



# Employee Benefits Overview

[www.ncmmhcbenefits.info](http://www.ncmmhcbenefits.info)



## Employee Benefits

We recognize that our employees are our most valuable resource and your benefits program is extremely important to North Central Missouri Mental Health Center. Therefore, it is our pleasure to offer our benefits-eligible employees a variety of solutions to help address your benefit needs, as well as the needs of your families.

Our employees continue to be the driving force behind our past success and position us well for the future. Thank you for your ongoing commitment as we strive to be the best employer in our industry. We are proud to include all of you as part of the North Central Missouri Mental Health Center family.

*This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This plan may not cover all your health care expenses. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage.*

## Bukaty Companies Service Team



**Brad Bukaty**  
Benefits Consultant  
[bbukaty@bukaty.com](mailto:bbukaty@bukaty.com)  
913-647-3945

Brad is the primary contact for your benefits program.



**Kim Romi**  
Client Service Manager  
[kromi@bukaty.com](mailto:kromi@bukaty.com)  
913-647-3971

Kim is responsible for day-to-day administrative and service issues including claims, billing, ID card requests, enrollment issues and employee terminations.

4601 College Blvd.  
Leawood, KS 66211  
Phone: 913.345.0440  
Toll-Free: 888.657.0440  
Fax: 913.345.2608  
[www.bukaty.com](http://www.bukaty.com)

**BUKATY** COMPANIES  
*Expertise you experience*

## **Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or to obtain more information contact Bukaty Companies at 888.657.0440.

## **Woman's Health and Cancer Rights Act (WHCRA) of 1998**

Do you know that your plan, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Bukaty Companies at 888.657.0440 for more information.

## **COBRA Rights In the Event You Lose Your Health (Medical/Dental/Flex) Coverage...**

A group health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee - eligible for up to 18 months of continuation coverage
- Death of the covered employee - eligible for up to 36 months of continuation coverage
- Covered employee becomes entitled to Medicare - eligible for up to 36 months of continuation coverage depending upon date of Medicare entitlement

The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:

- Divorce or legal separation - eligible for up to 36 months of continuation coverage
- A child's loss of dependent status under the Plan - eligible for up to 36 months of continuation coverage.

## **Disability Extension**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of coverage for a total 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 continuation coverage. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination is issued and within the individual's first 18 months of continuation coverage. If SSA determines later the individual is no longer disabled, that individual must notify the Plan Administrator within 30 days after the date of the second determination.

## **Second Qualifying Event**

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months. The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status, but only if the events would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. When responsibility for notification rests with the covered employee or qualified beneficiary, notice of the qualifying event must be made within 60 days of the occurrence to the company's Plan Administrator.

## **Other Coverage Options Besides COBRA**

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, 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).

## **Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to company's Plan Administrator. 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).

**Keep Us Informed of Status Changes**

It is very important that you keep your Plan Administrator informed of address changes and other personal data changes for you and/or dependents who are or may become qualified beneficiaries on any of the company’s group benefits. Changes should be reported to the Plan Administrator.

A detailed explanation of COBRA rights and procedures is available in the Plan’s Summary Plan Description.

**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).

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**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.**

<b>KANSAS – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>
Phone: 1-800-792-4884

<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>
Phone: 573-751-2005

**Lifetime limit**

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Bukaty Companies at 888.657.0440.

**Premium Only Plan**

I agree that all group health benefits I enroll in will automatically be ran through a Premium Only Plan and that my salary will be reduced by the amount I pay for group health benefits. I understand this may reduce my potential Social Security benefits. I realize I can change this election only during the election period prior to any plan year or if there has been a qualifying change in my family’s status, employment, or group health care coverage.

# IMPORTANT INFORMATION, RIGHTS & DISCLOSURES

## Important Notice 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 prescription drug coverage under our Employee Benefits Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether 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:

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.

We have determined that the prescription drug coverage offered under our medical benefit plan is, on average for all 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 15 to December 7. 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 coverage may be affected. You should check with the carriers/vendors prior to joining a plan. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get 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 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) if you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

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

You should contact Human Resources for additional plan 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 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); or 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; or 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 you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).

# IMPORTANT INFORMATION, RIGHTS & DISCLOSURES

## **Newborns' and Mother's Health Protection Act**

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mothers' or newborns' length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate. However, Federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother and/or her newborn earlier than 48 hours for normal delivery or 96 hours for a cesarean delivery.

## **Mental Health Parity and Addiction Equity Act**

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as copays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.

