

# SPRINGFIELD PUBLIC SCHOOLS

## *2020 BENEFITS GUIDE*



(417) 523-GOHR (4647)  
benefits@spsmail.org  
<https://www.sps.org>



This guide describes the highlights of the Springfield Public Schools Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this guide.



Our employees are our  
most valuable asset.

That's why we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance.

### **Stay Healthy**

- Medical/Prescription
- Dental
- Vision

### **Feeling Secure**

- Long Term Disability (LTD)
- Flexible Spending Account (FSA)
- Basic Life and Accidental Death & Dismemberment
- Voluntary Life and Accidental Death & Dismemberment
- Voluntary Short-Term Disability (STD)
- MetLife Auto and Home
- MetLaw – Hyatt Legal
- Voluntary Accident, Critical Illness, Cancer, and Hospital Indemnity Coverage Options

#### **ABOUT THIS GUIDE**

This guide describes the highlights of Springfield Public Schools Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this guide. If there is any discrepancy between the descriptions of the program elements as contained within this guide or other benefits enrollment materials you receive and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and District policies.

# Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

Plan	Whom To Call	Phone Number	Website
Medical	Mercy / Med-Pay	1-800-777-9087 or 1-417-886-6886	<a href="http://www.med-pay.com">www.med-pay.com</a>
Pharmacy	MedTrakRx	1-800-771-4648	<a href="http://www.medtrakservices.com/members">www.medtrakservices.com/members</a>
Dental Plan	Delta Dental	1-800-335-8266	<a href="http://www.deltadentalmo.com">www.deltadentalmo.com</a>
Vision Plan	Superior Vision	1-800-507-3800	<a href="http://www.superiorvision.com">www.superiorvision.com</a>
Long Term Disability Insurance	The Hartford	1-800-523-2233	<a href="http://www.thehartford.com">www.thehartford.com</a>
Life & AD&D Insurance	The Hartford	1-800-523-2233	<a href="http://www.thehartford.com">www.thehartford.com</a>
Flexible Spending Accounts (FSA)	TASC	1-800-422-4661	<a href="https://www.tasconline.com/">https://www.tasconline.com/</a>
Accident, Critical Illness, Cancer, Hospital Indemnity	MetLife	1-800-Get-Met8 or 1-800-438-6388	<a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>
Home and Auto	MetLife	1-800-Get-Met8 or 1-800-438-6388	<a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>
Legal Assistance	MetLife (MetLaw) Hyatt Legal	1-800-821-6400	<a href="http://www.legalplans.com">www.legalplans.com</a>
Voluntary Short-Term Disability Insurance	MetLife	1-800-Get-Met8 or 1-800-438-6388	<a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>
Springfield Public Schools Benefits Department	Human Resources	1-417-523-GOHR or 1-417-523-4647	<a href="mailto:benefits@spsmail.org">benefits@spsmail.org</a>

You may also visit the SPS [Benefits](#) website for more information.

# MEDICAL INSURANCE:

## Mercy / Med-Pay / MedTrakRx



The medical benefit is offered through the Mercy Network. Springfield Public School's medical plan is self-funded and is a preferred provider organization (PPO) plan with Mercy Health System. The District utilizes Med-Pay, Inc., as the third party administrator to process claims and make insurance payments to providers. The prescription benefits are provided through MedTrak Services, an independent prescription benefit management company.

### **Who is Eligible and When**

Full-time employees working at least 20 hours per week are eligible the 1<sup>st</sup> of the month following date of hire or when an employee meets the eligibility requirements.

### **Network and Other Value Added features include:**

You have the highest level of coverage if you receive services from in-network providers. Services received from out-of-network providers will be processed at a lower benefit level which may result in higher out-of-pocket expenses. You can easily search for participating providers on the Mercy web page. Please visit: <http://www.mercyhealth.com/findaphysician>.

MDLive- Need care but don't have time to see a doctor or therapist? MDLive is an inexpensive alternative to the emergency room or urgent care center. Providers are available 24/7 – nights, weekends, and even holidays. Now getting medical care during vacations is easier and less stressful. The cost for employees enrolled in the SPS medical plan is \$40. Go to [MDLive.com/mercyclient](http://MDLive.com/mercyclient) to activate your account today.

Nurse on Call- Mercy's Nurse on call network gives the sick and injured round the clock access to health care advice through one simple, convenient phone call. Mercy serves large employer populations, hundreds of physician practices and every kind of community. Mercy Nurse on Call is a nationwide telephone triage service, providing expert health advice from experienced Registered Nurses, 24 hours a day, 7 days a week at [www.nurseoncall.org](http://www.nurseoncall.org).

