived for Preventative & Ortho	
• Individual	\$0	\$100	\$100
• Family	\$0	\$300	\$300
<b>Coinsurance</b>			
• Preventative	100%	90%	70%
• Basic	80%	60%	50%
• Major	50%	40%	20%
Periodontics Covered Under		Basic	
Endodontics Covered Under		Basic	
Oral Surgery Covered Under		Basic	
<b>Annual Maximum</b>	\$2,500	\$1,500	\$1,000
<b>Orthodontia</b>	50% to \$1,000	50% to \$1,000	50% to \$1,000
<b>Waiting Periods</b>		None for Timely Entrants	
<b>Out of Network UCR</b>		Maximum Plan Allowance	
<b>Dependent Age Limit</b>		26	

<b>PPO Network Dentists</b>	Accept lower fee allowances and do not bill the patient for amounts over the PPO fee allowance - your out-of-pocket costs may be less.
	Will not bill patients for certain services that are considered a component of a standard procedure- saving you money.
	Under contract to file claims for Delta Dental patients - saving you time.
	Will only charge for deductibles, coinsurance and any non-covered services.
	Benefit payments are made directly to PPO network dentists.
<b>Premier Network Dentists</b>	Accept the Premier network contracted allowance and do not bill the patient for amounts over the contracted allowance - your out-of-pocket costs may be less.
	Will not bill patients for certain services that are considered a component of a standard procedure- saving you money.
	Under contract to file claims for Delta Dental patients- saving you time.
	Will only charge for deductibles, coinsurance and any non-covered services.
	Benefit payments are made directly to Premier network dentists.
<b>Dentists not in a Delta Dental Network</b>	Are reimbursed up to the allowed amount of what dentists charge in the same geographic area and with the same specialty.
	Bill the patient for ALL amounts not covered by the plan.
	Are not under contract to file claims for the patient.
	Benefit payments for non-network dentists are made to the member.

# Vision Plan

The Vision Plan provides coverage for basic vision care services for you, and if applicable, your eligible family members. The plan is offered through Vision Benefits of America (VBA). You can search for VBA providers at [www.visionbenefits.com](http://www.visionbenefits.com).

Your personal enrollment worksheet lists your vision options and associated costs per pay period.

There is a new Buy Up option. If you choose this option, you will be locked into the benefit for three years; however, lenses and frames are available every 12 months.

Buy Up Plan	In-Network Provider	Out-of-Network Provider	
	<i>You Pay</i>	<i>You Pay</i>	<i>Plan will reimburse up to*</i>
Examination	\$10	100%	\$36
<ul style="list-style-type: none"> <li>Lenses</li> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> <li>Polycarbonate (under age 19)</li> <li>Tinted (pink #1 or #2 only)</li> </ul>	\$10	100%	\$28
Frames	\$10	100%	\$45
Contact Lenses (evaluation and fitting)			
<ul style="list-style-type: none"> <li>Medically Necessary</li> <li>Elective</li> </ul>	Usual, Customary and Reasonable \$130	100%	\$210 \$130

\* You will also pay a co-pay equal to the in-network co-pay amount.

## Base Plan

Vision examinations are allowed once each 12 months.

New frames will be provided once each 24 months.

New lenses or contacts will be provided once each 24 months.

Base Plan elective contacts allowance of \$105  
In-Network Provider and Out-of-Network Provider.

## Buy Up Plan

Vision examinations are allowed once each 12 months.

New frames will be provided once each 12 months.

New lenses or contacts will be provided once each 12 months.

### Special Note:

VBA is a voucher program. When you are ready to use this benefit, you will need to obtain a vision authorization by calling **1-800-432-4966** or by logging on to the Vision Benefits of America website at [www.visionbenefits.com](http://www.visionbenefits.com).

Providers that do not require an authorization voucher are noted on the Vision Benefits website.

# Vision Plan -Board of Education City of St. Louis

VISION BENEFITS OF AMERICA (VBA) maintains a network of more than 15,000 Participating Optometrists, Ophthalmologists and Retail Locations nationwide to provide professional vision care for persons covered under this plan.

## What are the benefits?

VISION EXAMINATION - A complete analysis of the eyes and related structures to determine the presence of any vision problems.

- SPECTACLE LENSES-Your program provides the finest quality lenses fabricated to VBA's exacting standards. A VBA Participating Provider will order the proper lenses and verify their accuracy when finished.
- FRAMES-VBA plans offer a wide selection of fully covered designer frames; however, if you choose a frame which costs more than the amount allowed by your plan, you will be responsible for any additional controlled charges.

-or-

- CONTACTS SELECTED IN LIEU OF GLASSES-When contact lenses are selected in lieu of glasses, your plan will provide a total allowance of up to \$130.00 toward their cost. THIS IS IN LIEU OF ALL OTHER BENEFITS FOR THE BENEFIT PERIOD. YOU WILL NOT RECEIVE ANY ADDITIONAL MONIES FOR CONTACT LENSES AND/OR CONTACT LENS EXAM COSTS THAT ARE MORE THAN THE \$130.00 ALLOWANCE.

