



2023 Benefits Summary

GET STARTED >

This communication highlights some of your City of Kirkwood benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. City of Kirkwood reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Welcome to your 2023 Benefits Program

Benefits Overview

The City of Kirkwood is proud to offer a comprehensive benefits package to its benefit eligible employees. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and City of Kirkwood provides other benefits at no cost to you (life, accidental death & dismemberment, long-term disability, employee assistance program, and caregiver support). In addition, there are voluntary benefits with reasonable group rates that you can purchase through City of Kirkwood payroll deductions.

Benefit Plans Offered

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Life and Accidental Death & Dismemberment (AD&D) Insurance
- Long-Term Disability
- Voluntary Life and AD&D
- Voluntary Short-Term Disability
- Employee Assistance Program (EAP)
- Caregiver Support
- Legal Plan and Identity Theft Plan
- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Group Whole Life
- Pet Insurance

Eligibility

You and your dependents are eligible for City of Kirkwood benefits on the first of the month following 30 days from the date of hire.

Eligible dependents are your spouse (if no coverage is available through his or her employer), children through the age of 26, or disabled dependents of any age. Elections made now will remain until the next open enrollment period unless you or your family members experience a qualifying event. If you experience a qualifying event (for example: marriage, divorce, newborn child), you must contact HR within 31 days.



Benefits Overview

Look What is New and Coming to City of Kirkwood for 2023-2024

Vision Plan

The Vision carrier is changing to National Vision Administrators for 2023-2024. The City of Kirkwood will be offering you 1 plan, previously the Buy-Up Plan. This plan will allow members to utilize both the Frames and Contact benefits in the same year.

Dental Plan

The Dental carrier is staying with Delta Dental, however, The City of Kirkwood will be offering you a choice of 2 plans (Base Plan and Buy-Up Plan).

Consider Your Needs for 2023-2024

Taking time to “do the math” may result in hundreds if not thousands of dollars of savings on benefits. Start by asking yourself these questions.

Do I have access to other group medical insurance? If yes, review and compare your City of Kirkwood medical insurance options and employee contributions to that of any other group medical insurance you may have access to. Keep in mind that plan limitations can and do limit the amount of coordination between plans.

Do I have enough health, life insurance and disability insurance to protect my family in the event of the unexpected? Not sure? Then use the tools and resources available to you to compare your options and determine which coverage is right for you.

Benefits Overview

Contact Information

If you have questions regarding your benefits, feel free to contact the representatives listed below or Mollie LeBlanc (314.822.5809) in Human Resources:

Administrator	Benefit	Phone	Website/Email
Aflac	Accident, Critical Illness, Hospital Indemnity	800.433.3036	www.aflacgroupinsurance.com
Actwise (FSA)	Flexible Spending Accounts (Health Care and Dependent Care)	833.578.4436	www.anthem.com
Actwise (HSA)	Healthcare Savings Account	833.578.4436	www.anthem.com
Anthem BlueCross BlueShield	Medical – PPO Buy-up Plan, Base Plan, Value Plan, HDHP (Group: 00226627)	833.578.4436	www.anthem.com
Cariloop	Healthcare Coaches (support for employees caring for loved ones)	972.325.5836	www.cariloop.com helpme@cariloop.com
Delta Dental of Missouri	Dental (Group: 5171-3007)	800.335.8266	www.deltadentalmo.com
LegalShield and IDShield	LegalShield and IDShield	National Plan Member Services: 888.807.0407 William Schatz: 314.675.0014	www.legalshield.com wgs@legalshieldassociate.com
Minnesota Life / Ochs, Inc.	Life and AD&D, Voluntary Life and AD&D	800.392.7295	ochs@ochsinc.com
National Vision Administrators	Vision	800.672.7723	www.e-nva.com
Nationwide	Pet Insurance	877.738.7874	www.petinsurance.com/kirkwoodmo
Personal Assistance Services	Employee Assistance Program	800.356.0845	www.paseap.com
The Standard	Short-Term Disability Long-Term Disability	800.368.1135	www.standard.com
TIAA	Deferred Compensation (Group: 407311) Civilian Pension (Group: 407312) Police and Fire Pension (Group: 407313)	800.842.2252 800.927.3059 (Police and Fire brokerage call center)	www.tiaa.org/kirkwoodmo

