



2024 BENEFITS PLAN OVERVIEW

August 1, 2024 - July 31, 2025



Your Bukaty Service Team

Your dedicated service team is available to help address claims, billing, and other benefit-related questions. Please contact them by phone, email, or fax. They will work to ensure your satisfaction.

Meet the Team



Brad Bukaty

Benefits Consultant

bbukaty@bukaty.com

913.647.3945

Brad oversees all aspects of your employee benefits program.



Carmen Weber

Account Manager

cweber@bukaty.com

913.222.5225

Carmen is responsible for the daily administrative and service issues including claims, billing, identification card request, and enrollments.



Brendan Kenny

Account Manager

bkenny@bukaty.com

913.777.5053

Brendan is responsible for group marketing and product research.



Enrollment Support Help Desk

enrollmentsupport@bukaty.com

913.345.0440

Please contact our Help Desk for any Employee Navigator questions or issues.

Medical Plan I



BlueCross BlueShield
of Kansas City

Below is a brief summary of benefits offered under the plan. Where the Certificate of Coverage and summary differ, the Certificate supersedes. For questions concerning your medical benefits, your prescription drug coverage or any claims as well as searching for providers, you may register at www.mybluekc.com.

\$1000 Deductible	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$1,000 / \$2,000	\$1,000 / \$2,000
Out-of-pocket max. individual/family (includes deductible.)	\$2,500 / \$5,000	\$5,000 / \$10,000
Co-insurance	80% After Deductible (AD)	60% After Deductible (AD)
Office visit/specialist	\$25 / \$25 Copay	Deductible & Co-Insurance
Preventive Care Services	100%	Deductible & Co-Insurance
Adult and child immunizations	100%	Deductible & Co-Insurance
Mammograms, PSA, Pap Smear tests	100%	Deductible & Co-Insurance
Pharmacy prescription drug coverage: Level 1/ Level 2/ Level 3	\$15/\$70/\$110/\$200	\$15/\$70/\$110/\$200 then 50% Co-Insurance
Mail order prescription drug coverage: Level 1/ Level 2/ Level 3	\$37.50/\$175/\$275	\$37.50/\$175/\$275 then 50% Co-Insurance
Urgent care facility	\$25 Copay	Deductible & Co-Insurance
Inpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient lab services	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient surgery and scopes	Deductible & Co-Insurance	Deductible & Co-Insurance
Emergency services	\$100 Copay then Deductible & Co-Insurance	\$100 Copay then In-Network Deductible & Co-Insurance
Skilled nursing facility (30-day calendar year maximum)	Deductible & Co-Insurance	Deductible & Co-Insurance
Physical & occupational therapy (limited to 60 visits per calendar year), as well as speech & hearing therapy (limited to 20 visits per calendar year)	Deductible & Co-Insurance	Deductible & Co-Insurance

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$46.15	\$776.51	\$486.69	\$1165.18

Medical Plan 2



BlueCross BlueShield
of Kansas City

Below is a brief summary of benefits offered under the plan. Where the Certificate of Coverage and summary differ, the Certificate supersedes. For questions concerning your medical benefits, your prescription drug coverage or any claims as well as searching for providers, you may register at www.mybluekc.com.

\$500 Deductible (\$3500 Max)	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$500 / \$1,500	\$500 / \$1,500
Out-of-pocket max. individual/family (includes deductible.)	\$3,500 / \$7,000	\$7,000 / \$14,000
Co-insurance	80% After Deductible (AD)	60% After Deductible (AD)
Office visit/specialist	\$25 / \$25 Copay	Deductible & Co-Insurance
Preventive Care Services	100%	Deductible & Co-Insurance
Adult and child immunizations	100%	Deductible & Co-Insurance
Mammograms, PSA, Pap Smear tests	100%	Deductible & Co-Insurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3	\$15/\$70/\$110/\$200	\$15/\$70/\$110/\$200 then 50% Co-Insurance
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3	\$37.50/\$175/\$275	\$37.50/\$175/\$275 then 50% Co-Insurance
Urgent care facility	\$25 Copay	Deductible & Co-Insurance
Inpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient lab services	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient surgery and scopes	Deductible & Co-Insurance	Deductible & Co-Insurance
Emergency services	\$100 Copay then Deductible & Co-Insurance	\$100 Copay then In-Network Deductible & Co-Insurance
Skilled nursing facility (30-day calendar year maximum)	Deductible & Co-Insurance	Deductible & Co-Insurance
Physical & occupational therapy (limited to 60 visits per calendar year), as well as speech & hearing therapy (limited to 20 visits per calendar year)	Deductible & Co-Insurance	Deductible & Co-Insurance

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$46.15	\$776.51	\$486.69	\$1165.18

Medical Plan 3



Below is a brief summary of benefits offered under the plan. Where the Certificate of Coverage and summary differ, the Certificate supersedes. For questions concerning your medical benefits, your prescription drug coverage or any claims as well as searching for providers, you may register at www.mybluekc.com.

\$500 Deductible (\$1500 Max)	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$500 / \$1,000	\$500 / \$1,000
Out-of-pocket max. individual/family (includes deductible.)	\$1,500 / \$3,000	\$3,000 / \$6,000
Co-insurance	90% After Deductible (AD)	70% After Deductible (AD)
Office visit/specialist	\$20 / \$20 Copay	Deductible & Co-Insurance
Preventive Care Services	100%	Deductible & Co-Insurance
Adult and child immunizations	100%	Deductible & Co-Insurance
Mammograms, PSA, Pap Smear tests	100%	Deductible & Co-Insurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3	\$15/\$70/\$110/\$200	\$15/\$70/\$110/\$200 then 50% Co-Insurance
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3	\$37.50/\$175/\$275	\$37.50/\$175/\$275 then 50% Co-Insurance
Urgent care facility	\$20 Copay	Deductible & Co-Insurance
Inpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient lab services	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient surgery and scopes	Deductible & Co-Insurance	Deductible & Co-Insurance
Emergency services	\$100 Copay then Deductible & Co-Insurance	\$100 Copay then In-Network Deductible & Co-Insurance
Skilled nursing facility (30-day calendar year maximum)	Deductible & Co-Insurance	Deductible & Co-Insurance
Physical & occupational therapy (limited to 60 visits per calendar year), as well as speech & hearing therapy (limited to 20 visits per calendar year)	Deductible & Co-Insurance	Deductible & Co-Insurance

