

A background image showing a group of business professionals in a meeting. They are gathered around a table with documents and laptops. One person is shaking hands with another, symbolizing agreement or partnership. The lighting is warm and professional.

MOUNTAIN GROVE SCHOOL DISTRICT

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• 2021 – 2022 BENEFIT GUIDE

Benefit Consortium



\$1,000 Mercy	Mercy /Care Coordinator	OON
Network	Mercy	OON
Deductible	\$1,000	\$4,000
Family Deductible	\$2,000	\$8,000
Individual OOP	\$3,000	\$8,000
Family OOP	\$6,000	\$16,000
Co-Insurance	80%/20%	50%/50%
Physician Co-pay	\$10	50% AD
Specialist Co-pay	\$40	50% AD
Preventive Care	\$0	\$0
Emergency Co-pay	\$200	50% AD
Urgent Care Co-pay	\$50	50% AD
Generic Co-pay	\$5	\$5
Brand Co-pay	\$35	\$35
Brand CRX	\$0	\$0
Non Preferred Co-pay	\$75	\$75
Non-Preferred CRX	\$0	\$0
Specialty (90 day covered)	25% Max \$100	25% Max \$100
After 90 days covered through Specialty Drug Program (If qualified) - If not revert back to Co-pay	No Charge	No Charge
EE	\$629.00	
ES	\$1,242.00	
EC	\$1,107.00	
F	\$1,754.00	

\$1,500 Mercy	Mercy /Care Coordinator	OON
Network	Mercy	OON
Deductible	\$1,500	\$6,000
Family Deductible	\$3,000	\$12,000
Individual OOP	\$4,500	\$12,000
Family OOP	\$9,000	\$24,000
Co-Insurance	60%/40%	50%/50%
Physician Co-pay	\$10	50% AD
Specialist Co-pay	\$40	50% AD
Preventive Care	\$0	\$0
Emergency Co-pay	200 + 40%	50% AD
Urgent Care Co-pay	\$50	50% AD
Generic Co-pay	\$5	\$5
Brand Co-pay	\$35	\$35
Brand CRX	\$0	\$0
Non Preferred Co-pay	\$75	\$75
Non-Preferred CRX	\$0	\$0
Specialty (90 day covered)	25% Max \$100	25% Max \$100
After 90 days covered through Specialty Drug Program (If qualified) - If not revert back to Co-pay	No Charge	No Charge
EE	\$554.00	
ES	\$1,094.00	
EC	\$976.00	
F	\$1,546.00	

\$2,000 Mercy	Mercy /Care Coordinator	OON
Network	Mercy	OON
Deductible	\$2,000	\$4,000
Family Deductible	\$4,000	\$8,000
Individual OOP	\$4,500	\$8,000
Family OOP	\$9,000	\$16,000
Co-Insurance	70%/30%	50%/50%
Physician Co-pay	\$10	50% AD
Specialist Co-pay	\$40	50% AD
Preventive Care	\$0	\$0
Emergency Co-pay	\$200	50% AD
Urgent Care Co-pay	\$50	50% AD
Generic Co-pay	\$5	\$15
Brand Co-pay	\$35	\$35
Brand CRX	\$0	\$0
Non Preferred Co-pay	\$75	\$75
Non-Preferred CRX	\$0	\$0
Specialty (90 day covered)	25% Max \$100	25% Max \$100
After 90 days covered through Specialty Drug Program (If qualified) - If not revert back to Co-pay	No Charge	No Charge
EE	\$557.00	
ES	\$1,101.00	
EC	\$981.00	
F	\$1,555.00	

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\$2,500 Mercy	Mercy /Care Coordinator	OON
Network	Mercy	OON
Deductible	\$2,500	\$7,500
Family Deductible	\$5,000	\$15,000
Individual OOP	\$4,500	\$13,500
Family OOP	\$9,000	\$27,000
Co-Insurance	80%/20%	50%/50%
Physician Co-pay	\$10	50% AD
Specialist Co-pay	\$35	50% AD
Preventive Care	\$0	\$0
Emergency Co-pay	\$100	50% AD
Urgent Care Co-pay	\$50	50% AD
Generic Co-pay	\$5	\$5
Brand Co-pay	\$35	\$35
Brand CRX	\$0	\$0
Non Preferred Co-pay	\$75	\$75
Non-Preferred CRX	\$0	\$0
Specialty (90 day covered)	25% Max \$100	25% Max \$100
After 90 days covered through Specialty Drug Program (If qualified) - If not revert back to Co-pay	No Charge	No Charge
EE	\$544.00	
ES	\$1,074.00	
EC	\$957.00	
F	\$1,517.00	