Medical Benefits

Administered by Anthem BlueCross BlueShield

Comprehensive and preventive healthcare coverage is important in protecting you and your family from financial risks of an unexpected illness or injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems, if not diagnosed in a timely manner, can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

How the Medical Plan Works

Benefits for some services require that you pay a deductible each year for in-network providers' services and a higher deductible each year for out-of-network providers' services. In-network providers have agreed to give medical plan participants deep discounts on services. In-network services are also covered at a higher benefit level, saving you money. Once you have met your deductible, you share the cost of your care through coinsurance. In some instances, Anthem can require pre-certification of medical necessity before certain medical and/or surgical services are provided. In other words, if your services require pre-certification, Anthem needs to approve the need for the specific types of care prior to you receiving services.

Keep in mind that your health plan pays based upon the allowed price for services and supplies. **In-network providers agree to accept the allowed price as payment in full.** When you use out-of-network providers, you must pay the difference between the allowed price and the provider's charge in addition to any deductibles and coinsurance amounts that may apply.

Find a provider that's right for you using the "Find a Doctor" feature

It's a quick and easy way to locate doctors and hospitals in your network. Make informed healthcare decisions by viewing clinical quality ratings from Anthem as well as independent third parties. Filter search results by provider type, specialty, ZIP code, language and gender. Get directions from Google Maps™ too. It's now faster and simpler to do than ever before!

Online

Go to www.anthem.com and click on "Find Care" from the home page. You will get an even better search experience if you register or log in to your member account.

On your mobile device

Download the Sydney App. Register or log into Find a Doctor or to stay connected to claims, your ID card, coverage, prescription reminders, health tips via text messages, view cost, spending accounts, schedule appointments, Live Health Online, and your personalized dashboard.

On the phone

You can call Anthem at the toll-free telephone number on the back of your member ID card for help in locating a provider. That number is **833.578.4436**.

Medical Benefits (continued)

Emergency Room vs. Urgent Care vs. Convenience Care

Did you know that the cost of treating most common medical conditions can be up to five times higher in the Emergency Room than in a physician’s office/walk-in clinic or an Urgent Care Center? Members who may be experiencing a health issue that requires prompt medical attention but is not life-threatening may receive faster care by scheduling a same-day appointment with their primary care physician, or a walk-in clinic or going to an Urgent Care Center.

ER, Urgent Care or Primary Care Physician – Which One Do You Visit?		
EMERGENCY ROOM	URGENT CARE	PRIMARY CARE PHYSICIAN/WALK-IN CLINIC
Chest pains or other heart attack symptoms	Sprains	Allergies
Trouble breathing	Minor burns	Pinkeye or styes
Uncontrolled breathing	Coughs, colds, fever	Upper respiratory infections
Broken bones	Ear infections	Sinus infections
Trauma or injury to the head	Rashes	Sore throats



Medical Benefits (continued)