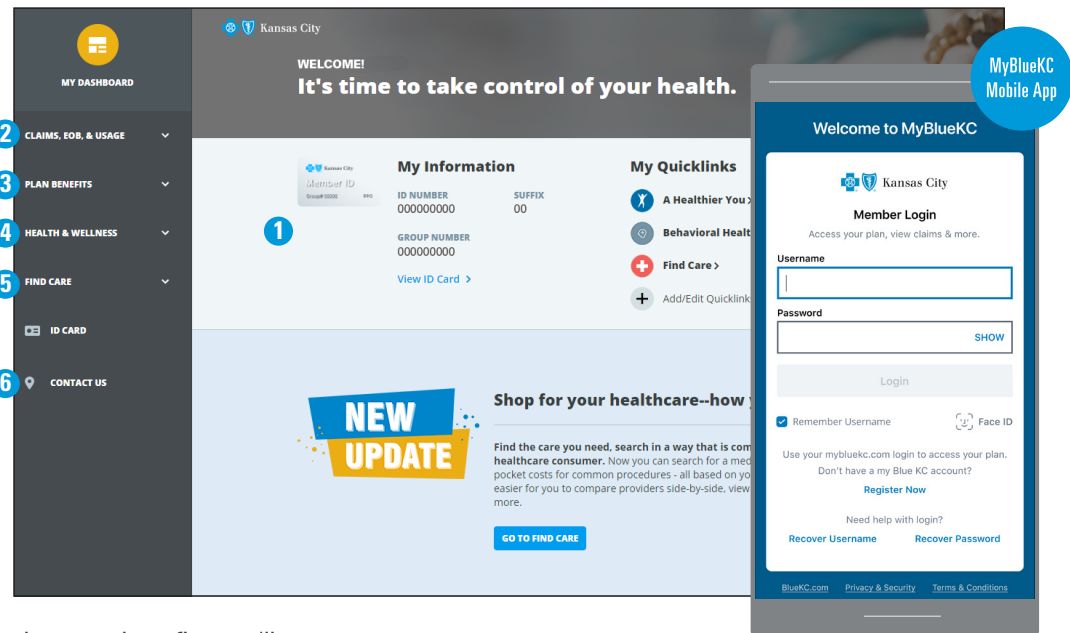
Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$92.26	\$880.72	\$567.84	\$1300.31

GETTING STARTED

Your Member Portal On MyBlueKC.com

Please register online at [MyBlueKC.com](https://mybluekc.com) or on the MyBlueKC mobile app to take advantage of helpful tools and information.

1. **My Information** – Quickly view, print or email a copy of your member ID card.
2. **Claims, EOB, & Usage** – Check the status of your claims and export a list of past claims. You can view a copy of your Explanation of Benefits (EOB), which you receive within approximately 14 days of a claim being processed. This section also includes graphs to illustrate your progress toward your deductible and out-of-pocket maximum.
3. **Plan Benefits** – View your medical certificate, summary of benefits and coverage, and more. If your Blue KC policy includes pharmacy benefits, you'll have tools to help you locate a pharmacy, learn about the differences between generic and brand name medications, save on prescriptions and access the Blue KC Prescription Drug List.
4. **Health & Wellness** – We're proud to offer a variety of resources to help you stay healthy and live well. Learn more about our **A Healthier You™** wellness program and a variety of other programs available.



5. **Find Care** – Search for an in-network doctor, hospital or other healthcare professional and estimate your out-of-pocket costs for common procedures - all based on your specific health plan.
6. **Contact Us** – Get answers to questions about your Blue KC policy or health insurance in general.

Register with your member ID card using three easy steps:

1. Go to [MyBlueKC.com](https://mybluekc.com) to create your new account.
2. Follow the on-screen instructions. You will have the option to create your account without a member ID.
3. You will also need to provide and verify your email address. Once verified, personalize your communication preferences to be logged in to your account.

NOTE: Once you've registered online, the same information can be used to access the MyBlueKC mobile app.



Visit [MyBlueKC.com](https://mybluekc.com)



or download the **MyBlueKC mobile app** to access your member ID card and much more, wherever you go.

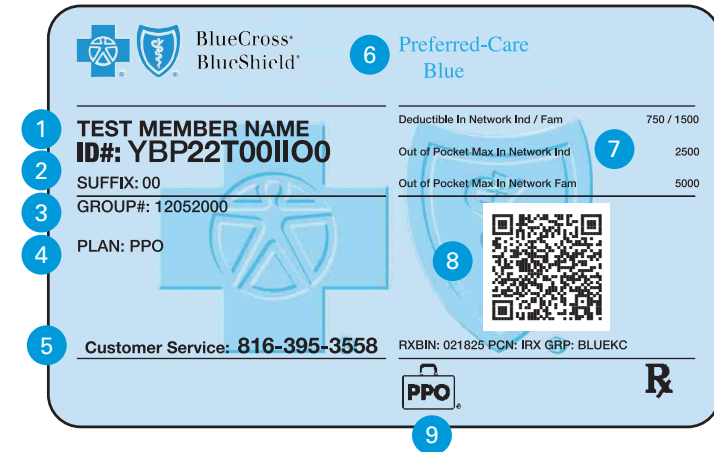


GETTING STARTED

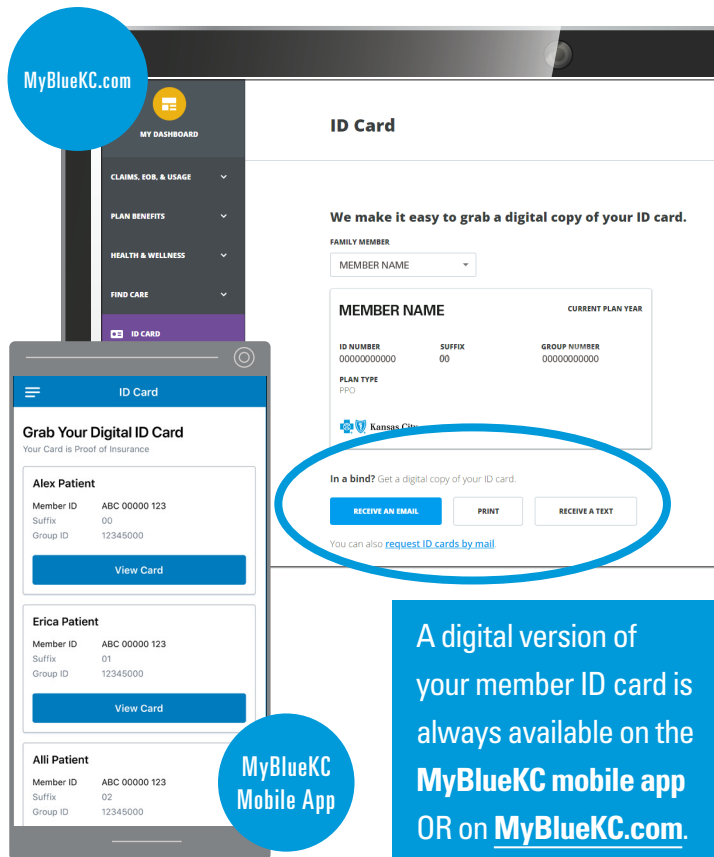
Your Blue KC Member ID Card

Please present your card anytime you visit your doctor, receive healthcare services or fill a prescription. It contains information healthcare professionals need to make sure your care is covered.