Employee Assistance Program- When little problems become bigger ones, we can all use a helping hand. The New Directions EAP can help, offering 24 hour/365-day access to specialists who can assist members and their families with personal, workplace, legal and financial issues. The EAP offers access to:

- Up to Six free visits
- One 30-minute legal consultation
- 30-minute phone consultations with a financial advisor
- Child care and dependent care referrals
- Community resources

Call 800-624-5544 for immediate access, or use the New Directions website, [www.ndbh.com](http://www.ndbh.com), password: SPS.

Fitness Center Reimbursement- Each individual covered under the District's Health Plan is eligible to receive up to \$500 per calendar year at approved fitness centers with completion of the Mercy Health Risk Assessment and use of an approved fitness center. Visit our Benefits webpage and navigate to the Fitness Center Reimbursement and Health Risk Assessment information page for more information on the Health Risk Assessment, Fitness Center Claim Forms, and the listing of Approved Fitness Centers. Employees who complete an HRA will receive an annual \$50.00 incentive.

# MEDICAL INSURANCE CONT.

The chart below provides an overview of the coverage available to you.



Services	PPO In-Network Employee Pays
Physician Visit (Primary Care or Specialist)	25% After Deductible
<b>Deductibles</b>	
Individual	\$600
Family	\$1,800
Hospitalization	\$200 Per Confinement
Preventative Care	0%
Emergency Room	\$100 copay + 25% After Deductible
Urgent Care	25% After Deductible
<b>Out of Pocket Maximum (Not including Prescription)</b> <i>Includes Coinsurance and Deductibles</i>	
Individual	\$2,600
Family	\$7,800
<b>Out of Pocket Maximum (Including Prescription)</b> <i>Includes Coinsurance, Deductibles and Prescription</i>	
Individual	\$6,600
Family	\$13,200
<b>Prescription Drugs (Rx)</b>	
<b>Deductibles</b>	
Individual	\$100
Family	\$200
<b>Retail Prescription (30 or 34-day supply)</b>	
Generic	\$5 copay + 20% after Rx drug deductible
Name Brand/Preferred	\$20 copay + 20% after Rx drug deductible
<b>Mail Order or Medtrak 90 Participating Pharmacy (90-day supply)</b>	
Generic	\$5 copay + 10% after Rx drug deductible
Name Brand/Preferred	\$20 copay + 10% after Rx drug deductible
<b>Specialty Prescription (30 or 34-day supply)</b>	
Mail Order or Participating Specialist Pharmacy	20% copay after deductible \$2,500 maximum out-of-pocket per Calendar Year 100% paid by Plan thereafter

Benefits included in this benefit summary are for in-network services only. Please refer to the benefit summaries for more specific information on both in-network and out-of-network services.

**Cost Per Month:**

MEDICAL Active Employee		MEDICAL Retiree/LOA/COBRA	
Employee Only	District Paid	Retiree Only	\$ 493.00
Employee + Spouse	\$448.00	Retiree + Spouse	\$ 941.00
Employee + Child	\$290.00	Retiree + Child	\$ 783.00
Employee + Children	\$344.00	Retiree + Children	\$ 837.00
Employee + Family	\$579.00	Retiree + Family	\$1,072.00

*There will be an additional 2% administration fee for COBRA rates.*



# FLEXIBLE SPENDING ACCOUNTS (FSA): TASC



TASC administers the Flexible Spending Account (FSA) benefits

## **Benefits You Receive:**

A FSA provides you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, and enrolling in the FSA, you can lower your taxable income. The plan year is January 1 through December 31. However, the plan has a grace period of 75 days after December 31<sup>st</sup> in which you can continue to incur claims and use up amounts remaining in your Health FSA. Funds that are not used each year are forfeited.

## **Health Care Reimbursement FSA**

This program lets Springfield Public Schools employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the Health Care FSA is \$2,700 (or the updated maximum allowed amount for 2020).

Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture

## **Dependent Care FSA**

The Dependent Care FSA lets Springfield Public Schools employees use pre-tax dollars towards qualified dependent care such as caring for children under age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 per household (or \$2,500 if married and filing separately) per calendar year. Some examples of eligible expenses include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

# DENTAL INSURANCE:

## Delta Dental



The dental benefit is offered through Delta Dental.

### Who is Eligible and When:

Full-time employees working at least 20 hours per week are eligible the 1st of the month following date of hire or when an employee meets the eligibility requirements.

