



# A GUIDE TO YOUR HEALTH CARE BENEFITS JULY 1, 2011



# Introduction

This summary is designed to give you basic information on the plans offered by Midwest Public Risk. Midwest Public Risk provides a variety of medical plans throughout Missouri and Kansas. The two types of plans offered are Preferred Provider Organization (PPO) and Health Maintenance Organization (HMO). **Your entity may offer one or all of the plans. Check with your Human Resources representative to confirm which plans are available to you.**

## Availability of Health Plans

### ***PPO Plans***

Midwest Public Risk offers participants in any PPO plan access to participating providers nationwide. Provider lookup and directories online can be accessed through [www.phpkc.com](http://www.phpkc.com) or by calling Preferred Health Professionals at 1-800-544-3014. Your identification card will list the networks available to you and may include:

Freedom Network Select  
Healthlink PPO or Healthlink Open Access III  
Health Partners of Kansas (HPK)  
Midland's Choice  
PHCS – outside Missouri and Kansas

### ***HMO Plans***

The Humana HMO **Premier** network offers more than 1,155 primary care physicians, 2,380 specialists, and 33 hospitals. **It can only be offered in the Kansas City, Missouri metropolitan area and Johnson, Wyandotte, Leavenworth & Miami counties in Kansas.**

The HMO plans offer one level of benefits – in network only. Unless you have a life or limb-threatening emergency, out of network benefits are not provided. The service area is limited to the greater Kansas City metropolitan area. Dependents living outside the coverage area have benefits for life or limb-threatening emergencies only and must return to the coverage area for all other services.

## Other Plans Available

MPR offers stand alone vision and dental programs. Your entity chooses whether or not to make such coverage available.

### ***Vision***

Vision benefits are voluntary benefits which may be an option at the time of your enrollment with the health plan. Your entity may choose whether or not to make such coverage available.

### ***Dental***

Dental benefits are voluntary benefits which may be an option at the time of your enrollment with the health plan. If elected, you will receive an identification card and plan information from Delta Dental. Your entity may choose whether or not to make such coverage available.

# PPO Plans

Medical Benefits In Network*	PPO A (Buy-up) What you pay	PPO B (Base) What you pay
<b>Network</b>	Refer to back of identification card	Refer to back of identification card
<b>Deductible (Single/Family)</b>	\$500/\$1500	\$750/\$2250
<b>Out of Pocket Maximum (not including deductible)</b>	\$1500/\$3000	\$2500/\$5000
<b>Physician Care</b> Primary Care Physician Specialist	\$20 office visit copay \$40 office visit copay	\$25 office visit copay \$50 office visit copay
<b>Hospital/Facility</b> Inpatient Outpatient Emergency Room Urgent Care	\$250 copay + 10% after deductible 10% after deductible \$75 copay + 10% after deductible \$40 copay	\$300 copay + 20% after deductible 20% after deductible \$75 copay + 20% after deductible \$50 copay
<b>Diagnostic Lab &amp; X-ray (Including Advanced Imaging)</b> Dr. Office/Indep Lab Outpatient Hospital	\$0 (Plan pays 100%) 10% after deductible	\$0 (Plan pays 100%) 20% after deductible
<b>Maternity</b> Physician Care-global bill Hospital Care	\$40 copay initial visit \$250 copay + 10% after deductible	\$50 copay initial visit \$300 copay + 20% after deductible
<b>Chiropractic Care (visit limits apply)</b>	\$40 copay	\$50 copay
Prescription Benefits In Network*	PPO A (Buy-up) What you pay	PPO B (Base) What you pay
<b>Retail Pharmacy - 30 days</b> Level 1 Level 2 Level 3 Specialty - Level 4 Annual Max	25% up to \$ 50 cap 40% up to \$100 cap 50% up to \$150 cap 50% up to \$200 cap \$1500 per covered person	35% up to \$ 50 cap 45% up to \$100 cap 50% up to \$150 cap 50% up to \$200 cap \$2000 per covered person
<b>Mail Pharmacy - 90 days</b> Level 1 Level 2 Level 3 Specialty - Level 4 Annual Max	\$16 \$40 \$80 N/A N/A	\$ 20 \$ 60 \$100 N/A N/A

Call Customer Service at 1-877-627-2481 or consult your plan booklet for more information. If a discrepancy exists, the plan booklet and schedule of benefits will govern in all cases.