Understand and Access Your Member ID Card



1. **Member ID Number** – Number we use to identify you and your policy. Contains a three letter prefix, followed by your ID number. You do not need to include the prefix when providing your member ID number.
2. **Suffix** – This number is unique for each member covered on your policy.
3. **Group Number** – Number we use to classify members into groups, usually by the employer they receive their plan from, or a direct pay group.
4. **Plan Type** – Describes what type of plan you have (for example, a PPO plan).
5. **Customer Service Phone Number** – Our team is available Monday through Friday, from 8 a.m. to 8 p.m. Central Time. We're here to help.
6. **Network Name** – This is the network of hospitals, doctors and other healthcare professionals that accept your Blue KC policy. It's important that you see providers in this network to maximize the benefits of your policy.
7. **In Network Deductible & Out of Pocket** – This space will include your plan's applicable In Network Deductible and max Out of Pocket amounts.
8. **QR Code** – Use the camera on your mobile device to scan this code on your member ID card to view your benefit summary.
9. **Suitcase** – Some Blue KC members have access to the **BlueCard®** program, which extends to all 50 states.



Visit [MyBlueKC.com](#)



or download the **MyBlueKC mobile app** to access your member ID card and much more, wherever you go.



Download on the
App Store

GET IT ON
Google Play

FINDING CARE

Find A Doctor Or Hospital

Estimate your medical costs and learn ways to save.

At [MyBlueKC.com](https://www.mybluekc.com), members have access to **Find Care**, a **cost-sharing estimate** and **price comparison tool** that empowers members to see and compare costs for healthcare. With this tool, members can better understand healthcare expenses before visiting a doctor or scheduling care.

- Find providers in your network
- Narrow search using filters
- Estimate costs
- Read and write provider reviews
- Compare providers
- Review doctor quality information

Get more from your search

Use categories to expand your search and feel more empowered with your healthcare decisions:

Search by Location

Search by city or ZIP.

Search by Plan

For current members, your plan's network should display. If it does not, you can find your network name at the top of your Blue KC member ID card.

Search by Category

- Name of doctor or specialty - Search by first or last name, or a specialty, such as **general practice** or **OB/GYN**.
- Facility name or type of facility – Enter the name of a hospital or clinic, or types of facilities near you and the support you might need.

Search by Costs for Procedures

Find Care enables members to search for procedures and estimate their out of pocket costs for medical procedures such as a **knee replacement** or **MRI**.

Condition Information

Search conditions such as **deviated septum** or **lumbar (low back pain)**. Read medical information to find treatment options and doctors, which can provide insights into how you can lower your total costs and find the support you might need.



To Search as a New Member or Guest*

Step 1: Visit [BlueKC.com](https://www.bluekc.com)

Step 2: Select Find Care, in the upper right corner of the page

Step 3: Make the appropriate selection under
CONTINUE AS A GUEST

Step 4: Select **Your Network** under the
Select a Medical Network dropdown

Step 5: Explore your Options

*Searching as a guest will not allow you to estimate costs, research condition information or view treatment timelines.

Find Care



Visit [MyBlueKC.com](https://www.mybluekc.com)



or download the **MyBlueKC mobile app**
to access your health insurance information
anytime, wherever you go.



FINDING CARE

24/7 Access To Virtual Care Online Or Mobile Doctor Visits

Get care wherever you are for common medical issues.

What can be treated?

Common medical issues, such as:

- COVID-19
- Sinus Pain
- Mild Asthma
- Mild Allergic Reactions
- Minor Headaches
- Burning with Urination
- Cold Sores
- Sprains, Strains
- Pink Eye
- Nausea, Vomiting, Diarrhea
- Bumps, Cuts, Scrapes
- Coughs, Sore Throat
- Eye Swelling, Irritation, Redness or Pain
- Minor Fevers, Colds
- Rashes, Minor Burns

Behavioral healthcare issues, such as:

- Anxiety
- Bereavement/grief
- Bipolar disorder
- Depression
- OCD
- PTSD/trauma
- Panic attack



WHY USE VIRTUAL CARE?



Short wait times



Meet with licensed, U.S. board-certified physicians and behavioral healthcare providers



Feel safe with private, secure, HIPAA-compliant tool



Rest assured if you are traveling and need care quick



Connect with your camera phone or computer with camera



Get the care you need – including some prescriptions¹



Save on drive time or office wait time



Pay much less than going to emergency room

¹ Blue KC does not guarantee a prescription will be written.

FINDING CARE

How do I start an appointment?

1. Download the [MyBlueKC mobile app](#) or visit [MyBlueKC.com](#).
2. Create an account using your Blue KC member ID card for reference.
3. View a list of available doctors, their experience and ratings, and select one.
4. **For urgent or sick care needs:** Stream a live visit directly online or on your mobile device.
5. **For behavioral healthcare therapy:** Schedule your session with a psychologist or counselor.



**Virtual sick care needs
available 24/7**



**Behavioral healthcare therapy and
medication by appointment**



**Affordable visits based on your
plan's benefits (costs can vary
for behavioral healthcare
provider type)**



Virtual Care Is Not For Emergencies

If you have a serious medical concern, go to the emergency room or call 911.



Meet with a doctor or behavioral healthcare provider using your computer or smartphone. Have your Blue KC member ID card handy.



Visit [MyBlueKC.com](#)



or download the [MyBlueKC mobile app](#)



PHARMACY

Make The Most Of Your Pharmacy Benefits



We know how important your pharmacy benefits are to you. Blue KC, together with our Pharmacy Benefit Manager (PBM), provides safe, easy and cost-effective ways for you to get the medication you need.

Let's get started making the most of your pharmacy benefits. You have several ways to fill prescriptions. Each option offers convenient services to help you make the most of your pharmacy plan. Here's what you need to know about each:



RETAIL NETWORK

You have access to fill your prescriptions at thousands of retail pharmacies and many national drug stores, supermarkets and large retailers.



HOME DELIVERY

Our home delivery program can save you time and money by delivering maintenance medications directly to your home. Learn more on the next page.



SPECIALTY PHARMACY

Our specialty pharmacy can help you manage your chronic conditions and specialty therapies. Learn more about these benefits on the next page.

Access Your Account.



Visit [MyBlueKC.com](https://www.MyBlueKC.com)



or download the **MyBlueKC mobile app** to find your Prescription Drug List (PDL) which lists the prescriptions covered by your plan.

NOTE: The app makes it even easier to always have access to your member ID card, which includes your pharmacy information.



PHARMACY

Getting Started

Log into your pharmacy benefits account by following these easy steps:

1. Log into [MyBlueKC.com](https://mybluekc.com).
2. Click **Plan Benefits** on the left and then select **Pharmacy**.
3. From that screen click the **View Your Pharmacy Benefits** button to be redirected to our PBM's site.
4. Once you're redirected to our PBM's homepage, **you can enroll in home delivery, find a network pharmacy, check medication coverage** and much more.