### Employee Pays Per Month:

Rate Tier (Active Employees)	Basic Plan	Advanced Plan
Employee Only	\$7.20	\$21.86
Employee + Spouse	\$24.81	\$53.78
Employee + Child(ren)	\$38.39	\$66.76
Employee + Family	\$56.01	\$98.70
Rate Tier (Retiree/LOA/COBRA)	Basic Plan	Advanced Plan
Retiree Only	\$18.05	\$ 32.71
Retiree + Spouse	\$35.66	\$ 64.63
Retiree + Children	\$49.24	\$ 77.61
Retiree + Family	\$66.86	\$109.55

**Note:** There will be an additional 2% Administration fee for COBRA rates.

The following pages contain charts that provide an outline of the coverage you receive when you use in-network providers. You have the highest level of coverage if you receive services from in-network providers. Services received from out-of-network providers will be processed at a lower benefit level which most likely will result in higher out-of-pocket expenses to the member.

The network attached to the plan is the Dental PPO/Premier network. To search the network for participating providers please visit [www.deltadentalmo.com](http://www.deltadentalmo.com)



## Springfield Public Schools BASIC PLAN

<div>Delta Dental PPO</div> <div>BASIC PLAN FEATURES</div> <div>* Group #1906</div>	<div>Delta Dental PPO Dentist</div> <div>Based on PPO – reduced maximum plan allowance</div> <div>No balance billing</div>	<div>Delta Dental Premier Dentist</div> <div>Based on Premier-maximum plan allowance</div> <div>No balance billing</div>	<div>Non-Participating Dentist</div> <div>Based on Delta Dental maximum plan allowance;</div> <div>Balance billing is possible</div>
<div>Diagnostic and Preventive Services</div> <div><div>➤ Oral exams (all types), twice per calendar year</div><div>➤ Bitewing x-rays (1 set per calendar year)</div><div>➤ Prophylaxis (cleanings), twice per calendar year</div><div>➤ Fluoride, once per calendar year for dependents under age 14</div><div>➤ Space maintainers for dependents under age 16, once in 5 years</div><div>➤ Sealants for dependent children under 16, limited to non-decayed 1<sup>st</sup> and 2<sup>nd</sup> permanent molars, once per lifetime</div></div>	100%	100%	100%
<div>Basic Services</div> <div><div>➤ Periapical x-rays as required</div><div>➤ Full-mouth x-rays once in any 60 consecutive months</div><div>➤ Emergency palliative treatment</div><div>➤ Fillings</div><div>➤ Simple extractions</div><div>➤ Non-surgical periodontics, including periodontal maintenance visits (subject to regular prophylaxis frequency limitations)</div></div>	80%	80%	80%
<div>Calendar Year Deductible</div> <div>(applies to Basic Services only)</div>	<div>\$50 Individual</div> <div>\$150 Family</div>	<div>\$50 Individual</div> <div>\$150 Family</div>	<div>\$50 Individual</div> <div>\$150 Family</div>
<div>Calendar Year Benefit Maximum</div>	<div>\$1000 per person</div>		
<div>Dependents are covered through the end of the month in which they turn age 26.</div>			

**\*Participants transferring to ADVANCED PLAN will start with 1<sup>st</sup> year benefits.**

**Customer Service: 800-335-8266**

**Website: [www.deltadentalmo.com](http://www.deltadentalmo.com)**

*This is intended to be a summary only. If discrepancies arise the Summary Plan Document will govern. Please refer to your SPD for a more complete listing of services including plan limitations and exclusions.*

