DISTRICT OF

CHAMPIONS

EMPLOYEE BENEFITS GUIDE

2023 / 2024

You must take action and enroll in your benefits or waive coverage. You have 31 days from your start date to make elections for the 2023-2024 plan year.

REVIEW YOUR OPTIONS | CHOOSE YOUR PLANS | ENROLL ONLINE

What's Inside

#JCSchoolsChampions

Welcome to JC Schools

Jefferson City School District is pleased to provide you and your family with a competitive benefits package. Your benefits are an important part of your total compensation. Your comprehensive benefit package includes a combination of health insurance, dental, vision, life, ltd and supplemental coverage. You will be able to take a proactive role in managing you and your family's health.

Eligibility:

Benefit eligible employees are those who work 20+ hours per week. You may also cover your eligible dependents, which include:

- Your legally married spouse
- Your children up to age 26, regardless of student or marital status
- Your children over age 26 who are fully dependent on your support for a mental or physical disability and who you claim on your IRS tax return.

As a new hire, y**ou must enroll or waive your benefits within 31 days of your hire date.** Medical elections will become effective on your first day of employment. All other elections will become effective the first day of the following month from your date of hire. This is your only opportunity in this plan year to enroll or make changes, outside of a qualifying life event or during annual open enrollment.

Qualifying Life Event Changes

According to IRS guidelines, participants can change their employee benefits elections either (1) during an open enrollment period, or (2) mid-year pursuant to a permitted election change event. Below is a list of permitted election change events. **You must provide proof of your qualifying event and make your election change request in bswift within 31 days of the event**. For certain life events referred to as a "change in status," the election change generally, must be consistent with the event. This means that the election change must be on account of and correspond with the event.

- Change in employee's legal marital status
- Change in number of dependents
- Change in employment status of employee or spouse
- Dependent satisfies (or ceases to satisfy) dependent eligibility requirements
- Gain or loss of other group coverage
- Change of custody, judgement, court order or decree requiring medical coverage

Please take some time to evaluate the plans and make sure you enroll in the options that best suit your needs.

How to Enroll:

Understand your options:

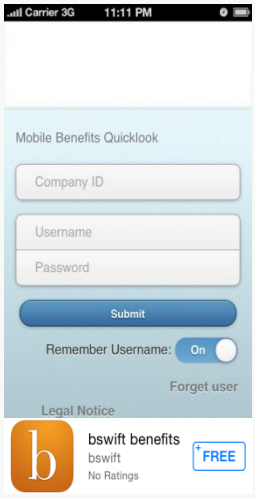
- Read this Benefits Guide and go to https://www.jcschools.us/Page/12426 to compare the medical plans.
- Attend an orientation session with the Benefits Department if you need assistance with the enrollment process in Bswift.
- For other helpful links, visit our webpage http://www.jcschools.us/Page/12426 for information.
- To learn more about our wellness program go to http://www.jcschools.us/domain/1733

Take Action and Enroll in your benefits:

- Enroll online through the Jefferson City School District's online benefits system, **Bswift** at www.jcschools.bswift.com or enroll on the go with the mobile app.
    - Username: firstname.lastname
    - Password: Last four digits of your social security number (You will be asked to change your password after your initial login)

- You must enroll or waive coverage within:
    - 31 days of your hire date
    - 31 days of a qualified life event
    - During annual open enrollment

Mobile Benefits Portal



Download the **bswift benefits app** in the Apple or Google Play stores today and follow these easy steps to get started:

1. Enter **jcschools** into the Company ID field
2. Enter your first name + a period + your last name into the Username field (e.g. John Smith – John.Smith)
3. Enter your last 4 numbers of your SSN

After Enrollment:

- Log in to Bswift at www.jcschools.bswift.com to review your final confirmation statement and verify that your elections match the elections you submitted during the enrollment.

Wellness Plan:

"The employee wellness program seeks to establish a workplace that encourages and supports a healthy lifestyle by integrating health promotion activities and resources that help to enhance health and well-being."

For employees enrolled in a JC Schools medical insurance plan, the district wellness program will continue to reward your efforts toward living healthfully – with up to a $30 per month ($360 per year) premium discount and a one-time payment of $200 for participating in various programs and/or activities!

Basic Wellness Incentive

Receive a $30 discount per month off your medical insurance premium. That's a total savings of up to $360 per plan year!

The Wellness Discount is simple to receive - there are just two requirements: complete UMR's Health Risk Assessment (cHRA online questionnaire) within 60 days of your start date and complete the biometric health screening (waived for your first year).

After your initial start date, you will need to complete the cHRA on an annual basis between January 1 – March 31st; and complete a biometric health screening during the annual event held in March.

Visit the JCWellness wepage for instructions to complete the cHRA:
https://www.jcschools.us/Page/10124

Note: If you elect the Employee-Only Health Savings Account (HSA) Plan, you will receive a $5 credit towards your medical insurance premium (making your total insurance premium cost zero!) and a $25 contribution to your health savings account.

Advanced Wellness Incentive:

An additional one-time payment of $200 is awarded if you participate in various programs or activities throughout the plan year. To receive the $200, you must earn at least 300 points by completing activities that you choose from the Wellness Activity List between August 1 and April 15.

Questions:

If you have questions regarding your wellness incentive eligibility or about the program, please contact Wes Lochhead, the district Wellness Coordinator, at 573-659-3254 or by email at wellness@jcschools.us.

Your 2023 Medical Plan Options

The district offers you a choice of three medical plan options to provide you and your family the protection you need for everyday health issues or unexpected medical expenses.

- Health Savings Account (HSA) Plan
- Base Plan
- Buy-Up Plan

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion as outlined in the below illustration. Preventative Care on all three plans are paid at 100% when you utilize network providers.

- Deductibles – The amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs. Medical deductibles run policy year, which is July 1 – June 30.
- Copayment (Copay) – A fixed dollar amount you pay for a covered health care service. Copays can vary for different services within the plan (office visits, urgent care, emergency care, prescriptions, etc).
- Coinsurance – Once your deductible has been met, you and the plan share the cost of care, which is called coinsurance. For example, on the Base plan you would pay 20% of the cost of covered services and the plan would pay 80% until you reach your out of pocket maximum.
- Out of Pocket Maximums – The most you will pay for services that are subject to your medical deductible and coinsurance. Copays do not apply to your out of pocket maximum on the Base and Buy Up Plan.

The medical insurance plans are administered by **UMR** and utilizes the United Healthcare Choice Plus Network of providers. You can set up an account to review your explanation of benefits and other helpful information at www.umr.com.

Compare Your Monthly Medical Plan Costs:

(The second premium amount listed for each plan type represents the $30 monthly Wellness discount)

Election	HSA Plan		Base Plan		Buy Up Plan	
	w/o Wellness	w/Wellness	w/o Wellness	w/Wellness	w/o Wellness	w/Wellness
Employee only	$5	$0 **	$55	$25	$100	$70
Employee & spouse	$450	$420	$540	$510	$630	$600
Employee & child(ren)	$315	$285	$390	$360	$460	$430
Family	$755	$725	$875	$845	$990	$960

****The Board will contribute $25 per month into your HSA account.**

Compare Your Medical Plan Options:

Benefit Design	HSA Plan	Base Plan	Buy Up Plan
Deductible (Plan Year):			
Individual	$1,500	$1,000	$500
Family	$3,000	$2,000	$1,000
Coinsurance:	100%	80%	90%
Total Out of Pocket Max:			
Individual	$3,000 (deductible & copays)	$3,000 (deductible & coinsurance)	$1,500 (deductible & coinsurance)
Family	$6,000 (deductible & copays)	$6,000 (deductible & coinsurance)	$3,000 (deductible & coinsurance)
Physician Office Visit:	$25 after Deductible	$25	$25
Specialist Office Visit:	$35 after Deductible	$35	$35
Teladoc Visit:	$15 after Deductible	$15	$15
Emergency Room:	$100 after Deductible	$100, then Ded / Coins	$100, then Ded / Coins
Urgent Care:	$35 after Deductible	$35, then Ded / Coins	$35, then Ded / Coins
Inpatient Hospital:	$100 after Deductible	$100, then Ded / Coins	$100, then Ded / Coins
Outpatient Surgery:	Deductible	Ded / Coins	Ded / Coins