## **Genetic Information Nondiscrimination Act**

The Genetic Information Nondiscrimination Act of 2008 (GINA) which protects employees against discrimination based on their genetic information.

## **Plan Overview Guide**

This Plan Overview Guide is intended for all employees, as well as their spouses and dependents that are benefits-eligible employees. This guide summarizes the plans that are available to the benefits-eligible employees and their eligible dependents. Official plan documents, policies, and certificates of coverage contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your plan. If there is any conflict, the official documents prevail. Information provided in this guide is not a guarantee of benefits. These documents are available upon request through Human Resources.

## **Health Insurance Portability and Accountability Act (HIPAA) Annual Notice**

Your employer, in accordance with HIPAA, protects your Protected Health Information (PHI). Your employer will only discuss your PHI with providers and third-party administrators when necessary to administer the plan that provides your benefits or as mandated by law. This Employee Benefits Plan is compliant with all aspects of the Patient Protection and Affordable Care Act (the Affordable Care Act).

## **Lifetime Limit**

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment.

# IMPORTANT INFORMATION, RIGHTS & DISCLOSURES



## New Health Insurance Marketplace Coverage Options and your Health Coverage

### PART A: General Information

The Health Insurance Marketplace is a way to buy health insurance. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### 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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The Open Enrollment period for 2021 coverage is November 1, 2020 to December 15, 2020. If you haven't enrolled in coverage by then, you generally can't buy Marketplace coverage until the next Open Enrollment period for coverage the following year.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.78% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. \*

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits Plan Administrator. 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.

### 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.

- |    |  |     |  |
|----|--|-----|--|
| 1. | N/A  | 7.  | Trenton  |
| 2. | 43-1029409                                     | 8.  | Missouri   |
| 3. | North Central Missouri<br>Mental Health Center | 9.  | 64683  |
| 4. | 1601 E 28th Street Trenton,<br>MO 64683        | 10. | Kimberly Kriegel   |
| 5. | (660) 359-4487                                 | 11. | N/A  |
|    |  | 12. | <a href="mailto:kkriegel@ncmmhc.com">kkriegel@ncmmhc.com</a> |

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

- As your employer, we offer a health plan to employees who are regularly scheduled to work 30+ hours per week.
- With respect to dependents: We do offer coverage for eligible dependents. Eligible dependents are: Your legal spouse and/or dependent child(ren) under age 26.
- We believe our 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, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums

\* An employer-sponsored 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. (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

## Medical: United Healthcare

UnitedHealthcare

You are eligible to participate in the medical benefits plan on the first of the month following 60 days. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) to age 26.

The following tables will give you an overview of how the plans work and what your responsibilities are. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage please contact Kim Romi or Brad Bukaty at 913-647-3945, [bbukaty@bukaty.com](mailto:bbukaty@bukaty.com) or visit [www.uhc.com](http://www.uhc.com).

	Network	Out-of-Network
Deductible Individual/Family (per calendar year)	\$3000/\$6000	\$5000/\$10000
Out-of-Pocket Max per Family Member (deductible & all copays apply) Individual/Family (per calendar year)	\$3000/\$6000	\$10000/\$30000
Co-insurance, Amount that UHC covers after Deductible is met	100%	30%
Preventive and Routine Care	\$0, Covered in Full (see details on website)	EE pays full amount, applied to Ded
Office visit (PCP/Specialist)	\$30/\$60	EE pays full amount, applied to Ded
X-ray and Lab Services (Diagnostic)	EE pays full amount, applied to Ded	EE pays full amount, applied to Ded
Allergy Injections	EE pays full amount, applied to Ded	EE pays full amount, applied to Ded
Retail Pharmacy Drug Coverage Tier 1/ Tier 2/ Tier 3	\$15/\$40/\$75	EE pays full amount, applied to Ded
Inpatient Hospital Care	EE pays full amount, applied to Ded.	EE pays full amount, applied to Ded
Outpatient Hospital Care	EE pays full amount, applied to Ded	EE pays full amount, applied to Ded
Urgent Care	\$50	EE pays full amount, applied to Ded
Emergency Room (copay waived if admitted)	EE pays full amount, applied to Ded	EE pays full amount, applied to Ded
Durable Medical Equipment	EE pays full amount, applied to Ded	EE pays full amount, applied to Ded
Physical therapy, occupational therapy (see Medical Plan Summary for max # visits)	\$30	EE pays full amount, applied to Ded
Outpatient Mental Health/Substance abuse office visit	\$30	EE pays full amount, applied to Ded
Annual Maximum	Unlimited	Unlimited





## Blue Cross Blue Shield of KC

Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. The dental plan covers routine checkups – and just about any other type of dental work you might need. You are eligible for benefits on the first of the month following 60 days of employment. Eligible dependents may also participate. Eligible dependents include your legal spouse who does not have coverage available through their employer and/or dependent child(ren) under the age of 26, not eligible as a subscriber under another dental plan.