\*Out of network benefits subject to higher deductible and out of pocket maximum.

# HMO Plans

Medical Benefits In Network*	HMO Option 1 What you pay	HMO Option 2 What you pay
<b>Network</b>	Humana Premier	Humana Premier
<b>Deductible (Single/Family)</b>	N/A	N/A
<b>Out of Pocket Maximum</b>	Inpatient \$1000	Inpatient \$2500
<b>Physician Care</b> Primary Care Physician Specialist	\$25 office visit copay \$50 office visit copay	\$25 office visit copay \$50 office visit copay
<b>Hospital/Facility</b> Inpatient Outpatient Emergency Room Urgent Care	\$200 copay per day \$100 copay \$100 copay \$ 50 copay	\$500 copay per day \$250 copay \$250 copay \$50 copay
<b>Diagnostic Lab &amp; X-ray</b> Dr. Office/Indep Lab Outpatient Hospital Advanced Imaging	\$0 (Plan pays 100%) \$0 (Plan pays 100%) \$100 copay	\$0 (Plan pays 100%) \$0 (Plan pays 100%) \$250 copay
<b>Maternity</b> Physician Care-global bill Hospital Care	\$50 copay initial visit \$200 copay per day	\$50 copay initial visit \$500 copay per day
<b>Chiropractic Care (visit limits apply)</b>	\$50 copay	\$50 copay
Prescription Benefits In Network*	HMO Option 1 What you pay	HMO Option 2 What you pay
<b>Retail Pharmacy - 30 days</b> Level 1 Level 2 Level 3 Specialty - Level 4 Annual Max	\$10 \$30 \$50 25% up to \$2500 N/A	\$10 \$30 \$50 25% up to \$2500 N/A
<b>Mail Pharmacy - 90 days</b> Level 1 Level 2 Level 3 Specialty - Level 4 Annual Max	\$ 20 \$ 60 \$100 N/A N/A	\$ 20 \$ 60 \$100 N/A N/A

Call Customer Service at 1-800-448-6262 or consult your plan booklet for more information. If a discrepancy exists, the plan booklet will govern in all cases.

\*This plan has one level of benefits, in network. Except for life and limb threatening emergencies, out of network benefits are not provided.

# High Deductible Health Plan

<b>Medical Benefits In Network*</b>	<b>HDHP What you pay</b>
<b>Network</b>	Refer to back of identification card
<b>Deductible (Single/Family)</b>	\$1500/\$3000 (aggregate if family)
<b>Out of Pocket Maximum (not including deductible)</b>	\$1500/\$3000 (aggregate if family)
<b>Physician Care</b>	20% after deductible
<b>Hospital/Facility</b>	20% after deductible
<b>Diagnostic Lab &amp; X-ray</b>	20% after deductible
<b>Maternity</b>	20% after deductible
<b>Chiropractic Care (visit limits apply)</b>	20% after deductible
<b>Prescription Benefits In Network*</b>	<b>HDHP What you pay</b>
<b>Retail Pharmacy - 30 days</b>	20% after deductible
<b>Mail Pharmacy - 90 days</b>	20% after deductible
Call Customer Service at 1-877-627-2481 or consult your plan booklet for more information. If a discrepancy exists, the plan booklet and schedule of benefits will govern in all cases.	
*Out of network benefits subject to higher deductible and out of pocket maximum.	

