



# **TEACHER'S FIRST CHOICE 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. **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

# PPO Plans

<b>Medical Benefits In Network*</b>	<b>PPO B What you pay</b>	<b>K-12 Copay What you pay</b>	<b>K-12 No Copay What you pay</b>
<b>Network</b>	Refer to back of ID card	Refer to back of ID card	Refer to back of ID card
<b>Deductible (Single/Family)</b>	\$750/\$2250	\$1200/\$2400	\$1200/\$2400
<b>Out of Pocket Maximum (not including deductible)</b>	\$2500/\$5000	\$3000/\$6000	\$3000/\$6000
<b>Physician Care</b> Primary Care Physician Specialist	\$25 office visit copay \$50 office visit copay	\$30 office visit copay \$50 office visit copay	20% after deductible 20% after deductible
<b>Hospital/Facility</b> Inpatient Outpatient Emergency Room Urgent Care	\$300 copay + 20% after ded 20% after deductible \$75 copay + 20% after ded \$50 copay	\$300 copay + 20% after ded 20% after deductible \$75 copay + 20% after ded \$50 copay	20% after deductible 20% after deductible \$75 copay + 20% after ded 20% after deductible
<b>Diagnostic Lab &amp; X-ray (Including Advanced Imaging)</b> Dr. Office/Indep Lab Outpatient Hospital	\$0 (100% covered by plan) 20% after deductible	\$0 (100% covered by plan) 20% after deductible	20% after deductible 20% after deductible
<b>Maternity</b> Physician Care-global bill Hospital Care	\$50 copay initial visit \$300 copay + 20% after ded	\$50 copay initial visit \$300 copay + 20% after ded	20% after deductible 20% after deductible
<b>Chiropractic Care (visit limits apply)</b>	\$50 copay	\$50 copay	20% after deductible
<b>Prescription Benefits In Network*</b>	<b>PPO B What you pay</b>	<b>K-12 Copay What you pay</b>	<b>K-12 No Copay What you pay</b>
<b>Retail Pharmacy - 30 days</b> Level 1 Level 2 Level 3 Specialty - Level 4 Annual Max	35% up to \$50 cap 45% up to \$100 cap 50% up to \$150 cap 50% up to \$200 cap \$2000 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	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	\$20 \$60 \$100 N/A N/A	\$20 \$60 \$100 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 governs in all cases.			

# High Deductible Health Plan

Medical Benefits In Network*	HDHP Option 1 What you pay	HDHP Options 2 & 3** What you pay
<b>Network</b>	Freedom Network Select/ Healthlink/HPK PHCS outside MO/KS	Freedom Network Select/ Healthlink/HPK PHCS outside MO/KS
<b>Deductible (Single/Family)</b>	\$1500/\$3000 (aggregate if family)	\$2000/\$4000 (aggregate if family)
<b>Out of Pocket Maximum (not including deductible)</b>	\$1500/\$3000 (aggregate if family)	\$1000/\$2000 (aggregate if family)
<b>Physician Care</b>	20% after deductible	20% after deductible
<b>Hospital/Facility</b>	20% after deductible	20% after deductible
<b>Diagnostic Lab &amp; X-ray</b>	20% after deductible	20% after deductible
<b>Maternity</b>	20% after deductible	20% after deductible
<b>Chiropractic Care (visit limits apply)</b>	20% after deductible	20% after deductible
Prescription Benefits In Network*	HDHP Option 1 What you pay	HDHP Option 2 & 3** What you pay
<b>Retail Pharmacy - 30 days</b>	20% after deductible	20% after deductible
<b>Mail Pharmacy - 90 days</b>	20% after deductible	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 governs in all cases.		

\*\*HDHP Option 2 includes Health Savings Account (HSA). Option 3 does not include HSA.

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 Flexible Spending Account (FSA) \*Can have limited FSA for dental & dependent care
- Have Health Reimbursement Arrangement (HRA)

## **Options 1 & 2**

Midwest Public Risk HDHP with HSA includes an Employer 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.

## **Option 3**

Plan does not include the automatic contribution to the HSA. It is a qualified plan and eligible for HSA if participant wants to establish their own HSA.

# **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.

## **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 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 is not eligible.

## **Late Enrollees**

If you or your dependents enroll more than 31 days after becoming eligible, you must wait until a subsequent open enrollment to become covered.

## **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**

- Benefit Management Inc. (BMI): call toll-free 877-627-2481 for claims or benefit questions or [www.mprhealthplan.org](http://www.mprhealthplan.org)
- Preferred Health Professionals: call toll-free 1-800-544-3014 for PPO network questions. **Provider lookup and personalized directories online at [www.phpkc.com](http://www.phpkc.com)**
- MedTrak Services: for pharmacy benefits call toll-free 800-771-4648 or visit [www.medtrakservices.com](http://www.medtrakservices.com)

### **Employee Assistance Program**

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

# MPR

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