MEDICALLY NECESSARY CONTACT LENSES-Contact lenses are fully covered on a UCR\* basis when a VBA Participating Provider receives prior approval for one of the following services related to eye disease or injury:

- a) Following cataract surgery
  - b) To correct extreme visual acuity problems not correctable with spectacle lenses
  - c) To correct for significant anisometropia
  - d) To correct for keratoconus
- LASIK - All VBA covered subscribers are eligible to receive a significant discount at hundreds of provider locations nationwide. For more information regarding this benefit, please call VBA's Customer Service at 1-800-432-4966/option 5.
  - Usual, Customary, Reasonable as determined by VBA.

\*See Extra Cost and Non-Covered items as outlined in Section VI.

## How often are these services available? (from the last date of service)

EXAMINATION: Once every 12 months

LENSES: Once every 12 months

FRAMES: Once every 12 months

-or-

CONTACT LENSES (in lieu of all other benefits for the benefit period):  
Once every 12 months

## How much do I pay?

When you choose to obtain services from a VBA Participating Provider, this plan covers the benefits described herein (examination, professional services, lenses and frames) at no expense to you, if the materials selected fall within your plan's allowance. A \$10 copayment applies to the vision exam and a \$10 copayment applies to the total cost of the lenses and/or frames selected through a VBA Participating Provider only. The copayment(s) do not apply to the contacts.

## How do I use this plan?

Prior to receiving vision benefits, you can easily check your eligibility and find a VBA Provider near your area by doing one of the following:

- Call VBA at 1-800-432-4966/push "1" then "5" and a VBA service representative will answer all of your questions, including helping you find a provider who would accept VBA's paperless E-Claims system - where you do not need a paper benefit form.

-or-

- Visit VBA's website at [www.visionbenefits.com](http://www.visionbenefits.com) and obtain the same information, including providers with their names emboldened if they accept VBA's E-Claims system. When making your paperless claims appointment, please let the office know that you would like to use the VBA E-Claims system.

-or-

- If you prefer to use VBA's paper benefit form, simply call the same number, or visit the same website, and follow the instructions to request the VBA benefit form, which will be mailed directly to your home, along with a printed list of all VBA providers in your area.

## Option I

If You Select the VBA Benefit Form and use a VBA Participating Doctor:

1. Choose a VBA Participating Doctor from the printed roster and make an appointment for the eye examination.
2. You MUST present the benefit form to the VBA Participating Doctor on your first visit. Failure to do so will result in your being partially reimbursed according to the Non-Participating Provider Reimbursement Schedule. When the examination has been completed, the VBA Participating Doctor will have you sign the benefit form and pay the copayment(s), if applicable.
3. The VBA Participating Doctor will take care of all paperwork for payment. VBA will pay the Doctor for the services you received according to VBA's contractual agreement with the Doctor.

## Option II

If You Choose to See an Optometrist, Ophthalmologist or Dispensing Optician Who Is Not A VBA Participating Provider:

1. Make an appointment and receive the necessary services from the provider. Pay the Provider his full fee and obtain an itemized receipt which must contain the following information:

# Vision Plan -Board of Education City of St. Louis

- a) Patient's name
- b) Date services began
- c) The services and/or materials the patient received
- d) The type of lenses the patient received (single vision, bifocal, etc.)

2. Mail your VBA Benefit Form and itemized receipts to:  
VISION BENEFITS OF AMERICA  
300 Weyman Plaza, Suite 400  
Pittsburgh, PA 15236-1588
3. You will be reimbursed directly according to the following Reimbursement Schedule:

## Non-participating provider reimbursement schedule

### PROFESSIONAL FEES

Vision Examination, up to	\$ 36.00
OPHTHALMIC MATERIALS	(pair)
Single Vision Lenses, up to	\$ 28.00
Bifocal Lenses, up to	45.00
Trifocal Lenses, up to	56.00
Lenticular Lenses, up to	80.00
One Year Scratch Protection	N/A
Polycarbonate Lens Material	N/A
Frames, up to	\$ 45.00

-or-

CONTACT LENSES (In lieu of all other benefits for the benefit period. You will not receive any additional monies for contact lenses and/or contact lens exam costs that are over the allowance).

Elective (In Lieu of Glasses)	\$ 130.00
Medically Necessary	210.00

THERE IS NO ASSURANCE THE NON-PARTICIPATING PROVIDER REIMBURSEMENT SCHEDULE WILL COVER THE ENTIRE COST OF THE EXAMINATION, GLASSES OR CONTACTS.

## Option III

If You Choose to See A Non-Participating Provider For An Eye Exam and Have A VBA Participating Provider Fill Your Prescription:

1. After receiving an eye exam from the Doctor, pay the Doctor his exam fee. Obtain a receipt for the exam and the prescription for your lenses.
2. Call one of the VBA Participating Providers who has an asterisk beside their name (this means they are willing to fill another Doctor's prescription) and make an appointment to have your prescription filled/lenses made.
3. Take your VBA Benefit Form and your prescription to the VBA Participating Provider on your first visit. They will fit you with your new glasses and take care of any paperwork associated with the glasses. The Participating Provider will be paid by VBA for all covered services.
4. You will be paid directly for your eye exam according to the above Reimbursement Schedule. Simply submit the paid exam receipt to VBA and indicate your employer's name and the employee's ss#.