Administered by Anthem BlueCross BlueShield

Medical Benefits – Blue Access and Blue Access Choice PPO								
	*High Deductible Health Plan (HDHP) ¹		Value Plan		Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual / Family)	\$2,000 \$4,000*	\$4,000 \$8,000*	\$1,500 \$3,000	\$3,000 \$6,000	\$1,000 \$2,000	\$2,000 \$4,000	\$750 \$1,500	\$1,500 \$3,000
Annual Out-of-Pocket Maximum (Individual / Family)	\$4,000 \$7,900*	\$8,000 \$15,800*	\$4,000 \$8,000	\$8,000 \$16,000	\$2,500 \$5,000	\$5,000 \$10,000	\$1,500 \$3,000	\$3,000 \$6,000
Coinsurance	90% / 10%	60% / 40%	80% / 20%	60% / 40%	80% / 20%	60% / 40%	90% / 10%	60% / 40%
DOCTOR'S OFFICE								
Office Visits (Primary / Specialist)	Deductible then 90%	Deductible then 60%	\$25 / \$35	Deductible then 60%	\$25 / \$35	Deductible then 60%	\$25 / \$35	Deductible then 60%
Live Health Online	\$59	Deductible then 60%	\$10	Deductible then 60%	\$10	Deductible then 60%	\$10	Deductible then 60%
Wellness Care (routine exams, immunizations, well baby care and mammograms)	100%	Deductible then 60%	100%	Deductible then 60%	100%	Deductible then 60%	100%	Deductible then 60%
PRESCRIPTION DRUGS								
Retail—Generic Drug (30-day supply)	Deductible then 90%	Deductible then 60%	\$10	50% (minimum \$60)	\$10	50% (minimum \$60)	\$10	50% (minimum \$60)
Retail—Formulary Drug (30-day supply)	Deductible then 90%	Deductible then 60%	\$30	50% (minimum \$60)	\$30	50% (minimum \$60)	\$30	50% (minimum \$60)
Retail—Non-Formulary Drug (30-day supply)	Deductible then 90%	Deductible then 60%	\$50	50% (minimum \$60)	\$50	50% (minimum \$60)	\$50	50% (minimum \$60)

Medical Benefits (continued)

Medical Benefits – Blue Access and Blue Access Choice PPO								
	*High Deductible Health Plan (HDHP) ¹		Value Plan		Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mail Order—Generic Drug (90-day supply)	Deductible then 90%	Not covered	\$20	Not covered	\$20	Not covered	\$20	Not covered
Mail Order—Formulary Drug (90-day supply)	Deductible then 90%	Not covered	\$60	Not covered	\$60	Not covered	\$60	Not covered
Mail Order—Non-Formulary Drug (90-day supply)	Deductible then 90%	Not covered	\$100	Not covered	\$100	Not covered	\$100	Not covered
Pharmacy OOP Max (Individual / Family)	Combined with Medical	Combined with Medical	\$1,000 \$2,000	\$1,000 \$2,000	\$1,000 \$2,000	\$2,000 \$4,000	\$1,000 \$2,000	\$2,000 \$4,000
HOSPITAL SERVICES								
Emergency Room (waived if admitted)	Deductible then 90%	Deductible then 90%	\$200 copay per visit	\$200 copay per visit	\$200 copay per visit	\$200 copay per visit	\$200 copay per visit	\$200 copay per visit
Inpatient	Deductible then 90%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 90%	Deductible then 60%
Outpatient Surgery	Deductible then 90%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 90%	Deductible then 60%
Ambulance Service	Deductible then 100%	Deductible then 100%	Deductible then 100%	Deductible then 100%	Deductible then 100%	Deductible then 100%	Deductible then 100%	Deductible then 100%

*HDHP Deductible and Out-of-Pocket Maximum for Coverage with Dependents	In-Network	Out-of-Network
Annual Deductible (Individual / Family)	\$3,000 / \$4,000	\$5,400 / \$8,000
Annual Out-of-Pocket Maximum (Individual / Family)	\$4,000 / \$8,000	\$8,000 / \$16,000

¹Some preventive medications are covered at 100%. Please refer to Anthem’s HSA compliant list of these medications.

Healthcare Savings Account (HSA)

A Closer Look at the Health Savings Account (HSA)

If you enroll in the qualified HDHP (High Deductible Health Plan) Medical Plan you will have access to a Health Savings Account (HSA). This is a tax-advantaged savings account that's partially funded by The City of Kirkwood and you may also make contributions. Funds are deposited, then grow (if a minimum \$1,000 balance is maintained) and are available tax-free—and if you leave City of Kirkwood, they go with you! Only participants in the HDHP medical plan can open this account. You own the account, and the money can be used for you and your dependents today or for future eligible healthcare expenses— even in retirement.

