

2025-2026  
EAST BUCHANAN C-1  
SCHOOL DISTRICT  
**EMPLOYEE**  
BENEFITS  
**GUIDE**



# 2025-2026 BENEFITS OVERVIEW

## WELCOME TO THE 2025-2026 BENEFITS OPEN ENROLLMENT

The East Buchanan C-1 School District annual insurance open enrollment period is about to begin.

We recognize the importance of benefits within the overall compensation package provided to all of our eligible employees. This year when we reviewed our employee benefits options, we focused not only on providing quality plans but also on controlling the cost and financial risk for our employees. We offer multiple options to meet the individual needs of our employees and their dependents.

In this booklet, you'll find easy-to-understand instructions to help you make your benefit decisions.

As always, we value you as a member of the East Buchanan C-1 School District family and look forward to a healthy and safe year.

## NOT SURE HOW TO GET STARTED? DON'T WORRY!

Outside of Open Enrollment, you may not make any changes to your plans without a Qualifying Life Event (QLE) which grants you a special enrollment period. If you experience a QLE, you only have 30 days to notify HR that you would like to make a change to your benefits.

Some common QLE's include:

- ✓ You experience an involuntary loss of coverage
- ✓ Your employment or your spouse's employment terminates
- ✓ The hours you or your spouse work are reduced
- ✓ Birth, Adoption, Guardianship
- ✓ Marriage, divorce, annulment or legal separation
- ✓ Death of the employee, spouse or eligible dependent

**TIP** **REMEMBER!** Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.



## IMPORTANT DATES

Open enrollment runs

May 20, 2025 –

May 30, 2025

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## CONTACT INFORMATION

If you have any questions regarding your benefits, please contact the carriers listed below or your East Buchanan C-1 School District Benefits Representative.

### \*NEW!\* MEDICAL INSURANCE

United Healthcare  
[www.myuhc.com](http://www.myuhc.com)  
866-414-1959

### BASIC LIFE/AD&D & DEPENDENT LIFE INSURANCE

USABLE Life  
<https://www.usablelife.com/>  
800-370-5856

### HEALTH SAVINGS ACCOUNT

Nodaway Valley Bank  
[www.nvb.com](http://www.nvb.com)  
877-217-4682

### BENEFITS REPRESENTATIVE

East Buchanan C-1 School District  
Beth Carr  
[carr@ebs.k12.mo.us](mailto:carr@ebs.k12.mo.us)  
816-424-6466

# UNDERSTANDING YOUR MEDICAL PLAN OPTIONS

## YOUR HEALTH PLAN OPTIONS

As a full-time employee of East Buchanan C-1 School District, you have the choice between **three** medical plan options with our new medical carrier for the 2025-2026 plan year, United Healthcare. You have the choice between a PPO plan (\$4,000 PPO (EFR4/EJ)), and two HSA plans (\$3,300 (EFQ3/EJ) & \$4,000 HSA (EFQR/EJ)).

**For all, your deductible will run from  
JANUARY 1 – DECEMBER 31.**

While all plans give you the option of using out-of-network providers, you can save money by using in-network providers because United Healthcare has negotiated significant discounts with them. If you choose to go out-of-network, you'll be responsible for the difference between the actual charge and United Healthcare's UCR (Usual, Customary and Reasonable) charge, plus your out-of-network deductible and coinsurance.

Both the \$3,300 HSA (EFQ3/EJ) and the \$4,000 HSA (EFQR/EJ) allow you to establish a Health Savings Account (HSA) with Nodaway Valley Bank, and if you enroll in the \$4,000 HSA (EFQR/EJ) plan East Buchanan C-1 School District will contribute \$105.00 per month into your HSA Account. These funds can be used to cover medical expenses, including deductibles, and they're yours forever – even if you leave East Buchanan C-1 School District. And unlike a Flexible Spending Account (FSA), they are not forfeited at the end of each year.

## FREQUENTLY ASKED QUESTIONS

- ? How many hours do I need to work to be eligible for insurance benefits?**  
You must be a full-time employee working a minimum of 30 hours per week on a regular basis.
- ? Will I receive a new Medical ID card?**  
You will receive an ID card in the mail if you are electing medical coverage.
- ? Does the deductible run on a calendar year or policy year basis?**  
A calendar year basis.
- ? How long can I cover my dependent children?**  
Dependent children are eligible until the end of the month in which they turn age 26.
- ? I just got hired. When will my benefits become effective?**  
Your medical insurance benefit will begin on the first of the month following date of hire for regular full-time employees.