# Springfield Public Schools

## ADVANCED PLAN

<b>Delta Dental PPO</b> <b>ADVANCED PLAN FEATURES</b> <b>* Group #1907</b>	<b>Delta Dental PPO Dentist</b> Based on PPO – reduced maximum plan allowance <b>No balance billing</b>	<b>Delta Dental Premier Dentist</b> Based on Premier- maximum plan allowance <b>No balance billing</b>	<b>Non-Participating Dentist</b> Based on Delta Dental maximum
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>➤ Oral exams (all types), twice per calendar year</li> <li>➤ Bitewing x-rays (1 set per calendar year)</li> <li>➤ Prophylaxis (cleanings), twice per calendar year</li> <li>➤ Fluoride, once per calendar year for dependents under age 14</li> <li>➤ Space maintainers for dependents under age 16, once in 5 years</li> <li>➤ Sealants for dependent children under 16, limited to non-decayed 1<sup>st</sup> and 2<sup>nd</sup> permanent molars, once per lifetime</li> </ul>	<b>100%</b> <i>1st benefit year and subsequent years</i>	<b>100%</b> <i>1st benefit year and subsequent years</i>	<b>100%</b> <i>1st benefit year and subsequent years</i>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>➤ Periapical x-rays as required</li> <li>➤ Full-mouth x-rays once in any 60 consecutive months</li> <li>➤ Emergency palliative treatment</li> <li>➤ Fillings</li> <li>➤ Simple extractions</li> </ul>	<b>80%</b> <i>1st benefit year and subsequent years</i>	<b>80%</b> <i>1st benefit year and subsequent years</i>	<b>80%</b> <i>1st benefit year and subsequent years</i>
<b>Major Services</b> <ul style="list-style-type: none"> <li>➤ Periodontal maintenance visits, subject to regular prophylaxis frequency limitation</li> <li>➤ Periodontics - treatment for diseases of gums and bone supporting the teeth</li> <li>➤ Endodontics - root canal filling and pulpal therapy</li> <li>➤ Oral surgery -Including surgical extractions</li> <li>➤ Prosthodontics – complete or partial bridges and dentures; a replacement will be covered once in 5 years</li> <li>➤ Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 5 years</li> <li>➤ General Anesthesia</li> </ul>	<b>25%</b> <i>1st benefit year</i>  <b>50%</b> <i>Subsequent years</i>	<b>25%</b> <i>1st benefit year</i>  <b>50%</b> <i>Subsequent years</i>	<b>25%</b> <i>1st benefit year</i>  <b>50%</b> <i>Subsequent years</i>
<b>Orthodontic Services</b> (for children to under age 19)	<b>No coverage</b> <i>1st benefit year</i>  <b>50%</b> <i>Subsequent years</i>	<b>No coverage</b> <i>1st benefit year</i>  <b>50%</b> <i>Subsequent years</i>	<b>No coverage</b> <i>1st benefit year</i>  <b>50%</b> <i>Subsequent years</i>
<b>Calendar Year Deductible</b> (applies to Basic and Major Services only)	<b>\$50 Individual</b> <b>\$150 Family</b>	<b>\$50 Individual</b> <b>\$150 Family</b>	<b>\$50 Individual</b> <b>\$150 Family</b>
<b>Calendar Year Benefit Maximum</b>	<b>\$1000 per person</b>		
<b>Lifetime Orthodontic Maximum</b>	<b>\$1000 per child</b>		
<b>Dependents are covered through the end of the month in which they turn age 26.</b>			

**\*Participants transferring to ADVANCED PLAN will start with 1<sup>st</sup> year benefits.**

*This is intended to be a summary only. If discrepancies arise the Summary Plan Document will govern. Please refer to your SPD for a more complete listing of services including plan limitations and exclusions.*

# VISION PLAN: Superior Vision

The vision benefit is offered through Superior Vision.



## Who is Eligible and When:

Full time employees working at least 20 hours per week are eligible the 1<sup>st</sup> of the month following date of hire or when an employee meets the eligibility requirements

To search the network for participating providers please visit [www.superiorvision.com](http://www.superiorvision.com)

### Co-Pays

Exam	\$10
Materials <sup>1</sup>	\$25
Contact Lens Fitting (standard & specialty)	\$25

### Monthly Premiums

Emp. only	\$6.35
Emp. + spouse	\$12.56
Emp. + child(ren)	\$12.31
Emp. + family	\$18.71

### Services/Frequency

Exam	12 months
Frame	24 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

(Based on date of service)

## Plan Benefits

### In-Network

Exam (Ophthalmologist)	Covered in full
Exam (Optometrist)	Covered in full
Frames	\$130 retail allowance
Contact Lens Fitting (standard <sup>2</sup> )	Covered in full
Contact Lens Fitting (specialty <sup>2</sup> )	\$50 retail allowance
Lenses (standard) per pair	
Single Vision	Covered in full
Bifocal	Covered in full
Trifocal	Covered in full
Progressives (standard) <sup>3</sup>	Covered in full
Retail Contact Lenses <sup>4</sup>	\$130 retail allowance

### Out-of-Network

Up to \$34 retail
Up to \$26 retail
Up to \$65 retail
Not covered
Not Covered
Up to \$29 retail Up to \$43 retail Up to \$53 retail Up to \$43 retail
Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses

<sup>2</sup> See your benefits materials for definitions of standard and specialty contact lens fittings

<sup>3</sup> If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses.

<sup>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit

## Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

### Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options:	20% off retail
Contacts & other prescription materials:	20% off retail
Disposable contact lenses:	10% off retail

### Discounts on Covered Materials:

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over standard progressive retail

The following options have out-of-pocket maximums on standard (not premium, brand, or progressive) lenses.

### Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate retail	\$40	20 % off retail
High Index 1.6	\$55	20 % off retail
Photochromics	\$80	20 % off retail

**SuperiorVision.com**  
**Customer Service**  
**800.507.3800**

# LONG TERM DISABILITY INSURANCE: THE HARTFORD



The Long Term Disability benefit is provided by The Hartford.