Any individual is eligible for a Health Savings Account (HSA) who:

- Is covered by a HDHP
- Is NOT covered by other health insurance
- Is not already enrolled in Medicare
- Cannot be claimed as dependent on someone else's tax return

Individuals who are NOT eligible for a HSA include those who:

- Have Medicare (can be set up before Medicare eligible)
- Have Tricare Coverage
- Have a Flexible Spending Account (FSA) \*Can have limited FSA for dental & dependent care
- Have a Health Reimbursement Arrangement (HRA)

Midwest Public Risk HDHP with HSA includes a contribution to the employee's account of \$25 monthly for a single and \$50 monthly for a family. Contributions accrue annually to \$300 per individual or \$600 per family. The employee can also add to their HSA — pretax if employer allows. This type of plan allows for a lower premium with preventive care still paid at 100% as well as a savings account which is portable. If you leave your place of employment, the money goes with you. There are also no "use it or lose it" provisions. The money in your HSA rolls over each year and continues to build until you decide to spend or transfer the money.

# Vision Plan

Benefit (Administered by VSP)	Frequency (Based on service year)	Copayment	Coverage from a VSP doctor	Out of Network Reimbursement
<b>Eye Care Wellness</b> — Regular exams are essential for protecting your visual wellness.				
<b>Exam</b>	12 months	\$10.00	Covered in full.	Up to \$50 allowance
<b>Prescription Eyewear</b> — You may choose between glasses or contacts. When contact lenses are chosen, you will be eligible for a frame twelve months from the date contact lenses were obtained.				
<b>Lenses</b>	12 months	\$15.00 (applied to lenses and frame)	Single vision, lined bifocal and lined trifocal lenses are covered in full. Lens options available at VSP preferred pricing.	Single vision up to \$50 allowance Lined bifocal up to \$75 allowance Lined trifocal up to \$100 allowance
<b>Frame</b>	24 months		Covered up to \$130 allowance	Up to \$70 allowance
<b>Contact Lenses</b>	12 months	None	Covered up to \$130 allowance	Up to \$105 allowance
Your allowance applies to the cost of your contact lens exam and your contact lenses. You'll receive a 15% savings off the cost of your contact lenses from a VSP doctor. Your contact lens exam is in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts.				
<b>Value Added Discounts</b>				
<b>Laser Vision Correction</b> Average 15% off the regular price or 5% off the promotional price. Discount only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor. Visit VSP's website at <a href="http://www.vsp.com">www.vsp.com</a> to learn more.				
<b>Contact Lenses</b> VSP also offers valuable savings on annual supplies of certain brands of contacts. You can receive these VSP member preferred prices, even if you use your coverage for glasses.				
<b>Prescription Glasses</b> Average 35 - 40% savings on all non-covered lens options and 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam				
Once your plan is effective, register on <a href="http://www.vsp.com">www.vsp.com</a> to view a complete description of your benefits. To use your vision coverage, simply tell your eyecare provider that you have VSP. No ID card is necessary.				

## New Directions EAP

To help employees balance home and work, New Directions Employee Assistance Program provides assistance with: workplace conflicts, interpersonal difficulties, marriage and family concerns, stress management, emotional upsets, financial matters, alcohol and drug problems. Employees can call on the expertise of New Directions Employee Assistance Program. The licensed EAP professionals will help resolve problems and offer any needed referrals to community and treatment resources. Three visits are available for all covered participants. Up to six visits may be covered by your entity's plan—check with your entity to confirm participation. Call 24 hours a day, 365 days a year. Your concerns will be treated with confidentiality consistent with all state and federal mandates. To schedule an appointment, call (800) 624-5544.