## HOW TO GET STARTED

### SELECT YOUR MEDICAL PLAN

- \$4,000 PPO (EFR4/EJ)
- \$3,300 HSA (EFQ3/EJ)
- \$4,000 HSA (EFQR/EJ)

## HOW TO FIND A PROVIDER

To find a UHC Medical Provider in your area, visit the website at

[www.myuhc.com](http://www.myuhc.com).

- Click the blue **"Find a Provider"** link
- Click the blue **"Medical Directory"** icon
- Click the blue **"Employer & Individual Plans"** icon
- Scroll down & select **"Choice Plus"**
- Update your location (if necessary)
- Enter whatever you are looking for into the search bar (ex: primary care) then click the **"Search"** button
- Scroll down & select a provider from the list

**Remember:** look for the two blue hearts (Premium Care Physician) for the greatest savings!

# CARE OPTIONS & WHEN TO USE THEM

## YOUR CARE OPTIONS

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. Be sure to check that the facility is in-network by calling the toll-free number on the back of your medical ID card, or by visiting [www.myuhc.com](http://www.myuhc.com).



### PRIMARY CARE

- Routine, primary/preventive care
- Non-urgent treatment
- Chronic disease management

For routine, primary/ preventive care or non-urgent treatment, we recommend going to your doctor's office. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out of pocket.



### TELEHEALTH/VIRTUAL VISITS

- Cold/flu
- Vomiting
- Fever
- Rash
- Sinus problems

Telehealth/Virtual Visits lets you see and talk to a doctor from your mobile device or computer without an appointment to bring you care from the comfort and convenience of your home or wherever you are.



### CONVENIENCE CARE

- Common infections (ear infections, pink eye, strep throat & bronchitis)
- Flu shots
- Pregnancy tests
- Vaccines
- Rashes
- Screenings

These providers are a good alternative when you are not able to get to your doctor's office and your condition is not urgent or an emergency. They are often located in malls or retail stores (such as CVS Caremark, Walgreens, Wal-Mart and Target), and generally serve patients 18 months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.



### URGENT CARE

- Sprains
- Small cuts
- Strains
- Minor infections
- Sore throats
- Mild asthma attacks
- Back pain or strains

Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to your doctor's office. Outside regular office hours – or if you can't be seen by your doctor immediately – you may consider going to an Urgent Care Center where you can generally be treated for many minor medical problems faster than at an emergency room.



### EMERGENCY ROOM

- Heavy bleeding
- Large open wounds
- Chest pain
- Spinal injuries
- Difficulty breathing
- Major burns
- Severe head injuries

An emergency medical condition is any condition (including severe pain) which you believe that, without immediate medical care, may result in serious injury or is life threatening. Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.

If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 9-1-1, even if your symptoms are not described here.

# \*NEW!\* MEDICAL INSURANCE

*NEW!* UNITED HEALTHCARE MEDICAL	\$4,000 PPO (EFR4/EJ)	\$3,300 HSA (EFQ3/EJ)	\$4,000 HSA* (EFQR/EJ)
<b>Employee Cost Per Month</b>			
Employee	\$37.17	\$5.24	\$0.00
Employee + Spouse	\$1,081.67	\$1,001.10	\$723.27
Employee + Child(ren)	\$676.24	\$614.61	\$401.75
Employee + Family	\$1,315.99	\$1,224.64	\$909.10
<b>Calendar Year Deductible (1)</b>			
Individual / Family	\$4,000 / \$8,000	\$3,300 / \$6,600	\$4,000 / \$8,000
<b>Coinsurance</b>	0%	0%	10%
<b>Maximum Out-of-Pocket (2)</b>			
Individual / Family	\$4,000 / \$8,000	\$4,000 / \$8,000	\$6,350 / \$12,700
<b>Physician Office Visits</b>			
Primary Care Visits	\$30 copay (\$0 for kids <19)	Deductible	Deductible then 10%
Specialist Visits	\$30 copay* / \$60 copay	Deductible	Deductible then 10%
Diagnostic Lab	Deductible* / Ded then 10%	Deductible* / Ded then 10%	Ded then 10%* / Ded then 20%
Diagnostic X-Ray	Deductible	Deductible	Deductible then 10%
Urgent Care	\$50 copay	Deductible	Deductible then 10%
Virtual Visits	No Charge	Deductible	Deductible
<b>Hospital Services</b>			
Inpatient Care (Facility / Physician)	Deductible	Deductible	Deductible then 10%
Outpatient Surgery	Deductible	Deductible	Deductible then 10%
Imaging (CT/PET Scans, MRIs)	Deductible* / Ded then 10%	Deductible* / Ded then 10%	Ded then 10%* / Ded then 20%
Emergency Room	Deductible	Deductible	Deductible then 10%
<b>Prescription Drugs</b>			
Deductible	Does Not Apply	Applies, then:	Applies, then:
Tier 1 / 2 / 3 / 4	\$15 / \$45 / \$85 / \$200	\$15 / \$45 / \$85 / \$200	\$15 / \$45 / \$85 / \$200
Specialty Tier 1 / 2 / 3	\$15 / \$45 / \$85 / \$200	\$15 / \$45 / \$85 / \$200	\$15 / \$45 / \$85 / \$200
<b>Out-of-Network (3)</b>			
Deductible - Individual / Family	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Coinsurance	30%	30%	40%
Maximum Out-of-Pocket - Individual / Family	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000