Use the same credentials that you use on [MyBlueKC.com](https://mybluekc.com) to access the MyBlueKC mobile app. Find Pharmacy Benefits on the app under Plan Benefits & Coverage Information.

Home Delivery

Follow the instructions above to enroll in our home delivery program and have a three-month supply of maintenance medication (those you take regularly) delivered directly to your home. Here's what else this program can offer:

- **Cost Savings** – You may pay less for your medication with a three-month supply through home delivery.
- **Convenience** – Get free standard shipping on medications delivered to your mailbox.
- **24/7 Access and Reminders** – Speak to a pharmacist who can answer your questions any time, any day.

Specialty Pharmacy

Specialty medications can be important to maintaining or improving your health and quality of life. If you take a specialty medication, our specialty pharmacy can help by providing resources and personalized, therapy-specific support. Here are just a few of the support services available to you:

- Access to your medications at the lowest cost.
- 24/7 access to personalized patient care from knowledgeable pharmacists and nurses who specialize in your condition.
- Proactive refill reminders with timely delivery and shipping in confidential packaging.

PHARMACY HELP

General Questions or Assistance

Call Pharmacy Customer Service at the number listed on your member ID card, Monday through Friday, from 8 a.m. to 5 p.m. Central Time with any questions.

Pharmacy Benefit Manager's customer service team is available to answer your questions after hours.



Home Delivery Assistance
1-844-579-7774

Specialty Medication Assistance
1-855-427-4682

Use Rx Savings Solutions To Save On Prescriptions

Yes, there's something you can do about prescription costs.

Rx Savings Solutions is a secure, online tool that helps you find ways to save money on your prescription drugs. Your health plan offers this service free of charge to all members and their dependents enrolled in medical benefits.

This is how it should be...



Selection

Discover all the options available to treat your condition and compare them to your current prescription(s).



Price

Know exactly what a medication costs, if your plan covers it, and the impact on your deductible.



Convenience

Never miss a savings opportunity, even in the doctor's office, and request a lower-cost prescription in just a few clicks.



Assistance

If you have a savings opportunity, the experienced Rx Savings staff can work directly with your doctor to help you make safe changes and start saving quickly!

This is how you can save...



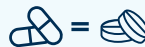
Same Drug, Different Form

Believe it or not, a capsule might cost more than a tablet or liquid form - or vice versa. You never know, but now you will.



Different Drug, Same Treatment

There is usually more than one medication available to treat a medical condition. We show you all of them, along with their costs.



Same Ingredients, Different Pills

If a drug has two active ingredients, the price can skyrocket! Take the active ingredients separately at the same time for the same treatment at a lower cost.



Same Active Ingredient, Lower Price

If a generic is available, we'll find it. If there is more than one option, you'll know exactly what each one costs.

PHARMACY



Start saving with Rx Savings Solutions.

- Log into [MyBlueKC.com](https://mybluekc.com), select **Plan Benefits**, then **Pharmacy**. Select **Spend Less on Prescription Drugs** (or use the quick link: myrxss.com/BlueKC).
- For eligible members, **Rx Savings Solutions** is integrated with our **Find Care** tool. Go to **Browse by Category** and select **Medication Finder**.
- See your current savings opportunities or search any medication for savings. You can also view your prescription history and share with your doctors.
- If you have a savings opportunity, talk to your doctor or pharmacist to discuss your options.

OR

- Rx Savings Solutions' experienced pharmacists can work directly with your doctor or pharmacist to make safe changes that save you money. For assistance, please contact the Rx Savings Solutions' Pharmacy Support team at 1-800-268-4476.
- Receive notifications when new savings opportunities are available.

START SAVING!

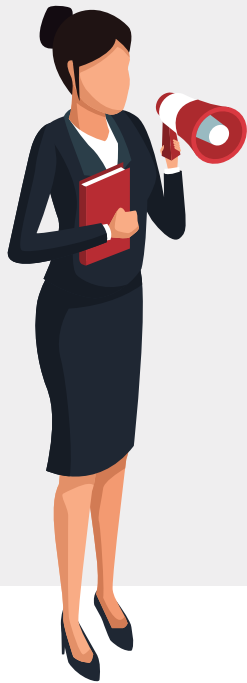


Visit [MyBlueKC.com](https://mybluekc.com)

to log in and access your pharmacy benefits and Rx Savings Solutions (or use quick link: myrxss.com/BlueKC). If you have a savings opportunity, Rx Savings Solutions can help make changes with your doctor.

ATTENTION SMARTSHOPPERS!

Earn cash-back rewards for choosing quality providers for common medical tests and procedures



Shop

Shop online at MyBlueKC.com or call the number on the back of your ID card to reach a Blue KC customer advocate. To speak to the SmartShopper Personal Assistance Team (PAT), call 855.476.5027.



Go

Have your procedure at a reward-eligible location of your choice.



Earn

A reward check is mailed directly to your home once the claim is paid.

Logon to your BlueKC member portal and click the Find Care link. You'll be redirected to a page with the SMARTSHOPPER feature.



My Plan Benefits



Medical >



Pharmacy >



Behavioral Health >



Prior Authorization >

To make sure you get the right care, some services will need to be reviewed by Blue KC and your physician.



Shop for Your Healthcare with Find Care >
Search for the care you need, how you want it, and be a smart healthcare consumer. Discover your estimated out-of-pocket costs for common procedures - all based on your specific health plan. You can also compare providers and view provider quality information.



SmartShopper®



Search for a reward eligible location for your doctor recommended procedure or service.

Select the appropriate test or procedure within the SMARTSHOPPER menu and select a provider.



Providers:



Midwest Physicians Surgery Center

Ambulatory Surgical Clinic/Center

LOCATION
Midwest Physicians Surgery Center
3601 NE Ralph Powell Rd, Lees Summit, MO 64064
Get directions (est. 16.6 miles away)
CONTACT INFORMATION
Phone: 816-525-4440

☆☆☆☆☆ Be the First to Review

☐ Add to Compare

[View Profile](#)

SmartShopper Cash Reward

\$295 Claim Your Reward

Your Estimated Cost

\$0

In your network



Olathe Medical Center

General Acute Care Hospital

LOCATION
Olathe Medical Center
20333 W 151st St, Olathe, KS 66061
Get directions (est. 10.4 miles away)
CONTACT INFORMATION
Phone: 913-791-4200

☆☆☆☆☆ Be the First to Review

☐ Add to Compare

[View Profile](#)

SmartShopper Cash Reward

\$285 Claim Your Reward

Your Estimated Cost

\$0

In your network

Following your appointment, rewards are generally mailed within 8 weeks after your visit.



Dental



Maintaining good dental health by getting regular checkups may prevent you from have major expenses later. The dental plan covers routine checkups – and just about any other type of dental work you might need. Eligible dependents may also participate. Eligible dependents include your legal spouse and/or dependent child(ren) under the age 26.

	In Network	Out of Network
Annual maximum benefit	\$1,500	\$1,500
Deductible For B & C services (below)	\$50 / \$150 (Family)	\$50 / \$150 (Family)
Dependent age limit	26	26
Preventative Dental Services	100%	80%
Basic Dental Services	90%	60%
Major Dental Services	60%	40%

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$0.00	\$13.19	\$12.99	\$28.52

Vision



An annual vision exam allows an eye doctor to identify vision problems, as well as other health conditions, such as diabetic eye disease, high blood pressure and high cholesterol. Eligible dependents, spouse and/or child(ren) under age 26, may participate.

Routine exams (every 12 months)	Comprehensive exam covered in full after \$10 Copay
Frames (every 24 months)	\$150 Allowance 20% savings on balance over allowance
Lenses and Contacts- Single vision, lined bifocal, lined trifocal, lenticular	\$25 Copay
Contacts (every 12 months)	\$150 Allowance \$250 Allowance for Medically Necessary Contact Lenses

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$0.00	\$1.96	\$2.52	\$4.70

Life and AD&D



Basic Life/AD&D

Coverage is provided by your employer at no cost.

Benefit amount	\$50,000
Benefit Reduction Schedule	Benefits reduce by: <ul style="list-style-type: none">• Benefit reduced to 35% at Age 70• Benefit reduced an additional 20% at Age 75

Voluntary Life/AD&D

You also have the option of purchasing additional life insurance for yourself, your spouse and child(ren). Please see Employee Navigator for rates. Please see Employee Navigator for rates.

Insurance Schedules	Increments	Maximum Amount	Guaranteed Issue
Employee	\$10,000	\$500,000	\$150,000
Spouse	\$5,000	\$150,000	\$30,000
Child(ren)	\$2,000 / \$3,000 / \$4,000 / \$5,000 / \$10,000	\$10,000	\$10,000

Benefit Reduction Schedule

- Benefit reduced to 35% at Age 70
- Benefit reduced an additional 20% at Age 75

Statement of Health - MO

Principal Life Insurance Company
Des Moines, IA 50392-0002



PLEASE USE BLACK INK

PLEASE ENTER DATES AS MM/DD/YYYY

Account number

Instructions

1. The Employee Information section should always be completed with the information about the employee.
2. The employee must ALWAYS sign the last page.
3. When coverage is being requested for an eligible dependent(s), this form applies to all persons requesting coverage.
 - a. Complete the Eligible Dependent Information section, if applicable.
 - b. Complete the Health Information section for you and your eligible dependents, if applicable.
 - c. The spouse or domestic partner must sign the last page if spouse or domestic partner coverage is being requested.
4. After completing and signing this form, make a copy for your records.

Employee Information

Your name (last, first, middle initial)	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Social security number	Date of birth
Mailing address (street)			
City	State	ZIP code	
Email address			
Home phone number	Employer name		

Eligible Dependent Information – Please provide the requested information for the eligible dependents electing coverage.

Name (last, first, middle initial) Spouse or domestic partner	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Social security number	Date of birth
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		

If additional dependents, list on separate page. Please sign and date the separate page.

To prevent delays give full details to "yes" answers for everyone requesting coverage. If more space is needed, attach a separate page giving full details. Sign and date all those pages.

1. Employee's height ___ ft. ___ in. weight ___ lbs.

Spouse's or domestic partner's height ___ ft. ___ in. weight ___ lbs.

2. ☐ yes ☐ no Is any person receiving medical treatment or taking prescription medication?

3. ☐ yes ☐ no Is any person currently pregnant?

4. ☐ yes ☐ no In the past 5 years, has any person had surgery, been hospitalized or consulted with a doctor/physician or medical practitioner, had blood or other diagnostic tests (other than for HIV antibody), or been advised to receive medical treatment? Provide results of all tests.

5. ☐ yes ☐ no In the past 5 years, has any person been positively diagnosed with or received treatment for any of the following (check all that apply)?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> cancer/tumor(s) | <input type="checkbox"/> liver disorder/hepatitis | <input type="checkbox"/> bone/joint disorder | <input type="checkbox"/> infertility |
| <input type="checkbox"/> back/spine disorder | <input type="checkbox"/> kidney/urinary disorder | <input type="checkbox"/> digestive disorder | <input type="checkbox"/> blood disorder |
| <input type="checkbox"/> stroke | <input type="checkbox"/> migraines/headaches | <input type="checkbox"/> alcohol/drug abuse | <input type="checkbox"/> gland/thyroid disorder |
| <input type="checkbox"/> skin/eyes/ears/nose/throat disorder | <input type="checkbox"/> multiple sclerosis/neurological disorder | <input type="checkbox"/> organ or other transplants | |
| <input type="checkbox"/> asthma/respiratory disorder | <input type="checkbox"/> heart or circulatory disorder | <input type="checkbox"/> psychological/mental disorder | |
| <input type="checkbox"/> Other conditions – including prescription medicine _____ | | | |
| <input type="checkbox"/> High blood pressure – last reading and date _____ / _____ | | | |
| <input type="checkbox"/> Diabetes – last HbA1c reading and date _____ / _____ | | | |

6. ☐ yes ☐ no In the last 5 years, has any person had, been treated for or been diagnosed as having HIV (Human Immunodeficiency Virus) infection, positive HIV test or AIDS (Acquired Immune Deficiency Syndrome), or ARC (AIDS Related Complex)?

Provide details for all "yes" answers on Page 3.

Health Information (continued)**120**

Name of person diagnosed	Date diagnosed	Date released from medical care
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Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

Names and addresses of doctors/physicians, medical practitioners, hospitals or other health care providers

Name of person diagnosed	Date diagnosed	Date released from medical care
--------------------------	----------------	---------------------------------

Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

Names and addresses of doctors/physicians, medical practitioners, hospitals or other health care providers

Name of person diagnosed	Date diagnosed	Date released from medical care
--------------------------	----------------	---------------------------------

Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

Names and addresses of doctors/physicians, medical practitioners, hospitals or other health care providers

Name of person diagnosed	Date diagnosed	Date released from medical care
--------------------------	----------------	---------------------------------

Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

☐ weekly ☐ monthly ☐ yearly ☐ other

Names and addresses of doctors/physicians, medical practitioners, hospitals or other health care providers

If more space is needed, attach a separate page giving full details. Sign and date all those pages.