## **Who is Eligible and When:**

Full time employees working at least 20 hours per week are eligible the 1st of the month following date of hire or when an employee meets the eligibility requirements.

## **Base Coverage: Employer paid**

The entire cost of the benefit is paid for by Springfield Public Schools.  
Employer Provides – You do not contribute toward the cost of coverage.

## **Voluntary (Buy Up): Employee Pays**

Voluntary Option – You must contribute toward the cost of coverage. The formula to calculate the premium is  $\text{Annual Salary}/12 \times .0019 = \text{monthly premium}$ .  
Example: If your annual salary is \$36,000, the monthly premium is \$5.70.

## **What is Long Term Disability insurance?**

When an employee cannot work for an extended period of time due to a disability, a long term disability plan can help cover a portion of the employee's salary.

## **Why is Long Term Disability insurance important?**

Statistics show 3 out of every 10 workers between the ages of 25 and 65 will experience an accident or illness that keeps them out of work for 3 months or longer, with nearly 60% of these injuries occurring off the job. If an employee is hurt off the job, worker's compensation will not cover them.

**Elimination Period:** 90 Days

**Benefit Percentage:** 60%

**Maximum Monthly Benefit:** \$5,000

## **Benefit Duration:**

Base Coverage Provides: Prior to age 66, 24 months

Voluntary (Buy Up): Prior to age 63, 48 months or to Social Security Normal Retirement Age

# LIFE AND AD&D INSURANCE: THE HARTFORD



The Voluntary Life and Accidental Death and Dismemberment (AD&D) benefit is provided by The Hartford Life Insurance. Springfield Public Schools provides basic life/AD&D coverage to all benefited employees and gives you the opportunity to purchase coverage on a voluntary basis.

## Who is Eligible and When:

*Life and AD&D Insurance:* Full-time employees working at least 20 hours per week are eligible the 1<sup>st</sup> of the month following date of hire or when the employee meets the eligibility requirements.

## Basic Life and AD&D Insurance

Springfield Public Schools provides eligible full-time employees with group Life and AD&D insurance in the amount of one times your annual salary with a minimum of \$20,000 up to a maximum of \$100,000. This coverage is provided at no cost to you.

## Voluntary Life and AD&D Insurance

Employees who want to supplement their group Life and AD&D insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents, in this benefit, you pay the full cost of the supplemental coverage through payroll deductions.

### Supplemental Life Insurance Monthly Premiums

Coverage Type	<i>Employee</i>	<i>Spouse</i>	<i>Child(ren)</i>
Coverage Amounts	5x salary/\$500,000 max	\$50,000 max	\$10,000 max
Rates	\$1.70 per \$10,000	\$3.57 per \$10,000	\$1.00 per \$10,000

## Employee Voluntary Life:

As a newly benefit eligible employee, you may purchase guaranteed coverage for yourself in \$10,000 increments up to 3 times your annual salary or a maximum of \$150,000, whichever is less, without medical questions. Amounts over the guaranteed issue amount will be subject to evidence of insurability (medical questions).

You have the option to purchase voluntary life for your spouse and/or dependent child(ren).

**PLEASE NOTE: You may only purchase voluntary life for your spouse/dependents if you purchase voluntary life for yourself in the amount equal or greater than spousal/dependent elected amount.**

## Spouse Life:

The spouse voluntary life benefit may be purchased in increments of \$5,000 up to a maximum amount of \$50,000. The guaranteed amount for spouse coverage is \$25,000, if elected at the initial enrollment opportunity. Amounts over \$25,000 up to a maximum of \$50,000 will be subject to evidence of insurability (medical questions).

## Child Life:

You may elect coverage from \$2,500 to \$10,000 for children up to age 26 years. All amounts for children are guaranteed so long as the employee has elected voluntary coverage for themselves. Benefit maximum from birth to 6 months is payable at \$1,000.

## Evidence of Insurability

Evidence of Insurability (EOI) is required for all Supplemental Life/AD&D insurance coverage elected after 31 days from the time you are first eligible for coverage and on all future coverage increases, regardless of amount. Supplement Life/AD&D Insurance purchase amounts requiring EOI does not become effective and therefore are not deducted from your pay, until approval is obtained from the life insurance carrier.

# SHORT TERM DISABILITY (STD)

## METLIFE



The Voluntary Short Term Disability (STD) benefit is provided by MetLife.

### Who is Eligible and When:

Full time employees working at least 20 hours per week are eligible the 1<sup>st</sup> of the month following date of hire or when the employee meets the eligibility requirements.