<b>Premier Plan</b>	
Deductible	\$50 per person
Annual Maximum	\$1,500 per covered person
Preventive Services	Covered at 100% Network Providers (100% Non-Network)
Basic Services	Covered at 80% Network Providers (80% Non-Network)
Major Services	Covered at 50% Network Providers (50% Non-Network)

## Basic Life AD&D: US Able



Coverage is provided by the company and is effective on the first of the month following 60 days of employment.

Life/AD&D Amount	\$30,000 Benefit
Reduction Schedule	Benefits reduce by 35% at age 65; by 35% at age 70. Coverage terminates at retirement.

## Voluntary Life: US Able (Employee Paid on top of above mentioned Basic Life amount)

**New hires** currently becoming eligible may elect the following:

Employee	Up to \$100,000 w/no medical questions
Spouse	Up to \$25,000 w/ no medical questions
Children	\$10,000 w/no medical questions

## Vision Insurance: Blue Cross Blue Shield of KC

	Employee Only	Employee/Spouse	Employee/Children	Family
Monthly Premium	\$5.17	\$9.31	\$9.56	\$18.10

See next pages for exact dental & vision benefits.



Monthly Rate: Emp. Only=\$28.10 / EE+SP=\$56.10 / EE+Ch(ren)=\$61.30 / Fam.=\$93.30

Dental Service Type	Blue Dental PPO/GRID Providers <sup>1</sup>	Blue Dental Choice/GRID+ Providers <sup>2</sup>	Non-Participating Providers <sup>3</sup>
	Deductible, Coinsurance and Limitations		
<b>Calendar Year Deductible</b>	Combined Basic and Major Services: \$50 individual / \$150 family		
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>Oral evaluations – 2 per calendar year</li> <li>X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year</li> <li>Teeth cleaning – 2 per calendar year</li> <li>Fluoride treatment – 2 per calendar year age 19 and under</li> <li>Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under)</li> <li>Fixed and removable space maintainer (initial appliance only)</li> <li>Emergency treatment – temporary pain relief</li> </ul>	100%	100%	80%
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Fillings – composite fillings on all teeth</li> <li>Recementation of existing inlays, crowns and bridges</li> <li>Endodontics – root canals and pulpal therapy</li> <li>Periodontics – gum/tissue care and surgery</li> <li>Tooth extraction (simple and surgical including wisdom teeth)</li> <li>General Anesthesia – payable only if provided in connection with a covered service</li> </ul>	90%	80%	60%
<b>Major Services</b> <ul style="list-style-type: none"> <li>Single crowns, inlays, onlays, bridges and dentures</li> <li>Maintenance of Prosthodontics – adjust/repair of dentures</li> </ul>	60%	50%	40%
<b>Orthodontia Services</b>	Not Covered		
<b>Dependent Limiting Age</b>	26		
<b>Calendar Year Maximum</b>	\$1,500 <i>Preventive does <b>not</b> apply towards Calendar Year Maximum</i>		
<b>Dental Rewards begins on January 1</b>	Once Dental Rewards begins for your plan, you will accumulate claims towards the Dental Rewards program. Accumulated claims between \$1 - \$300, will receive \$250 in Rewards to use the following Calendar Year. Your accumulated Rewards are capped at \$500.		

*This document is intended to give a summary of the plan and is not a contract. Please refer to your contract for complete terms and conditions.*

**<sup>1</sup>Blue Dental PPO Providers:** The preferred network of coverage in the Blue KC service area. **Lowest** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

**<sup>2</sup>Blue Dental Choice Providers:** An additional network of coverage in the Blue KC service area. **Higher** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

**<sup>3</sup>Non-Participating Providers:** Seeing a non-participating dentist results in the **highest** out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider.