NOTE: If any problems arise with your glasses or contacts due to an inaccurate prescription written by a Non-Participating Provider, VBA and our Participating Provider assume no responsibility.

## Who is eligible?

The employee, as well as his or her dependents (if dependent coverage is provided). Eligible dependents would include the spouse and dependent children. Please check with your employer for age limits.

## What optional vision materials are available at controlled pricing under this plan?

EXTRA COST--This plan is designed to fully cover your visual needs rather than cosmetic lens & frame options. There will be controlled extra costs involved if you select any of the following:

- a) Rimless frames
- b) A frame that costs more than your plan's allowance
- c) Elective contact lenses (in excess of your plan's allowance)
- d) Progressive lenses (available starting at \$45.00)
- e) Polycarbonate lens material for adults (covered if under 19)
- f) Photosensitive lenses (glass or plastic)
- g) Tinted lenses
- h) Coated lenses (except 1 yr scratch protection is included)

NOT COVERED ITEMS--There are no benefits for professional services or materials connected with:

- a) Orthoptics or vision training, subnormal vision aids or non-prescription lenses.
- b) Lenses and frames furnished under this program which are lost or broken. These will not be replaced unless you are eligible for frames or lenses at that time.
- c) Medical or surgical treatment of the eyes.
- d) Two pairs of glasses in lieu of bifocals.
- e) Services or materials provided as a result of any Workers' Compensation Law or similar legislation.
- f) Any eye examination required by an employer as a condition of employment; or any services or materials provided by any other vision care plan, or group benefit plan containing benefits for vision care.

IF YOU HAVE QUESTIONS ABOUT YOUR VISION CARE COVERAGE OR THE FILING OF YOUR CLAIM, PLEASE CONTACT THE CUSTOMER SERVICE DEPARTMENT AT 1-800-432-4966.

VBA#670 09/12

# Basic & Supplemental Life Benefits

- Additional Services available to St. Louis Public School Employees are: Will and Trust Preparation Services and Beneficiary Services. Information on both of these benefits is located on pages 51 and 52.
- Company Paid Basic Life and Accidental Death and Dismemberment (AD&D)
- Voluntary Employee Supplemental Life, Supplemental Dependent Spouse and Child Life Plan

Employee Basic Life	Eligibility	All Active Full-Time Employees (excludes Superintendents)
	Life and AD&D Benefit	\$40,000
	Guarantee Issue	\$40,000
Eligibility - Supplemental Life Employee and Dependent		All Active Full-Time Employees
Employee Supplemental Life	Life Benefit	\$5,000; \$10,000; \$20,000; \$50,000; \$75,000; \$100,000; \$125,000; \$150,000; or \$200,000
	Guarantee Issue	\$200,000
Employee Coverage Provisions	Benefit Reduction	No age reductions Coverage ceases at retirement
	Accelerated Death Benefit	Up to 75% of life benefit not to exceed \$200,000 is payable if life expectancy is 12 months or less
	Waiver of Premium	To age 65 if disabled prior to age 60 and the disability lasts at least 6 months
	Portability	The lesser of the Employee's combined in force Basic and Supplemental life amounts or \$240,000
Dependent Supplemental Life	Spouse Life Benefit	\$10,000 to \$100,000 in increments of \$10,000 not to exceed 50% of employee's supplemental life amount (Example: If employee elects \$20,000, the Spouse cannot elect more than \$10,000)
	Child Life Benefit (14 days of age to age 26)	\$5,000; \$7,500; or \$10,000
	Guarantee Issue	Spouse: \$20,000 Child(ren): \$10,000
	Portability	The lesser of the Dependent's in force supplemental life amount or \$100,000

- Limitations for AD&D: Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug unless prescribed by physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft.
- This is a summary of benefits only and does not include all plan provisions, exclusions, and limitations relating to your coverage. Please refer to your Certificate of Coverage. If differences exist between this summary and your Certificate of Coverage, the Certificate of Coverage will govern.
- Late applicants are subject to Evidence of Insurability.

This is an overview of your benefits. The contract will govern actual benefits. The Company reserves the right to make future changes.

# Supplemental Life Benefit

You may enhance your District-provided Basic Group Term Life Insurance by electing Supplemental Life Insurance. This coverage provides an additional benefit to your beneficiary(ies) if you die while insured. Your personal enrollment worksheet lists the options available to you, along with each option's cost per pay period. You pay the cost of this benefit on an after-tax basis.