### Benefits You Receive:

Springfield Public Schools provides eligible full time employees with the option to purchase voluntary short term disability insurance. The employee pays the full cost of this coverage.

In the event you become disabled from a non-work related injury or sickness, disability income benefits are available as a source of income. You are not eligible to receive short term disability benefits if you are receiving workers' compensation benefits. Premiums are payroll deducted with after tax dollars so the benefit is not taxable.

### Voluntary Short Term Disability

Benefits Begin	On the 15 <sup>th</sup> day of an sickness or accident
Benefits Payable	For up to 13 weeks (minus the waiting period)
Benefit Amount	Select your weekly coverage amount in increments of \$50 starting as low as \$50 up to \$1,000.
Maximum Benefit	\$1,000 per week. Limited to 60% of weekly salary.

Pre-existing condition limitations may apply.  
Please see your summary plan description for addition information

Age	Rate per \$10 of Weekly Benefit
Less than 50	\$1.10
50-59	\$1.21
60+	\$1.63

### Monthly Cost Calculation Example

The following is an example of how you calculate the monthly cost you will pay to participate in the STD. For example, a 36 year old earning \$35,000 per year who wants to receive \$400 per week:

1. Find your rate by the premium associated with your age band in the chart above. For a 36 year old, this rate is \$1.10.
2. Using the corresponding rate (\$1.10) multiply by the weekly benefit amount you elected (\$50 increments to a maximum of 60% of your weekly salary not to exceed \$1000 per week). Then round down to the lower \$50. For example: \$400 weekly benefit x \$1.10 = \$440.00.
3. Divide that number by 10 = \$44.00. This is your monthly premium for a \$400 weekly benefit plan.



# OPTIONAL HOME AND AUTO

## METLIFE

### **Auto and Home**

Springfield Public Schools offers employees the ability to purchase auto and home insurance at competitive rates that include group discounts.

### **Who is Eligible and When:**

Full-time employees working at least 20 hours per week are eligible the 1<sup>st</sup> of the month following date of hire or when the employee meets the eligibility requirements.

### **Product availability includes:**

- Auto (motorcycle also available)
- Boat
- Recreational Vehicle
- Landlord's Rental Dwelling
- Renter's
- Home
- Condo
- Mobile Home
- Pet Insurance
- Personal Excess Liability ("Umbrella")

To contact a MetLife associate please call 1-800-438-6388 or visit them online at [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com).

**Remember to let the Customer Service Representative know you are an employee of Springfield Public Schools and they will be able to provide a quote tailored just for you.**



# OPTIONAL METLAW

## METLIFE

This benefit is only available for election as a new hire and during the Springfield Public Schools annual Open Enrollment.

### **Who is Eligible and When:**

Full-time employees working at least 20 hours per week are eligible the 1<sup>st</sup> of the month following date of hire or when the employee meets the eligibility requirements.

### **MetLaw**

Springfield Public Schools offers employees the option to participate in MetLaw. Employees who enroll in the MetLaw Legal Plan can receive advice and full coverage legal services for a wide range of legal matters. The benefit covers the employee, spouse and dependents.

- Sale or Purchase of your Home
- Refinance of your Home
- Home Equity Loans
- Eviction Defense
- Landlord/Tenant Problems (Tenant Only)
- Security Deposit Assistance (Tenant Only)
- Mortgage/Deed of Trust
- Boundary or Title Disputes
- Zoning Applications
- Property Tax Assessment
- Civil Litigation Defense
- Administrative Hearings
- Incompetency Defense
- Juvenile Court Proceedings
- Immigration Assistance
- Traffic Tickets (No D.U.I.)
- Driving Privileges Restoration
- Promissory Note
- Demand Letters
- Unlimited Telephone & In-Office Consultations on other personal legal issues
- Wills and Codicils
- Powers of Attorney
- Living Wills
- Trusts – No Tax Planning
- Deeds
- Adoption
- Guardianship
- Name Change
- Prenuptial Agreement
- Protection from Domestic Violence
- Elder Law Matters
- Document Review
- Affidavits
- Bankruptcy/Wage Earner Plan
- Debt Collection Defense
- Identity Theft Defense
- Tax Audits
- Consumer Protection Matters
- Personal Property Protection
- Small Claims Assistance

**The cost to participate in MetLaw is \$18.00/month.**

To contact a MetLaw associate please call 1-800-821-6400 or visit them online at [www.legalplans.com](http://www.legalplans.com).

# OPTIONAL ACCIDENT COVERAGE:

## METLIFE

This benefit is only available for election as a new hire and during the Springfield Public Schools annual Open Enrollment.