In order to properly underwrite and consider your request for coverage, we must collect information to determine if you (and your dependents if also requesting dependent coverage) qualify for insurance with Principal Life Insurance Company. We will do this by having you complete this Statement of Health. In addition, we may contact sources besides yourself for personal data about any proposed insured, including (a) spouse or domestic partner, (b) employer, (c) medical professionals or institutions, (d) pharmacy benefit managers, and (e) insurance companies to which you may have applied for insurance in the past. The personal data may include age, medical history, job, income, habits and other personal characteristic information. We may also ask that medical exams or other tests be completed.

We will keep your data confidential. Only employees performing business transactions regarding your coverage will see your data. In certain circumstances, we may provide data to (a) government agencies, (b) attending physicians, (c) insurance organizations without identification, (d) the employer, and (e) our reinsurer, if applicable, for the purpose of reporting claims experience or conducting audits.

You or your dependents, if applicable, have certain rights in connection with this request for coverage. Those rights are:

1. to find out what personal information is contained in Principal Life files (medical information may be disclosed only to your attending physician).
2. to correct or amend information in Principal Life files.

Upon written request, Principal Life will furnish to you (or your dependent) information concerning:

1. the nature and scope of personal data in our records;
2. the types of disclosures which may be made; and
3. rights of access to the information collected and how such information may be corrected or amended.

We will respond to such written request within 30 days from the date of receipt.

For further information about your file or rights, you may contact: Group Operations, Group Medical Underwriting, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0531.

Authorization, Acknowledgment, and Signatures

- I represent information, statements, and answers on this form, and any attachments, are complete and true to the best of my knowledge. They are a part of this request for coverage under the group policies. I agree Principal Life is not liable for anyone's claim which happens or begins before the effective date and approval of coverage. No information will be considered to have been given to Principal Life unless it is stated on this form.
- I have read, or had read to me, the questions and responses and realize any false statements, omissions or material misrepresentation regarding age or health information could cause coverage, if issued, to be cancelled as never effective.
- 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.
- If approved for coverage, all policy provisions will apply including, but not limited to, preexisting conditions restriction, the Actively at Work and Period of Limited Activity provisions.
- I understand an insurance producer cannot change or waive any rates, benefits, or provisions of any policy, if issued, without the written approval of an officer of Principal Life.
- I authorize any physician, medical practitioner, health care provider, hospital, clinic or medically related facility, pharmacy benefit manager, insurance company, consumer reporting agency or employer, that has any personal information, including physical, mental, drug or alcohol use history, regarding me or any dependent, to give to Principal Life, its agents, employees or reinsurers performing business transactions, any such data.
- I authorize Principal Life to release any such data as required by law. When signed in connection with any application for, reinstatement of, or request for change in benefits, this form shall be valid for two years after the date signed. I understand I may revoke this authorization for information not then obtained. A photocopy of this form shall be as valid as the original. I understand additional medical records may be requested at the time a claim is filed.
- I understand the data obtained by use of this authorization will be used by Principal Life for claims administration and to determine eligibility for coverage. This information will not be used for any purposes prohibited by law.
- Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules.

Employee's signature X	Date signed
Spouse's or domestic partner's signature* X	Date signed

*Spouse's or domestic partner's signature only required if Voluntary Term Life or Critical Illness coverage is elected.

Policyholder: NORTH CENTRAL MISSOURI MENTAL HEALTH CENTER

Group accident insurance

Benefit summary for all members

Eligibility		
Eligible employees	All active, full-time employees working at least 30 hours a week	
Benefits if you or your spouse are accidentally injured off the job		
Injury ¹	Benefit	
Burn		
2nd degree up to 25% of body	\$500	
2nd degree over 25% of body	\$1,500	
3rd degree up to 25% of body	\$2,500	
3rd degree over 25% of body	\$5,000	
Coma	\$15,000	
Concussion	\$500	
Dental injury	\$500	
Dislocation ²	Open reduction (surgical)	Closed reduction (non-surgical)
Hip	\$7,500	\$3,750
Knee	\$5,000	\$2,500
Ankle, collarbone, elbow, foot (excluding toes), hand (excluding fingers), lower jaw, shoulder, wrist	\$3,000	\$1,500
Eye injury with surgical repair	\$500	
Fracture ²	Open reduction (surgical)	Closed reduction (non-surgical)
Hip, skull (depressed), thigh (femur)	\$10,000	\$5,000
Lower leg (fibula, tibia), pelvis, skull (non-depressed), vertebrae	\$5,000	\$2,500
Ankle, arm, collarbone, elbow, facial bones, foot (excluding toes), hand (excluding fingers), jaw, knee cap, shoulder blade, wrist	\$3,000	\$1,500
Sternum, vertebral processes	\$2,000	\$1,000
Rib, tailbone (coccyx)	\$1,000	\$500
Injuries not specifically listed	\$100	
Internal injury	\$1,500	
Knee cartilage injury with surgical repair	\$1,500	
Ruptured disc with surgical repair	\$1,500	

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Tendon / ligament / rotator cuff injury with surgical repair ³	\$1,500
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¹One benefit per injury type is payable per accident, unless noted.

²If you suffer multiple dislocations and/or fractures, your benefit will be up to 200% of the benefit amount for the dislocation/fracture with the highest benefit.

³Up to two benefits are payable per accident.

Once enrolled, you'll receive a booklet with more details regarding each of these injuries.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

AD&D	
You	\$25,000
Your spouse	\$12,500
Your child(ren)	\$6,250
Loss	
Loss of life, or loss of both hands or both feet or one hand and one foot	100%
Loss of one hand or one foot	50%
Loss of thumb and index finger on the same hand	25%
Common carrier - If you die while a passenger on public or commercial transportation	additional 200%
Seat belt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	additional 25%
Loss of use / paralysis - total loss of movement for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot	50%
Loss of use of one arm, one leg, one hand, or one foot	25%
Loss of sight, speech and/or hearing - total loss for 12 consecutive months	
Loss of speech and hearing in both ears, or loss of sight in both eyes	100%
Loss of speech or hearing in both ears, or loss of sight in one eye	50%
Loss of hearing in one ear	25%

Additional benefits:

Wellness	If you or your covered dependent has a covered screening test performed, you each may receive a \$50 benefit, once per calendar year. Make sure to file your claim within a year of the date of service.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.

What's available to me?

Be better prepared financially for accidents before they happen. This coverage pays a lump-sum benefit for injuries received from an accident.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

What are the limitations and exclusions of my coverage?

Benefits will not be paid for an injury arising from or during employment for wage or profit. There are limitations and exclusions to your coverage. A complete list is included in your booklet.



ACCIDENT INSURANCE PROVIDES LIMITED BENEFITS.

This is a summary of accident coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Policyholder: NORTH CENTRAL MISSOURI MENTAL HEALTH CENTER

Group critical illness insurance

Benefit summary for all members

What's available to me?

Help cover some of the expenses associated with a serious illness with critical illness coverage. If you're diagnosed with a specific critical illness while covered under Principal's plan, you'll receive a lump-sum benefit you can use however you need to.