\*Designated Network

(1) Family deductible is embedded; an individual covered in a family will not exceed the individual deductible

(2) Out-of-Pocket maximum includes all cost-sharing: deductible, coinsurance and copays

(3) All Out-of-Network services subject to deductible, coinsurance and balance billing

*\*If you enroll in the \$4,000 HSA (EFQR/EJ), East Buchanan C-1 School District will contribute \$105.00 per month into your HSA Account!*

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify Human Resources within 30 days of the event.

All plans are detailed in United Healthcare's 2025 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

# UHC RESOURCES



## TELEHEALTH / VIRTUAL VISITS

When you need care—anytime day or night—Virtual Visits can be a great option. You can connect with a doctor **whenever, wherever.**

Virtual Care provides fast, convenient, on-demand access to care without having to leave home and is provided at a fraction of the cost of traditional, in office care. Members have the ability to see and speak with a board-certified doctor anywhere, anytime on a mobile device or computer. Doctors are able to prescribe medications (when necessary) which include antibiotics, antiviral medications, skin creams and ointments, allergy medications and non-narcotic pain medications.

**Please Note:** Not all medical conditions can be appropriately treated through virtual visits.

**Virtual Visits Are Good For:** allergies, bladder/urinary tract infections, bronchitis, cough/colds, diarrhea, fevers, migraine headaches, pinkeye, rashes, seasonal flu, sinus problems, sore throats, stomachaches, etc.

*Visits should be \$54 or less, depending on your plan. This rate is subject to change at anytime.*



### [What Is Telehealth?](#)

#### *How to Get Started*

- Go to [www.myuhc.com](http://www.myuhc.com) or use the UHC app
- Or register with one of these providers



- Request a visit when you are sick & video chat with a doctor on your mobile device, tablet, or computer



## EMPLOYEE ASSISTANCE PROGRAM (EAP)

When life gets challenging, you've got caring, confidential help. If you need guidance navigating mental health, financial or legal concerns, take advantage of the Employee Assistance Program (EAP) for 24/7 support — at no extra cost. One call puts you in touch with a clinician, counselor, mediator, lawyer or financial adviser who could help change your life for the better.

It's good to know you're not alone. Reaching out to an EAP consultant is a good first step. They're trained to understand your concerns so they can connect you with the consultant or service best able to help you: address depression, anxiety or substance use issues, improve relationships at home or work, manage stress, work through emotional issues or grief, and assistance with legal and financial concerns.



### [What Is an Employee Assistance Program?](#)



Call the member phone number on your health plan ID card and ask to speak to an EAP consultant. Or, contact EAP directly 24/7 at 1-888-887-4114.



# UHC RESOURCES (CONT.)



## REAL APPEAL

Real Appeal, a lifestyle & weight management program, provides resources and support to help employees with weight goals and prevent weight-related health conditions. Real Appeal is provided at no additional cost to eligible employees as part of their medical benefit plan.

Real Appeal uses clinically proven science to help motivate employees to improve their health and reduce their risk of developing costly chronic conditions, such as heart disease and diabetes. The program offers:

- Encouraging and inspirational messaging
- Digital support and tracking
- Online classes
- A Success Kit
- A Health Coach

To get started, visit the website here: <https://www.uhc.com/member-resources/health-care-programs/real-appeal> and click the orange “Join Now” button.



