OUR CITY ★ OUR SCHOOLS

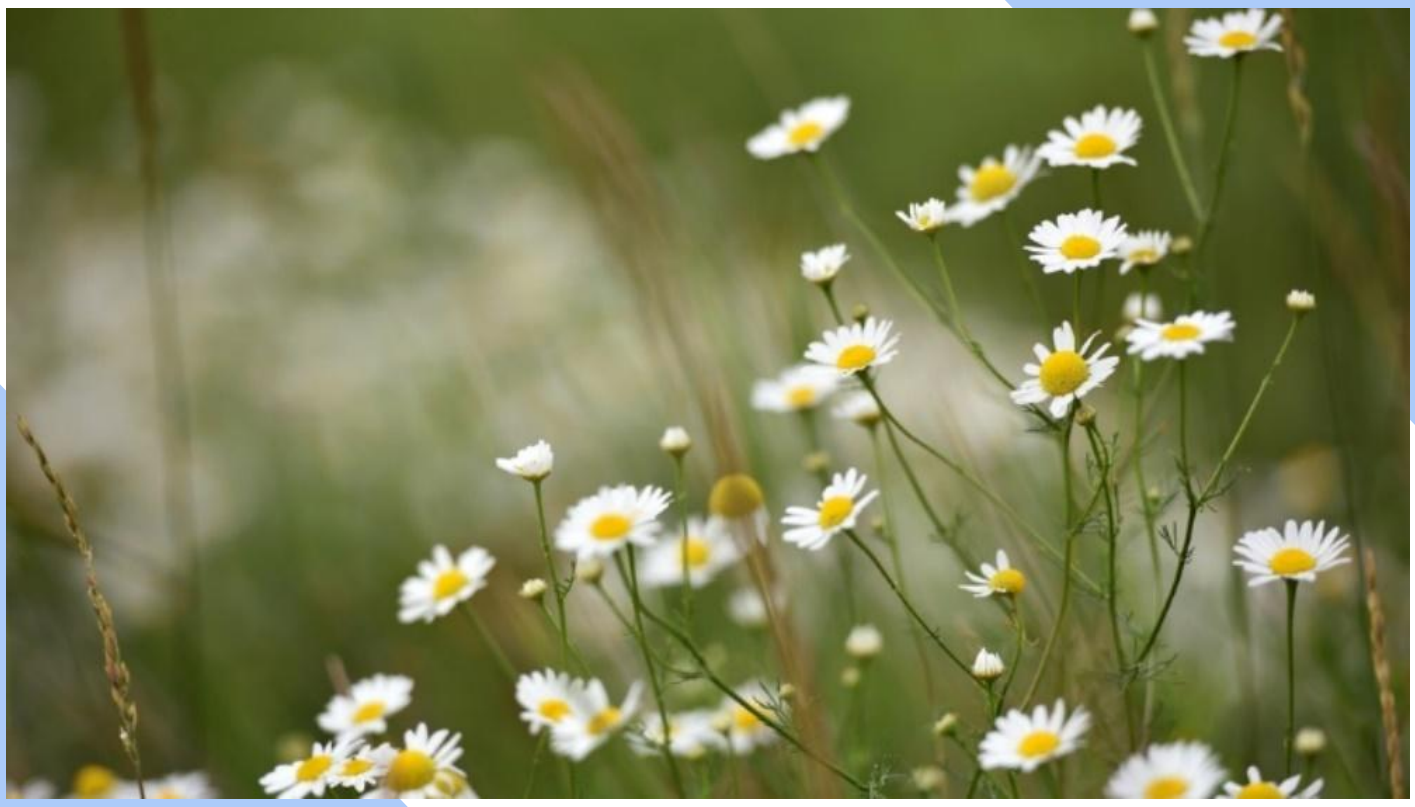
SINCE 1838

SAINT LOUIS PUBLIC SCHOOLS

★ OUR FUTURE ★

2026 Benefits Guide

INSIDE THE GUIDE



WELCOME

At St. Louis Public Schools we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This guide will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Rebecca Anderson, *Benefits Coordinator*
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Teresa Lewis, *Senior Benefits & Leave Specialist*
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ELIGIBILITY

ELIGIBLE EMPLOYEES:

You may enroll in the St. Louis Public Schools Employee Benefits Program if you are a full-time employee working at least 30 hours per week.

ELIGIBLE DEPENDENTS:

You may enroll the following dependents in the St. Louis Public Schools Employee Benefits Program:

- Spouse (unless legally separated)
- Children up to age 26
- If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided
- Child(ren) under the age of 26 who is your natural child, stepchild, legally adopted child or a child obtained through court-appointed legal guardianship, as well as children of state-registered domestic partners

WHEN COVERAGE BEGINS:

The effective date for your benefits is 01/01/2025. Newly hired employees and dependents will be effective in St. Louis Public Schools's benefits programs first of the month following date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

FAMILY STATUS CHANGE:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in you having to wait until the next open enrollment period to make your change.

For questions about your benefits or enrollment options, contact SLPS Benefits Call Center at 1-888-715-1914. Their hours of operation are Monday – Friday 7a.m. to 7p.m. central time.