	Benefit	Minimum	Guaranteed issue ¹	Maximum
You	Select a benefit in increments of \$5,000	\$5,000	\$20,000	\$50,000
Your spouse	Select a benefit in increments of \$2,500	\$2,500	\$10,000	\$25,000 up to 50% of your benefit
Your child(ren)	Automatically covered for 25% of your benefit			

¹Amount of coverage you may buy without providing health information.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval, or if you have a qualifying event.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse will require health information.

May I increase my benefit later?

- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase coverage up to the guaranteed issue amount within 31 days without having to provide health information.
- You may enroll or increase coverage at any time, but you may have to provide health information for yourself or your dependents if it's more than 31 days after becoming eligible for coverage.

Which illnesses are covered?

Covered illnesses	% of scheduled benefit for first occurrence	% of scheduled benefit for additional occurrences
Alzheimer's disease	100%	0%
Amyotrophic lateral sclerosis	100%	0%
Benign brain tumor	100%	0%
Carcinoma in situ	25%	25%
Coma	100%	0%
Coronary artery disease	25%	25%
Heart attack	100%	100%
Invasive cancer	100%	100%
Loss of hearing	100%	0%
Loss of sight	100%	0%
Loss of speech	100%	0%
Major organ failure	100%	100%
Multiple sclerosis	100%	0%
Occupational infectious disease	100%	0%
Paralysis	100%	0%
Parkinson's disease	100%	0%
Skin cancer	\$250	\$0
Stroke	100%	100%
Infectious disease benefit ²		
COVID-19	25%	25%
Diphtheria	25%	25%
Encephalitis	25%	25%
Legionnaire's disease	25%	25%
Lyme disease	25%	25%
Malaria	25%	25%
Meningitis	25%	25%

Insurance issued by Principal Life Insurance Company®, 711 High Street, Des Moines, IA 50392

Methicillin-resistant staphylococcus aureus (MRSA)	25%	25%
Necrotizing fasciitis	25%	25%
Osteomyelitis	25%	25%
Poliomyelitis	25%	25%
Rabies	25%	25%
Sepsis	25%	25%
Tetanus	25%	25%
Tuberculosis	25%	25%
Childhood conditions		
Cerebral palsy	100%	0%
Cleft lip / palate	100%	0%
Cystic fibrosis	100%	0%
Down syndrome	100%	0%
Muscular dystrophy	100%	0%
Spina bifida	100%	0%

Once enrolled, you'll receive a booklet with more details regarding each of these illnesses.

²For diseases covered under the infectious disease benefit, you must be confined to a hospital for at least 3 days.

What if I've already had a covered illness (referred to as a preexisting condition)?

You may qualify for a benefit if you haven't been treated for this illness (including being seen by a doctor) in the 6 months prior to your coverage effective date or you've had coverage for 12 consecutive months.

I've already received a benefit. Can I receive another benefit?

- Is it a different illness? You may receive a benefit if you're diagnosed more than 12 months after your prior illness.
- Is it an additional occurrence of the same illness? You may receive an additional benefit for carcinoma in situ, coronary artery disease, heart attack, invasive cancer, major organ failure and stroke if you're diagnosed more than 12 months after your prior illness and you've been treatment-free for 12 consecutive months.

Additional benefits:

Health screening	You may receive a \$50 benefit for each covered person who has an eligible health screening test performed, once per calendar year. Make sure to file your claim within a year of the date of service.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.

Policyholder: NORTH CENTRAL MISSOURI MENTAL HEALTH CENTER

Group voluntary short-term disability insurance

Benefit summary for all members

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits payable	
Primary weekly benefit	Available in increments of \$50, between \$100 and \$1,000, up to 60% of your earnings
Benefit amount	Your primary weekly benefit minus other income sources
Elimination period	Benefits begin on the 8th day for accidents and 8th day for sickness
Benefit payment period	Up to 12 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability
Limitations & exclusions	
Pre-existing conditions	3 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

What's available to me?

Help protect one of your most valuable assets - the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income.

Your primary weekly benefit is available in increments of \$50, between \$100 and \$1,000, up to of 60% your predisability earnings. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation and state disability (if applicable), and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval.

Additional eligibility requirements may apply.

When do I begin receiving disability benefits?

Your elimination period is completed and benefits begin on the 8th day for accidents and the 8th day for sickness. The elimination period is the amount of time before you start receiving benefits.

Once I start receiving benefits, how long will they continue?

Short-term disability benefits can continue up to 12 weeks.

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During your elimination period and your benefit payment period (how long benefit is paid), one of the following must apply:

- You're unable to perform the majority of substantial duties of your own job; or
- You're unable to earn 80% of your income prior to your disability while working in a modified capacity.

Do I qualify if I have a preexisting condition?

You may. If you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 3 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

Additional benefits:

Rehabilitation plan	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work. You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
Rehabilitation incentive benefit	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
Mandatory rehabilitation	You may be paid for any expenses associated with an approved rehabilitation plan.

What are the limitations and exclusions of my coverage?

Preexisting conditions

A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the three months prior to your effective date under this policy, for which you:

- Received medical treatment, consultation, care or service; or
- Were prescribed or took prescription medications

In the event an investigation is necessary to determine if a disability is preexisting, benefits may be payable for up to six weeks while The Principal is conducting its preexisting condition investigation. Once the investigation is complete and if the disability is deemed to be a preexisting condition, no further benefits will be payable. Benefits will not be paid beyond the date six weeks following the date of disability for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months. No benefits will be paid for a subsequent claim subject to a preexisting condition investigation for the same condition.

No benefits will be paid for any disability that is caused by, a complication of, or resulting from the same preexisting condition that you had previously received benefits for.

Preexisting condition limitations also apply to benefit increases due to:

- Policy amendments
- Changes in earnings of 25% or greater



principal.com

This is a summary of short-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

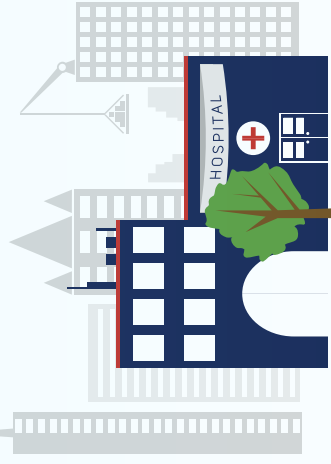
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TOP 4 REASONS to become a MASA MTS Member

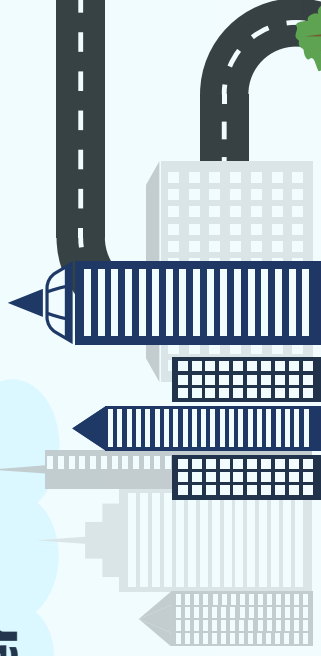
MASA MTS protects our members and their families from the gaps in group health benefits for emergency transport expenses within the **continental United States and while traveling in Canada, regardless of in or out-of-network**. Worldwide coverage is available with a Platinum Membership for lifesaving transportation at home and far away.