## QUIT FOR LIFE

If you use tobacco and have thought about quitting, Quit For Life® on Rally Coach ™ may be able to help. Get tools and online resources designed to help you quit — and stay quit — at no additional cost.

- Get coach support—Connect with a coach who will help create a personalized Quit Plan and guide you at every step.
- Access anytime, anywhere—Manage triggers with help from coach-led group sessions, trackers, text support, and more, all at your fingertips.
- View quit recommendations—Get real-life tips and plan your path to quit with recommended daily goals, articles and videos

*\*Stay on track with help from nicotine replacement therapy like gum and patches delivered to your door, if eligible.*

To get started, visit the website here: [www.myuhc.com](http://www.myuhc.com) > Health Resources > Quit for Life.



## VITAL MEDICATION PROGRAM

The UnitedHealthcare Vital Medication Program offers certain drugs at \$0 copay. This means there may be no out-of-pocket costs for preferred insulins and certain other medications, including:

- Insulin—rapid, short & long-acting
- Glucagon—hypoglycemia (low blood sugar)
- Albuterol—asthma
- Epinephrine—allergic reactions
- Naloxone—opioid overuse

To determine whether your prescription is on the current Vital Medication Program list:

- Log into your UHC member account at [www.myuhc.com](http://www.myuhc.com). Then use the prescription drug tool to search by medication name and see if there are quantity limits for the \$0 copay.
- Call the customer service phone number on your member ID card

Vital Medication Program is only offered at in-network pharmacies. Medications on the Vital Medication Program list will automatically process with a \$0 copay at the time of each prescription fill. There may be quantity limits in order to qualify for a \$0 copay. This drug list may change over time.



# UHC RESOURCES (CONT.)



## UHC REWARDS

UnitedHealthcare Rewards is a digital experience where you can earn dollar rewards for reaching program goals and completing one-time reward activities. And get this: It's included in your health plan at no additional cost. The activities you go for are up to you – same goes for ways to spend your earnings.

- ✓ Reach daily goals (track 5,000 steps or 15 active minutes each day (or double it for an even bigger reward), or track 14 nights of sleep)
- ✓ Complete one-time reward activities (go paperless, get a biometric screening, take a health survey or connect a tracker)

### How to Get Started (2 options)

- On the UHC app & sign in or register then select the “Me” tab and choose “Rewards” to activate rewards & start earning!
  - *Though not required, connect a tracker & get access to even more reward activities*
- Go to [www.myuhc.com](http://www.myuhc.com) & sign in or register then select “Rewards”, activate rewards & start earning!
  - *Choose reward activities that inspire you – and start earning!*



## MYUHC WEBSITE & MOBILE APP

Get the most out of your benefits—register for your personalized website on [www.myuhc.com](http://www.myuhc.com) and download the UnitedHealthcare app (available for iPhone & Android). These digital tools are designed to help you understand your benefits and make informed decisions about your care.

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card (you can also print a temporary ID card or request a replacement ID card via the website or Mobile app)
- Access wellness programs and view clinical recommendations
- 24/7 Virtual Visits—Connect with providers by phone or video to discuss common medical conditions and get prescriptions if needed
- Compare prescription costs and order refills

### How to Get Started (2 options)

- UHC App
- [www.myuhc.com](http://www.myuhc.com)
  - Click “Register Now”, then complete the required fields and create your username/password, enter your contact information and security questions, agree to the terms and conditions and select your email/communication preferences



# HEALTH SAVINGS ACCOUNT (HSA)



## UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

### THERE ARE TWO WAYS YOU CAN PUT MONEY INTO YOUR HSA:

- Regular payroll deductions on a pre-tax basis, and
- Lump-sum contributions of any amount, anytime, up to the maximum limit.

### WHAT IS AN HSA?

A savings account where you can either direct pre-tax payroll deductions or deposit money to be used to pay for current or future qualified medical expenses for you and/or your dependents. Once money goes into the account, it's yours to keep – the HSA is owned by you, just like a personal checking or savings account.

### THE HSA CAN ALSO BE AN INVESTMENT OPPORTUNITY.

Depending upon your HSA account balance, your account can grow tax-free in an investment of your choice (like an interest-bearing savings account, a money market account, a wide variety of mutual funds – or all three). Of course, your funds are always available if you need them for qualified health care expenses.