Kansas City



# Blue Vue 10/100

Benefit Summary

Monthly Rate: Emp. Only=\$5.17 / EE+SP=\$9.31 / EE+Ch(ren)=\$9.56 / Fam.=\$18.10

VISION COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK*
<b>Routine Vision Examination</b> (including dilation as necessary)  <i>1 per 12 months</i>	<b>\$10 Copay</b>	<b>\$30</b>
<b>Frames</b>  <i>1 per 24 months</i>	<b>\$100 allowance</b> <b>20% off balance over \$100**</b>	<b>\$50</b>
<b>Standard Plastic Lenses</b>  <i>1 per 12 months</i>	Single Vision, Bifocal, Trifocal <b>\$25 Copay</b>	Single Vision: <b>\$25</b> Bifocal: <b>\$40</b> Trifocal: <b>\$55</b>
<b>Lens Options</b>  <i>1 per 12 months</i>	UV Treatment: <b>\$15 Copay</b>  Tint (solid and gradient): <b>\$15 Copay</b>  Standard Plastic Scratch Coating: <b>\$0 Copay</b>  Standard Polycarbonate – Adults: <b>\$40 Copay</b>  Standard Polycarbonate – Kids under 19: <b>\$0 Copay</b>  Standard Anti-reflective Coating: <b>\$45 Copay</b>  Polarized: <b>20% off retail price</b>  Photochromatic/Transitions Plastic: <b>\$75 Copay</b>	UV Treatment: <b>100% member responsibility</b>  Tint (solid and gradient): <b>100% member responsibility</b>  Standard Plastic Scratch Coating: <b>\$5 Copay</b>  Standard Polycarbonate – Adults: <b>100% member responsibility</b>  Standard Polycarbonate – Kids under 19: <b>\$5 Copay</b>  Standard Anti-reflective Coating: <b>100% member responsibility</b>  Polarized: <b>100% member responsibility</b>  Photochromatic / Transitions Plastic: <b>100% member responsibility</b>
<b>Contact Lens Examination Options</b>  <i>1 per 12 months</i>	<b>Fit and Follow up</b> Standard lens: <b>up to \$55</b>  Premium lens: <b>10% off retail price</b>	<b>100% member responsibility</b>



<p><b>Contact Lenses</b> (allowance includes materials only) <i>1 per 12 months</i></p>	<p><b>\$115 allowance</b> Conventional: <b>15% off balance over \$115</b> Disposable: <b>100% member responsibility over the \$115 allowance</b> Medically Necessary: <b>\$0 Copay</b></p>	<p>Conventional and Disposable: <b>\$92</b> Medically Necessary: <b>\$210</b></p>
<p>Additional Pairs Benefit</p>	<p><b>40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the benefit has been used</b></p>	<p><b>100% member responsibility</b></p>

\*Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider.

\*\*If you purchase contact lenses, you will still be able to use your frame allowance for a pair of glasses and receive a 20% discount on lenses.

LASER VISION CORRECTION	U.S. LASER NETWORK	NON-PARTICIPATING PROVIDER
<p><b>Lasik or PRK</b></p>	<p><b>15% off retail price or 5% off promotional price, if applicable</b></p>	<p><b>100% member responsibility</b></p>

HEARING EXAM/HEARING AIDS	AMPLIFON HEARING HEALTH CARE NETWORK	NON-PARTICIPATING PROVIDER
<p><b>Hearing Exam</b></p>	<p><b>40% discount</b></p>	<p><b>100% member responsibility</b></p>
<p><b>Hearing Aids</b></p>	<p><b>Discounted (low price guarantee)</b></p>	<p><b>100% member responsibility</b></p>

# North Central Missouri Mental Health Enrollment Form

## Employee Information

Employee's Name						
Address	Street	City	State	Zip Code	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
SSN	Date of Birth	Date of Hire	Annual Salary	Home Phone ( )		
<input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Hire						

## Dependent Information (If Dependent is to be enrolled)

Name	SSN	Date of Birth ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship
Name	SSN	Date of Birth ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship
Name	SSN	Date of Birth ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship
Name	SSN	Date of Birth ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship
Name	SSN	Date of Birth ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship

## Coverage Options

Benefit	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Waive
Medical: United Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental: Blue Cross Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision: Blue Cross Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Life/AD&D: US Able \$30,000	<input checked="" type="checkbox"/>				
Voluntary Employee Paid Add'l Life	SEE Benefits Website— <a href="http://www.ncmmhcbenefits.info">www.ncmmhcbenefits.info</a>				

## Employee Signature

I hereby authorize my employer to deduct the appropriate premium contributions from payroll based on my benefit election choices.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Life Beneficiary Information

Primary Beneficiary(ies) Name (Last, First, MI)	Address	SSN	Birth Date	Relationship	Percentage
Secondary Beneficiary(ies) Name (Last, First, MI)	Address	SSN	Birth Date	Relationship	Percentage