## Premium Calculation Examples:

### Supplemental Life

- Employee, age 36:  $\$200,000 \times \$0.208 = \$41,600 / \$1,000 = \$41.60$  per month
- Spouse, age 33:  $\$20,000 \times \$0.208 = \$4,160 / \$1,000 = \$4.16$  per month
- Child(ren):  $\$10,000 \times \$0.15 = \$1,500 / \$1,000 = \$1.50$  per month

(Note: monthly premium is the same regardless of the number of dependent children covered)

### Your Cost at a Glance

<b>Employee Basic Life and AD&amp;D</b>	100% Company Paid
<b>Supplemental Life</b>	\$0.208 per \$1,000
<b>Employee and Spouse (requires 20% participation)</b>	
<b>Supplemental Child Life</b>	\$0.15 per \$1,000

Depending on your situation, you may be required to provide Evidence of Insurability (EOI) when you enroll for Supplemental Life Insurance coverage, according to the following rules:

- If you are a newly hired employee, you may elect any coverage level listed on page 49 without providing EOI.
- Current employees enrolling for the first time must show EOI when selecting any level of coverage.
- Current employees who previously enrolled for coverage may increase their coverage by one level -for example, elect to increase from \$10,000 to \$20,000 - without providing EOI. However, EOI will be required for all increases of more than one coverage level.
- If you experience a qualified life event or change in status, you may make changes to your Supplemental Life Insurance coverage that are consistent with and on account of your change in status. If you are enrolling for the first time, you may elect coverage of \$5,000 without providing EOI. You must show EOI when selecting any other level of coverage for the first time. If you are already enrolled for coverage, you may increase your coverage by one level without providing EOI. However, EOI will be required for all increases of more than one coverage level.

If your Supplemental Life Insurance selection requires you to provide EOI, you will receive a pop-up during online enrollment, if you enroll by phone the required forms will be mailed to you. You will need to complete and return this form to: St. Louis Public Schools, Human Resources, 801 North 11th Street, St. Louis, MO 63101, Attn: Karen Shelton-Henry—Benefits/EOI enclosed. If your coverage selection is approved, your coverage will be effective the first of the month following approval and the appropriate payroll deductions will be taken.



# CIGNA's Will Preparation Program

CIGNA makes it easy for you to take charge of those difficult life and health legal decisions. There are no more reasons to hesitate planning for the future with our online will preparation services. Available to individuals who have CIGNA's Group life, accident, or disability coverage.

## Think you don't need a will or living will?

If you're like most people, you don't like thinking about planning for your death. However, there are many good reasons why it's very important to have a will no matter what your personal circumstances might be. For example, to have a say in your healthcare treatment if you're not able to speak for yourself, to assign guardianship for minor children, and to secure your assets.

## Think you don't have enough assets to need a will?

Nearly one in four (24%) of American adults say their biggest reason for not having a will is a lack of sufficient assets.<sup>1</sup> Not having a will puts your family in the position of having to guess about how to manage your personal and financial assets after your death.

## Think you can't afford to create a will?

Now you can! CIGNA's Will Center allows you to easily complete essential life and health legal documents online at no cost to you.

## Not sure how to develop your will?

Don't worry. CIGNA's Will Center is secure, easy to use, and available to you and your covered spouse seven days a week, 365 days a year. And, if you have any questions, phone representatives are available to assist you via a toll-free number.<sup>2</sup> Once registered on the site, you will have direct access to a Personal Estate Planning web page, where you can:

- create and maintain your personalized legal documents
- follow an intuitive, interactive, question-and-answer process to create state-specific legal documents tailored to your situation
- preview, edit, download and print your legal documents for execution

## It's easy! Go to [CIGNAWillCenter.com](https://portal.adp.com)

To access your Personal Estate Planning web page, simply complete the online form and register as a new user. When prompted for a registration code, provide your date of birth plus the last four digits of your Social Security number. Once this is completed you can immediately start building your will and other legal documents.

<sup>1</sup> National Association of Estate Planners and Councils. "Wills 101: Everything You Know But Don't Want to Think About." June 2006.

<sup>2</sup> No legal advice is provided.

## Now is the time to get started.

Visit [CIGNAWillCenter.com](https://portal.adp.com) to create your own personalized:

**Last Will & Testament** – specifies what is to be done with your property when you die, names the executor of your estate and allows you to name a guardian for your minor children.

**Living Will** – contains your wishes regarding the use of extraordinary life support or other life-sustaining medical treatment.

**Healthcare Power of Attorney** – allows you to grant someone permission to make medical decisions if you are unable to make them yourself.

**Financial Power of Attorney** – allows you to grant someone permission to make financial decisions on your behalf if you are unable to make them yourself.

**Medical Authorization for Minors** – allows you or a guardian to provide authorization for medical personnel to treat your child in the event you are not present.

### Plus, find information on:

- **Estate Planning**
- **Identity Theft Information Kit**
- **CIGNA's Life and Disability Planning Kits** – access insurance calculators to determine whether you and your family have sufficient coverage for the future.

"CIGNA®" and "CIGNA Group Insurance" are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its subsidiaries. "Products and services are provided by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America and CIGNA Life Insurance Company of New York and not CIGNA Corporation. CIGNA's Will Preparation Services are provided under an arrangement with ARAG. Presented here are highlights of CIGNA's Will Preparation Services. CIGNA's Will Preparation Services are independently administered by ARAG®. CIGNA does not provide legal services and makes no representations or warranties as to the quality of the information on the ARAG web site, the services of ARAG or of any attorney in the ARAG network.

