



Employee Benefits Overview

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
913-647-3945

Brad is the primary contact for your benefits program.



Kim Romi
Client Service Manager
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

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.

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. (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.

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.

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 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 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. You should contact your State for further information on eligibility.

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-800-792-4884

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
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; 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, 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
Mental Health Center | 9. | 64683 |
| 4. | 1601 E 28th Street Trenton,
MO 64683 | 10. | Kimberly Kriegel |
| 5. | (660) 359-4487 | 11. | N/A |
| | | 12. | kkriegel@ncmmhc.com |

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 or visit 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	\$10/\$30/\$50	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





Start your health plan off right by registering on myuhc.com[®]

Put your medical, dental, pharmacy and vision coverage* at your fingertips

Your personalized website myuhc.com features tools designed to help you:

- **Find, price and save on care**—you may save an average of 36%** when you compare costs for providers and services in your network
- **Get care from anywhere** with Virtual Visits.*** A doctor can diagnose common conditions by phone or video 24/7.
- **Understand your benefits** and the financial impact of care decisions
- **Find tailored recommendations** regarding providers, products and services. You can even generate an out-of-pocket estimate based on your specific health plan status.
- **Access claim details**, plan balances and your health plan ID card quickly
- **Follow through on clinical recommendations** and access wellness programs
- **Order prescription refills**, get estimates and compare medication pricing
- **Check your plan balances**, access financial accounts and more



Download the UnitedHealthcare[®] app

It's perfect for on-the-go access to help you find a nearby doctor and more.



Registering is quick. Go to myuhc.com

United Healthcare

*Experience may vary by individual plan type.

**UnitedHealthcare Internal Claims Analysis, 2019.

***Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.



Get on-the-go access to your health plan.

The UnitedHealthcare® app puts your plan at your fingertips.

When you're out and about, you can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby care options in your network.
- Estimate costs.
- Video chat with a doctor 24/7.*
- View and share your health plan ID card.
- See your claim details and view progress toward your deductible.



Get the app and log on with Touch ID®.



The UnitedHealthcare app is available for download for iPhone® or Android®.

UnitedHealthcare

*Data rates may apply.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone and Touch ID are trademarks of Apple, Inc., registered in the U.S. and other countries. Android is a registered trademark of Google LLC. All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Your money. Your health.



Quickly and easily estimate your health care costs on myuhc.com® and in the UnitedHealthcare Health4Me™ app with myHealthcare Cost Estimator.

Using your benefit information, myHealthcare Cost Estimator:

- Shows you the estimated costs for a treatment or procedure
- Displays how that cost is impacted by your deductible, co-insurance and out-of-pocket maximum
- Gives you an estimate of what you'll be responsible to pay
- Provides you with usable information for planning and budgeting

The more you use myHealthcare Cost Estimator, the more you'll see that not all doctors are the same. Depending on what you're looking for, you could see a wide range of estimates for the same procedure or treatment.

UnitedHealthcare			
Your remaining deductible: Individual \$100 Family \$3,400			
myHealthcare Cost Estimator			
MRI Scan Without Dye - Knee		Your Out-of-Pocket: Based on Your Plan \$290	In-Network Cost: Market Average \$649
Health Plan Pays: \$309			
Treatment Estimate: Knee MRI			
	Provider A	Provider B	Provider C
Compared to Local Average	Meets Average Cost	Below Average Cost	Above Average Cost
Total Cost	\$675	\$450	\$1,075
Your Total Out-of-Pocket Cost	\$295	\$250	\$375

You can use this information to:

- Plan your care
- Budget for medical expenses.
- Find doctors that better meet your needs
- Learn out about a new treatment options
- Save money

It's all about having what you need to make the best decisions for your health and your pocket book.

Start using myHealthcare Cost Estimator today, just login to myuhc.com.



Scan the code to view a demo of myHealthcare Cost Estimator.



All UnitedHealthcare members can access a cost estimator online tool at myuhc.com. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available in the Health4Me mobile app, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

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Delta Dental PPO - <i>DentaFlex</i>		Delta Dental PPO SM	Delta Dental Premier [®]	Out-of-Network Providers
Calendar Year Deductible	<ul style="list-style-type: none"> Applied to Basic and Major services 	\$50 individual 3X family	\$50 individual 3X family	\$50 individual 3X family
Annual Maximum	<ul style="list-style-type: none"> Applied to Preventive, Basic and Major services 	\$1,500	\$1,500	\$1,500
Preventive Services	<ul style="list-style-type: none"> Bitewing x-rays, one set per benefit period Emergency palliative treatment Full-mouth x-rays (pano), once in any 36 month period Oral examinations, twice in any benefit period Periapical x-rays, as required Periodontal Maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) Prophylaxis (cleanings), twice in any benefit period Sealants for dependent children under age 16, once in 5 years Space Maintainers for dependent children under age 16, once in 5 years Topical fluoride treatments for dependent children under age 16, once in any benefit period 	100%	100%	80%
Basic Services	<ul style="list-style-type: none"> Composite fillings Endodontics Fillings Non-Surgical Periodontics Oral Surgery (excluding extractions) Simple Extractions Surgical Extractions Surgical Periodontics 	90%	90%	60%
Major Services	<ul style="list-style-type: none"> Bridges, once in 7 years Crowns, Inlays, Onlays, once in 7 years Dentures, once in 7 years General Anesthesia 	60%	60%	40%
Orthodontia	<ul style="list-style-type: none"> Not covered 	N/A	N/A	N/A
MAXAdvantage	Charges for preventive exams, cleanings, and x-rays will not be applied to the annual benefit maximum.			