Here are some key features of the HSA:

- All money in the account is tax-free (including interest and investment earnings) when used to pay eligible healthcare expenses.
- You can contribute to the account to help cover your out-of-pocket medical expenses. The funding is yours to keep in your HSA until you need it. The 2023 HSA contribution limits are \$3,850 for individual coverage and \$7,750 for family coverage.
- Once you reach age 55, you may contribute an additional \$1,000 above the IRS maximum, for a total allowable account contribution of \$4,600 for individual coverage and \$8,200 for family in 2023.
- The catch-up amount applies separately to each HSA account holder. If both the employee and spouse are eligible to make catch up contributions, each must make the catch-up contribution to his/her own account. (There are no joint HSA accounts.)

If you don't spend your full HSA balance during the current year, the unused money rolls forward to each following year.

HSA: Things You Should Know

- You are only eligible for the HSA when you enroll in the High Deductible Health Plan (HDHP).
- If you elect the HDHP, there are limits on how you can use a Healthcare Flexible Spending Account (FSA).
- If you are enrolling in the HDHP for 2023, you will receive a welcome kit from Actwise that provides account information. The kit will be mailed shortly after annual enrollment has ended.
- For the reimbursement of a domestic partner's expenses to be tax free, he or she must qualify as a tax dependent under IRS code – section 152.
- If your domestic partner does not qualify as a tax dependent, you will not be prevented from reimbursing the medical expenses; however, such reimbursement will be taxable to you and may be subject to an additional 20% tax.
- Investment options are available for individuals with cash balances over \$1,000 and balances under \$1,000 earn interest.



Flexible Spending Account (FSAs)

Administered by Actwise FSA

FSAs allow you to have pre-tax money deducted from your paycheck to pay for certain expenses. Since contributions are made through payroll deductions with pre-tax dollars, you decrease your taxable income and thereby increase your take-home pay.

There are three types of FSAs available:

- Healthcare
- Dependent Care
- Limited Purpose FSA

Healthcare FSA

Using pretax payroll contributions, you can receive reimbursement from your Healthcare FSA for eligible medical, dental and vision expenses incurred by you or an eligible dependent, as long as the expenses are not covered or reimbursed by other plans.

- You can elect to contribute up to \$3,050 per year in accordance with the limits under the Patient Protection and Affordable Care Act (PPACA).

Some eligible expenses include:

- Office visit and prescription drug copays
- Medical and dental deductibles and copays
- Prescription drugs
- Vision care, including prescription glasses, contact lenses and solution, nonprescription glasses if for vision correction, and LASIK

Important Note: A healthcare tax deduction is available on your federal income tax return if you have expenses that are more than 10% of your and your spouse's taxable pay. Most people do not have medical expenses of more than 10% of income. If you think your expenses will be more than 10%, you should consult your tax advisor before using this account because you may not use the Healthcare Flexible Spending Account and the tax deduction for the same expenses.

Unspent money in the Healthcare FSA up to a maximum of \$610 may be rolled over into your account for the following plan year. Any monies in excess of \$610 left in your Healthcare FSA will be forfeited.

Flexible Spending Account (FSAs) (continued)

Dependent Care FSA

The City of Kirkwood offers an opportunity for you to save money for daycare for eligible dependents through the Dependent Care FSA. You decide how much to contribute, up to \$5,000 per year, per household. Unspent money is forfeited.

Limited Purpose Healthcare Spending Account

This plan is only available for employees in the HDHP medical plan. Under this account, you can receive tax-free reimbursement for dental and vision only. Medical expenses will be reimbursed through your HSA account.

	With FSA	Without FSA
Gross Salary	\$30,000	\$30,000
Health/Day Care Expenses (before tax)	\$5,600	N/A
Taxable Income	\$24,400	\$30,000
Tax (15%)	\$3,660	\$4,500
Net Salary	\$20,740	\$25,500
Health/Day Care Expenses	N/A	\$5,600
Take Home Pay	\$20,740	\$19,900
Your Tax Savings	\$840	\$0

How to Use an FSA

1. Estimate medical and/or child care expenses you will incur from April 1 through March 31. These would be estimated expenses planned for the year.
2. Divide that amount by the number of paycheck deductions between April 1 and March 31 (24 for the entire year). This will provide you with the per paycheck deduction.
3. Save receipts for all eligible expenses incurred — even if you have used the FSA Debit Card!
4. If you did not use the FSA Debit Card, submit an FSA claim (with receipt).