# The CIGNAssurance® Program for Beneficiaries

## Providing peace of mind at a time of need

Through CIGNA's broad employee benefits capabilities and expertise, we are able to provide a package of financial, bereavement and legal services to help Life and Personal Accident<sup>1</sup> beneficiaries. The CIGNAssurance Program gives employees greater peace of mind that insured loved ones will have the support they need following their loss.

### The CIGNAssurance Program provides:

#### Bereavement counseling with professional behavioral

##### health experts

- Access to free, confidential bereavement services by phone 24 hours a day, 7 days a week
- Two free face-to-face counseling sessions with CIGNA Behavioral Health experts
- Assistance finding community-based programs including self-help groups, educational programs, nonprofit organizations and public resources

#### Legal assistance from licensed, practicing attorneys

- Up to 30 minutes of free telephone legal consultation services
- Referral to discounted, professional legal services for help settling the estate, preparing
- Will or receiving general legal advice (25 percent off usual and customary charges)

#### Guidebook helps beneficiaries navigate legal and financial responsibilities

- Provides information on probating the estate, investigating additional benefit sources, and financial assessment and planning
- Includes sample letters that beneficiaries can use in their search for additional benefits; downloadable, customizable versions of letters are available at [www.cigna.com](http://www.cigna.com)

*it's time to feel better*

#### Expert financial guidance

- Up to 30 minutes of free telephone consultation with professionals who have extensive experience in financial services (including Certified Public Accountants, Certified Financial Planners, Chartered Financial Consultants, Registered Investment Advisors, Chartered Life Underwriters, Stockbrokers and Personal Financial Specialists)
- Referrals to financial professionals who can assist beneficiaries with additional financial needs<sup>2</sup>

#### CIGNAssurance account

- Benefits over \$5,000 are deposited into a free interest-bearing account with draft privileges;<sup>3</sup> this gives beneficiaries the time to deal with more pressing issues and helps provide peace of mind that their money is still working for them

1 These services are available to beneficiaries once they have received benefit checks over \$5,000 from CIGNA Group Insurance Life and Personal Accident Programs. Phone and face-to-face counseling sessions must be used within one year of the date the claim is approved.

2 Additional charges may apply.

3 This account, called CIGNAssurance®, is not a bank deposit and is not FDIC Insured.

#### CIGNAssurance provides beneficiaries with:

- Bereavement counseling with certified specialists
- Financial information from experienced professionals
- Legal consultation services

#### The CIGNAssurance package to beneficiaries includes:

- "Where To Go From Here" brochure
- "Looking Ahead" guidebook
- Personalized book of drafts
- **Certificate of confirmation**

Products and services are provided by operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Life Insurance Company of North America and CIGNA Life Insurance Company of New York. "CIGNA," and the "Tree of Life logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. Some features and services listed may not be available to all accounts or in all states. Counseling services are not available under CIGNA Life Insurance Company of New York policies.

# Flexible Spending Accounts

Under the Flexible Spending Account (FSA) Plan, you may elect to set aside pre-tax dollars to pay for certain benefits expenses, Healthcare Reimbursement (Healthcare FSA) and/or Dependent Care Reimbursement (Dependent Care FSA). This Plan helps you because the benefits expenses you elect are nontaxable, which means that:

- Pre-tax contributions are withheld from your gross income before any applicable federal, state and local taxes have been deducted and
- You save Social Security and income taxes on the amount of your salary that you contribute to the plan. As a participant in the FSA Plan, pre-tax contributions are deducted from each paycheck (24 deductions for 12-month employees and 20 deductions for non 12-month employees) for the upcoming plan year. These deductions will appear as a credit to your FSA. As you incur eligible expenses, you will submit a claim form to be reimbursed from your account.

## Healthcare FSA

The Healthcare FSA is a way for you to pay with tax-free dollars for many of your health-related out-of-pocket expenses that are not covered or fully reimbursable under your medical plan. Examples of expenses for which you may be reimbursed are those that are incurred for physician office visit co-pays, prescription co-pays, vision care expenses and even certain Over-the-Counter (OTC) drugs and medicine.

However, federal regulations do not allow any insurance premiums, warranties, service contracts, or long-term care expenses to be reimbursed under this plan.

**\*Certain OTC drugs and medicines will no longer be eligible for reimbursement without a prescription or Letter of Medical Need from your physician. Be sure to visit <https://portal.adp.com> for regular updates about OTC eligibility.**

## Examples of Eligible Healthcare Expenses

- Medical plan deductibles
- Most co-payments
- Prescription drugs
- Over-the-counter (OTC) drugs and medicines purchased to alleviate or treat personal injuries or sicknesses\*
- Routine checkups and physicals
- Dental and orthodontia expenses
- Vision care expenses, including exams, glasses, and contact lenses
- Laser eye surgery
- Many treatments for alcoholism or drug addiction
- Weight loss programs prescribed to treat an existing disease
- Smoking cessation programs and prescriptions prescribed by a physician
- Psychology and Psychoanalysis medical expense amounts
- Medically necessary cosmetic surgery
- Hearing Aids/batteries
- Birth control pills, devices and procedures
- Sterilization & Vasectomy
- Well baby care and immunizations
- Occupational/Physical therapy
- Chiropractor expenses for medical care
- Infertility treatments
- Massage therapy used to treat injury or trauma
- Acupuncture or related procedures when treating a medical condition