\$1,000 Cox	Cox /Care Coordinator	OON
Network	Cox	OON
Deductible	\$1,000	\$2,000
Family Deductible	\$2,000	\$4,000
Individual OOP	\$3,000	\$4,000
Family OOP	\$6,000	\$12,000
Co-Insurance	80%/20%	50%/50%
Physician Co-pay	\$25	50% AD
Specialist Co-pay	\$50	50% AD
Preventive Care	\$0	\$0
Emergency Co-pay	\$200	50% AD
Urgent Care Co-pay	\$50	50% AD
Generic Co-pay	\$15	\$15
Brand Co-pay	\$35	\$35
Brand CRX	\$0	\$0
Non Preferred Co-pay	\$75	\$75
Non-Preferred CRX	\$0	\$0
Specialty (90 day covered)	25% Max \$200	25% Max \$200
After 90 days covered through Specialty Drug Program (If qualified) - If not revert back to Co-pay	No Charge	No Charge
EE	\$651.00	
ES	\$1,282.00	
EC	\$1,143.00	
F	\$1,811.00	

\$2,000 Cox	Cox /Care Coordinator	OON
Network	Cox	OON
Deductible	\$2,000	\$4,000
Family Deductible	\$4,000	\$8,000
Individual OOP	\$4,500	\$8,000
Family OOP	\$9,000	\$16,000
Co-Insurance	70%/30%	50%/50%
Physician Co-pay	\$25	50% AD
Specialist Co-pay	\$50	50% AD
Preventive Care	\$0	\$0
Emergency Co-pay	\$200	50% AD
Urgent Care Co-pay	\$50	50% AD
Generic Co-pay	\$15	\$15
Brand Co-pay	\$35	\$35
Brand CRX	\$0	\$0
Non Preferred Co-pay	\$75	\$75
Non-Preferred CRX	\$0	\$0
Specialty (90 day covered)	25% Max \$200	25% Max \$200
After 90 days covered through Specialty Drug Program (If qualified) - If not revert back to Co-pay	No Charge	No Charge
EE	\$576.00	
ES	\$1,191.00	
EC	\$1,062.00	
F	\$1,682.00	

Specialty Medication Program

Health Plan Management Group

All employees on a Specialty Medication must go through this program before the drug will be covered

- 1st 90 days are covered as usual
- During this time period you will work with HPMG
- HPMG will secure the medication through the manufacture
- Employee will receive the drug at no charge if they qualify
- Employee that doesn't qualify will continue to pay the regular Co-pay
- Kristine @ HPMG will be your Advocate and will be requesting information from you and your physician.

AIMOVIG
BENLYSTA
Enbrel
HUMIRA PEN
Otezla
Orencia

Specialty Medication Program

Health Plan Management Group

International Pharmacy
(Canada)

- Kristine will reach out to you and let you know you qualify for this program. She will guide you through the process
- It is a Voluntary Program
- Medications obtained through this method will be at no-charge to the employee. (90 days supply mailed directly to you)
- If you are on one of these medications and would like to get started on this program to save your 1st copays contact Jeff White, jwhite@bpj.com or Joel Heman, jheman@bpj.com

Eliquis

Xarelto

Jardiance

Spiriva

Breo

Farxiga

Bystolic

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Who's Who

Claims Payor: 90 Degree Benefit (Current Right Choice)

Network: Health Direct Partners:(Current Anthem or Aetna)

Hospital Systems: Cox and Mercy: (Choose one or the other)

Out of these networks Call: Patient Pal to see if you can get in-network benefits

Pharmacy Manager: Southern Scripts

- Get your scripts refilled prior to 7/1
- www.southernscripts.net
 - Formulary
 - Pharmacy Locator



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Give customer service a call at +1 (800) 710-9341 so we can answer your questions.

Who's Who

Claims Payor: 90 Degree Benefit (Current Right Choice)
Network: Health Direct Partners:(Current Anthem or Aetna)
Hospital Systems: Cox and Mercy: (Choose one or the other)
Out of these networks Call: Patient Pal to see if you can get in-network benefits at a High-Quality Facility
Pharmacy Manager: Southern Scripts

Websites:

www.90degreebenefits.com

www.mercy.net

www.coxhealth.com

www.southernscripts.net

1. It all starts with a real person who can help!
2. Employees need to be reminded - regularly!
3. Everyone Needs One Place To Go

- Chat With A Care Guide
- Find In-Network Providers
- See All Your Health Benefits
- My Insurance Card
- Health Plan Incentives

THE APP THAT SAVES YOU THOUSANDS ON HEALTHCARE

Text us in the Medefy app - we'll connect you with your \$0 or low cost in-network care, answer your benefits/billing questions and even help you set appts!

Meet Stephanie
She's helping Company employees save \$1000's on medical care

Healthcare can be confusing, expensive, & difficult to navigate, right? Company's Medefy app partnered to fix that! Not only can you access over 200 procedures for \$0 or very low cost, but your personal care guide Stephanie will help you connect with them, answer questions, & assist in setting appointments.