About Delta Dental networks

Delta Dental PPO Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Delta Dental Premier Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Out-of-Network Providers: are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

Delta Dental PPO Providers typically offer the greatest discounts.

Coverage Tier

Employee	\$24.88
Employee & Spouse	\$50.89
Employee & Child(ren)	\$50.50
Family	\$81.14

DYNAMIC SELECT PLUS 150 ALLOWANCE PLAN

EMPLOYER GROUP: North Central Missouri Mental Health Care

EFFECTIVE DATE: August 1, 2021

COPAYS ¹		
Exam		\$10
Materials		\$25

QUOTE DATE:

FREQUENCY		
Eye Exam		Every 12 Months
Eyeglass Lenses		Every 12 Months
Eyeglass Frames		Every 24 Months
Contact Lenses		Every 12 Months

All Frequencies run on a Calendar Year basis.

COVERAGE	IN-NETWORK	OUT-OF-NETWORK ²
EXAMS		
Comprehensive Eye Examination (<i>with dilation</i>)	Covered in full after copay	Reimbursed up to \$40
Contact Lens Fit & Follow-up	\$40 allowance (copay does not apply)	Not covered
MATERIALS		
Eyeglasses³ (in lieu of contact lenses)		
Standard Plastic CR-39 Lenses <ul style="list-style-type: none"> ▪ Single ▪ Bi-focal ▪ Tri-focal ▪ Lenticular 	Covered in full after copay	Reimbursed up to: <ul style="list-style-type: none"> ▪ Single: \$20 ▪ Bi-focal: \$40 ▪ Tri-focal: \$60 ▪ Lenticular: \$100
Polycarbonate Lenses (<i>members age 19 and under</i>)	Covered in full (copay does not apply)	Not covered
Standard Progressive Lenses	Additional \$50 copay	Not covered
Photochromic Lenses	Additional \$60 copay	Not covered
Standard Frames	\$150 retail allowance	Reimbursed up to \$60
Contact Lenses⁴ (in lieu of eyeglass lenses and frames)		
Elective Contact Lenses	\$150 retail allowance	Reimbursed up to \$90
Medically Necessary Contact Lenses ⁵	\$250 retail allowance	Reimbursed up to \$250

1. Copays apply to all benefits except where noted. 2. For out-of-network benefits, member is reimbursed up to the amount shown less copay. 3. Single materials copay applies with standard lenses and frames when purchased together. 4. Benefit paid only once during the group's benefit period; must be fully utilized at the time of purchase. 5. Medically Necessary Contact Lenses limited to conditions of aphakia, keratoconus, or severe anisometropia.

DELTAVISION VALUE DISCOUNTS

Covered members can take advantage of discounted services and materials at participating discount provider locations.

- Polycarbonate Lenses¹ (Members over age 19): \$40
- Frames: 20% off amount over allowance
- Laser Vision Correction: Member discounts up to 50%.

¹Only applies to single vision lenses.

The discount features are not insurance and may be subject to change without notice. Not all providers participate in DeltaVision Value Discounts. Call your provider or visit our website to confirm if they offer discounts.

RATE GUARANTEE

24 Months

MONTHLY PREMIUMS

Monthly Premiums
With Dental Bundle

Single		\$4.88
Employee & Spouse		\$9.15
Employee & Child(ren)		\$10.38
Family		\$15.13

Rates quoted are based on dependent coverage up to age 26.

DeltaVision® is underwritten by Advantica Insurance Company and administered by Delta Dental of Missouri and Superior Vision Services, Inc. Advantica Insurance Company's trade name and mark are owned by Delta Dental of Missouri. Superior Vision™'s trade name and mark are owned by Versant Health. Advantica Insurance Company and Superior Vision are not sponsored or endorsed by the Delta Dental Plans Association. Delta Dental and DeltaVision are registered trademarks of the Delta Dental Plans Association.