### Who is Eligible and When:

Full time employees working at least 20 hours per week are eligible the 1<sup>st</sup> of the month following date of hire or when the employee meets the eligibility requirements.

### Group Accident Insurance

With the high cost of medical care today, a trip down the stairs can hurt your bank account as much as your body. Accident Insurance may pay you money based on the injury and the treatment you receive, whether it's a simple sprain or something more serious like a broken bone.

Your plan may pay benefits for emergency room treatment, stitches, crutches, injury-related surgery and a list of other accident-related expenses. *The money is paid directly to you and you decide how to spend it.* You may also purchase coverage for your spouse and dependent children.

### Wellness Benefit – included with Group Accident insurance

Each year, you can earn a valuable incentive just for taking care of your health. And so can each of your covered family members.

Most common tests and screenings include:

- Blood test for triglycerides
- Fasting blood glucose test
- Mammography
- Pap smear
- Serum cholesterol test to determine HDL and LDL levels

### Employee Monthly Cost

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Family
High	\$13.19	\$22.09	\$25.54	\$35.42
Low	\$9.73	\$15.50	\$18.17	\$24.16

# CANCER OPTIONAL COVERAGE:

## METLIFE

This benefit is only available for election as a new hire or during the Springfield Public Schools annual Open Enrollment.

### Who is Eligible and When:

Full time employees working at least 20 hours per week and spouse/dependents are eligible 1<sup>st</sup> of the month following date of hire.

### Cancer Plan Summary:

You can choose an Initial Benefit Amount in \$5,000 increments between \$5,000 and \$30,000. Your Benefit provides a lump-sum payment of 100% for Full Benefit Cancer or 25% for Partial Benefit Cancer. The plan pays a Recurrence Benefit if you have not been treated nor had symptoms for at least 180 days. The Total Benefit Amount is 200% of the Initial Benefit Amount elected. MetLife will pay benefits until the Total Benefit Amount for each covered person is reached.

Benefits are paid directly to you based on a flat schedule and there is no coordination with other insurance coverage.

Please review the MetLife Plan Summary for more details about pre-existing condition limitation and other important information.

### Supplemental Benefits

MetLife provides coverage for a health screening benefit in addition to the total benefit amount. MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. Refer to the Outline of Coverage for a complete list of eligible screening/prevention measures.

### Monthly Premium Per \$1,000 of Coverage

Attained Age	Employee	Employee & Spouse	Employee & Children	Family
Less than 30	\$0.36	\$0.69	\$0.70	\$1.03
30-39	\$0.53	\$1.11	\$0.87	\$1.45
40-49	\$1.00	\$2.09	\$1.34	\$2.43
50-59	\$1.63	\$3.59	\$1.97	\$3.93
60-69	\$2.09	\$4.71	\$2.43	\$5.05
70+	\$2.10	\$4.90	\$2.44	\$5.24

# OPTIONAL CRITICAL ILLNESS: METLIFE

This benefit is only available for election as a new hire or during the Springfield Public Schools annual Open Enrollment.

## **Who is Eligible and When:**

Full time employees working at least 20 hours per week are eligible the 1<sup>st</sup> of the month following date of hire or when the employee meets the eligibility requirements.

## **Critical Illness Plan Summary:**

You choose an initial benefit between \$5,000 and \$30,000. Your initial benefit provides a lump-sum payment upon the first diagnosis of a covered condition. The plan pays a recurrence benefit for certain conditions and if an initial benefit has been paid for the covered condition. The maximum amount you may receive (total benefit amount) is 3 times the amount of your initial benefit.

Covered Conditions are: Heart Attack, Stroke, Coronary Artery Bypass Graft, Kidney Failure, and Alzheimer's Disease, Major Organ Transplant, and 22 other listed conditions.

Please review the MetLife Plan Summary for more details about the covered conditions and percentage of initial benefit paid per covered condition.

## **Supplemental Benefits**

MetLife provides coverage for a health screening benefit in addition to the total benefit amount. MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. Refer to the Outline of Coverage for a complete list of eligible screening/prevention measures.

## **Monthly Premium Per \$1,000 of Coverage**

Attained Age	Employee	Employee + Spouse	Employee + Children	Family
Less than 30	\$0.27	\$0.56	\$0.71	\$1.00
30-39	\$0.40	\$0.92	\$0.84	\$1.36
40-49	\$0.76	\$1.85	\$1.20	\$2.29
50-59	\$1.45	\$3.55	\$1.89	\$3.99
60-69	\$2.98	\$7.30	\$3.42	\$7.74
70+	\$6.41	\$14.87	\$6.85	\$15.31

# OPTIONAL HOSPITAL INDEMNITY: METLIFE

This benefit is only available for election as a new hire and during the Springfield Public Schools annual Open Enrollment.

## Who is Eligible and When:

Full time employees working at least 20 hours per week are eligible the 1<sup>st</sup> of the month following date of hire or when the employee meets the eligibility requirements.

## Hospital Indemnity Insurance

Provides income protection that is:

- Portable – you can take it with you
- Does not coordinate with other insurance benefits, so you can receive this payment in addition to what your medical plan pays
- You are paid a lump-sum benefit that you can use as you feel necessary

Your plan may pay a benefit if you go into the hospital or an inpatient rehab facility. The amount paid varies by the length of time you are in the hospital and if you are in the hospital for a sickness or an accident. You may choose between a Low plan or a High plan – the Low plan costs less, but pays less if you are in the hospital.

Please review the MetLife Plan Summary for definitions and detailed information on covered benefits.

## Employee Monthly Cost

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Family
High	\$28.46	\$47.01	\$47.01	\$67.11
Low	\$14.37	\$23.74	\$23.74	\$33.84





# Retirement PSRS/PEERS



Get answers to all of your PSRS/PEERS retirement questions at a Pre-Retirement Planning Seminar.

Members who attend a Pre-Retirement Planning Seminar have a better understanding of how the retirement system works and are more confident in the decision making process. At the seminar, you will receive an estimate of your monthly benefits based on your projected retirement date. The estimate is reviewed in detail during the seminar to provide you with a good understanding of your options.

Registration is required and is easy to complete. Register early – seating for each seminar is limited.

## **To Register:**

Online: [www.psrs-peers.org](http://www.psrs-peers.org)

Phone: 1-800-392-6848

## **Other Retirement and Investment Opportunities:**

### **RetireWise**

We are pleased to bring you the MetLife Retirewise program. In just a few sessions, you'll have a step-by-step approach to creating a realistic financial and retirement strategy that works for you. You'll also have more confidence knowing that you are better prepared, more informed and ready to take control of your financial life.

For complete dates, times and location of this 4-part complimentary workshop series, visit the [Benefits](#) page of the District's website.

### **FutureFit University**

Future Fit University contains financial education courses for our employees. Organizations are increasing employee education on health and wellness that includes financial wellness!

Visit the Benefits webpage under Investment and Supplemental Retirement to learn more about participating in the webinar program to learn more about your financial health!



# IMPORTANT NOTICES & REMINDERS

The following notices contain important information about your employee benefits plan(s). Please read them entirely.

## **WOMEN'S HEALTH AND CANCER RIGHTS**

As required by the Women's Health and Cancer Rights act of 1998, benefits under the Policy are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy (including lymphedema). If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following covered health services, as you determine appropriate with your attending Physician:

- 1) All stages of reconstruction of the breast on which the mastectomy was performed;
- 2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- 3) Prostheses and treatment of physical complications of the mastectomy, including lymphedema.
- 4) The amount you must pay for such covered health services (including copayments and any annual deductible) are the same as are required for any other covered health service. Limitations on benefits are the same as for any other covered health service.

## **Notice of Availability of Notice of Privacy Practices**

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") imposes upon this Plan and certain other entities various responsibilities to ensure that protected health information (PHI) pertaining to participants remains confidential, subject to limited exceptions in which PHI may be disclosed. This notice is available in the health care plan booklet or a full copy of the policy may be obtained by contacting the HIPAA Privacy Officer.

To obtain a copy of the Privacy Notice, contact Human Resources at 1-417-523-GOHR(4647).

## **SPECIAL ENROLLMENT PROVISION**

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

### **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your child(ren) 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 child(ren) aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility—

<b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>FLORIDA – Medicaid</b> Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b> The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>GEORGIA – Medicaid</b> Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 <u>CHP+:</u> <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: <a href="http://dhh.louisiana.gov/index.cfm/su_bhome/1/n/331">http://dhh.louisiana.gov/index.cfm/su_bhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="http://www.nd.gov/dhs/services/medical_serv/medicaid/">http://www.nd.gov/dhs/services/medical_serv/medicaid/</a> Phone: 1-844-854-4825

MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> _ <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002



VERMONT– Medicaid	WYOMING – Medicaid
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Option 4, Ext. 61565

#### Paperwork Reduction Act Statement

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

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



*Engaging. Relevant. Personal.  
Every Learner - Every Day*

(417) 523-GOHR (4647)

benefits@spsmail.org

<https://www.sps.org>



This guide describes the highlights of the Springfield Public Schools Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this guide.