### YOUR FUNDS CAN CARRY OVER AND EVEN GROW OVER TIME.

The money always belongs to you, even if you leave the company, and unused funds carry over from year to year. You never have to worry about losing your money. That means if you don't use a lot of health care services now, your HSA funds will be there if you need them in the future – even after retirement.

### HSA FUNDS CAN BE USED FOR YOUR FAMILY.

You can use your HSA for your spouse and tax dependents for their eligible expenses – even if they're not covered by your medical plan.

### EMPLOYER CONTRIBUTION

If you enroll in the \$4,000 HSA (EFQR/EJ) plan, East Buchanan C-1 School District will contribute \$105.00 per month into your HSA Account! ***Please take this into consideration with the annual maximums.***

Contribute up to \$4,300 Single,  
or \$8,550 Family

### WHAT ARE THE RULES?

- You must be covered under a Qualified High Deductible Health plan (QHDHP) in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Limited Purpose FSA.
- You cannot be enrolled in Medicare or TRICARE due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be claimed as a dependent under someone else's tax return.

### WHAT ELSE SHOULD I KNOW?

- You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2025 are \$4,300 for Single and \$8,550 for Family coverage. If you're age 55 or older, you are allowed to make extra contributions each year.
- The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision expenses and over-the-counter medications with a physician's prescription).
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).
- There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.
- If your healthcare expenses are more than your HSA balance, you need to pay the remaining cost another way, such as a credit card or personal check. But save your receipts in case you are ever audited! You can request reimbursement later, after you have accumulated more money in your account.

# HEALTH SAVINGS ACCOUNT (HSA)

YOU CAN USE HSA FUNDS FOR  
IRS-APPROVED ITEMS SUCH AS:

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, laser surgery, contact lenses and solution
- Hearing aids
- Orthodontia, dental cleanings, and fillings
- Prescription drugs and some over-the-counter medications (with a physician's prescription)
- Physical therapy, speech therapy, and chiropractic expenses

More information about approved items, plus additional details about the HSA, is available at [irs.gov](https://www.irs.gov).

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on those funds.

The HSA is your personal account and contains your personal funds. It can be considered an asset by a creditor and garnished as applicable.

As an HSA account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions, or earned interest associated with your account.

THIS MAY BE THE BEST PLAN OPTION FOR YOU IF ANY OF THE FOLLOWING IS TRUE:

- You do not incur a lot of medical and prescription medication expenses.
- You would like money in a savings account to pay for Qualified Expenses permitted under Federal Law.
- You would like the opportunity to contribute pre-tax income to a Health Savings Account.

## FREQUENTLY ASKED QUESTIONS

### WHAT WILL I PAY AT THE PHARMACY WITH THE HSA QUALIFIED PLAN OPTIONS?

You will pay the actual discounted cost of the drug until you satisfy your calendar year deductible in full.

### WHAT WILL I PAY AT THE PHYSICIAN'S OFFICE WITH THE HSA QUALIFIED PLAN?

You'll provide your ID card at the time of the visit and the physician's office will submit the claim to United Healthcare.

You will not owe anything at the time of the visit. Later you'll receive an Explanation of Benefits (EOB) from United Healthcare that shows the charges discounted based on their contract with the physician. When you receive a bill from the physician's office, you pay the portion of the discounted cost you are responsible for as shown on the EOB.

### WHERE CAN I GET A COPY OF AN EOB?

You can access all of your EOB information, as well as obtain other important information, by logging on to [www.myuhc.com](https://www.myuhc.com).

# BASIC LIFE/AD&D & DEPENDENT LIFE



## BASIC LIFE/AD&D & DEPENDENT LIFE

### *Employee Basic Life/AD&D*

East Buchanan C-1 School District provides \$10,000 in Basic Life and Accidental Death & Dismemberment (AD&D) insurance to all eligible full-time employees.

Coverage terminates upon employee's retirement.

### *Dependent Life*

**Spouse:** East Buchanan C-1 School District provides \$5,000 in Basic Life to eligible spouses.

Spouse coverage terminates at the time the spouse turns 65.

**Child(ren):** East Buchanan C-1 School District provides \$2,500 in Basic Life to eligible child(ren) 6 months and older and \$500 to eligible child(ren) 15 days of age up to 6 months of age.

These coverages are offered through US Able Life at no cost to you or your family members.