Prescription Drug Coverage:

How the Health Savings Account, Base, and Buy-Up Plans Cover Prescription Drugs

	Health Savings Account (HSA) Plan	Base Plan	Buy-Up Plan
Retail Prescriptions (up to 31-day supply) Generic drugs	$10 Copay per prescription*	$10 Copay per prescription	$10 Copay per prescription
Preferred brand drugs	$30 Copay per prescription*	$30 Copay per prescription	$30 Copay per prescription
Non-preferred brand drugs	$50 Copay per prescription*	$50 Copay per prescription	$50 Copay per prescription
Specialty Prescriptions (up to 31-day supply)	$75 Copay per prescription for drug cost less than $1,000; $125 Copay per prescription for drug cost $1,000 or greater*	$75 Copay per prescription for drug cost less than $1,000; $125 Copay per prescription for drug cost $1,000 or greater	$75 Copay per prescription for drug cost less than $1,000; $125 Copay per prescription for drug cost $1,000 or greater
Retail 90 Prescriptions (32-90-day supply) Generic drugs	$20 Copay per Prescription*	$20 Copay per prescription	$20 Copay per prescription
Preferred brand drugs	$60 Copay per Prescription*	$60 Copay per prescription	$60 Copay per prescription
Non-preferred brand drugs	$100 Copay per prescription*	$100 Copay per prescription	$100 Copay per prescription
Mail Order Prescriptions (32-90-day supply) Generic drugs	$20 Copay per prescription*	$20 Copay per prescription	$20 Copay per prescription
Preferred brand drugs	$60 Copay per prescription*	$60 Copay per prescription	$60 Copay per prescription
Non-preferred brand drugs	$100 Copay per prescription*	$100 Copay per prescription	$100 Copay per prescription
Prescription Drug Out-of-Pocket Maximum	Medical and pharmacy expenses are subject to the same medical out-of-pocket maximum. * Per person: $3,000 Per family: $6,000		

*How the medical Health Savings Account Plan covers prescription drugs:

Under the Health Savings Account Plan, you benefit from the prescription drug discount, but pay the full cost of covered prescription drugs until you meet the deductible. Medical and pharmacy expenses are subject to the same medical deductible. After you meet the deductible, you pay the copay of covered prescription costs until you reach the combined medical and prescription drug out-of-pocket maximum. At that point, the plan pays 100% of covered prescription costs for the rest of the plan year.

Health Savings Account

A Health Savings Account is a tax-sheltered arrangement that allows you to contribute money on a pre-tax basis into a Health Savings Account. This money can then be used to offset qualified health care expenses by paying with pre-tax dollars or saving for future health care expenses. The maximum you can contribute in a calendar year is determined annually by the IRS.

If you enroll in the Health Savings Account Medical Plan, you have the option of adding your own money to your Health Savings Account (HSA). All HSA accounts must be set up through HSA Central for payroll deposits.

Are you eligible for this account?
You can have an HSA only if you are enrolled in the Health Savings Account medical plan. You cannot have an HSA if:

- You are covered by another health plan (including Medicare).
- You are claimed as a dependent on someone else's tax return.
- You or your spouse is enrolled in a Health Care FSA.

How the HSA works

- All HSA accounts must be set up through HSA Central.
- You can contribute to the HSA on a pre-tax basis through payroll contributions and/or by making deposits to this account, so you save money on taxes.
- Your maximum contribution is based on your coverage level:
    - Self only: $3,850/year
    - Self & spouse: $7,750/year
    - Self & child(ren): $7,750/year
    - Family: $7,750/year
    - $1000 catch up for age 55+
- Your HSA funds and any earnings are tax-free as long as you use them for eligible medical, prescription drug, dental and vision expenses.
- You can start, stop, or change your contributions at any time to meet your needs.
- There is no "use it or lose it" rule, meaning the funds can remain in the account year after year. This allows you to save money for future health care expenses.
- If you leave the district, you take your HSA money with you.
- You can invest your HSA funds in select mutual funds, once your account balance is over $3,000.
- Once you reach age 65, you can continue to use these funds tax-free for eligible healthcare expenses. You can also use the funds for ineligible healthcare expenses; however, you will be subject to your regular income tax rate for those expenses.
- Go to hsacentral.net and visit the Resource Center to learn more about the benefits of a health savings account.

Flexible Spending Account

A Flexible Spending Account is a tax-sheltered arrangement that allows you to contribute on a pre-tax basis for health care expenses and/or dependent care for the current plan year which runs July 1 – June 30. The maximum you can contribute in a plan year is determined annually by the IRS.

You have the option of enrolling in the Health Care and/or Dependent Care Flexible Spending Accounts (FSAs) to help pay for health and dependent care expenses with pre-tax dollars.

There is a $3 monthly administrative fee.

ASI Flex is our vendor for the FSA accounts.

Are you eligible for these accounts?
You can only enroll in the Health Care FSA if you select the Base Plan or Buy-Up Plan or if you have health insurance coverage elsewhere. If you enroll in the Health Savings Account Plan, you'll have a Health Savings Account (HSA) instead.

How the FSAs work
There are two separate FSAs (Health Care and Dependent Care) but they work the same way:

- You contribute to the accounts on a pre-tax basis, so you save money on taxes.
- Your maximum contribution is:
  - Health Care FSA: $3,050/year
  - Dependent Care FSA: $5,000/year
- You can submit your claims online, mail or via fax and have your reimbursements deposited directly into your preferred account.
- You can use the Health Care FSA for eligible medical, prescription drug, dental and vision expenses.
- You can use the Dependent Care FSA for eligible dependent care expenses for children under 13 while you are at work (daycare, babysitter, general purpose day camps).
- You have online access to your FSA, so you can instantly track your expenses and account balance.
- **You will have until September 30 to file claims for the prior plan year. Any unused amounts remaining at the end of the plan year will be forfeited**.
- Under the carry-over option, a Health Care FSA allows participants to carry over up to $610 in unused money at the end of the plan year to be used to reimburse expenses incurred in the next year. The carry-over does not count toward the annual maximum allowable contribution.
- Use the Tax Savings Estimator by estimating your annual medical expenses to see the tax savings that will benefit you from a FSA. Visit http://www.asiflex.com/calculator.html
- Go to asiflex.com and review the Resources tab for FAQ's, informational videos and additional benefits of utilizing a FSA.

With an FSA, most people can save at least 25% on each dollar that is set aside, for expenses they are paying for anyway!

Your 2023 Dental Plan Options

The district offers you a choice of three dental plan options

- Low Plan
- Mid Plan
- High Plan

The dental plans are administered by Sun Life Financial and utilizes Sun Life's dental network of providers. You can set up an account to review your explanation of benefits and other helpful information at login.sunlifeconnect.com

Compare Your Monthly Dental Costs:

Election	Low Plan	Mid Plan	High Plan
Employee only	$25.45	$30.72	$52.29
Employee & spouse	$51.10	$61.64	$123.51
Employee & child(ren)	$61.22	$73.90	$121.01
Family	$91.48	$110.29	$186.56

Compare Your Dental Plan Options:

Benefit Design	Low Plan	Mid Plan	High Plan
Individual Deductible (Calendar Year)	$50	$50	$50
Family Deductible	$150	$150	$150
Calendar Year Maximum Benefit	$750 per person (Preventive does apply to maximum benefit)	$750 per person (Preventive does not apply to maximum benefit)	$1,000 per person (Preventive does not apply to maximum benefit)
Preventive Services	100%	100%	100%
Basic Services	50%	50%	80%
Major Services	Not Covered	25%	50%
Orthodontia	Not Covered	Not Covered	Not Covered

Your 2023 Vision Plan Options

The district offers you one vision plan. The plan utilizes the VSP network. You can go to vsp.com to search for a local vision provider. As a reminder, the district's medical plans also cover one routine eye exam per year through the preventive care benefits, if you are enrolled in a medical plan.

Your Monthly Vision Plan Costs:

Election	VSP Plan
Employee Only	$10.78
Employee & Spouse	$21.56
Employee & Child(ren)	$21.85
Family	$34.05

Your Vision Plan Summary:

Benefit Design	VSP In Network Benefit	Frequency
Exams	$10	Once every 12 months
Materials	$25	Once every 12 months
Lenses	$25	Once every 12 months
Frames	$130 Allowance then 20%	Once every 24 months
Elective Contact Lenses (Contact Lenses are in place of frames & lenses)	$130 Allowance	Once every 12 months

Board Paid and Supplemental Insurance

The district offers you board paid (employer paid) long-term disability coverage and life insurance coverage. There are also a number of supplemental insurance plan options that are available to you such as voluntary life insurance, dependent life insurance, cancer coverage, critical illness coverage, accident coverage, and short-term disability coverage. Sun Life Financial is the carrier for these benefits.

Long-Term Disability Coverage:

If you are unable to work due to a covered disability, your long-term disability insurance will provide paycheck protection for lost wages. The benefit is 60% of your monthly salary, not to exceed $10,000. You have a 90-day elimination period prior to benefit going into effect**. T**his is an employer paid benefit.

Board Paid Life and AD&D Insurance:

Basic Life and AD&D is 1 time your base salary, not to exceed $200,000 paid by your employer. Benefits reduce at age 70.

Voluntary Life and AD&D Insurance:

Voluntary Life is available in increments of $10,000 with a minimum election of $20,000 and a maximum of $500,000

The Guarantee Issue amount for new hires is $150,000. This means that you will **not** have to answer any health questions or complete an Evidence of Insurability form to be approved for the requested coverage amount up to $150,000. Benefits reduce at age 70. Any election or increase of coverage amounts at a later date will be subject to Evidence of Insurability.

Dependent Life is $5,000 for a spouse and $2,000 for each child.

Please make sure you have a current beneficiary on file with the district in bswift.

Other Supplemental Insurance Options:

Other supplemental insurance plan options include:

- **Accident**
  - Pays a cash benefit to you for certain accidents that occur based off Sun Life's benefit schedule
- **Cancer**
  - Pays a cash benefit to you for cancer diagnosis and treatment based off Sun Life's benefit schedule. Pre-existing applies for anything you sought or received treatment for in the 12 months prior to your insurance becoming effective.
- **Critical Illness**
  - Pays a lump sum benefit from $5,000 to $50,000 based on your elected coverage amount. Guarantee issue amount is $20,000 for new hires. Any election or increase of coverage amounts at a later date will be subject to Evidence of Insurability. Benefits are

paid for initial diagnosis of Heart Attack, Stroke, ESRD, Major Organ Failure and Invasive Cancer.

- **Short-Term Disability**
    - Provides paycheck protection for lost wages due to illness or injury. 1st day accident, 8th day illness at a 60% weekly benefit up to $1500, not to exceed 13 weeks. Pre-existing applies for anything you sought or received treatment for in the 6 months prior to your insurance becoming effective if within the 1st 12 months of coverage. The district requires accrued sick leave to be used first, which could reduce your benefit payment.

Retirement Benefits

Certified Employee Retirement (PSRS)

All full-time certified employees working in a certified position are required by state law to participate in the Public School Retirement System of Missouri (PSRS). You pay 14.5% of your salary *plus the cost of your employer paid medical* to the retirement system. The District matches your contribution.

- All full-time certified employees working in a *non-certified position* are required by state law to participate in the Public School Retirement System of Missouri (PSRS). You pay 9.67% of your salary *plus the cost of your employer paid medical* to the retirement system. The District matches your contribution

Non-Teacher Retirement (PEERS)

All non-certified staff working 20 hours a week or more and not participating in the Teacher Retirement program, are required by state law to participate in the Public Education Employee Retirement System (PEERS). You pay 6.86% of your salary *plus the cost of your employer paid medical* to the retirement system. The District matches your contribution.

403(b) & 457(b)

As an employee, you have the opportunity to contribute additional money towards retirement into a Traditional or Roth 403(b) or 457(b) plan. This is a retirement plan for employees of public schools and is separate from the PSRS / PEERS retirement plan.

Corebridge Financial administers the plan and have financial advisors available to assist you. For more information, please visit the district's website at https://www.jcschools.us/Page/150

Employee Assistance Program (EAP)

Jefferson City School District cares about you and your family's total well-being. That's why we provide an Employee Assistance Program (EAP) at no cost to you. Administered by Capital Region Medical Center – Center for Mental Wellness and ComPsych, the EAP is a free and confidential service designed to help employees and families with personal or work/life balance issues.

Capital Region Medical Center – Center for Mental Wellness is available by appointment by calling 573-636-8255. Hours are 8am-5pm Monday – Thursday and 8am-4:30pm Friday. You can get up to six sessions at no cost.

ComPsych is available 24 hours a day, 365 days a year for confidential assistance and referral services by contacting 877-595-5281 or online at www.guidanceresources.com (Web ID: EAPBusiness)

The EAP can assist you in handling a variety of challenges including:

- Managing stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Childcare issues — including identifying schools, daycare, tutors, and more
- Aging parents

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

Resource List

For more information about your JC Schools health insurance choices and how to enroll, make changes or confirm elections

Resource	Description	How to find
Bswift	Online benefits enrollment system – Login to complete your enrollment and review your current elections	Visit www.jcschools.bswift.com
Enrollment webpage	Enrollment information, videos, and other resources	Visit http://www.jcschools.us/Page/12426

To contact plan provider…

Benefit	Administrator	Phone	Website
Medical Plans	UMR	800-826-9781	www.umr.com
Prescription Drugs	UMR/RxBenefits (OptumRx)	800-334-8134	www.optumrx.com/myCatamaranRx
Flexible Spending Accounts	ASI Flex	800-659-3035	www.asiflex.com
Health Savings Account	HSA Central	573-634-1234	www.hsacentral.net
Dental Plans	Sun Life Financial	800-442-7742	www.sunlife.com/onlineadvantage
Vision Plan	Sun Life Financial	800-877-7195	www.sunlife.com/onlineadvantage www.vsp.com
Voluntary Plans	Sun Life Financial	877-820-8306	www.sunlife.com/onlineadvantage
Employee Assistance Program	Capital Region Center for Mental Wellness	573-632-5560 1432 Southwest Blvd. Jefferson City	https://www.crmc.org/services/mental-wellness/ • Indicate you are a JC Schools employee when scheduling • Seen within 3 business days • Online booking and video conference sessions available
Employee Assistance Program	Sun Life Financial ComPsych Guidance Resources	800-624-5544	www.guidanceresources.com • 24-hour access • Website organization web ID: EAPBusiness
PSRS / PEERS	Public School Retirement	573-634-5290	www.psrs-peers.org
403(b) / 457 (b)	Corebridge Financial	800-448-2542	www.corebrdigefinancial.com/rs/csdrt

Summary of Required Health Coverage Notices

The following are summaries of required notices for new and/or existing enrollees in the Jefferson City School District's (JC Schools) Health Plan (the "Plan"). Please visit www.jcschools.bswift.com to access the full version of each notice and the Summary Plan Description (SPD) of the Jefferson City School District Health Plan.

Grandfathered Plan

The JEFFERSON CITY SCHOOL DISTRICT Health Benefit Plan believes the Buy-Up Plan and Base Plan are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Medicare Part D

JC Schools prescription plan through OptumRx is creditable. Because our existing prescription coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to 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 through December 7th. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a 60-day special enrollment period to join a Medicare Part D plan.

Health Care Reform Exchange Notice

Starting on January 1, 2014, the Affordable Care Act (ACA) requires you to have health coverage or pay a penalty. All JC Schools medical plans offered to benefits-eligible employees meet the standards set by the ACA for value and affordability. If you are not eligible for JC Schools medical plan coverage or otherwise decline this coverage, the public Health Insurance Marketplace is available to obtain health coverage. Please refer to the full notice at www.jcschools.bswift.com for more information or visit www.healthcare.gov.

Women's Health and Cancer Rights Act

If you are covered under one of the Plan's medical options, you have certain rights to benefits provided under the Plan in connection with a mastectomy. In situations where a covered subscriber is eligible to receive mastectomy benefits under a group health insurance plan and the subscriber elects breast reconstruction in connection with the mastectomy, this coverage must include:

- Surgical services for reconstruction of the breast on which the mastectomy was performed
- Surgical services for reconstruction of the non-diseased breast to produce symmetrical appearance

• Postoperative breast prostheses
• Mastectomy bras and external prosthetics (limited to the lowest cost alternative available that meets external prosthetic placement needs)

During all stages of a mastectomy, treatment of physical complications, including lymphedema therapy, are covered. Such coverage may be subject to plan deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

Child 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

Notice of Availability of Privacy Practices

The privacy rule under the Health Insurance Portability and Accountability Act (HIPAA) requires this Plan to provide to participants the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI. You can obtain a copy of the full notice at www.jcschools.bswift.com

Special Enrollment Rights under the Health Insurance Portability and Accountability Act (HIPAA)

If you decline medical coverage under the Plan for you or your dependents, you have special enrollment rights to join the Plan in the middle of a year in certain circumstances, including the loss of other employer-sponsored coverage and the addition of new dependent(s) due to marriage, birth, adoption, or placement of adoption. Timing requirements and information regarding how to make these requests is posted on the benefits enrollment site at www.jcschools.bswift.com.

Continuation Coverage Rights under COBRA

As a participant in the Plan, you have a right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. These rights apply to the medical, dental, vision and health FSA benefits offered under the Plan. The full notice posted at www.jcschools.bswift.com explains when it may become available to you and your family, and what you need to do to protect the right to receive it.

Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) is a federal law that affects the length of time a mother and newborn child are covered for a hospital stay in connection with childbirth. In general, group health plans and health insurance issuers that are subject to NMHPA may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.

Mental Health and Substance Use Disorder Parity

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires group health plans and health insurance issuers to ensure that financial requirements (such as copays and deductibles) and

treatment limitations (such as visit limits) applicable to mental health or substance use disorder (MH/ SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/ surgical benefits.

ADA Wellness Notice

The Americans with Disabilities Act of 1990 (ADA) requires employers that offer wellness programs that collect employee health information to provide a notice to employees informing them of the information that will be collected, how it will be used, who will receive it and what will be done to keep it confidential.

GINA Notice

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits discrimination in group health plan coverage based on genetic information. Health-Contingent Notice If a wellness program requires individuals to meet a standard related to a health factor in order to obtain a reward, the HIPAA nondiscrimination rules require the program to comply with five conditions involving frequency of opportunity to qualify, size of reward, availability to similarly situated individuals and reasonable alternative standards, and reasonable design (to promote health or prevent disease), including a disclosure requirement.

Surprise Billing

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. Federal law requires group health plans and health insurance issuers offering group or individual health insurance coverage to make publicly available, post on a public website of the plan or issuer, and include on each explanation of benefits for an item or service with respect to which the requirements under section 9816 of the Internal Revenue Code (the Code), section 716 of the Employee Retirement Income Security Act (ERISA), and section 2799A-1 of the Public Health Service Act (PHS Act) apply, information in plain language on:

- the restrictions on balance billing in certain circumstances,
- any applicable state law protections against balance billing,
- the requirements under Code section 9816, ERISA section 716, and PHS Act section 2799A-1, and
- information on contacting appropriate state and federal agencies in the case that an individual believes that a provider or facility has violated the restrictions against balance billing

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This Employee Benefits Guide provides a summary of various plans included in the Jefferson City School District's benefit program effective July 1, 2023. Complete details of the plans are included on the Human Resources, Health Benefit webpage https://www.jcschools.us/page/12426. If there is a difference between this Decision Guide and the carrier's plan details document, then the plan details document will govern in every instance.