# Dental Plan

<b>Summary of Dental Benefits (Administered by Delta Dental of Missouri)</b>	<b>Delta Dental Preferred PPO Dentist</b>	<b>Delta Dental Premier Dentist</b>	<b>Non- Participating Dentist</b>
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>➤ Oral exams (all types), twice per benefit period</li> <li>➤ Bitewing and Periapical x-rays as needed</li> <li>➤ Full-mouth x-rays once in any 36 consecutive months</li> <li>➤ Fluoride, once per benefit period for dependents under age 19</li> <li>➤ Emergency palliative treatment</li> <li>➤ Space maintainers, once in 5 years , to age 16</li> <li>➤ Sealants for <u>adults</u> and children, once per tooth every 5 years, limited to non-decayed 1<sup>st</sup> and 2<sup>nd</sup> permanent molars</li> <li>➤ Brush biopsy to detect oral cancer</li> <li>➤ Cleanings (all types), twice** per benefit period</li> </ul> <p><i>**Patients that are pregnant, diabetic, have a suppressed immune system or have a history of periodontal therapy are eligible for up to two additional cleanings per benefit period. To be eligible for the additional benefits you must submit a completed Self-Report form which can be obtained at <a href="http://www.deltadentalmo.com">www.deltadentalmo.com</a> or by contacting Delta Dental's customer service at 1-800-335-8266.</i></p>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>➤ Restorative services using synthetic porcelain and plastic material (white) on front teeth and amalgam (silver) on molar teeth</li> <li>➤ Periodontics: treatment for diseases of gums and bone supporting the teeth</li> <li>➤ Endodontics: root canal filling and pulpal therapy</li> <li>➤ Simple and surgical extractions</li> </ul>	<b>85%</b>	<b>80%</b>	<b>80%</b>
<b>Major Services</b> <ul style="list-style-type: none"> <li>➤ Oral surgery, except for extractions covered under Basic</li> <li>➤ Prosthetics: bridges and dentures; a replacement will be covered only once in 5 years, but not during the first 12 months of coverage</li> <li>➤ Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 5 years</li> </ul>	<b>55%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>➤ Available to children and adults</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Individual Deductible Per Benefit Period</b> (does not apply to diagnostic & preventive services)	<b>\$50 per person / \$150 family limit</b>		
<b>Individual Benefit Maximum Per Benefit Period</b>	<b>\$1,250 per person**</b>		
<b>**MAXAdvantage – Benefits provided by Delta Dental for exams, cleanings, x-rays and fluoride treatments do not count towards your individual benefit maximum.</b>			
<b>Separate Lifetime Orthodontic Maximum</b>	<b>\$1,250 per eligible member</b>		
<b>Dependent Age Limit: age 26, end of month</b>			

**A new benefit period begins each July 1 and runs through June 30 of the next year.**

*This is intended to be a summary only. Please refer to your plan document for a more complete listing of services including plan limitations and exclusions.*

# Dental Plan

**Using a dentist in the Delta Dental Preferred PPO** will enable you to receive increased coverage with deeper discounts for basic and major dental services (e.g. fillings, extractions, periodontics). This results in less cost to you and to the Plan.

Delta Dental Premier is another network choice. If your dentist participates in both networks, Delta Dental PPO and Delta Dental Premier, you will receive the best level of coverage available which is typically found in the PPO network.

You can verify which network(s) your dentist participates in by visiting Delta Dental's website at [www.deltadentalmo.com](http://www.deltadentalmo.com) and clicking on "Looking For a Dentist?" or by calling Delta's Customer service team at 1-800-335-8266.

Delta Dental gives you the freedom to visit the dentist of your choice and to select any dentist on a treatment by treatment basis. It is important to remember your out-of-pocket costs may vary depending on your choice. You have three options and the information below describes what you can expect depending on whether you receive services from a Delta Dental PPO dentist, a Delta Dental Premier dentist or non-participating dentist.