## AGE REDUCTION SCHEDULE

Beginning on the date you reach age 65, your life insurance benefit decreases. Your benefit decreases as follows:

Age Range	Reduces To
65	65%
70	50%

**DID YOU KNOW?** East Buchanan C-1 School District provides you Basic Life/AD&D AT NO CHARGE.

## REVIEW YOUR LIFE INSURANCE POLICY

### LIFE INSURANCE OFFERS 3 UNIQUE BENEFITS

IT IS PAID DIRECTLY TO YOUR BENEFICIARIES



IT'S NOT SUBJECT TO INCOME TAXES



ITS VALUE IS NOT AFFECTED BY MARKET CONDITIONS

# ADDITIONAL MOBILE APPLICATIONS

In addition to your carrier mobile apps, there are several other mobile apps that will help you make this year your best year yet. Here are a few of our favorites:



**MyFitnessPal**—Allows you to track your fitness activities and food, which gives you a better idea of what you're actually putting into your body.



**SleepBot**—We all know we could use a little more sleep. This app evaluates your sleep patterns and has a smart alarm, which wakes you up in a light-sleep-stage cycle.



**Calm**—Meditation helps keep unhealthy stress in check. But if you have no idea what you're doing, this app guides you through meditation of various lengths.



**OneRX**—Take a picture of your insurance card and this app will give you estimate prescription drug co-pays based on your plan.



**C25K**—Looking to start running or preparing for a 5k? This app has pre-uploaded training schedules to help get you there.



**KingFit**—Recently diagnosed with diabetes? Check out this app with loads of educational videos to help you understand how to keep yourself healthy.



**Smoke Free**—This interactive app allows you to track the number of days you've been smoke free and earn badges for your progress.



**Red Cross First Aid**—Accidents happen. This app provides simple step-by-step instructions to help guide you through everyday first aid scenarios.



**GoodRX**—Compare prescription drug prices and find coupons at more than 60,000 US pharmacies. Save up to 80% instantly!



**CareZone**—This app lets you curate a list of medications, dosages and schedules to make sure your managing your care. And you can share with your family or doctor directly from the app.

# GLOSSARY OF TERMS

## INSURANCE TERMS



**Coinsurance**—The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.



**Copays**—A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.



**Deductible**—The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.



**Lifetime Benefit Maximum**—All plans are required to have an unlimited lifetime maximum.



**Network Provider**—A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.



**Out-of-pocket Maximum**—The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.



**Preauthorization**—A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.



**UCR (Usual, Customary and Reasonable)**—The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

## MEDICAL TERMS



**Prescription Drugs**—Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.



**Urgent Care**—Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.



**Emergency Room**—Services you receive from a hospital for any serious condition requiring immediate care.



**Preventive Services**—All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.



**Medically Necessary**—Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.



# IMPORTANT NOTICES

## MEDICARE PART D CREDITABLE COVERAGE

### Important Notice from East Buchanan C-1 School District 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 East Buchanan C-1 School District and 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. East Buchanan C-1 School District has determined that the prescription drug coverage offered by the United Healthcare health plan 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 East Buchanan C-1 School District coverage **may** be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the East Buchanan C-1 School District medical plan, **be aware that you and your dependents may not be able to get this coverage back.**

### 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 current coverage with East Buchanan C-1



# IMPORTANT NOTICES

School District 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 October to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **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 East Buchanan C-1 School District 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 drug plans.

## **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).

**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).**

**Date:** May 16, 2025

**Name of Entity/Sender:** East Buchanan C-1 School District

**Contact--Position/Office:** Beth Carr | [carr@ebs.k12.mo.us](mailto:carr@ebs.k12.mo.us) | 816-424-6466

**Address:** 100 Smith St Gower, MO 64454

**Phone Number:** 816-424-6466

*This notice is a summary. For a full description of all of East Buchanan C-1 School District's Benefit plans, please refer to the Summary Plan Descriptions, located at: Human Resources.*

# IMPORTANT NOTICES

## MEDICAID CHIP 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're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't 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, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

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 March 17, 2025. Contact your State for more information on eligibility—

ALABAMA—Medicaid	ALASKA—Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPPI.com">CustomerService@MyAKHIPPI.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS—Medicaid	CALIFORNIA—Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO—Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA—Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