24/7 Online Access to Benefits and Service

- Review and print your dental plan’s coverage levels, deductibles, maximums, age limits and limitations
- Verify your eligibility
- Request or download a claim form
- Find a provider
- Order or print an ID card
- Download our mobile app
- Get answers to frequently asked questions



Log In to View Your Benefits

Just visit www.DeltaDentalMO.com, and click on one of the “Member” or “Sign In” links. To register, follow the steps under “Member Sign In.”



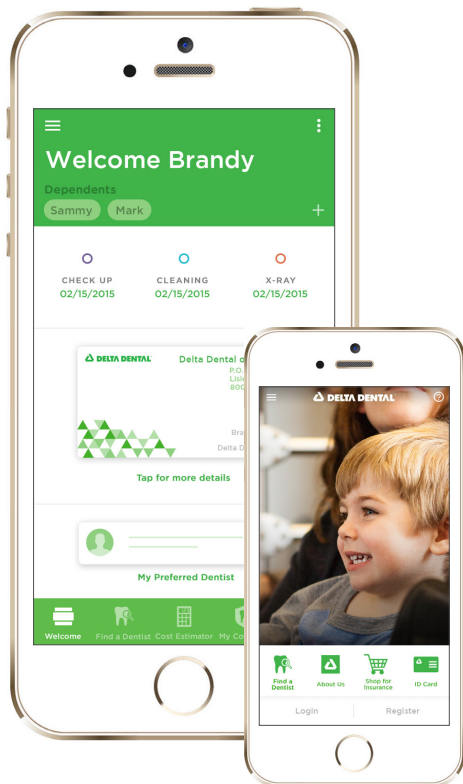
Find a Delta Dental Participating Dentist

Visit our website, www.DeltaDentalMO.com, and click on “Find a Provider” then on “Find a Dentist.”



Customer Service Call: 800-335-8266

We are here to help you every Monday through Friday from 7 a.m. to 5 p.m. Central Time.



Delta Dental Mobile App

Your dental health is important to Delta Dental – and to your overall health! We’ve designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Access dentist search, check claims and coverage, view ID cards and more, right on your mobile device.

- Mobile ID card - no more looking for ID cards!
- Claims and coverage information on the go, putting benefits information right at your fingertips.
- A dentist search tool that helps you quickly select an in-network provider nearby, and even book an appointment with participating dentists!
- LifeSmile Score, our easy-to-use risk assessment tool, helps you understand your risk for tooth decay, gum disease and oral cancer.
- Our toothbrush timer motivates you to brush for the recommended two minutes.



NCMMHC VOLUNTARY LIFE INSURANCE

This Voluntary, Employee Paid Life Insurance is in addition to the \$50,000 of Life Coverage already provided by NCMMHC:

No Medical Questions for Employee Coverage up to \$150,000 when first eligible.

No Medical Questions on Spouse Coverage up to \$30,000 when first eligible.

No Medical Questions on Child Coverage Up to \$10,000 when first eligible.

If Spouse coverage is elected, employee must enroll in at least double such coverage

For example, if \$30,000 coverage is elected for Spouse, then at least \$60,000 must be elected for Employee

Same guideline applies for Child coverage.

Spouse premium is guided by Employee age.

Principal requires minimum 20% enroll at inception.

Each yearly renewal, EE can increase by \$20K w/no medical questions, & spouse by \$10K.