You may choose any annual Healthcare Reimbursement amount you desire, subject to the following minimum and maximum annual amounts

Payroll Schedule	Annual Minimum	Minimum Per Pay Period	Annual Maximum	Maximum Per Pay Period
12-Month	\$240	\$10.00	\$1,500	\$62.50
Non-12-Month	\$240	\$12.00	\$1,500	\$75.00

Eligible medical expenses must be incurred during the Plan Year (or the 2½ month Grace Period thereafter) and while you are a participant. You may not be reimbursed for any expenses arising before the Healthcare FSA becomes effective or for any expenses incurred after the close of the Grace Period or after a separation from employment.

**If you do not incur an amount of eligible medical expenses that match the pre-tax dollars set aside and allocated to your account, the allocated amount is forfeited.**

If you are a newly eligible or newly enrolled participant in the Flexible Spending Account Plans, your annual amount will be divided by the number of remaining pay periods for the calendar/plan year.

# Flexible Spending Accounts

## Dependent Care FSA

The Dependent Care FSA allows you to pay for qualifying dependent care expenses with tax-free dollars for eligible reimbursable dependent care expenses. Qualifying dependent care expenses are those expenses that you incur in order for you and your spouse to work or look for work during your period of coverage.

### Dependent care expenses are limited to:

- Care for dependent children under age 13, who have the same principal place of abode as you and who do not provide over half of their own support, or
- A spouse or a dependent who is physically or mentally incapable of caring for himself or herself, for whom the Participant provides over one-half of the individual's support for year, and whose gross income is less than the federal tax exemption amount (currently \$3,200).

**Note:** There is a special rule for children of divorced parents. Dependent care expenses are limited to those of the parent with whom the child resides with the longest during the year.

You'll need to get the taxpayer identification number from the facility providing care for your dependent. If an individual provides care for your dependent, a Social Security number is acceptable. The individual must report the income in order for you to get the tax advantage of using the dependent care reimbursement account.

Ineligible dependent care expenses include:

- Expenses claimed as deductions or credits on your federal income tax return
- Expenses for food, clothes, or transportation
- Expenses for the education of a dependent in the first or higher grade level
- Expenses for the care of your physically or mentally incapacitated spouse or dependent who doesn't spend at least eight hours each day in your home
- Expenses for care provided by a family member if that person is claimed as a dependent on your income tax form or under age 19

You may choose any annual Dependent Care Reimbursement amount you desire, subject to the following minimum annual amounts:

Payroll Schedule	Annual Minimum	Minimum Per Pay Period
12-Month	\$240	\$10.00
Non-12-Month	\$240	\$12.00

The annual maximum amount cannot exceed the maximum Dependent Care Reimbursement amount specified in Section 129 of the Internal Revenue Code. The maximum annual amount is currently \$5,000 per Plan Year if you - (a) are married and file a joint return; (b) are married but your spouse maintains a separate residence for the last six months of the calendar year, you file a separate tax return, and you furnish more than one-half the cost of maintaining those Dependents for whom you are eligible to receive tax-free reimbursements under the Dependent Care FSA; or (c) are single. If you are married and reside together, but file a separate federal income tax return, the maximum Dependent Care Reimbursement that you may elect is \$2,500. In addition, the amount of reimbursement that you receive cannot exceed the lesser of the earned income (as defined in Code Section 32) of you or your spouse. For purposes of (a) above, your spouse will be deemed to have Earned Income of \$250 (\$500 if you have two or more Qualifying Individuals), for each month in which your spouse is (i) physically or mentally incapable of caring for himself or herself, or (ii) a full-time student (as defined by Code Section 21).

Eligible dependent care expenses must be incurred during the Plan Year and while you are a participant. You may not be reimbursed for any expenses arising before the Dependent Care FSA becomes effective or for any expenses incurred after the close of the Plan Year or after a separation from employment.

**If you do not incur an amount of eligible dependent care expenses that match the pre-tax dollars set aside and allocated to your account, the allocated amount is forfeited.**

### Example of Tax Savings with Flexible Spending Accounts (FSA):

	Without FSA	With FSA
Gross Monthly Pay	\$2,500	\$2,500
Pre-Tax Healthcare FSA	-0-	\$50
Pre-Tax Dependent Care FSA	-0-	\$60
Taxable Income	\$2,500	\$2,390
Withholdings @22.65% (Income Tax & FICA)	(\$566)	(\$541)
After-Tax Health Care Expenses	(\$50)	-0-
After-Tax Dependent Care Expenses	(\$60)	-0-
Net Annual Salary	\$1,823	\$1,849
Monthly Savings of \$26		

[www.flexdirect.adp.com](http://www.flexdirect.adp.com)

# 2016 Cost of Coverage

The District pays the cost for your coverage (employee only) in the Medical, Dental and Vision Plans. You pay the full cost for your spouse and dependent children on a pre-tax basis. All elections for dependent Medical, Dental and Vision coverage are made on a pre-tax basis by way of salary deductions. An employee may choose to opt out of medical coverage if the employee has coverage under another plan and will receive a monthly credit from the District. You pay the cost for your Supplemental Life Insurance on an after-tax basis. These elections are provided under the Premium Conversion Plan maintained by the Board of Education and are governed by Internal Revenue Code Section 125.