2



MASA MTS provides over 2 million members with coverage for **BOTH** Ground and Air Ambulance transport out-of-pocket costs* regardless of the ambulance provider because **MASA MTS is a PAYER and NOT a provider**.

1



MASA MTS gives you the peace of mind knowing **out-of-pocket costs* associated with emergency transport for deductibles, co-pays, or co-insurance are covered**.

3



MASA MTS protects you and your family from unexpected out-of-pocket costs* **regardless of any balance billing associated with ground ambulance in addition to the co-pays, co-insurance, and deductibles for both ground and air ambulance** with:

- One Low Monthly Fee
- NO Age Limits
- NO Health Questions
- Easy Claims Process

4

MEMBERSHIP BENEFITS COMPARISON

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members' \$0 in out-of-pocket costs for emergency transport.

	EMERGENT PLUS MEMBERSHIP
Emergent Air Transportation	●
Emergent Ground Transportation	●
Non-Emergency Inter-Facility Transportation	●
Repatriation/ Recuperation	●
Escort Transportation	
Visitor Transportation	
Return Transportation	
Mortal Remains Transportation	
Minor Return	
Organ Retrieval/ Organ Recipient Transportation	
Vehicle Return	
Pet Return	
Worldwide Coverage	
	\$14 /MONTH

The information provided in this product sheet is for informational purposes only. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms and conditions please refer to the applicable member service agreement for your territory. MASA MTS products and services are not available where prohibited. For Florida residents, Medical Air Services Association of Florida, Inc. is doing business as MASA MTS and is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 operating in Florida at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation.



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 \$3,200 in 2024**. 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. *

** Depending on your employer's plan, you may be able to carry over up to \$640 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 \$3,200 in 2024.

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



NueSynergy
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Full-service administration of consumer-driven and traditional account-based plans.
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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/eligible-expenses.

Here's an example

With a \$35,000 salary, an individual electing the Health Care FSA and contributing \$3,200 for the plan year **can save \$720**.

	HEALTH CARE FSA	EXPENSES	NOT PARTICIPATING	
	\$35,000	INCOME BEFORE TAX	\$35,000	
Elects to contribute \$3,200	\$3,200	FSA CONTRIBUTION	\$0	No contribution
Only taxed on \$31,800	\$31,800	TAXABLE INCOME	\$35,000	Taxed on full \$35,000
	\$7,155	TAXES (FEDERAL, STATE, FICA)	\$7,875	
No out-of-pocket expense	\$0	OUT-OF-POCKET HEALTH CARE EXPENSE	\$3,200	Ends up spending \$3,200
Income is \$720 more with an FSA	\$24,645	INCOME AFTER TAX	\$23,925	Income is \$720 less than with an FSA
Total Savings: \$720 a year				

Help handling life's ups and downs

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the employee assistance program (EAP), provided by Magellan Healthcare, is all about.

With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges.

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things.

In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

Legal, financial, and identity theft services

You and your family have access to these services:

- **Legal services.** Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.

- **Financial wellness.** Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.
- **Identity theft resources.** Receive a free 60-minute consultation to help restore your identity if stolen.

Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

Help when and where you need it—day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.



800-450-1327

International: 800-662-4504

TTY: 711



Member.MagellanHealthcare.com

When you create an account, enter **Principal Core** as the program name.

Rights & Disclosures

This information is intended to be shared by employees with their spouse and dependents.

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	MISSOURI – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	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. | Cara Farmer |
| 5. | (660) 359-4487 | 11. | N/A |
| | | 12. | <u>cara@ncmmh.com</u> |

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).

ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

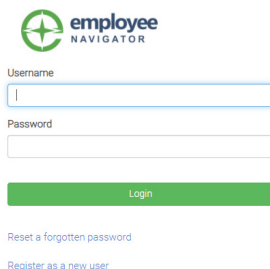
STEP 1. LOG IN

Go to <https://www.employeenavigator.com/benefits>

Returning Users: Log in with the username and password you created.

New Users: Click on the Registration Link in the email sent to you from your administrator or Register As New User. Create an account and your own username and password. You will be asked to provide:

- First and last name
- PIN (last four digits of SSN)
- DOB (mm/dd/yyyy)

The image shows the Employee Navigator login interface. It features the 'employee NAVIGATOR' logo at the top. Below the logo are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

COMPANY IDENTIFIER: **North Central Missouri**

STEP 2. BEGIN ENROLLMENT PROCESS

After you login, click **Let's Begin** to complete your required tasks. Once you've completed any assigned onboarding tasks click **Start Enrollment** to begin your enrollment.

STEP 3. UPDATE PERSONAL INFO

After clicking **Start Enrollment**, you'll need to provide some personal and dependent information before moving to your benefit elections. To enroll a dependent in coverage you will need their DOB and SSN.

STEP 4. ELECT YOUR BENEFITS

You can now choose to either select or waive each of your benefits. To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?** You must click **Save & Continue** at the bottom of each screen to save your elections.

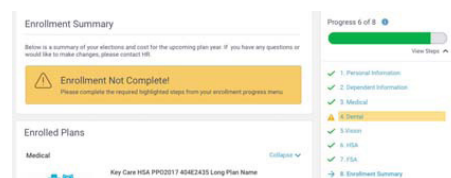
STEP 5. ADDITIONAL FORMS

If you have elected benefits that require a beneficiary or primary care physician designation, or completion of an Evidence of Insurability form, you will be prompted to add those details.

STEP 6. REVIEW AND CONFIRM ELECTIONS

Review the summary of your selected benefits. Click **Sign & Agree** if everything

looks correct to complete your enrollment. You may login and view your online summary at any point during the year.

The image is a screenshot of the 'Enrollment Summary' page. It shows a progress bar at the top indicating 'Progress 5 of 8'. Below the progress bar, there is a list of steps: 1. Personal Information, 2. Dependent Information, 3. Medical, 4. Dental, 5. Vision, 6. Life, 7. FSA, and 8. Enrollment Summary. The 'Medical' step is currently selected and highlighted in yellow. Below the list, there is a section titled 'Enrolled Plans' which shows 'Medical' and 'Key Care HSA PPO0017-4042403 Long Plan Name'. At the bottom, there is a 'Collapse' button.

**Scan me for
Employee Navigator
access at your
fingertips!**



For help contact:
enrollmentsupport@bukaty.com
913.345.0440