North Central MO Mental Health Care

Voluntary-term life/AD&D - employee

Estimated employee semi-monthly premium amounts

End of the rate guarantee period: 07/31/2023

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Reduced benefit	70-74	Reduced benefit	75 & over
\$10,000	\$0.60	\$0.72	\$0.89	\$1.19	\$1.86	\$2.92	\$4.37	\$5.82	\$7.92	\$6,500	\$10.61	\$4,500	\$7.34
\$20,000	\$1.18	\$1.42	\$1.77	\$2.36	\$3.71	\$5.83	\$8.73	\$11.63	\$15.83	\$13,000	\$21.22	\$9,000	\$14.69
\$30,000	\$1.78	\$2.14	\$2.66	\$3.55	\$5.57	\$8.75	\$13.10	\$17.45	\$23.75	\$19,500	\$31.82	\$13,500	\$22.03
\$40,000	\$2.36	\$2.84	\$3.54	\$4.72	\$7.42	\$11.66	\$17.46	\$23.26	\$31.66	\$26,000	\$42.43	\$18,000	\$29.37
\$50,000	\$2.96	\$3.56	\$4.43	\$5.91	\$9.28	\$14.58	\$21.83	\$29.08	\$39.58	\$32,500	\$53.04	\$22,500	\$36.72
\$60,000	\$3.54	\$4.26	\$5.31	\$7.08	\$11.13	\$17.49	\$26.19	\$34.89	\$47.49	\$39,000	\$63.65	\$27,000	\$44.06
\$70,000	\$4.14	\$4.98	\$6.20	\$8.27	\$12.99	\$20.41	\$30.56	\$40.71	\$55.41	\$45,500	\$74.25	\$31,500	\$51.41
\$80,000	\$4.72	\$5.68	\$7.08	\$9.44	\$14.84	\$23.32	\$34.92	\$46.52	\$63.32	\$52,000	\$84.86	\$36,000	\$58.76
\$90,000	\$5.32	\$6.40	\$7.97	\$10.63	\$16.70	\$26.24	\$39.29	\$52.34	\$71.24	\$58,500	\$95.47	\$40,500	\$66.10
\$100,000	\$5.90	\$7.10	\$8.85	\$11.80	\$18.55	\$29.15	\$43.65	\$58.15	\$79.15	\$65,000	\$106.08	\$45,000	\$73.44
\$110,000	\$6.50	\$7.82	\$9.74	\$12.99	\$20.41	\$32.07	\$48.02	\$63.97	\$87.07	\$71,500	\$116.69	\$49,500	\$80.79
\$120,000	\$7.08	\$8.52	\$10.62	\$14.16	\$22.26	\$34.98	\$52.38	\$69.78	\$94.98	\$78,000	\$127.29	\$54,000	\$88.13
\$130,000	\$7.68	\$9.24	\$11.51	\$15.35	\$24.12	\$37.90	\$56.75	\$75.60	\$102.90	\$84,500	\$137.90	\$58,500	\$95.47
\$140,000	\$8.26	\$9.94	\$12.39	\$16.52	\$25.97	\$40.81	\$61.11	\$81.41	\$110.81	\$91,000	\$148.51	\$63,000	\$102.82
\$150,000	\$8.86	\$10.66	\$13.28	\$17.71	\$27.83	\$43.73	\$65.48	\$87.23	\$118.73	\$97,500	\$159.12	\$67,500	\$110.16
\$160,000	\$9.44	\$11.36	\$14.16	\$18.88	\$29.68	\$46.64	\$69.84	\$93.04	\$126.64	\$104,000	\$169.72	\$72,000	\$117.50
\$170,000	\$10.04	\$12.08	\$15.05	\$20.07	\$31.54	\$49.56	\$74.21	\$98.86	\$134.56	\$110,500	\$180.33	\$76,500	\$124.85
\$180,000	\$10.62	\$12.78	\$15.93	\$21.24	\$33.39	\$52.47	\$78.57	\$104.67	\$142.47	\$117,000	\$190.94	\$81,000	\$132.19
\$190,000	\$11.22	\$13.50	\$16.82	\$22.43	\$35.25	\$55.39	\$82.94	\$110.49	\$150.39	\$123,500	\$201.55	\$85,500	\$139.53
\$200,000	\$11.80	\$14.20	\$17.70	\$23.60	\$37.10	\$58.30	\$87.30	\$116.30	\$158.30	\$130,000	\$212.17	\$90,000	\$146.89