## 2016 Employee Benefits Plan Year

	Monthly Premium	12-Month Employee 24 Pay Period Deductions	10, 10.5, 11-Month Employee 20 Pay Period Deductions
<b>Coventry Health Base Plan</b>			
<b>Employee Only</b>	<b>\$668.46 (Paid by SLPS)</b>	<b>\$334.23 (Paid by SLPS)</b>	<b>\$401.08 (Paid by SLPS)</b>
Spouse	\$567.66	\$283.83	\$340.60
Child(ren)	\$329.05	\$164.53	\$197.43
Spouse & Child(ren)	\$761.13	\$380.57	\$456.68
<b>Coventry Health Buy Up Plan*</b>			
<b>Paid by SLPS (Same as Base)</b>	<b>\$668.46 (Paid by SLPS)</b>	<b>\$334.23 (Paid by SLPS)</b>	<b>\$401.08 (Paid by SLPS)</b>
Employee Only	\$53.59	\$26.80	\$32.15
Spouse	\$648.67	\$324.34	\$389.20
Child(ren)	\$394.46	\$197.23	\$236.68
Spouse & Child(ren)	\$854.60	\$427.30	\$512.76
<b>Delta Dental</b>			
<b>Employee Only</b>	<b>\$25.74 (Paid by SLPS)</b>	<b>\$12.87 (Paid by SLPS)</b>	<b>\$15.44 (Paid by SLPS)</b>
Spouse	\$26.99	\$13.50	\$16.19
Child(ren)	\$39.80	\$19.90	\$23.88
Spouse & Child(ren)	\$62.76	\$31.38	\$37.66
<b>Vision Benefits of America Base Plan</b>			
<b>Employee Only</b>	<b>\$1.45 (Paid by SLPS)</b>	<b>\$0.73 (Paid by SLPS)</b>	<b>\$0.87 (Paid by SLPS)</b>
Employee + 1	\$2.21	\$1.11	\$1.33
Employee + 2 or more	\$3.80	\$1.90	\$2.28
<b>Vision Benefits of America Buy Up Plan (mandatory 3 year enrollment)**</b>			
<b>Employee Only</b>	<b>\$1.45 (Paid by SLPS)</b>	<b>\$0.73 (Paid by SLPS)</b>	<b>\$0.87 (Paid by SLPS)</b>
Employee Only	\$0.51	\$0.26	\$0.31
Employee + 1	\$3.36	\$1.68	\$2.02
Employee + 2 or more	\$5.38	\$2.69	\$3.23

\* District will pay the same amount toward the Buy Up Plan as they pay for the Base Plan. Employee will pay the difference between the Base and Buy Up plan amount.

\*\* District will pay the Base plan amount for employee only. The cost for the Vision Buy Up plan represents the additional costs only. Employees that enroll in the Vision Buy Up plan are obligated to stay in the plan for three (3) years.

# 2016 Cost of Coverage

	Monthly Premium	12-Month Employee 24 Pay Period Deductions	10,10.5, 11-Month Employee 20 Pay Period Deductions
<b>CIGNA Insurance (BASIC and AD&amp;D)</b>			
\$40,000 Basic Life	(\$6.00) Paid by SLPS	(\$3.00) Paid by SLPS	(\$3.60) Paid by SLPS
\$40,000 AD&D	(\$.60) Paid by SLPS	(\$.30) Paid by SLPS	(\$.36) Paid by SLPS
<b>CIGNA Supplemental Life EMPLOYEE</b>			
\$5,000	\$1.04	\$0.52	\$0.62
\$10,000	\$2.08	\$1.04	\$1.25
\$20,000	\$4.16	\$2.08	\$2.50
\$50,000	\$10.40	\$5.20	\$6.24
\$75,000	\$15.60	\$7.80	\$9.36
\$100,000	\$20.80	\$10.40	\$12.48
\$125,000	\$26.00	\$13.00	\$15.60
\$150,000	\$31.20	\$15.60	\$18.72
\$200,000	\$41.60	\$20.80	\$24.96
<b>CIGNA Supplemental Life SPOUSE</b>			
\$10,000	\$2.08	\$1.04	\$1.25
\$20,000	\$4.16	\$2.08	\$2.50
\$30,000	\$6.24	\$3.12	\$3.74
\$40,000	\$8.32	\$4.16	\$4.99
\$50,000	\$10.40	\$5.20	\$6.24
\$60,000	\$12.48	\$6.24	\$7.49
\$70,000	\$14.56	\$7.28	\$8.74
\$80,000	\$16.64	\$8.32	\$9.98
\$90,000	\$18.72	\$9.36	\$11.23
\$100,000	\$20.80	\$10.40	\$12.48
<b>CIGNA Supplemental Life DEPENDENT CHILD</b>			
\$5,000	\$0.75	\$0.38	\$0.45
\$7,500	\$1.13	\$0.57	\$0.68
\$10,000	\$1.50	\$0.75	\$0.90



# Employee Notices

## Notice: Medicare Part D Certificate of Creditable Coverage

### Important Notice from the Board of Education of the City of St. Louis About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Board of Education about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare Drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Board of Education of the City of St. Louis has determined that the prescription drug coverage offered by Express Scripts is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens To Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Express Scripts coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current coverage offered by Board of Education of The City of St. Louis, be aware that you and your dependents may be able to get this coverage back, as long as you are an eligible active full time employee.

#### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your coverage with The Board of Education of the City of St. Louis and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

#### For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information: Human Resources Reception at 314-231-3720 for assistance with Medicare Prescription Drug Coverage information ONLY.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Board of Education of The City of St. Louis changes. You also may request a copy of this notice at any time.

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

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

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

# Employee Notices

continued from page 57...

For more information about Medicare prescription drug coverage:

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

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

**Date:** 8/1/2015

**Name of Entity/Sender:** Board of Education of The City of St. Louis  
**Contact-Position/Office:** Human Resources Reception for Medicare Prescription Drug Coverage ONLY

**Address:** 801 North 11th Street, St. Louis, MO 63101

**Phone Number:** (314) 231-3720

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Notice: HIPAA Special Enrollment Rights

If you declined enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Benefits Call Center at 1-866-345-7577.

## Notice: Women's Health & Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your plan administrator.

## Notice: Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://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 under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

**See the next two pages for more CHIP information.**

# Employee Notices

CHIP continued...

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2014. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	KENTUCKY – Medicaid
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570
ALASKA – Medicaid	LOUISIANA – Medicaid
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447
ARIZONA – CHIP	MAINE – Medicaid
Website: <a href="http://www.azahcccs.gov/applicants/">http://www.azahcccs.gov/applicants/</a> Phone (outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: <a href="http://www.maine.gov/dhhs/of/public-assistance/index.html">http://www.maine.gov/dhhs/of/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY: 1-800-977-6741
COLORADO – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In State): 1-800-866-3513 Medicaid Phone (Out of State): 1-800-221-3943	Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120
FLORIDA – Medicaid	MINNESOTA – Medicaid
Website: <a href="https://www.flmedicaidprecovery.com/">https://www.flmedicaidprecovery.com/</a> Phone: 1-877-357-3268	Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629
GEORGIA – Medicaid	MISSOURI – Medicaid
Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
IDAHO – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 1-800-926-2588 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Telephone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://www.in.gov/fssa/">http://www.in.gov/fssa/</a> Phone: 1-800-889-9949	Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-800-383-4278
IOWA – Medicaid	NEVADA – Medicaid
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: <a href="http://www.kdheks.gov/hcf">http://www.kdheks.gov/hcf</a> Phone: 800-792-4884	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218

# Employee Notices

CHIP continued...

<b>NEW JERSEY – Medicaid and CHIP</b>	<b>SOUTH DAKOTA</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW YORK – Medicaid</b>	<b>TEXAS – Medicaid</b>
Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NORTH CAROLINA – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>NORTH DAKOTA – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Telephone: 1-800-250-8427
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>OREGON – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Medicaid & CHIP Phone: 1-877-314-5678	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473
<b>PENNSYLVANIA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>RHODE ISLAND – Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>SOUTH CAROLINA – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.health.wyo.gov/healthcarefin/equalitycare">http://www.health.wyo.gov/healthcarefin/equalitycare</a> Telephone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2015 or for more information on special enrollment rights, you can contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 09/30/2014)



# Contact Information

## **Benefits Call Center**

1-866-345-7577  
<https://portal.adp.com>

## **MEDICAL**

### **Coventry Health Care**

1-800-755-3901  
[www.chcmissouri.com](http://www.chcmissouri.com)

## **PRESCRIPTION DRUGS**

### **Express Scripts**

1-877-850-3348  
[www.express-scripts.com](http://www.express-scripts.com)

## **DENTAL**

### **Delta Dental**

1-800-335-8266  
[www.deltadentalmo.com](http://www.deltadentalmo.com)

## **VISION**

### **Vision Benefits of America**

1-800-432-4966  
[www.visionbenefits.com](http://www.visionbenefits.com)

## **LIFE INSURANCE**

### **Cigna**

1-800-732-1603

## **FLEXIBLE SPENDING**

### **ACCOUNTS**

[www.flexdirect.adp.com](http://www.flexdirect.adp.com)

Employees can make changes online at <https://portal.adp.com> by selecting the link "Enroll in 2015 Benefits."

Employees may also contact the Benefits Call Center at 1-866-345-SLPS (7577).

Customer Service Representatives are available on a year-round basis, Mon - Fri, 7 a.m. - 7 p.m. CST.

Enroll Online at <https://portal.adp.com>

Information contained herein does not constitute an insurance certificate or policy. Certificates will be provided to participants following the start of the plan year, if applicable.