## In PPO Network

### *Delta Dental PPO Network*

Comprised of a select panel of dentists, over 102,000 dental offices participate in the Delta Dental PPO program. Delta Dental will provide the highest level of benefits (see summary of dental benefits) for covered services when care is received from a Delta Dental PPO dentist. These dentists agree to:

- **Accept payment based on a reduced fee schedule** – reducing your out-of-pocket expenses and protecting you from balance billing.
- Submit dental claims for members and abide by Delta's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

**Your out-of-pocket expenses will be lowest when you see a Delta Dental PPO dentist.**

## Out of PPO Network

### *Delta Dental Premier Network*

Comprised of over 179,000 participating dental offices, Delta Dental Premier offers you greater access to dentists while still offering the advantages of a network. If you receive care from a Delta Dental Premier dentist your benefit for covered services will be based on the Out of PPO level. However, these dentists still have participating agreements with Delta Dental which require them to:

- **Accept payment based on Delta's maximum plan allowance** – which means no balance billing.
- Submit dental claims for members and abide by Delta's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

### *Non-participating Dentist*

If you receive services from a non-participating dentist (does not participate in either Delta Dental network) benefits for covered services are based on the Out of PPO level and :

- You will be responsible for filing your own claim forms.
- Delta Dental's benefit payment will be made directly to you.
- Benefit payments will be based on Delta's maximum plan allowance.
- You will be responsible for the difference between the dentist's charge and Delta's maximum plan allowance.

**Your out-of-pocket expenses may be more when you use a non-participating dentist.**

# Enrollment & Eligibility

New employees and eligible dependents may enroll within 31 days of their eligibility date.

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment WITHIN 31 DAYS after your other coverage ends. 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, provided that you request enrollment WITHIN 31 DAYS after the marriage, birth, adoption, or placement for adoption. Your newborn child must be enrolled within 31 days of birth in order to receive benefits for routine newborn charges. Newborn coverage is not automatic.

If an employee (or eligible dependent of such employee) experiences a loss of eligibility for Medicaid or a State Child Health Insurance Program, they have a Special Enrollment Right to enroll for coverage in our group health plan provided a request for enrollment is made WITHIN 60 DAYS after the loss of eligibility. If an employee (or eligible dependent of such employee) is determined to be eligible for premium assistance by Medicaid or a State Child Health Insurance Program (including under any waiver or demonstration project conducted under or in relation to such a program), they have a Special Enrollment Right to enroll for coverage in our group health plan provided a request for enrollment is made WITHIN 60 DAYS of the determination of assistance.

Your dependents may be covered under this plan so long as they meet the definition of an eligible dependent. Eligible dependent children are covered until the end of the month in which they turn 26 regardless of student, marital, or employment status. The spouse and/or children of your dependent child are not eligible.

## Late Enrollees

If you or your dependents enroll more than 31 days after becoming eligible and there is no qualifying change in life status, you must wait until a subsequent open enrollment to enroll for coverage.

## Open Enrollment

Open Enrollment is held annually.

Employees can:

- Change from one medical plan to another
- Enroll in a medical plan
- Add or delete dependent coverage

All benefit elections are effective July 1st. The plan year runs from July 1 through June 30 each year. All deductibles and expenses start on July 1st.

# Contact Information

## **PPO Plans A, B & HDHP**

- For claims or benefit questions call toll free 877-627-2481 or [www.mprhealthplan.org](http://www.mprhealthplan.org)
- Provider lookup and personalized directories online at [www.phpkc.com](http://www.phpkc.com). Call 913-685-6300 or toll-free 1-800-544-3014 for PPO network questions.
- MedTrak Services: call 913-262-2187 or toll-free 800-771-4648 or visit [www.medtrakservices.com](http://www.medtrakservices.com) for pharmacy benefit questions.

## **Humana HMO**

- Customer Service: call 1-800-448-6262 or view benefits, claims history, providers and drug list online at [www.humana.com](http://www.humana.com)
- Mail order prescription benefit, visit [www.humana.com](http://www.humana.com)

## **Delta Dental**

- Customer Service: call 1-800-392-1167 or view benefits, claims and providers online at [www.deltadentalmo.com](http://www.deltadentalmo.com)

## **Employee Assistance Program**

- New Directions EAP: call 1-800-624-5544 or [www.ndbh.com](http://www.ndbh.com)

## **Vision Benefits**

- Vision Service Plan (VSP): call 1-800-877-7195 or [www.vsp.com](http://www.vsp.com)

# MPR

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