\$210,000	\$12.40	\$14.92	\$18.59	\$24.79	\$38.96	\$61.22	\$91.67	\$122.12	\$166.22	\$136,500	\$222.77	\$94,500	\$154.23
\$220,000	\$12.98	\$15.62	\$19.47	\$25.96	\$40.81	\$64.13	\$96.03	\$127.93	\$174.13	\$143,000	\$233.38	\$99,000	\$161.57
\$230,000	\$13.58	\$16.34	\$20.36	\$27.15	\$42.67	\$67.05	\$100.40	\$133.75	\$182.05	\$149,500	\$243.99	\$103,500	\$168.91
\$240,000	\$14.16	\$17.04	\$21.24	\$28.32	\$44.52	\$69.96	\$104.76	\$139.56	\$189.96	\$156,000	\$254.60	\$108,000	\$176.26
\$250,000	\$14.76	\$17.76	\$22.13	\$29.51	\$46.38	\$72.88	\$109.13	\$145.38	\$197.88	\$162,500	\$265.20	\$112,500	\$183.60
\$260,000	\$15.34	\$18.46	\$23.01	\$30.68	\$48.23	\$75.79	\$113.49	\$151.19	\$205.79	\$169,000	\$275.81	\$117,000	\$190.94
\$270,000	\$15.94	\$19.18	\$23.90	\$31.87	\$50.09	\$78.71	\$117.86	\$157.01	\$213.71	\$175,500	\$286.42	\$121,500	\$198.29
\$280,000	\$16.52	\$19.88	\$24.78	\$33.04	\$51.94	\$81.62	\$122.22	\$162.82	\$221.62	\$182,000	\$297.03	\$126,000	\$205.63
\$290,000	\$17.12	\$20.60	\$25.67	\$34.23	\$53.80	\$84.54	\$126.59	\$168.64	\$229.54	\$188,500	\$307.63	\$130,500	\$212.97
\$300,000	\$17.70	\$21.30	\$26.55	\$35.40	\$55.65	\$87.45	\$130.95	\$174.45	\$237.45	\$195,000	\$318.24	\$135,000	\$220.32
\$310,000	\$18.30	\$22.02	\$27.44	\$36.59	\$57.51	\$90.37	\$135.32	\$180.27	\$245.37	\$201,500	\$328.85	\$139,500	\$227.66
\$320,000	\$18.88	\$22.72	\$28.32	\$37.76	\$59.36	\$93.28	\$139.68	\$186.08	\$253.28	\$208,000	\$339.46	\$144,000	\$235.00
\$330,000	\$19.48	\$23.44	\$29.21	\$38.95	\$61.22	\$96.20	\$144.05	\$191.90	\$261.20	\$214,500	\$350.07	\$148,500	\$242.35
\$340,000	\$20.06	\$24.14	\$30.09	\$40.12	\$63.07	\$99.11	\$148.41	\$197.71	\$269.11	\$221,000	\$360.67	\$153,000	\$249.70
\$350,000	\$20.66	\$24.86	\$30.98	\$41.31	\$64.93	\$102.03	\$152.78	\$203.53	\$277.03	\$227,500	\$371.28	\$157,500	\$257.04
\$360,000	\$21.24	\$25.56	\$31.86	\$42.48	\$66.78	\$104.94	\$157.14	\$209.34	\$284.94	\$234,000	\$381.89	\$162,000	\$264.39
\$370,000	\$21.84	\$26.28	\$32.75	\$43.67	\$68.64	\$107.86	\$161.51	\$215.16	\$292.86	\$240,500	\$392.50	\$166,500	\$271.73
\$380,000	\$22.42	\$26.98	\$33.63	\$44.84	\$70.49	\$110.77	\$165.87	\$220.97	\$300.77	\$247,000	\$403.10	\$171,000	\$279.07
\$390,000	\$23.02	\$27.70	\$34.52	\$46.03	\$72.35	\$113.69	\$170.24	\$226.79	\$308.69	\$253,500	\$413.71	\$175,500	\$286.42
\$400,000	\$23.60	\$28.40	\$35.40	\$47.20	\$74.20	\$116.60	\$174.60	\$232.60	\$316.60	\$260,000	\$424.32	\$180,000	\$293.76
\$410,000	\$24.20	\$29.12	\$36.29	\$48.39	\$76.06	\$119.52	\$178.97	\$238.42	\$324.52	\$266,500	\$434.93	\$184,500	\$301.10