"Hi, I'm Stephanie! I'm happy to answer any benefits questions for you and also help you get connected with our low-cost care through the Medefy app! Message me today!"

Connecting with Stephanie is Easy!

Download the Free Medefy App
Simply go to your app store, search for "MEDEFY" and download.

Connect with your Care Guide to Authorize
Directly connect with Stephanie through the app to authorize your \$0 or low-cost care or ask any benefits questions.

Click Below To Download The App Today & Start Saving!

Search "Medefy" in your app store to get started!

FREE Healthcare Is Here!

Medefy & HSG have partnered to provide 400+ free medical services for employees & their dependents! Use the app to text or call us!

- ✓ Free CT, MRI, Xray, Ultrasound Scans
- ✓ Free Surgeries & Specialists
- ✓ Free Colonoscopies, Mammograms
- ✓ And More!

Search for "HSG Benefits" in

Meet Your Care Guide, Stephanie

Dental Plan Options with



- Dental Carrier Change from **Cigna** to **MetLife**
- Two Dental plans will continue to be offered
- To locate a Provider go to Metlife.com
Network is **PDP Plus**

	MetLife High Plan	MetLife Low Plan
DEDUCTIBLE		
Individual	\$25	\$50
Family	No Limit	\$150
IN/OUT NETWORK CO-INSURANCE		
Preventive care	100%	100%
Basic	100%	80%
Major	80%	N/A
Endodontics	100%	N/A
Periodontics	100%	N/A
Oral Surgery	100%	80%
Orthodontia	50%	N/A
BENEFIT MAXIMUMS		
Annual Dental	\$1,000	\$1,000
Lifetime Orthodontic (under age 19)	\$1,000	N/A
RATES		
Employee	\$32.07	\$23.10
Employee + Spouse	\$63.43	\$45.48
Employee + Child(ren)	\$79.79	\$59.16
Family	\$119.56	\$89.23

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Vision Plan Option with



- Vision Carrier Change from **Cigna** to **MetLife**

- To locate a Provider go to Metlife.com

Network is **MetLife Vision PPO**

	MetLife	
	NETWORK	NON-NETWORK
NETWORK	MetLife Vision PPO	
EXAMS		
Copay	\$10	\$45
Frequency	12 Months	
LENSES		
Copay		
Single Vision	\$10	\$30
Bifocal Vision	\$10	\$50
Trifocal Vision	\$10	\$65
Lenticular Lenses	\$10	\$100
Anti Scratch	\$17-\$33 Copay	applied to allowance
Anti Reflective	\$41-\$85 Copay	applied to allowance
Frequency	12 Months	
FRAMES		
Copay		
Frame Allowance	\$150	\$70
Frequency	24 Months	
CONTACT LENSES		
Allowance	\$150	\$105
Contact Lense Fitting	not to exceed \$60	applied to allowance
Medically Necessary	100%	\$210
Frequency	12 Months	
	20% addt'l off at Walmart and Sams	
Rates		
		\$5.77
		\$11.53
		\$12.87
		\$19.56

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Basic and Voluntary Life

RELIANCE STANDARD
LIFE INSURANCE COMPANY

BASIC LIFE

- Life Benefit \$15,000
- Includes Accidental Death and Dismemberment benefit
- This benefit is paid for by Mountain Grove School District
- You are required to designate a beneficiary when you elect benefits

VOLUNTARY LIFE

- Increments of \$10,000 up to \$500,000 for Employees
- Increments of \$5,000 up to \$250,000 for Spouses limited to 50% of Employee Amount
- Increments of \$2,000 up to \$10,000 for Children
- **Guaranteed Issue:** \$200,000 for Employees, \$50,000 for Spouses and \$10,000 for Children
- **True Open Enrollment:** If you have under current Guaranteed issue and/or have declined in the past you may enroll now for up to the Guarantee issue for Employee, Spouse and/or Children

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Hospital Indemnity

RELIANCE STANDARD
LIFE INSURANCE COMPANY

- Voluntary Hospital Indemnity insurance provides a reimbursements for Hospital/Critical Care admission and daily room and board.
- Coverage for hospital stays due to an Injury, Illness, Surgery, Maternity, and Mental/Nervous/Substance Abuse.
- These benefits are paid *directly to the insured* and may be used for any reason, from deductibles and prescriptions to transportation and childcare.
- Coverage available for the entire family and does not have to match medical plan election.
- If you enroll when initially eligible no medical questions will be asked.
- No waiting periods (including maternity) or pre-existing condition limitations
 - An employee that is pregnant when they enroll and has their baby any time after the effective date, the benefit for the employee and child will be paid out.
- Standard Plan: \$1000 Hosp Admission, \$100 Hosp Confinement and \$100 ICU Confinement
- High Plan: \$1500 Hosp Admission, \$200 Hosp Confinement and \$200 ICU Confinement
- Newborn nursery is also included with Hospital Admission and Hospital Confinement, although the confinement benefit is limited to 10 days.
 - This means that whether an employee is covering children or not, a benefit will be paid for newborn children.
- Portability is now unlimited where before it was 18 months
- Annually employees are allowed 1 Hospital Admission, 365 days of Hospital Confinement and 30 days of ICU Confinement