OPEN ENROLLMENT:

11/11/2025 – 11/23/2025

MEDICAL

St. Louis Public Schools will continue to offer medical coverage through United Healthcare. The chart below is a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

	Base Plan		Buy Up 1 Plan		Buy Up 2 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Individual	$1,500	$2,000	$500	$1,000	$200	$400
Family	$3,000	$4,000	$1,000	$2,000	$400	$800
Embedded or Aggregate	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance	70%	60%	80%	70%	90%	70%
Maximum Out-of-Pocket						
Individual	$4,000	$7,000	$3,500	$7,000	$1,400	$2,800
Family	$8,000	$14,000	$7,000	$14,000	$2,800	$5,600
Physician Office Visit						
Primary Care	$25 copay	60% after deductible	$25 copay	70% after deductible	$15 copay	70% after deductible
Specialty Care	$35 copay	60% after deductible	$35 copay	70% after deductible	$30 copay	70% after deductible
Preventive Care						
Adult Periodic Exams	100%	60% after deductible	100%	70% after deductible	100%	70% after deductible
Well-Child Care	100%	60% after deductible	100%	70% after deductible	100%	70% after deductible
Diagnostic Services						
X-ray and Lab Tests	100% after deductible	60% after deductible	100% after deductible	70% after deductible	100% after deductible	70% after deductible
Complex Radiology	70% after deductible	60% after deductible	80% after deductible	70% after deductible	90% after deductible	70% after deductible
Urgent Care Facility	$40 copay	60% after deductible	$40 copay	70% after deductible	$40 copay	70% after deductible
Emergency Room Facility Charges	$250 copay	$250 copay	$250 copay	$250 copay	$150 copay	$150 copay
Inpatient Facility Charges	70% after deductible	60% after deductible	80% after deductible	70% after deductible	90% after deductible	70% after deductible
Outpatient Facility and Surgical Charges	70% after deductible	60% after deductible	80% after deductible	70% after deductible	90% after deductible	70% after deductible
Mental Health & Substance Abuse						
Inpatient	70% after deductible	60% after deductible	80% after deductible	70% after deductible	90% after deductible	70% after deductible
Outpatient	$25 copay	60% after deductible	$25 copay	70% after deductible	$15 copay	70% after deductible
Other Services						
Chiropractic	70% after deductible	60% after deductible	80% after deductible	70% after deductible	90% after deductible	70% after deductible

Compare options, help keep costs down

Getting care at the place that may best fit your condition or situation may save you up to $1,500 compared to an emergency room (ER) visit.*

Care options to consider	START HERE **Primary care provider (PCP)** The provider who may know you best	**24/7 Virtual Visits** A care provider over the phone, video or chat	**Convenience care** Nurse practitioners and physician assistants at retail pharmacy clinics	**Urgent care** Physicians and care teams at walk-in clinics	**Emergency room** Physicians and care teams at hospital emergency departments
Approximate cost*	**In-person: $160 Virtual: $99 or less****	**$0*****	**$80**	**$165**	**$1,700**
Allergies	✓	✓			
Bladder infection/UTI	✓	✓		✓	
Broken bone				✓	✓
Bronchitis	✓	✓		✓	
Chest pain					✓
Cough	✓	✓	✓		
COVID-19 symptoms	✓	✓		✓	
Earache	✓	✓	✓		
Fever	✓	✓			
Flu/common cold	✓	✓	✓		
Migraine/headache	✓	✓			
Muscle ache/sprain	✓			✓	
Pinkeye	✓	✓			
Shortness of breath					✓
Sinus infection	✓	✓			
Skin rash	✓	✓	✓		
Sore throat	✓	✓			
Stomach pain (nausea, vomiting, diarrhea)	✓	✓		✓	
Yeast infection	✓	✓			

✓ **Indicates the care option to consider for the common conditions listed**

Learn more

Visit **uhc.com/quickcare**

United Healthcare®

Visit with a provider 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a provider by phone or video[1] through **myuhc.com**® or the UnitedHealthcare® app

Another way to get care

Providers can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,[2] if permitted needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually $0.[3]**

Consider 24/7 Virtual Visits for these common conditions and more

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches

$0 cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential $2,000[4] cost down to $0.

Get started

Sign in at **myuhc.com/virtualvisits** | Call the number on your health plan ID card | Download the UnitedHealthcare app

United Healthcare®

[1] Data rates may apply.

[2] Certain prescriptions may not be available, and other restrictions may apply.

[3] The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change.

[4] Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated urgent care savings are based on the difference between an average urgent care visit cost of $180 and a Virtual Visit cost of $0; $2,000 difference between the average emergency room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and are not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

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 UnitedHealthcare Base and Buy Up plan options.

Base Plan	Buy Up 1 Plan	Buy Up 2 Plan
Retail Pharmacy		
$10 copay for a 30 day supply that cost up to $40	$10 copay for a 30 day supply that costs up to $40	$10 copay for a 30 day supply that costs up to $40
$25 copay for a 30 day supply that costs between $40.01 and $80	$25 copay for a 30 day supply that costs between $40.01 and $80	$25 copay for a 30 day supply that costs between $40.01 and $80
$40 copay for a 30 day supply that costs more than $80.01	$40 copay for a 30 day supply that costs more than $80.01	$40 copay for a 30 day supply that costs more than $80.01
If the cost is less than $10 copay, then you pay the lesser amount		
Mail Order Pharmacy (90 days)		
Medication that costs up to $80 will have a $20 copay	Medication that costs up to $80 will have a $20 copay	Medication that costs up to $80 will have a $20 copay
Medication that costs between $80.01 and $160 will have a $50 copay	Medication that costs between $80.01 and $160 will have a $50 copay	Medication that costs between $80.01 and $160 will have a $50 copay
Medication that costs more than $160.01 will have an $80 copay	Medication that costs more than $160.01 will have an $80 copay	Medication that costs more than $160.01 will have an $80 copay

ADDED BENEFITS:

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.

Accredo® Specialty Pharmacy

Focused care for complex and chronic conditions

We're there every step of the way.

At Accredo, Evernorth's specialty pharmacy, taking care of you is our focus. You might be newly diagnosed and beginning with a specialty medication, or you might just be new to Accredo. Either way, our specialty-trained pharmacists, nurses, pharmacy technicians and patient care advocates understand chronic and complex conditions. We're here to help you navigate this journey.

What is a specialty medication?

A medication typically used to treat chronic, complex conditions like multiple sclerosis, cystic fibrosis and cancer. Specialty medications can include oral solids, or can be injected, infused or inhaled and may require special handling, such as refrigeration.