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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North Central MO Mental Health Care

Voluntary-term life/AD&D - spouse

Estimated spouse semi-monthly premium amounts

End of the rate guarantee period: 07/31/2023

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Reduced benefit	70-74	Reduced benefit	75 & over
\$5,000	\$0.30	\$0.36	\$0.45	\$0.59	\$0.93	\$1.46	\$2.19	\$2.91	\$3.96	\$3,250	\$5.30	\$2,250	\$3.67
\$10,000	\$0.60	\$0.72	\$0.89	\$1.19	\$1.86	\$2.92	\$4.37	\$5.82	\$7.92	\$6,500	\$10.61	\$4,500	\$7.34
\$15,000	\$0.88	\$1.06	\$1.33	\$1.77	\$2.78	\$4.37	\$6.55	\$8.72	\$11.87	\$9,750	\$15.91	\$6,750	\$11.01
\$20,000	\$1.18	\$1.42	\$1.77	\$2.36	\$3.71	\$5.83	\$8.73	\$11.63	\$15.83	\$13,000	\$21.22	\$9,000	\$14.69
\$25,000	\$1.48	\$1.78	\$2.22	\$2.95	\$4.64	\$7.29	\$10.92	\$14.54	\$19.79	\$16,250	\$26.52	\$11,250	\$18.36
\$30,000	\$1.78	\$2.14	\$2.66	\$3.55	\$5.57	\$8.75	\$13.10	\$17.45	\$23.75	\$19,500	\$31.82	\$13,500	\$22.03
\$35,000	\$2.06	\$2.48	\$3.10	\$4.13	\$6.49	\$10.20	\$15.28	\$20.35	\$27.70	\$22,750	\$37.13	\$15,750	\$25.70
\$40,000	\$2.36	\$2.84	\$3.54	\$4.72	\$7.42	\$11.66	\$17.46	\$23.26	\$31.66	\$26,000	\$42.43	\$18,000	\$29.37
\$45,000	\$2.66	\$3.20	\$3.99	\$5.31	\$8.35	\$13.12	\$19.65	\$26.17	\$35.62	\$29,250	\$47.73	\$20,250	\$33.04
\$50,000	\$2.96	\$3.56	\$4.43	\$5.91	\$9.28	\$14.58	\$21.83	\$29.08	\$39.58	\$32,500	\$53.04	\$22,500	\$36.72
\$55,000	\$3.24	\$3.90	\$4.87	\$6.49	\$10.20	\$16.03	\$24.01	\$31.98	\$43.53	\$35,750	\$58.34	\$24,750	\$40.39
\$60,000	\$3.54	\$4.26	\$5.31	\$7.08	\$11.13	\$17.49	\$26.19	\$34.89	\$47.49	\$39,000	\$63.65	\$27,000	\$44.06
\$65,000	\$3.84	\$4.62	\$5.76	\$7.67	\$12.06	\$18.95	\$28.38	\$37.80	\$51.45	\$42,250	\$68.95	\$29,250	\$47.73
\$70,000	\$4.14	\$4.98	\$6.20	\$8.27	\$12.99	\$20.41	\$30.56	\$40.71	\$55.41	\$45,500	\$74.25	\$31,500	\$51.41
\$75,000	\$4.42	\$5.32	\$6.64	\$8.85	\$13.91	\$21.86	\$32.74	\$43.61	\$59.36	\$48,750	\$79.56	\$33,750	\$55.08
\$80,000	\$4.72	\$5.68	\$7.08	\$9.44	\$14.84	\$23.32	\$34.92	\$46.52	\$63.32	\$52,000	\$84.86	\$36,000	\$58.76
\$85,000	\$5.02	\$6.04	\$7.53	\$10.03	\$15.77	\$24.78	\$37.11	\$49.43	\$67.28	\$55,250	\$90.17	\$38,250	\$62.43
\$90,000	\$5.32	\$6.40	\$7.97	\$10.63	\$16.70	\$26.24	\$39.29	\$52.34	\$71.24	\$58,500	\$95.47	\$40,500	\$66.10
\$95,000	\$5.60	\$6.74	\$8.41	\$11.21	\$17.62	\$27.69	\$41.47	\$55.24	\$75.19	\$61,750	\$100.77	\$42,750	\$69.77
\$100,000	\$5.90	\$7.10	\$8.85	\$11.80	\$18.55	\$29.15	\$43.65	\$58.15	\$79.15	\$65,000	\$106.08	\$45,000	\$73.44
\$105,000	\$6.20	\$7.46	\$9.30	\$12.39	\$19.48	\$30.61	\$45.84	\$61.06	\$83.11	\$68,250	\$111.38	\$47,250	\$77.11
\$110,000	\$6.50	\$7.82	\$9.74	\$12.99	\$20.41	\$32.07	\$48.02	\$63.97	\$87.07	\$71,500	\$116.69	\$49,500	\$80.79
\$115,000	\$6.78	\$8.16	\$10.18	\$13.57	\$21.33	\$33.52	\$50.20	\$66.87	\$91.02	\$74,750	\$121.99	\$51,750	\$84.46
\$120,000	\$7.08	\$8.52	\$10.62	\$14.16	\$22.26	\$34.98	\$52.38	\$69.78	\$94.98	\$78,000	\$127.29	\$54,000	\$88.13
\$125,000	\$7.38	\$8.88	\$11.07	\$14.75	\$23.19	\$36.44	\$54.57	\$72.69	\$98.94	\$81,250	\$132.60	\$56,250	\$91.80
\$130,000	\$7.68	\$9.24	\$11.51	\$15.35	\$24.12	\$37.90	\$56.75	\$75.60	\$102.90	\$84,500	\$137.90	\$58,500	\$95.47
\$135,000	\$7.96	\$9.58	\$11.95	\$15.93	\$25.04	\$39.35	\$58.93	\$78.50	\$106.85	\$87,750	\$143.20	\$60,750	\$99.14
\$140,000	\$8.26	\$9.94	\$12.39	\$16.52	\$25.97	\$40.81	\$61.11	\$81.41	\$110.81	\$91,000	\$148.51	\$63,000	\$102.82
\$145,000	\$8.56	\$10.30	\$12.84	\$17.11	\$26.90	\$42.27	\$63.30	\$84.32	\$114.77	\$94,250	\$153.81	\$65,250	\$106.49
\$150,000	\$8.86	\$10.66	\$13.28	\$17.71	\$27.83	\$43.73	\$65.48	\$87.23	\$118.73	\$97,500	\$159.12	\$67,500	\$110.16

Child(ren) premium amounts (per family) --Child(ren) are covered until age 26

\$2,000	\$0.16
\$3,000	\$0.24
\$4,000	\$0.31
\$5,000	\$0.39
\$1,000	\$0.78

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.



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: Delta Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision: Delta Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCMMHC Life Ins. Principal \$50,000	<input checked="" type="checkbox"/>				
Voluntary Employee Paid Add'l Life	See following pages for Add'l Life Ins application to complete if electing				

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



Mailing Address
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Employee Enrollment
& Waiver-MO

PLEASE USE BLACK INK
PLEASE ENTER DATES AS MM/DD/YYYY

Company name North Central MO Mental Healthcare	Division level All Members	Account number/unit number
--	-------------------------------	----------------------------

Employee Information

Name		Social security number	
Mailing address (street)		Birth date	<input type="checkbox"/> male <input type="checkbox"/> female
(city)	(state)	(ZIP code)	
Date employed full-time	Hours worked per week	Job occupation/class	Location
Email address		Phone number	

Do you have an eligible spouse or domestic partner or child(ren)?
 yes no

Salary amount (for owners, include business income) Salary mode
 yearly weekly hourly monthly bi-weekly

Payroll mode Employer ZIP code Employer county
 monthly semi-monthly weekly bi-weekly 64683 GRUNDY

Eligible Dependent Information (Complete if you are electing benefits for your spouse or domestic partner or children)

Dependent name	Birth date	Gender	Social security number	Relationship
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Spouse <input type="checkbox"/> domestic partner
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**

*If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court?
 yes no

**When your child, who is developmentally or physically disabled, reaches/exceeds the maximum age, an Application to Continue Disabled Child form must be completed and reviewed to determine eligibility.

Is your spouse or domestic partner employed by this company?
 yes no

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
NOTE: Employee coverage must be elected to elect any dependent coverage.			
Group Term Life	<input checked="" type="checkbox"/> Elect		
Voluntary Term Life (VTL)	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Benefit Amount:	\$ _____	\$ _____ Cannot exceed 100% of the employee election	\$ _____

*NOTE: Domestic Partners can only be added if your employer allows this coverage. If enrolling a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60461).

Group Term Life Beneficiary Designation (Complete if covered for group term life coverage.)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. Additional beneficiaries can be added as an attachment.

Primary Beneficiaries:

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

Contingent Beneficiaries:

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

Voluntary Term Life Beneficiary Designation (Complete if covered for voluntary term life coverage.) If you want to use the same beneficiary designation as indicated for group term life coverage above, write "same as above" in the beneficiary section below.)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. Additional beneficiaries can be added as an attachment.

Primary Beneficiaries:

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

Contingent Beneficiaries:

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

The right to make future changes is reserved by the employee. If two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares, unless specified otherwise.

If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the net proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to Principal Life.

If you have designated a minor child(ren) as your beneficiary, you must complete the Uniform Transfers to Minors Act form (GP55229).

NOTE: You are covered by both group term life and voluntary term life coverage and if you only indicate a beneficiary

designation for one of these, the facility of payment provision in the group policy will be used to determine how proceeds will be paid for the other coverage.

Declining Coverage

Important! If declining any coverage for yourself or any dependent, give reason. Covered under:

- spouse's or domestic partner's group coverage
- individual insurance
- other coverage offered by my employer
- other _____

Employee Agreement (Read and sign)

I understand and agree with the following statements:

- My dependents are not eligible for coverages I don't have. My dependents, including step and foster children and any over the maximum age, are eligible based on plan provisions but those over the maximum age will be verified when a claim is filed.
- If I refuse coverage, I cannot enroll after retirement.
- If I refuse life, disability, or critical illness coverage, I may apply later but I must show proof of good health and coverage will be subject to approval by Principal Life Insurance Company.
- If the group policy does not require my contribution, I cannot decline coverage unless the policy indicates otherwise.
- If the group policy requires my contribution, I authorize my employer to deduct from my pay.
- I represent all information on this form and attachments is complete and true to the best of my knowledge. They are part of this request for coverage. I agree Principal Life is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers on this form. During the first two years coverage is in force, fraud or intentional misrepresentations can cause changes in my coverage, including cancellation back to the effective date.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- I authorize Principal Life to release data as required by law. If signed in connection with an application, reinstatement or a change in benefits, this form will be valid two years from the date below. I may revoke authorization for information not yet obtained. I understand data obtained will be used by Principal Life for claims administration and determining eligibility for life, disability, and critical illness. Information will not be used for any purposes prohibited by law.
- I understand that as the employee, the insurance I and my dependents have applied for will begin on the effective date of coverage provided I am at work on that date. If I am not actively at work on such date, subject to the terms of the group policy, coverage may not go into effect until after my return to work. Furthermore, I understand that no insurance may become effective for any member of my family while he/she is in a period of limited activity.

A copy of this form will be as valid as the original.

I declare that the information I have completed on this enrollment form is complete and true. I understand an insurance producer or broker cannot guarantee coverage, revise rates, benefits or provisions without written approval from Principal Life Insurance Company.

Your signature **X** _____

Date Signed _____

Instructions

After this form is completed and signed, make two copies and send the original to Principal Life Insurance Company:

- One for the employee
- One for the employer

Flexible Spending Account Enrollment

Employer: North Central MO Mental Health Center	Plan Year: 2022	Payroll Effective Date:
Employee Name:	Date of Birth:	Social Security No:
Home Address:	City/State/Zip:	
Phone Number:	Email:*	

* All plan communication pertaining to your account activity is provided solely via email and through our participant portal by signing in at www.NueSynergy.com. It is important to notify NueSynergy if you change your email address.

FSA Health Care Account – maximum annual contribution is \$2750		
<input type="checkbox"/> Waive	<input type="checkbox"/> I elect to enroll in the Healthcare FSA for medical, vision and/or dental expenses	Contribution Election \$_____pay period /\$_____plan year

Beneficiary Designation: *In the event of my death, my designated beneficiary may have certain obligations and responsibilities to file claims and seek reimbursement under the terms of the plan. I therefore designate as my beneficiary under the plan:*

Name: _____ Address: _____

Relationship: _____

Others Terms and Conditions: *I understand that I cannot change or revoke this compensation redirection agreement at any time during the plan year unless I experience a qualifying event (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse or such other events as the plan administrator determines will permit a change or revocation of an election). The plan administrator may reduce or cancel my compensation redirection or otherwise modify this agreement in the event it is advisable to satisfy certain provisions of the Internal Revenue Code. The authorized redirection of my cash compensation under this agreement shall be in addition to any redirection under other agreements or benefit plans. Any remaining account balances following the end of my plan's designated grace period will be forfeited. By participating in one of the plan options defined above, I acknowledge my Social Security benefits may be slightly reduced.*

Signature: _____ Date: _____

FLEXIBLE SPENDING ACCOUNT

HEALTH CARE FSA



How does a Health Care FSA work?

A health care Flexible Spending Account (FSA) allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses for you and your dependents – even if they're not covered under your primary health plan.

You choose an annual election **up to \$2,750 in 2021** (2022 not yet released). At the beginning of the plan year, your account is pre-funded and your full contribution is immediately available. Your contribution is then deducted from your paychecks in equal amounts throughout the year.

Why should I enroll in a Health Care FSA?

Almost everyone has some level of predictable and nonreimbursable medical needs. If you expect to incur medical expenses that won't be reimbursed by another plan, you'll want to take advantage of the savings an FSA offers.

Money contributed to a health care FSA is free from federal and state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving on health care expenses in addition to bringing home more money!

Mobile and online access

NueSynergy makes it easy to access and manage your health care FSA information.

- **NueSynergy smart mobile app:** Our smart mobile app provides real-time, secure benefit account access anywhere at any time. You can even shop for providers and pharmacies based on cost, quality and location.
- **NueSynergy member portal:** Log in to our website, www.NueSynergy.com, as a member and you'll have a wide variety of tools and resources available to you.

How do I use my Health Care FSA to pay for eligible expenses?

You can use the NueSynergy smart debit card we'll provide to pay for eligible health care expenses. Or you can pay with your personal funds and submit a claim for reimbursement.

Simple to use and easy to save

A health care FSA is easy to use and simple to understand. Here are some helpful hints to know before you take advantage of your tax savings:

- Your full election amount is available on the first day of the plan year, which means you'll have access to the money you need, when you need it.
- Save your receipts when you spend your health care FSA dollars. You may need itemized invoices to verify the eligibility of expenses or for reimbursement requests.
- The easiest way to manage your account is online at www.NueSynergy.com or through the NueSynergy smart mobile app.
- You can't change your election amount during the plan year, unless you experience a change in status or qualifying event (like a marriage, divorce, etc.).
- Any unused funds that remain in your account at the end of the year will be forfeited. Plan carefully and use all the money in your health care FSA by the end of the plan year.
- You may carry over up to \$550 of unused health care FSA dollars to the next plan year, allowing you to enjoy tax savings without risk.



Convenient & Controlled.
Easy to use and easy to budget.

Annual tax-free contribution
of up to \$2,750 in 2021.

Have questions or need more
information? Call 855-890-7239.



Example of qualifying expenses

Your health care FSA can cover costs for hundreds of eligible medical, dental, and vision expenses for you and your dependents, such as:

- Feminine care products
- Over the counter medications
- Copays, deductible payments, coinsurance
- Doctor office visits, exams, lab work, x-rays
- Hospital charges
- Prescription drugs
- Dental exams, x-rays, fillings, crowns
- Orthodontia, including braces
- Vision exams, frames, contact lenses, contact lens solution
- Laser vision correction
- Physical therapy
- Chiropractic care
- Medical supplies and first aid kits

Example of non-qualifying expenses

There are certain expenses that are not eligible for reimbursement from your health care FSA, such as:

- Expenses incurred in a prior plan year
- Cosmetic procedures or surgery
- Insurance premiums
- Deodorant
- Fitness programs
- Teeth whitening
- Hair transplants
- Exercise equipment
- Concierge service fees
- Late payment fees charged by health care providers

More information about eligible expenses

A comprehensive list of eligible expenses can be found at www.NueSynergy.com.

Here's an example

With a \$35,000 salary, an individual electing the health care FSA and contributing \$2,750 for the plan year **can save \$619**.