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Hospital Indemnity

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Hospital Indemnity Rates		
	Standard Plan	High Plan
Employee	\$18.88	\$36.00
Employee + Spouse	\$33.82	\$64.51
Employee + Child(ren)	\$26.33	\$50.22
Family	\$40.75	\$77.71



MetLaw[®] helps you navigate life’s planned and unplanned events.

You get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms.

And, if you have a trusted attorney who does not participate in our network, that’s OK. You can be reimbursed for some of the costs.¹ MetLaw covers some of the most frequently needed personal legal matters:

Take advantage of MetLaw[®] — a money-saving benefit for you and your family through Global Lending Services.

Like many people, you may find yourself needing legal assistance sooner rather than later. You’ll want a lawyer you can trust, at the right price — and an easy way to get connected. Global Lending Services is pleased to offer you MetLaw, with unlimited¹ access to top-quality network attorneys for **\$19.50 a month** (covers spouse and dependents).

Helping your employees navigate life’s twists and turns.

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Financial Planning Workshops² Identity Theft Defense 	<ul style="list-style-type: none"> Negotiations with Creditors Personal Bankruptcy Promissory Notes 	<ul style="list-style-type: none"> Tax Audit Representation Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> Boundary & Title Disputes Deeds Eviction Defense Foreclosure Mortgages 	<ul style="list-style-type: none"> Property Tax Assessments Refinancing & Home Equity Loan of Primary, Second or Vacation Home Sale or Purchase of Primary, Second or Vacation Home 	<ul style="list-style-type: none"> Security Deposit Assistance Zoning Applications Tenant Negotiations
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies 	<ul style="list-style-type: none"> Living Wills Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Conservatorship Demand Letters Garnishment Defense Guardianship 	<ul style="list-style-type: none"> Immigration Assistance Juvenile Court Defense Including Criminal Matters Name Change Parental Responsibility Matters Personal Property Issues 	<ul style="list-style-type: none"> Prenuptial Agreement Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for issues related to your parents: <ul style="list-style-type: none"> Deeds Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills
Vehicle & Driving	<ul style="list-style-type: none"> Defense of Traffic Tickets² Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension Due to DUI 	<ul style="list-style-type: none"> Repossession

Chubb LifeTime Benefit Term

The Chubb Difference

A strong, stable partner with a broad range of benefits

- World's Largest Publicly Traded Property and Casualty Insurer with Exceptional Financial Strength
- 31,000 Employees serving 54 countries and territories
- Rated A++ by A.M. Best and AA by Standard and Poor's
- Dedicated Employer Workplace Unit since 1996

LifeTime Benefit Term

LBT'S innovative design provides lifetime guarantees at a fraction of the cost of whole life insurance. Flexibility allows you to customize benefits for Long-Term Care

- Guaranteed Benefits – During the Working Years
- Guaranteed Retirement Benefits
- Paid-up Benefits
- Guaranteed Premiums
- Benefits for Long-Term Care

Life Insurance Benefits

- Permanent and Guaranteed Renewable
- Full Portability
- Level Premium
- Waiver of Premium
- Spouse and Child Benefits
- Terminal Illness Benefits
- Coverage up to \$225,000
- \$75,000 Guarantee Issue

Long-Term Care Benefits

- Pays LTC Benefits for up to 50 Months
- Pays 4% of Life Benefit/Month
- LTC available for EE and Spouse Coverage
- Guarantee Issue
- Restoration Benefits – 50%

Here's How LifeTime Benefit Term Works

SCENARIO 1:

Maximize Death Benefit

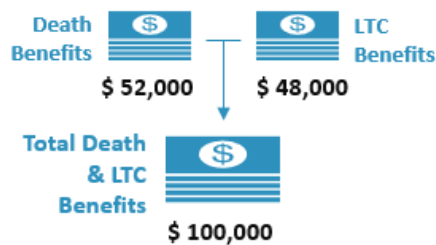
You lead a full life and don't need any long term care.



SCENARIO 2:

Split Your Benefits

You lead a full life and need home health care.



SCENARIO 3:

Maximize Your Benefit

You lead a full life and need an assisted living lifestyle and/or nursing home care.