FSA Debit Card

The FSA Debit Card allows you to pay for your eligible Healthcare and Dependent Care expenses directly at the point of service. This allows you to avoid the traditional problems of an FSA such as paying cash for services (in addition to your payroll deduction) and waiting for a reimbursement check or direct deposit.

When paying for an FSA eligible expense, such as an office copay, simply provide your FSA debit card for payment instead of cash/credit/check. There is no need to complete a claim form.

Dental Benefits

Insured by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Kirkwood dental benefit plan.

	Base Plan		Buy-Up Plan	
	PPO	Premier / Non-Participating	PPO	Premier / Non-Participating
Annual Deductible	\$50 / \$150		\$25 / \$75	
Annual Benefit Maximum	\$1,000		\$1,500	
Preventive Dental Services (cleanings, exams, x-rays)	100%	80%	100%	100%
Basic Dental Services (fillings, root canal therapy, crowns, oral surgery)	80%	60%	80%	80%
Major Dental Services (extractions, bridges, dentures, repairs)	50%	50%	60%	60%
Orthodontia Services (Dependent covered to age 19)	50%	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,000		\$1,500	

Vision Insurance

Insured by National Vision Administrators

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. Vision health improves overall health. Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, osteoporosis, and rheumatoid arthritis.

Your coverage from an In-Network provider	
Plan	High Plan
Eye Exam — once every 12 months	\$10 copay
LENSES — ONCE EVERY 12 MONTHS	
Single Vision Lenses	\$10 copay
Lined Bifocal Lenses	\$10 copay
Lined Trifocal Lenses	\$10 copay
Frames — once every 12 months	\$150 Allowance; plus 20% off
Contact Lenses — once every 12 months if you elect contacts instead of lenses / frames	\$150 Allowance; plus 15% for conventional and 10% for disposable
Your coverage from an Out-of-Network provider– Limited Reimbursement Maximums	
Plan	High Plan
Eye Exam	Up to \$45
FREQUENCIES ARE THE SAME AS IN-NETWORK	
Single Vision Lenses	Up to \$30
Lined Bifocal Lenses	Up to \$50
Lined Trifocal Lenses	Up to \$65
Frames	Up to \$150
Contact Lenses	Up to \$150

*NVA allows members to utilize both the Frames and Contact benefits in the same year.

Life and Disability Plan Overview

Life and Accidental Death & Dismemberment Insurance

Insured by Minnesota Life

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by City of Kirkwood. The City provides basic life insurance at no cost to you.

Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. City of Kirkwood provides AD&D coverage at no cost to you. This coverage is in addition to your company-paid life insurance described above.

Long-Term Disability Insurance

Insured by The Standard

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. City of Kirkwood provides Long-Term Disability insurance (LTD) coverage for you at no cost.

LTD coverage provides income when you have been disabled for 180 days or more. Your benefit is 60% of your monthly earnings, up to \$8,000 per month. This amount may be reduced by other deductible sources of income or disability earnings.

Employees may make an annual election and pay taxes on the value of the premium. If you choose to do so and become disabled, your LTD benefit is not taxable.

Life and Disability Plan Overview (continued)

Voluntary Life and AD&D Insurance

Insured by Minnesota Life

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$100,000 and up to \$25,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee: Up to \$300,000 in increments of \$5,000

Spouse: Up to \$150,000 in increments of \$5,000

Children: \$10,000 or \$15,000 each child

During annual enrollment

Medical questions and approval are required for employees and spouses who want to add or increase life insurance coverage.