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GEORGIA—Medicaid	INDIANA—Medicaid
<p><b>GA HIPP Website:</b> <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p><b>Phone:</b> 678-564-1162, Press 1</p> <p><b>GA CHIPRA Website:</b> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a></p> <p><b>Phone:</b> 678-564-1162, Press 2</p>	<p><b>Healthy Indiana Plan for Low-Income Adults 19-64</b></p> <p><b>Website:</b> <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></p> <p><b>Phone:</b> 1-877-438-4479</p> <p><b>All Other Medicaid</b></p> <p><b>Website:</b> <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p>
IOWA—Medicaid and CHIP (Hawki)	KANSAS—Medicaid
<p><b>Medicaid Website:</b> <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></p> <p><b>Medicaid Phone:</b> 1-800-338-8366</p> <p><b>Hawki Website:</b> <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></p> <p><b>Hawki Phone:</b> 1-800-257-8563</p> <p><b>HIPP Website:</b> <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></p> <p><b>HIPP Phone:</b> 1-888-346-9562</p>	<p><b>Website:</b> <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p><b>Phone:</b> 1-800-792-4884</p> <p><b>HIPP Phone:</b> 1-800-967-4660</p>
KENTUCKY—Medicaid	LOUISIANA—Medicaid
<p><b>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:</b> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx</a></p> <p><b>Phone:</b> 1-855-459-6328</p> <p><b>Email:</b> <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p><b>KCHIP Website:</b> <a href="https://kynect.ky.gov">https://kynect.ky.gov</a></p> <p><b>Phone:</b> 1-877-524-4718</p> <p><b>Kentucky Medicaid Website:</b> <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p><b>Website:</b> <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></p> <p><b>Phone:</b> 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE—Medicaid	MASSACHUSETTS —Medicaid and CHIP
<p><b>Enrollment Website:</b> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a></p> <p><b>Phone:</b> 1-800-442-6003</p> <p><b>TTY:</b> Maine relay 711</p> <p><b>Private Health Insurance Premium Webpage:</b> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p><b>Phone:</b> 1-800-977-6740</p> <p><b>TTY:</b> Maine relay 711</p>	<p><b>Website:</b> <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p><b>Phone:</b> 1-800-862-4840</p> <p><b>TTY:</b> 711</p> <p><b>Email:</b> <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA—Medicaid	MISSOURI—Medicaid
<p><b>Website:</b> <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a></p> <p><a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a></p> <p><b>Phone:</b> 1-800-657-3739</p>	<p><b>Website:</b> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p><b>Phone:</b> 573-751-2005</p>

# IMPORTANT NOTICES

MONTANA—Medicaid	NEBRASKA—Medicaid
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084</p> <p>Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
NEVADA—Medicaid	NEW HAMPSHIRE—Medicaid
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></p> <p>Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a></p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
NEW JERSEY—Medicaid and CHIP	NEW YORK—Medicaid
<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: <a href="http://www.nifamilycare.org/index.html">http://www.nifamilycare.org/index.html</a></p> <p>CHIP Phone: 1-800-701-0710</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></p> <p>Phone: 1-800-541-2831</p>
NORTH CAROLINA—Medicaid	NORTH DAKOTA—Medicaid
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a></p> <p>Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a></p> <p>Phone: 1-844-854-4825</p>
OKLAHOMA—Medicaid and CHIP	OREGON—Medicaid and CHIP
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></p> <p>Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a></p> <p>Phone: 1-800-699-9075</p>
PENNSYLVANIA—Medicaid and CHIP	RHODE ISLAND—Medicaid and CHIP
<p>Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a></p> <p>Phone: 1-800-692-7462</p> <p>CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a></p> <p>CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></p> <p>Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
SOUTH CAROLINA—Medicaid	SOUTH DAKOTA—Medicaid
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></p> <p>Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></p> <p>Phone: 1-888-828-0059</p>
TEXAS—Medicaid	UTAH—Medicaid and CHIP
<p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a></p> <p>Phone: 1-800-440-0493</p>	<p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a></p> <p>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a></p> <p>Phone: 1-877-543-7669</p>

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VERMONT—Medicaid	VIRGINIA—Medicaid and CHIP
<b>Website:</b> <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> <b>Phone:</b> 1-800-250-8427	<b>Website:</b> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> or <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> <b>Medicaid/CHIP Phone:</b> 1-800-432-5924
WASHINGTON—Medicaid	WEST VIRGINIA—Medicaid and CHIP
<b>Website:</b> <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> <b>Phone:</b> 1-800-562-3022	<b>Website:</b> <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> <b>Medicaid Phone:</b> 304-558-1700 <b>CHIP Toll-free phone:</b> 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN—Medicaid and CHIP	WYOMING—Medicaid
<b>Website:</b> <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> <b>Phone:</b> 1-800-362-3002	<b>Website:</b> <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> <b>Phone:</b> 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

*U.S. Department of Labor*

*Employee Benefits Security Administration*

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272)

*U.S. Department of Health and Human Services*

*Centers for Medicare and Medicaid Services*

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

*OMB Control Number 1210-0137 (expires 1/31/2026)*

## NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## **What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);

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- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to [enter name of employer sponsoring the Plan], and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee’s spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

## **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Beth Carr.**

## **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.



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## ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP) (<https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/>), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

## **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

# IMPORTANT NOTICES

## Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## Plan contact information

Beth Carr | [carr@ebs.k12.mo.us](mailto:carr@ebs.k12.mo.us) | 816-424-6466

OMB Control Number 1210-0137 (expires 1/31/2026)

## SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

To request special enrollment or obtain more information, contact Human Resources.

## IMPORTANT INFORMATION REGARDING 1095 FORMS

Starting with the 2024 forms, we will not automatically send out Forms 1095-B and 1095-C. Instead, you can request these forms if needed.

How to Request:

- Visit our website or ask your HR representative or a notice on how to request your form.
- Upon request, we will provide your form within 30 days or by January 31, whichever comes first.

Please remember that while we must file these forms with the IRS, you can easily request a copy through our website if you need one. For any questions or further assistance, visit our website for more information.

## 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.

# IMPORTANT NOTICES

- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

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, please contact Beth Carr at 816-424-6466.

## NOTICE OF MATERIAL CHANGE

East Buchanan C-1 School District has amended the Medical benefit plan. This benefit guide contains a summary of the modifications that were made. It should be read in conjunction with the Summary Plan Description or Certificate of Coverage, which is available to you once it has been updated by the carriers. If you would like a copy, please submit your request to Human Resources.

## THE UNIFORMED SERVICES EMPLOYMENT & REEMPLOYMENT RIGHTS ACT (USERRA)

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

### REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- you ensure that your employer receives advance written or verbal notice of your service;
- you have five years or less of cumulative service in the uniformed services while with that particular employer;
- you return to work or apply for reemployment in a timely manner after conclusion of service; and
- you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

### RIGHT TO BE FREE FROM DISCRIMINATION & RETALIATION

If you:

- are past, or present member of the uniformed service;
- have applied for membership in the uniformed service; or
- are obligated to serve in the uniformed service;

then an employer may not deny you:

# IMPORTANT NOTICES

- initial employment;
- reemployment;
- retention in employment;
- promotion; or
- any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

## HEALTH INSURANCE PROTECTION

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

## ENFORCEMENT

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <https://www.dol.gov/agencies/vets/>. An interactive online USERRA Advisor can be viewed at <https://webapps.dol.gov/elaws/vets/userra->
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <https://www.dol.gov/agencies/vets/programs/userra/poster-> Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.

U.S. Department of Labor: 1-866-487-2365 | U.S. Department of Justice | Office of Special Counsel | Employer Support of the Guard and Reserve: 1-800-336-4590

*Publication Date—May 2022*

# IMPORTANT NOTICES



## Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

### PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

#### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution as well as your employee contribution to employment-based coverage is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

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## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact East Buchanan C-1 School District HR department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

# IMPORTANT NOTICES

## PART B: Information About Health Coverage Offered By Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<b>3. Employer Name:</b> East Buchanan C-1 School District	<b>4. Employer Identification Number (EIN):</b> 43-0893695
<b>5, 7, 8 &amp; 9. Employer Address:</b> 100 Smith St Gow-er, MO 64454	<b>6. Employer Phone Number:</b> 816-424-6466
<b>10. Who can we contact about employee health coverage at this job?</b> Beth Carr	<b>11. Phone Number:</b> 816-424-6466 <b>12. Email Address:</b> <a href="mailto:carr@ebs.k12.mo.us">carr@ebs.k12.mo.us</a>

Here is some basic information about health coverage offered by this employer:

■ As your employer, we offer a health plan to:

- ☒ All employees. Eligible employees are: Full time employees, working a minimum of 30 hours per week on a regular basis. Employees will be effective the first of the month, following date of hire.
- ☐ Some employees. Eligible employees are:

■ With respect to dependents:

- ☒ We do offer coverage. Eligible dependents are: an employee's legal spouse, an employee's disabled child (as defined by the Plan), and an employee's natural child, adopted child, or stepchild who has not reached age 26.
- ☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.\*

\*Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [www.healthcare.gov](http://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [www.healthcare.gov](http://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.





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