Accredo provides personalized clinical support and care for a wide range of complex conditions, including:

+ Age-related macular degeneration
+ Alpha-1 antitrypsin deficiency
+ Anemia
+ Severe asthma
+ Cancer
+ Crohn's disease
+ Cystic fibrosis
+ Deep vein thrombosis
+ Growth hormone deficiency
+ Hemophilia
+ Hepatitis C
+ Hereditary angioedema
+ Hereditary tyrosinemia
+ Immune deficiency
+ Infertility
+ Lysosomal storage disorders
+ Multiple sclerosis
+ Neutropenia
+ Osteoarthritis
+ Osteoporosis
+ Psoriasis
+ Pulmonary arterial hypertension
+ Respiratory syncytial virus
+ Rheumatoid arthritis
+ And many more, including rare and ultra-rare conditions

EVERNORTH HEALTH SERVICES

One journey.
Three ways we focus on supporting you.

Your Accredo team is here to make your path as smooth as possible and help you along the way.

1. Specialty clinicians are your guide

+ Our specialty-trained pharmacists and nurses are **available 24/7** for any questions about your therapy
+ You'll receive **one-on-one clinical support** to help you administer your medication safely and effectively
+ Your Accredo team helps you **manage possible side effects**
+ For certain conditions, **Accredo nurses help you administer your medication** in the comfort of your home, when appropriate

2. An easy route for getting your medication

+ **Free shipping** to where you choose[1], when you choose
+ **Additional supplies**, like syringes and sharps containers, included at no additional charge[2]
+ Medication is **handled with care**, including refrigeration if needed (plus information on how to properly store your medication at home)
+ **Refill reminders** and shipment updates by email or text[3] to make sure you don't run out
+ **Order refills** at accredo.com, on our mobile app or by calling the number on your prescription label

3. Navigate insurance and financial assistance

+ Get help **understanding your insurance coverage** and coordinating with your health plan on approvals and eligibility
+ **We'll find financial assistance programs** that may be available from drug manufacturers and community organizations
+ In 2023, Accredo coordinated **$3 billion in copay assistance** for qualified patients[4]

Take charge of your journey with Accredo.

With our tools, you can manage your medications how you want, when you want. Visit Accredo.com or download our mobile app; go to your mobile device's app store and search for "Accredo." You can order refills[5], check order status, view medication history and much more.

1. As allowable by law.
2. Where permitted by benefit plan design.
3. Based on enrollment.
4. Based on 2023 Accredo book of business data.
5. Not available for all specialty medications.

EVERNORTH HEALTH SERVICES

DENTAL

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy.

St. Louis Public Schools offers a Delta Dental Plan through Delta Dental Insurance Company for all employees. With the Delta Dental Plan you also have the ability to obtain dental care services from the dentist of your choice (contracted or not). The dental plan provides a higher level of benefit if you choose to use an in-network provider. For more information about your plan or to find a provider, visit www.DeltaDental.MO.com or call 800-335-8266.

The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Dental Plan		
	PPO	Premier	Out-of-Network
Annual Deductible			
Individual	$0	$100	$100
Family	$0	$300	$300
Waived for Preventive Care?	Yes	Yes	Yes
Annual Maximum			
Per Person	$2,500	$1,500	$1,000
Preventive	100%	90%	70%
Basic	80%	60%	50%
Major	50%	40%	20%
Orthodontia			
Benefit Percentage	50%	50%	50%
Dependent Child(ren)	Covered up to age 26	Covered up to age 26	Covered up to age 26
Lifetime Maximum	$1,000	$1,000	$1,000
Benefit Waiting Periods	None	None	None

PPO Network Dentists	• Accept lower fee allowances and do not bill the patient for amounts over the PPO 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.
Premier Network Dentists	• 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.
Non-Network Dentists	• Are reimbursed up to the allowed amount of what the dentist's 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.

DELTA DENTAL®

24/7 online access to benefits and service

Register today

Visit **DeltaDentalMO.com/Members/Register** to receive electronic delivery of your benefit information. Once registered, log in to your account online or with the Delta Dental Mobile App.

You have access to important plan information

- Review and print your dental plan's coverage levels, deductibles, maximums, age limits and limitations
- Verify your eligibility
- Request or download a claim form
- Order or print an ID card
- View your Explanation of Benefits (EOB)
- Get answers to frequently asked questions

Log in to view your benefits

Visit www.DeltaDentalMO.com, and click on one of the **Member** or **Sign In** links. To register, follow the steps under **Member Sign In**.

Find a Delta Dental participating dentist

Visit www.DeltaDentalMO.com, and click on **Find a Provider** then on **Find a Dentist**.

Call or email customer service

We are here to help every Monday through Friday from 7 am to 5 pm CT.

800-335-8266

Service@DeltaDentalMO.com

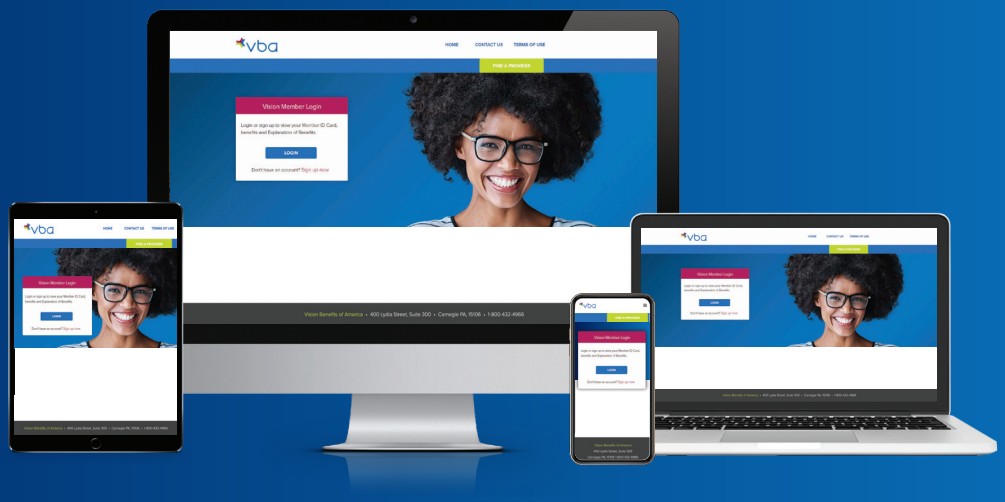
Download Delta Dental Mobile App

Your dental health is important to Delta Dental – and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are!

- **Mobile ID card:** No need for a paper card. View and share your ID card from your phone.
- **Find a dentist:** Search and compare dental offices to find one that suits your needs.
- **Dental Care Cost Estimator:** Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area.
- **Save your preferred dentist for quick access:** Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.

USING THE

VBA Member Portal



VBA's Easy-to-Use Member Portal

At VBA, we strive to make things as simple as possible for our members. Our focus is always on you, which you'll see in every aspect of our mobile-friendly member portal. You can:

- Find in-network providers
- Chat online with customer service representatives
- Print ID cards
- Download Explanation of Benefits statements
- Submit out-of-network claims

Access the VBA Member Portal

To create a more secure user experience, all VBA members are required to register their account before accessing the VBA Member Portal.

Register Your Account

1. Go to vbaplans.com and click Login from the menu.
2. Select Vision and Member options and click Sign In.
3. Select Sign Up Now.
4. Enter your email address, the policyholder's birth date, zip code and last four digits of SSN or Member ID and click Send Verification Code.
5. You will receive an email with a One-Time Code from noreply@visionbenefits.com.
6. Enter your One-Time Code and click Verify Code.
7. Select Next, and access your benefits information.

Login to Your Account

1. Go to vbaplans.com and click Login from the menu.
2. Select Vision and Member options and click Sign In.
3. Select Login.
4. Enter the email address you used to register your account and click Send Verification Code.
5. You will receive an email with a One-Time Code from noreply@visionbenefits.com.
6. Enter your One-Time Code and click Verify Code.
7. Select Next, and access your benefits information.

Each policyholder may only register their account with one email address. If your covered dependents need to access the VBA Member Portal, they must enter the registered email address and One-Time Code sent to the same email address to login.

Did You Know?

A member card is not necessary to access your benefits. You can print your VBA member card so that you have all of your plan information handy whenever you visit your doctor's office.

You can use our online Provider Finder to search for doctors in the VBA Network.

Always confirm eligibility through the Member Portal before receiving services or purchasing materials.

We're here to answer your questions.

Our customer care representatives are available by phone Monday through Friday 8:30 AM - 6:00 PM ET by calling 1-800-432-4966.

VISION

Eye exams aren't just for testing your vision. Eye doctors can detect problems in overall eye health and signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol.

By seeing a preferred provider, you have the benefit of a low co-payment for a vision exam and materials. You may also go to out-of-network providers, but you will need to pay for services and then submit a claim form for the reimbursed allowances. For more information about your plan or to find a provider, visit www.VBAPlans.com or call 800-432-4966.

	Base Vision Plan		Buy Up Vision Plan	
	In-Network	Out-of-Networt	In-Network	Out-of-Network
Copay				
Routine Exams	$10 copay	Up to $36	$10 copay	Up to $36
Material	$10 copay	Scheduled Reimbursement	$10 copay	Scheduled Reimbursement
Lenses				
Single	$10 copay	Up to $28	$10 copay	Up to $28
Bifocal	$10 copay	Up to $45	$10 copay	Up to $45
Lenticular	$10 copay	Up to $56	$10 copay	Up to $56
Basic Prgressive	$10 copay	Up to $56	$10 copay	Up to $56
Lenticular	$10 copay	Up to $80	$10 copay	Up to $80
Polycarbonate (under age 19 only)	$10 copay	N/A	$10 copay	N/A
Contacts				
Elective Contacts	Up to $105 allowance	Up to $105	Up to $130	Up to $130
Medically Necessary	100% covered	Up to $210	100% covered	Up to $210
Frames				
Frames	Covered up to $40 wholesale (Approx. $100 to $120 retail)	Up to $45	Covered up to $50 wholesale (Approx. $125 to $150 retail)	Up to $45
Frequency				
Vision Exam	12 months	12 months	12 months	12 months
Lenses	24 months	24 months	12 months	12 months
Frames	24 months	24 months	12 months	12 months

ID cards are not mailed automatically. They can be printed online, from the app or vbaplans.com.

SLPS WELLNESS

At SLPS, we believe that your well-being is the foundation of your personal and professional success. Our Wellness Program is Designed to support your physical, mental, emotional, and financial health through a variety of resources and activities.

WELLNESS LEADS OR WELLNESS WARRIOR **Wellness Leads**: Serve as key points to contact at each school. Share wellness updates and initiatives with staff. **Wellness Warriors**: Individuals who inspire others through their commitment to their own wellbeing. (nominated by peers)	**MONTHLY CHALLENGES** Compete in monthly challenges for a chance to win prizes and connect with Colleagues *Together, we can make wellness a shared journey!*
ONE PASS SELECT Choose a membership tier that fits your lifestyle, location and budget.	**PERK SPOT** Save money on everyday purchases with PerkSpot. One stop shop for all your exclusive discounts. *Absolutely free for all employees.
UHC REWARDS Earn money by completing your routine care. Earn up to $300 a year. Redeem by VISA gift card, tracking device.	**SLPS BENEFITS DEPARTMENT** Rebecca Anderson – *Benefits Coordinator* Teresa Lewis – *Senior Benefits & Leave Specialist* HR_Benefits@slps.org Leah Hamel – UHC Coordinator

Get in on UHC Rewards

Good news – your health plan comes with a way to earn up to $300. UnitedHealthcare Rewards is included in your health plan at no additional cost.

There's so much good to get

With UHC Rewards, a variety of actions – including things you may already be doing, like tracking your steps or sleep – lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	**$25**
Take a health survey	**$15**
Get an annual checkup	**$25**
Get a biometric screening	**$50**

Visit UHC Rewards for the full list of rewardable activities that are available to you – and look for new ways of earning rewards to be added throughout the year.

Earn up to

$300

including

$20

today

when you activate UHC Rewards

United Healthcare®

There are 2 ways to get started

On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you – and start earning

Your health

Get in on an experience that's designed to help inspire healthier habits

Your goals

Personalize how you earn by choosing the activities that are right for you

Your rewards

Earn up to $300 for completing rewardable activities

Questions?

Call customer service at **1-866-230-2505**

United Healthcare®

Rediscover your passion for health

With One Pass Select®, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan.

You and your eligible family members (18+) can get started with One Pass Select when you activate UnitedHealthcare Rewards. Plus, you can use your earnings to help pay for your One Pass Select membership.

Find your fit with One Pass Select

At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.

At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you based on your fitness level and interests.

In the kitchen

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.

To get started:

1. Scan this code to download the **UnitedHealthcare® app**
2. Sign in or register
3. Select **UHC Rewards**
4. Select **Redeem rewards** to access One Pass Select

Membership is instant, and you will be charged for the full current calendar month on the day you sign up (One Pass Select does not offer proration).

The grocery delivery service component of the program is not available in TX and is pending regulatory approval in CA and VA.

One Pass Select is a voluntary program that features a subscription-based nationwide gym network, digital fitness and grocery delivery service. For self-funded participants, there are no state restrictions. For fully insured participants, program availability varies by state: (i) the program is NOT available to members of accounts situsted in HI, KS, VT and Puerto Rico; (ii) the grocery delivery service component of the program is not available in TX and is pending regulatory approval in CA and VA for select groups and lines of business - discuss with your UnitedHealthcare representative for details. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships, digital fitness or grocery services may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships or services under this program, as applicable. One Pass Select is a program offered by One Pass Solutions, Inc. Subscription costs are payable to One Pass Solutions, Inc.

BASIC LIFE AND AD&D

St. Louis Public Schools provides company-paid Basic Life & Accidental Death & Dismemberment (AD&D) Insurance through New York Life Insurance Company to assist you and your family in the event of a loss. The life insurance policy will pay as follows:

Term Life Insurance	
Benefit Amount	$40,000
Maximum	$40,000
Guaranteed Issue	$40,000
AD&D Benefit	Matches Life

AD&D Benefit Details	
If, within 365 days of a Covered Accident, bodily injuries result in:	You will be paid this % of the Benefit
Loss of life; Quadriplegia; Loss of two or more hands or feet; Loss of sight in both eyes; Loss of one hand or one foot and sight in one eye; Loss of speech and hearing (both ears)	100%
Paraplegia	75%
Hemiplegia; Loss of one hand or foot; Loss of sight in one eye; Loss of speech; Loss of hearing (both ears)	50%
Uniplegia; Loss of all four fingers of the same hand; Loss of thumb & index finger of the same hand	25%
Loss of all toes of the same foot	20%

For Comas: You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

ADDITIONAL FEATURES

For Wearing a Seatbelt & Protection by an Airbag: You will receive an additional 10% benefit but not more than $4,000 if the covered person dies in a Covered Automobile Accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 10% but not more than $4,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Exposure & Disappearance: Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

For Furthering Education: If you die in a Covered Accident, we will pay an extra benefit for each insured child who enrolls in a school of higher learning within one year of your death. We will increase your benefit by 5% or $2,000, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education. If there is no qualifying child, we will pay $1,000 to your beneficiary.

For Child Care Expenses: If you die as a result of a Covered Accident, we will pay a benefit for a surviving child under 13 who is enrolled in a licensed childcare center at the time of the accident or within 90 days afterwards. This benefit is 5% of your benefit amount per year, but not more than $2,000 per year for 4 years or until the child turns 13, whichever occurs first, for each covered child.

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

VOLUNTARY LIFE AND AD&D

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election could be subject to medical questions and evidence of insurability.

Voluntary Life and AD&D			
Benefit	Employee	Spouse	Child
Benefit Amount	Option 1: $5,000 Option 2: $10,000 Option 3: $20,000 Option 4: $50,000 Option 5: $75,000 Option 6: $100,000 Option 7: $125,000 Option 8: $150,000 Option 9: $200,000	Units of $10,000	Option 1: $5,000 Option 2: $7,500 Option 3: $10,000
Maximum	Lesser of 1.5 times salary or $200,000	$100,000, not to exceed 50% of the employee benefit	$10,000
Guaranteed Issue	$200,000	$20,000	$10,000
Benefit Reduction	No age reductions; coverage terminates at retirement	Terms at retirement	Up to age 26

ADDITIONAL FEATURES

Continuation of Disability: If your active service ends due to disability, at age 60 or over, your life insurance coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 9 consecutive months, or the day after the last period for which premiums are paid. You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan.

Extended Death Benefit with Waiver of Premium: Life insurance for you and your dependents can be continued for up to 6 months while you are disabled or receiving benefits under your employer's disability plan. If you become totally disabled before reaching age 60, life insurance for you and your dependents can be continued, without payment of premium, until age 65, subject to proof of disability (inability to work in any occupation).

Accelerated Death Benefit – Terminal Illness: If two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:
Employee: $225,000 of your Term Life Insurance coverage amount.
Spouse: 75% of your Term Life Insurance coverage amount.

Portability: If your employment is terminated, you can continue your life insurance, and life insurance for your insured spouse and dependent children, on a direct-bill basis. Your spouse and dependent children may also continue their life insurance, following your death, following divorce, or when the child reaches the age limit. Premiums will increase at this time. Coverage can continue to age 70, unless the insurance company terminates portability for all insured people. Refer to your certificate for details.

Conversion: To convert, you must apply for the conversion policy and pay the first premium payment within 62 days after your group coverage ends.

DISABILITY INSURANCE

Saint Louis Public Schools offers both Short-Term and Long-Term Disability with New York Life at no cost to you. Disability insurance can pay you benefits if you suffer a covered disability. Think of it as insurance for a portion of your paycheck. Payments may come directly to you or someone you designate and can help pay for things like groceries, mortgage payments, utilities, and medical bills.

	Disability Insurance	
	Short Term Disability	Long Term Disability
Benefit	60% of your weekly earnings	60% of your monthly earnings
Maximum Benefit	$2,308 per week	$10,000 per month
Waiting Period	Accident: 30 days Sickness: 30 days	180 days
Maximum Period	Accident: 26 weeks Sickness: 26 weeks	Social Security Normal Retirement Age

FLEXIBLE SPENDING ACCOUNTS

Under the Flexible Spending Account (FSA) Plan. You may elect to set aside pre-tax dollars to pay for certain benefit 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.
- 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 incurred for physician office copays, prescription copays, vision care expenses, and even over the counter drugs and medicine.

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

Debit cards are issued, and direct deposit is available for paper and online claims.

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.

Direct deposit is available for paper claims.

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.
- A spouse or a dependent who is physically or mentally incapable of caring for themselves, for whom the participant provides over one-half of the individual's support for the year, and whose gross income is less than the federal income tax exemption amount.

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.

HOW FSA GRACE PERIODS WORK

Funds remaining in the FSA from the prior plan year can reimburse any eligible medical expenses accrued during this grace period. The inclusion of the grace period extends the plan year to 14 months and 15 days as opposed to the 12-month actual plan. For calendar year plans, the grace period normally begins Jan. 1 and ends March 15. At the end of this period, you will lose all of the money in the account.

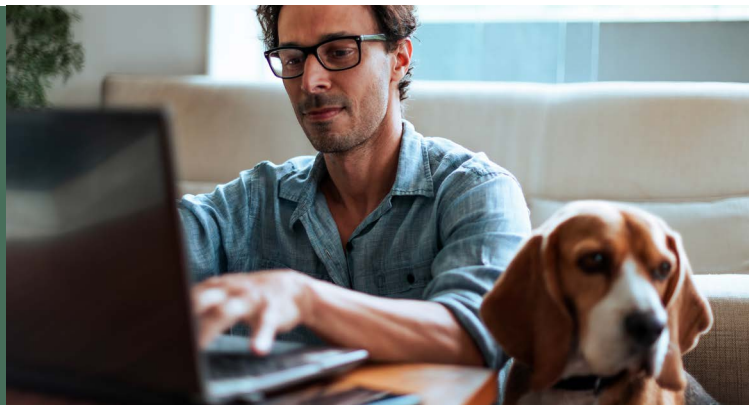
Claims submitted during the grace period are automatically taken out of the prior year's remaining funds before drawing from the current plan year. The same applies if you use your FSA debit card to pay for the expenses: the prior year's remaining funds will be available on the debit card through the end of the grace period. When you swipe your card, any leftover funds from the previous year will be used first, then the card will use funds from the current year.

You may contribute up to $2,850 annually to your healthcare FSA and $5,000 for the dependent care FSA (or $2,500 if married filing separately) per calendar year.

Your FSA and DCFSA are administered through Benefits Solver.

empathy.

Loss support, every step of the way.



We know facing loss is complicated and you do not have to go it alone. As a beneficiary, we're here to support you during this difficult time by providing access to Empathy—a service designed to help you navigate the challenges of loss with care and compassion.[1]

Empathy offers personalized tools and support to guide you through the practical and emotional aspects of loss. From settling the estate to coping with grief, we are here to ease your burden, so you can focus on what matters most.

Here are some of the ways Empathy can help:

- 24/7 real time assistance from compassionate Care Managers
- Helpful time-saving tools such as an obituary creator and a closing accounts feature
- Probate and estate settlement guidance and resources
- Supportive resources created with world-renowned grief experts

Access your complimentary Empathy account at anytime

Sign up online at empathy.com/nyl-gbs or download the mobile app via the App Store or Google Play and use access code NYLGBS to register.

Call M–F 9:00 am–8:00 pm ET (201) 701-2245 to be connected with the Care Team

Or chat via the Empathy app 24/7

1. The Empathy app can be shared with up to 5 designated friends or family.

This program is offered to eligible participants at time of death claims and provides confidential services and resources for eligible participants as they cope with the emotions and challenges of grief. Empathy is not affiliated with New York Life Insurance Company or any subsidiaries and provides this service at no cost to you. The use of this service is optional. New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America, New York Life Group Insurance Company of NY, and New York Life Insurance and Annuity Corporation, subsidiaries of New York Life Insurance Company. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

NEW YORK LIFE GROUP BENEFIT SOLUTIONS

EMPLOYEE ASSISTANCE PLAN (EAP)

Saint Louis Public Schools provides two different EAP options for Employees to utilize. One through Optum and another through New York Life. Employees are eligible to use both EAP Programs.

OPTUM EAP

- Face- to Face & Virtual Counseling Visits
- Financial Coaching from experts
- Legal Counseling
- Online EAP clinician visit
- Digital self-care tools
- Talkspace

NEW YORK LIFE EAP

New York Life Employee Assistance and Wellness Support – NYL GBS offers our customers and the members of their household support with finding solutions to life's challenges. The program includes:

- Three face-to-face counseling sessions for a broad range of issues including stress, anxiety, depression, dealing with grief and loss, assistance with child or elder care concerns, concerns about substance abuse for yourself or a dependent through a 24/7 telephonic intake with a master's level PhD clinician.
- Five telephonic wellness coaching sessions with a certified coach to help address health and well-being issues before they evolve into long-term problems such as burnout, developing self-compassion, goal setting, time management and coping with stress.
- Family care services that provide customized research, tailored educational materials and prescreened referrals for childcare, adoption, elder care, education, pet care and personal convenience services.
- Three Critical Incident Stress Management events per year, up to 3 hours per event. This service provides knowledgeable and reliable crisis intervention and critical incident counseling with custom plans and preparation for emergencies, immediate response, 24/7 worldwide access to critical incident specialists, on-site counseling sessions and post-event reporting and consultation.

New York Life Financial, Legal & Estate Support – NYL GBS provides professional services that include unlimited financial, legal and estate support available to customers, their household members and NYL GBS Survivor Assurance beneficiaries. Assistance includes:

- Unlimited financial guidance for customers and their household members from qualified experts, including CPAs, CFP's and other financial professionals.
- Unlimited financial information on a broad range of issues including debt management, family budgeting, estate planning and tax planning.
- Interactive tools, calculators and in-depth financial assistance available online.
- Unlimited access to legal experts, unlimited attorney phone consultations, local attorney referrals and other professional resources.
- Referrals to local attorneys for a free 30-minute consultation and a 25% reduction in fees thereafter.
- Information on low cost or no cost legal options.
- Referrals to consumer advocacy groups and governmental organizations.

NYL GBS Survivor Assurance – New York Life Group Benefit Solutions' standard way of paying Life, AD&D or BTA claims for $5,000 or more. Beneficiaries are provided with access to:

- A Welcome Kit and a free, interest-bearing account for their proceeds.
- NYL GBS Life Assistance Program (LAP) for grief counseling
- My Secure Advantage financial wellness programs

NYL GBS Healthy Working Life – Pre-disability vocational services is a voluntary service feature of NYL GBS Healthy Working Life program to assist insured, actively at work employees, with a serious medical condition to remain productive and at work, while also helping them manage limitations that may be associated with their condition.

NYL GBS Secure Travel – Provides emergency travel assistance, emergency medical transportation and pre-trip planning information and resources to covered individuals traveling domestically and internationally. Services include:

- Medical evacuation services
- 24-hour multi-lingual assistance
- Pre-departure services
- Assistance with lost or stolen items
- Travel arrangements for companion or dependent child
- Prescription refill services

Solutions for all your financial & legal challenges

Financial, Legal & Estate Support

We know financial and legal challenges can be very stressful for you and your family. That's why New York Life Group Benefit Solutions provides our Financial, Legal & Estate Support program[1] to help eligible policyholders and members of your household navigate these issues, at no additional cost. Leaving you with fewer worries.

Our suite of value-add resources includes:

› FinancialConnect®

Sometimes you may not know where to start when facing a stressful financial challenge or when you need financial planning expertise. With FinancialConnect,® you and your family members have unlimited access to a team of qualified experts including Certified Public Accountants (CPAs), Certified Financial Planners™ (CFP®), and other financial professionals to help guide you. If additional help is needed, you can request referrals to financial professionals in your local community.

In addition, on **guidanceresources.com**, you will have access to financial information on a wide range of topics including debt management, family budgeting, estate planning and tax planning as well as interactive tools and financial calculators.

› LegalConnect®

If you are facing a difficult legal challenge and don't know where to start, LegalConnect® can help. This program gives you access to unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, real estate, and identity theft. If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25 percent reduction in fees thereafter. Lastly, information on low cost and no legal options are available, along with referrals to consumer advocacy groups and governmental organizations if needed.

See additional information on next page ›

› **EstateGuidance®** This user-friendly online tool allows you and your family members to write a last will and testament, a living will and documents outlining your wishes for final arrangements quickly, easily and cost-effectively. EstateGuidance® walks you through the entire process, guiding your choices with a series of questions and breaking down each step into easy-to-understand terms. Access is available anytime, anywhere via tablet, desktop, or mobile app.

Contact Information

24/7 — Financial, Legal & Estate Support

Phone: **(800) 344-9752**

Website: **guidanceresources.com**

First time visitor? Click "Register" and enter "NYLGBS" as the Organization Web ID.

1. These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych® Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY.

All programs are effective for the member/participant on the first day of coverage.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America, or New York Life Group Insurance Company of NY and New York Life Insurance and Annuity Corporation, subsidiaries of New York Life Insurance Company. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

CHANGE IN STATUS

Birth or Adoption *(If your newborn has not been assigned an SSN, then please enter your SSN)*		
	Allowed	**Not Allowed**
Medical	Enroll Self Add Spouse Add Children	Drop Self Drop Spouse Drop Children
Dental and Vision	Add Spouse Add 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)	No Limitations - No EOI required	N/A
FSA (both Health and Dependent Care)	Enroll Increase Coverage	Drop Coverage Decrease Coverage
Spouse/Dependent Eligible Medicare/Medicaid/Other Group Coverage*		
	Allowed	**Not Allowed**
Medical	Drop Spouse Drop Children	Enroll or Drop Self Add Spouse Add Children
Dental and Vision	Drop Spouse Drop Children	Add 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
Healthcare FSA	Drop Coverage Decrease Coverage	Enroll Increase Coverage
Dependent Care FSA	No Changes Allowed	N/A
Marriage		
	Allowed	**Not Allowed**
Medical	Enroll or Drop Self Add Spouse Add or Drop Children	Drop Spouse
Dental and Vision	Add Spouse Add or Drop Children	Drop Spouse
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 with the exception of $20,000 guarantee with no pend	
Supplemental Life - Child(ren)	No Limitations - No EOI required	N/A
FSA (both Health and Dependent Care)	No Limitations	N/A
Divorce/Annulment/Legal Separation		
	Allowed	**Not Allowed**
Medical	Enroll Self Drop Spouse Add or Drop Children	Drop Self Add Spouse
Dental and Vision	Drop Spouse Add or Drop Children	Add Spouse
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
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
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
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

2026 COST OF COVERAGE

2026 Employee Benefit Plan Year		
	12-Month Employee Per Pay Period Deduction	10,10.5,11,11.5 - Month Employee Per Pay Period Deduction
	24 pay period deductions	20 pay period deductions
United Healthcare Base Plan ($1,500 Deductible)		
Employee Only	**$557.35 (Paid by SLPS)**	**$668.81(Paid by SLPS)**
Spouse	$473.75	$568.49
Child (ren)	$273.11	$327.73
Spouse & Child(ren)	$633.05	$759.66
United Healthcare Buy Up Plan 1 * ($500 Deductible)		
Paid by SLPS (same as Base)	**$557.35 (Paid by SLPS)**	**$668.81(Paid by SLPS)**
Employee	$35.28	$42.34
Spouse	$539.01	$646.81
Child(ren)	$325.67	$390.80
Spouse & Child(ren)	$708.20	$849.83
United Healthcare Buy Up Plan 2 * ($200 Deductible)		
Paid by SLPS (same as Base)	**$557.35(Paid by SLPS)**	**$668.81(Paid by SLPS)**
Employee	$108.76	$130.51
Spouse	$674.95	$809.94
Child(ren)	$435.15	$522.17
Spouse & Child(ren)	$864.72	$1,037.66

District will pay the same amount toward the Buy-Up Plans as they pay for the Base Plan. Employees will pay the difference between the Base and Buy-Up plan amount selected.

	12-Month Employee Per Pay Period Deduction	10, 10.5 11, 11.5 - Month Employee Per Pay Period Deduction
Delta Dental		
Employee Only	**$12.37 (Paid by SLPS)**	**$ 14.83 (Paid by SLPS)**
Spouse	$12.97	$15.56
Child(ren)	$19.13	$22.95
Spouse & Child(ren)	$30.15	$36.18

	12-Month Employee Per Pay Period Deduction	10, 10.5 11, 11.5 - Month Employee Per Pay Period Deduction
Vision Benefits of America		
Employee Only	**$0.69 (Paid by SLPS)**	**$0.83 (Paid by SLPS)**
Employee + 1	$1.05	$1.26
Employee + 2 or more	$1.79	$2.14
Paid by SLPS	**$0.69 (Paid by SLPS)**	**$0.83 (Paid by SLPS)**
Employee Only	$1.17	$1.40
Employee +1	$3.85	$4.62
Employee + 2 or more	$5.76	$6.91

****District will pay the Base plan amount for employee only. The cost for the Vision Buy Up plan represents the additional costs only.**

	12-Month Employee Per Pay Period Deduction	10, 10.5 11 11.5 - Month Employee Per Pay Period Deduction
	24 pay period deductions	20 pay period deductions
CIGNA Life Insurance (BASIC AND AD&D)		
$40,000 Basic Life	($4.20) **Paid by SLPS**	($5.04) **Paid by SLPS**
$40,000 AD&D	($0.30) **Paid by SLPS**	($0.36) **Paid by SLPS**

	12-Month Employee Per Pay Period Deduction	10, 10.5 11 -Month Employee Per Pay Period Deduction
CIGNA Life Insurance Supplemental Life (EMPLOYEE)		
$5,000	$0.85	$1.02
$10,000	$1.70	$2.04
$20,000	$3.40	$4.08
$50,000	$8.50	$10.20
$75,000	$12.75	$15.30
$100,000	$17.00	$20.40
$125,000	$21.25	$25.50
$150,000	$25.50	$30.60
$200,000	$34.00	$40.80

	12-Month Employee Per Pay Period Deduction	10, 10.5 11 -Month Employee Per Pay Period Deduction
CIGNA Life Insurance Supplemental Life (SPOUSE)		
$10,000	$1.70	$2.04
$20,000	$3.40	$4.08
$30,000	$5.10	$6.12
$40,000	$6.80	$8.16
$50,000	$8.50	$10.20
$60,000	$10.20	$12.24
$70,000	$11.90	$14.28
$80,000	$13.60	$16.32
$90,000	$15.30	$18.36
$100,000	$17.00	$20.40

	12-Month Employee Per Pay Period Deduction	10, 10.5 11-Month Employee Per Pay Period Deduction
CIGNA Supplemental Life (DEPENDENT CHILD)		
$5,000	$0.38	$0.45
$7,500	$0.56	$0.68
$10,000	$0.75	$0.90

IMPORTANT CONTACTS

To complete any changes to your benefits that are not related to your initial or annual enrollment please contact Rebecca Anderson by email Rebecca.Anderson@slps.org and/or phone 314-345-2282 or Teresa Lewis by email Teresa.Lewis@slps.org and/or phone 314-345-2205.

	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	UnitedHealthcare Insurance Company	1-844-298-8930	www.MyUHC.com
Dental Triple Option	Delta Dental Insurance Company	1-800-335-8266	www.DeltaDentalMO.com
Vision	Vision Benefits of America	1-800-432-4966	www.VBAPlans.com
Life and AD&D	New York Life Insurance Company	1-800-885-5695	www.NewYorkLife.com
Voluntary Life	New York Life Insurance Company	1-800-885-5695	www.NewYorkLife.com
Short Term Disability (STD)	New York Life Insurance Company	1-800-362-4462	www.NewYorkLife.com
Long Term Disability (LTD)	New York Life Insurance Company	1-800-362-4462	www.NewYorkLife.com
Employee Assistance Program (EAP)	Optum	1-800-622-7276	www.LiveandWorkWell.com Company Access code: SAINTLOUIS
Employee Assistance Program (EAP)	New York Life	1-800-344-9752	www.GuidanceResources.com Web ID: NYLGBS
Employee Assistance Program (EAP)	Benefit Solver	1-888-715-1914	www.BenefitSolver.com
Pharmacy	Express	1-800-282-2881	www.Express-Scripts.com

This brochure summarizes the benefit plans that are available to St. Louis Public Schools eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.

GLOSSARY

Brand Name Drugs: Drugs that have trade names and are protected by patents. Brand name drugs are generally the costliest choice.

Coinsurance: The percentage of the covered charge paid by the plan.

Copayment (Copay): A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

Deductible: The annual amount you and your family must pay each year before the plan pays benefits.

Generic Drugs: Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.

In-Network: Use of a health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of the expenses covered.

Out-of-Network: Use of a health care provider that does not participate in a plan's network

Mail Order Pharmacy: Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.

Inpatient: Services provided to an individual during an overnight hospital stay.

Outpatient: Services provided to an individual at a hospital facility without an overnight hospital stay.

Out-of-Pocket Maximum: The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year.

Primary Care Physician (PCP): physician (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions and refers patients to specialists as necessary.

Specialist: A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, gastroenterologist or neurologist).

SLPS Benefits Call Center
www.MySLPSBenefits.com
1-888-715-1914
Hours: Monday – Friday 7 a.m. – 7 p.m. CT