Voluntary Short-Term Disability Insurance (STD)

Insured by The Standard

Short-Term Disability (STD) insurance provides income if you become disabled due to an injury or illness. Benefits begin on the 15th day of any injury, hospitalization, or illness and can continue for up to 166 days after the elimination period.

Benefit Amounts 60% of income

Benefit Maximum Up to \$2,000 per week

Voluntary Benefits

Accident

Insured by Aflac

You can purchase Accident insurance, which helps you pay for the medical and out-of-pocket costs that you may incur after an accidental injury. This includes emergency treatment, hospital stays, medical exams, and other expenses you may face, such as transportation and lodging needs. Accident insurance does not compete with or replace health insurance. It is offered to help offset potential out-of-pocket costs.

What if I get hurt?

- Benefits are paid on top of each other
- Pays per accident with no lifetime maximum
- Accidents must occur off the job

Critical Illness

Insured by Aflac

You may purchase Critical Illness coverage which pays a lump sum if you are diagnosed with a defined critical illness during the policy term. Includes \$100 Wellness benefit for employees or spouses. Employees have the choice of two coverage levels, with Lump Sum payment options.

- \$5,000, \$10,000, \$15,000, \$20,000, \$25,000, or \$30,000
- Spouse and child benefit up to 50% of the employee elected amount.

Illnesses Covered:

- Invasive Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- Kidney Failure

Hospital Indemnity

Insured by Aflac

You can purchase inpatient hospital admission coverage for you and your dependents.

- Initial Hospital Admission Benefit: \$1,000
- Daily Hospital Benefit: \$150
- Daily Hospital ICU Benefit: \$150

Group Whole Life

Insured by Aflac

The Aflac Group Whole Life is permanent life insurance with living benefits to help provide for you and your family a financial cushion when dealing with the loss of a loved one.

- Premium never increases
- Benefits never reduce
- Plan may provide a cash value

*Living benefits include: Waiver of Premium, Accidental Death Benefit, and Accelerated Benefit.

Pet Insurance

Insured by Nationwide

You can purchase coverage for your pet cat(s), dog(s) and avians.

- Annual Deductible: \$250
- Coinsurance: 90%/10%
- Annual Maximum Benefit: \$7,500
- Multi-pet discount available
- Pre-existing conditions are not covered

Employee Assistance Program (EAP)

Provided by PAS

The City of Kirkwood offers an Employee Assistance Program through PAS as a work-based intervention program designed to identify and assist employees in resolving personal issues including:

- Marital
- Financial
- Emotional problems
- Family issues
- Substance/alcohol abuse
- Grief or loss
- Illness
- Stress/anxiety
- Tobacco cessation

The EAP also offers life management services including:

- Health coaching
- Education planning
- Retirement consultation
- Parenting consultation
- Weight and nutrition counseling

PAS complies with and exceeds the requirements of both federal and state privacy regulations, in order to protect your confidentiality.



Additional Programs

Care Giver Support

Provided by Cariloop

In addition to the EAP services provided by PAS, City of Kirkwood also offers senior care support services offered through Cariloop. Cariloop provides comprehensive services and tools that help their families plan and manage the care of loved ones. This benefit provides access to a dedicated healthcare coach via phone or video chat. The healthcare coaches provide expert subject content and other educational resources that can be utilized to help save time, improve health and wellbeing and help you save money.

Legal Services and ID Theft

Provided by LegalShield

City of Kirkwood is offering legal services again this year through LegalShield. You can purchase this benefit, which offers you the opportunity to speak with an attorney relating to any specific topic or issue you may be experiencing. Other services that LegalShield offers you through this benefit are:

- Unlimited personal consultations
- Court representation
- Wills / Living Trust
- Power of Attorney
- Letters and phone calls on your behalf
- Legal document review

ID Theft

- Credit score report
- Lost wallet / Care support
- Credit monitoring / Alerts
- Restoration/Investigation Services up to \$5 million
- \$1 million Identity Fraud Reimbursement (includes lost wages)



FY 23/24 Contributions

Medical Plan Options	Monthly		
	Total	City of Kirkwood	Employee
HDHP PLAN			
Employee	\$606.00	\$606.00	\$0.00
Employee + Spouse	\$1,165.00	\$1,165.00	\$0.00
Employee + Child(ren)	\$1,037.00	\$1,037.00	\$0.00
Family	\$1,573.00	\$1,560.00	\$13.00
PPO VALUE PLAN			
Employee	\$639.00	\$639.00	\$0.00
Employee + Spouse	\$1,278.00	\$1,184.00	\$94.00
Employee + Child(ren)	\$1,120.00	\$1,054.00	\$66.00
Family	\$1,758.00	\$1,560.00	\$198.00
PPO BASE PLAN			
Employee	\$699.00	\$670.00	\$29.00
Employee + Spouse	\$1,397.00	\$1,184.00	\$213.00
Employee + Child(ren)	\$1,222.00	\$1,054.00	\$168.00
Family	\$1,921.00	\$1,560.00	\$361.00
PPO BUY-UP PLAN			
Employee	\$880.00	\$670.00	\$210.00
Employee + Spouse	\$1,764.00	\$1,184.00	\$580.00
Employee + Child(ren)	\$1,543.00	\$1,054.00	\$489.00
Family	\$2,502.00	\$1,560.00	\$942.00

*For all employees enrolled April 1, 2023 in the High Deductible Health Plan with Single coverage, the City of Kirkwood will contribute \$500 towards the Employee HSA Account.

For all employees enrolled April 1, 2023 in the High Deductible Health Plan with Dependent coverage, the City of Kirkwood will contribute \$1,000 towards the Employee HSA Account.

Dental Plan Options	Monthly		
	Total	City of Kirkwood	Employee
DENTAL BASE PLAN			
Employee	\$30.24	\$30.24	\$0.00
Employee + Spouse	\$60.51	\$30.24	\$30.27
Employee + Child(ren)	\$69.34	\$30.24	\$39.10
Family	\$93.62	\$30.24	\$63.38
DENTAL BUY-UP PLAN			
Employee	\$40.94	\$30.24	\$10.70
Employee + Spouse	\$81.89	\$30.24	\$51.65
Employee + Child(ren)	\$93.69	\$30.24	\$63.45
Family	\$126.49	\$30.24	\$96.25

Vision Plan Options	Monthly		
	Total	City of Kirkwood	Employee
HIGH PLAN			
Employee	\$6.57	\$6.57	\$0.00
Employee + Spouse	\$13.04	\$6.57	\$6.47
Employee + Child(ren)	\$9.99	\$6.57	\$3.42
Family	\$18.80	\$6.57	\$12.23



Legal Notices

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: plan deductible may apply as shown on page 5. If you would like more information on WHCRA benefits, call your plan administrator Anthem BlueCross BlueShield at **800.490.6145**.

WHCRA Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator Anthem BlueCross BlueShield at **800.490.6145** for more information.

Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Legal Notices

Important Notice from City of Kirkwood 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 current prescription drug coverage with City of Kirkwood and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not 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:

1. 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.
2. City of Kirkwood has determined that the prescription drug coverage offered by the [Insert Name of Plan] is, on average for all plan 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 15th to December 7th.

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 City of Kirkwood coverage will be affected. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current City of Kirkwood coverage, be aware that you and your dependents may not be able to get this coverage back.

Legal Notices

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 with City of Kirkwood 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) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact Anthem for further information at **844.861.7833**. 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 through City of Kirkwood 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.
- 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.
- 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 or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Legal Notices

Special Enrollment Notice

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 obtain more information, contact Tania Thomas at **314.984.6975** or email thomastb@kirkwoodmo.org.

Legal Notices

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 **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 **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, 2022. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov

COLORADO – Medicaid and CHIP
Health First Colorado (Colorado’s Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268

Legal Notices

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability-childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov
LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: https://www.maine.gov/dhhs/ofi/applications-forms 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 617.886.8102

MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825

Legal Notices

OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
PENNSYLVANIA – Medicaid
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493

UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

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This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting