



Benefits Guidebook 2015

523-GOHR (4647)

springfieldpublicschoolsno.org



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ABOUT THIS GUIDEBOOK

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

If there is any discrepancy between the descriptions of the program elements as contained within this Guidebook or other benefits enrollment materials you receive and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies.

Welcome



Springfield Public Schools is committed to providing you with the benefits and resources to help you meet your personal and professional goals. To that end, we are pleased to offer a comprehensive and competitive benefits package designed to:

- Promote the health and wellness of you and your family;
- Protect your income while you are working;
- Build financial security for retirement; and,
- Help you balance your personal responsibilities and work life.

This *Benefits Guidebook* will help familiarize you with the Springfield Public Schools Benefits Program. Carefully consider each benefit option, its cost and value to you and whether it meets your particular need. At the back of this document are instructions which outline each step of the Open Enrollment process. Please make sure that you submit your benefit elections on or before the enrollment deadline.

If you need any help along the way, please contact HR Services at 523-GOHR (4647) or visit the [Benefits](#) page on the SPS website.

Yours truly,

Jana Roberts
Total Rewards Manager

Decision Guide

As you review the benefits plan options, consider the following prior to completing the enrollment process:

Medical/Prescription, Dental and Vision Benefits Elections

Think about the expenses that you and your family have had in the past year. Does the plan offered meet your personal health care needs and those of your family? Do your doctors participate in the plan? If you are married, does your spouse have coverage available through his/her job? If so, you should compare what's available from both Springfield Public Schools and your spouse's employer to determine which benefits meet your specific needs.

Life/AD&D Insurance and Long Term Disability Benefits Elections

After reviewing your options, stop and consider how much money your family would need to cover your financial obligations if something should happen to you. Think of things like rent or mortgage payments, college tuition and regular day-to-day living expenses. How much coverage do you have elsewhere? Remember to consider all sources of protection you have available.



When Can I Make Changes to My Benefits Elections?

Medical, Dental, Vision, and Section 125/Flexible Spending

Changes to your Medical, Dental, Vision and Section 125/Flexible Spending elections are only allowed during the Annual Open Enrollment period or as a result of a Qualifying Life Event.

Life Insurance

An increase to your Voluntary Life Insurance election can only be made with insurance company approval of Evidence of Insurability.



Medical/Prescription Benefits



Medical Benefits

Getting sick can be expensive, especially if the illness is serious. Even minor illnesses and injuries can cost thousands of dollars to diagnose and treat. Health care coverage helps you get the care you need if someone becomes sick or is injured.

Springfield Public School's medical plan is self-funded and is a preferred provider organization (PPO) plan with Mercy Health System as the preferred provider. Employees may use non-preferred providers; however, the deductibles and out-of-pocket amounts are higher. The District utilizes Med-Pay, Inc., as the third party administrator to process claims and make insurance payments to providers.

Before obtaining care or undergoing a procedure, be sure that you know whether your provider is in-network or out-of-network, and the corresponding level of coverage you can expect. Certain procedures and/or treatments require pre-certification in order to be covered under the plan.

PREMIUMS

Active

Employee (EE)	Board Paid
EE/Spouse*	\$415.00
EE/One Child	\$270.00
EE/2+ Children	\$320.00
EE/Family*	\$530.00

Retiree

Retiree	\$460.00
Retiree & Spouse*	\$875.00
Retiree & One Child	\$730.00
Retiree & Children	\$780.00
Retiree & Family*	\$990.00

*Spouse and Family coverage includes the \$50 per month spousal surcharge. See page 6 for details.

TO FIND IN-NETWORK PROVIDERS

http://healthplan.mercy.net/healthplans/c_search.aspx

Prescription Benefits

When you enroll in the District's medical plan, you are automatically provided with prescription benefits. MedTrak Services, an independent prescription benefit management company, manages the prescription benefits for Springfield Public Schools.

Your prescription benefits include different pricing structures or "tiers" that enable you to control costs based on the type of medications you select. Generic medications include the same active ingredients as brand name medications, but cost less. Specific copay amounts are listed within the "Prescription Drugs" section of the Medical Plan Summary.

FOR INFORMATION ABOUT PHARMACY NETWORKS

<https://www.medtrakservices.com/Members.aspx>

Spousal Surcharge

Springfield Public Schools assesses a \$50 per month surcharge on employees and retirees who elect to cover a spouse under the SPS health plan if the spouse is eligible for medical coverage through his/her own employer (other than SPS), or if the spouse is retired and is eligible for medical coverage through his/her previous employer.

It's your decision whether or not you elect to cover your spouse as a dependent on the SPS health plan. However, please be aware that all SPS employees and retirees who elect to cover a spouse on the SPS health plan will be assessed the \$50 per month surcharge unless they qualify for a waiver and submit a *Spousal Surcharge Waiver Affidavit* to the Benefits Department.

Spousal Surcharge Waiver

SPS employees and retirees may apply for a waiver of the surcharge if their spouse is:

- Employed by SPS
- Employed but not eligible for group medical coverage through his/her own employer
- Retired by not eligible for group medical coverage through his/her previous employer
- Not presently employed

The *Spousal Surcharge Waiver Affidavit* must be submitted annually during Open Enrollment and/or within 30 days of the date of a qualifying event and/or change in family status. Once the *Waiver* has been submitted and approved, the charge will terminate on the last day of the month in which the form was submitted.

**FOR ADDITIONAL INFORMATION ABOUT
THE SPOUSAL SURCHARGE OR
TO ACCESS THE *WAIVER*:**

www.springfieldpublicschools.org

then click *SPS Staff* at the top of the page

then click *Benefits* at the left

- or call -

523.GOHR (4647)

Fitness Center Reimbursement



IMPORTANT NOTICE

Both the HRA & Online Questionnaire must be completed each calendar year.

The benefit is effective the month in which both components are completed.

Completing the HRA & Online Questionnaire in December or January will activate the \$500 benefit for the entire following year.

Each individual covered under the District's health Plan is eligible to receive up to \$500 per calendar year (January - December) towards fitness center reimbursement at [approved centers](#) if the following criteria are met:

Health Risk Assessment



Online Questionnaire



Up to a \$500 Fitness Reimbursement*

A Health Risk Assessment (HRA) is a basic physical exam and blood panel assessing your overall health. The physical HRA must be done at Mercy or at one of the scheduled locations. (see pages 8-9)

To schedule your HRA, call Mercy at 417-888-8888.

The Online Questionnaire can be found at www.mercy.net/HRA. The questionnaire is completely confidential and, when combined with the HRA, it serves as an excellent resource to provide you with an assessment of your overall health.

Once the HRA and Online Questionnaire have been completed, you're eligible to start receiving reimbursement for attending SPS approved Fitness Centers.

*Attend 12+ times per calendar month, receive 100% reimbursement

*Attend 8-11 times per calendar month, receive 50% reimbursement

Health Risk Assessments & Mammograms

*****Call 888-8888 to schedule your appointment!*****

HRAs completed in the month of December QUALIFY for Fitness Reimbursement for 2015

The online questionnaire may be completed as early as December 1, 2014 to QUALIFY for 2015

Date	Location	Address	Time
12/1/2014	Watkins	732 W Talmage	7-9 a.m.
12/2/2014	Weller	1630 N Weller	7-8:30 a.m.
12/3/2014	Pershing	2120 S Ventura	6:30-8:30 a.m.
12/4/2014	Carver	3325 W Battlefield	7-9 a.m.
12/8/2014	McBride	5005 S Farm Road 135	7:45-8:45 a.m.
12/9/2014	Campbell	506 S Grant	6:45-8:15 a.m.
12/10/2014	Wilder	2526 S Hillsboro	6:30-8:30 a.m.
12/11/2014	McGregor	1221 W Madison	6:30-8 a.m.
12/12/2014	Sherwood	1813 S Scenic	7-8:30 a.m.
12/15/2014	Mercy Building - Community Conf. Room	3265 S National, Ste 215	6-10 a.m.
12/16/2014	Wanda Gray	2101 W FR 182	7-9:30 a.m.
12/17/2014	Bissett	3014 W Calhoun	7-8 a.m.
12/18/2014	Holland	2403 S Holland	7-8:30 a.m.
12/19/2014	Early Childhood Special Ed.	2525 W College	6:30-9:00 a.m.
1/5/2015	Cherokee	420 Plainview	6:30-8:30 a.m.
1/6/2015	Study	2343 W Olive	6:15-9 a.m.
1/12/2015	Mercy Building - Community Conf. Room	3265 S National, Ste 215	6-10 a.m.
1/13/2015	Delaware	1505 S Delaware	7:30-9:30 a.m.
1/15/2015	Hickory Hills	4650 State Hwy YY	6:30-8 a.m.
1/16/2015	Pleasant View	2210 E State Hwy AA	6:30-8 a.m.
1/19/2015	Mercy Building - Community Conf. Room	3265 S National, Ste 215	6-10 a.m.
1/21/2015	Cowden	2927 S Kimbrough	7-8 a.m.
1/22/2015	Disney	4100 S Fremont	7-9 a.m.
1/26/2015	Mark Twain	2352 S Weaver	7-9 a.m.
1/28/2015	Glendale*	2727 S Ingram Mill	6:30-9 a.m.
1/29/2015	Jeffries	4051 S Scenic	7:30-9:30 a.m.
1/30/2015	Central*	423 E Central	6:30-10:30 a.m.

**Remember that HRAs completed February forward:
your fitness reimbursement begins with that month and after**

2/2/2015	Sequiota	3414 S Mentor	7-9 a.m.
2/3/2015	Harrison	3055 W Kildee	7-8 a.m.
2/4/2015	Parkview*	516 W Meadowmere	6-9 a.m.
2/5/2015	Eugene Field	2120 E Baratara	7:30-9:15 a.m.
2/9/2015	Jarrett	840 S Jefferson	6:30-8 a.m.
2/10/2015	Weaver	1461 N Douglas	6:45-7:45 a.m.
2/13/2015	Hillcrest*	3319 N Grant	7-10 a.m.
2/16/2015	Mercy Building - Community Conference Room	3265 S National, Suite 215	6-10 a.m.
3/16/2015	Mercy Building - Community Conference Room	3265 S National, Suite 215	6-10 a.m.
4/20/2015	Mercy Building - Community Conference Room	3265 S National, Suite 215	6-10 a.m.
5/18/2015	Mercy Building - Community Conference Room	3265 S National, Suite 215	6-10 a.m.
6/15/2015	Mercy Building - Community Conference Room	3265 S National, Suite 215	6-10 a.m.
7/20/2015	Mercy Building - Community Conference Room	3265 S National, Suite 215	6-10 a.m.
9/21/2015	Mercy Building - Community Conference Room	3265 S National, Suite 215	6-10 a.m.
10/19/2015	Mercy Building - Community Conference Room	3265 S National, Suite 215	6-10 a.m.
11/16/2015	Mercy Building - Community Conference Room	3265 S National, Suite 215	6-10 a.m.
12/21/2015	Mercy Building - Community Conference Room	3265 S National, Suite 215	6-10 a.m.



How will I be reimbursed?

The following items must be submitted to Med-Pay and are required for reimbursement:

- [Med-Pay claim form](#)
- Attendance record
- Receipt of payment

Reimbursement checks will be mailed to your home address.



Do my dependent children who are on the medical plan have to complete the HRA and Online Questionnaire?

Dependents age 18 and older must complete the same HRA and Online Questionnaire requirements in order to be eligible for their individual \$500.

Will the reimbursement program pay for my classes at the fitness center?

No. Only membership dues are reimbursable under the program.



Can I be reimbursed for my personal trainer?

Approved personal trainers are eligible for reimbursement. Please see the list of approved centers and trainers on the [SPS Benefits website](#). Sessions with a personal trainer are subject to attendance requirements and cannot be combined with membership attendance requirements.

**TO FIND IN-NETWORK
PROVIDERS**www.deltadentalmo.com

Dental Benefits

An ounce of prevention. Regularly scheduled dental checkups, a healthy diet, and brushing and flossing are the best ways to achieve oral health and prevent problems such as cavities and gum disease. Great oral health is an essential part of a healthy lifestyle!

The SPS Dental Plan has expanded to include both the Delta Dental Premier Network and Delta Dental PPO Network. The networks work together to deliver what you need most: access to care, better discounts, and protection from out-of-pocket costs.

BASIC PLAN

Calendar Year Deductible
\$50 Individual / \$150 Family
\$1000 per person Calendar Year
Benefit Maximum

Active

Employee (EE)	\$7.19
EE/Spouse	\$21.23
EE/One Child	\$32.05
EE/Family	\$46.10

Retiree

Retiree	\$14.37
Retiree & Spouse	\$28.41
Retiree & Children	\$39.23
Retiree & Family	\$53.28

ADVANCED PLAN

Calendar Year Deductible
\$50 Individual / \$150 Family
\$1000 per person Calendar Year
Benefit Maximum
\$1000 per child Lifetime Orthodontic
Maximum

Active

Employee (EE)	\$18.88
EE/Spouse	\$44.31
EE/2+ Children	\$54.66
EE/Family	\$80.09

Retiree

Retiree	\$26.06
Retiree & Spouse	\$51.49
Retiree & Children	\$61.84
Retiree & Family	\$87.27

SCHOOL DISTRICT OF SPRINGFIELD R-XII

BASIC PLAN - EFFECTIVE: January 1, 2014

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

****Participants transferring to ADVANCED PLAN will start with 1st year benefits.***

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

SCHOOL DISTRICT OF SPRINGFIELD R-XII

ADVANCED PLAN - EFFECTIVE: January 1, 2014

Delta Dental PPO ADVANCED PLAN FEATURES *Group #1907-xxxx	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
	Based on PPO – reduced maximum plan allowance No balance billing	Based on Premier- maximum plan allowance No balance billing	Based on Delta Dental maximum plan allowance; Balance billing is possible
Diagnostic and Preventive Services ➤ Oral exams (all types), twice per calendar year ➤ Bitewing x-rays (1 set per calendar year) ➤ Prophylaxis (cleanings), twice per calendar year ➤ Fluoride, once per calendar year for dependents under age 14 ➤ Space maintainers for dependents under age 16, once in 5 years ➤ Sealants for dependent children under 16, limited to non-decayed 1 st and 2 nd permanent molars, once per lifetime	100% <i>1st benefit year and subsequent years</i>	100% <i>1st benefit year and subsequent years</i>	100% <i>1st benefit year and subsequent years</i>
Basic Services ➤ Periapical x-rays as required ➤ Full-mouth x-rays once in any 60 consecutive months ➤ Emergency palliative treatment ➤ Fillings ➤ Simple extractions	80% <i>1st benefit year and subsequent years</i>	80% <i>1st benefit year and subsequent years</i>	80% <i>1st benefit year and subsequent years</i>
Major Services ➤ Periodontal maintenance visits, subject to regular prophylaxis frequency limitation ➤ Periodontics - treatment for diseases of gums and bone supporting the teeth ➤ Endodontics - root canal filling and pulpal therapy ➤ Oral surgery -Including surgical extractions ➤ Prosthodontics – complete or partial bridges and dentures; a replacement will be covered once in 5 years ➤ Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 5 years ➤ General Anesthesia	25% <i>1st benefit year</i>	25% <i>1st benefit year</i>	25% <i>1st benefit year</i>
	50% <i>Subsequent years</i>	50% <i>Subsequent years</i>	50% <i>Subsequent years</i>
Orthodontic Services (for children to under age 19)	No coverage <i>1st benefit year</i>	No coverage <i>1st benefit year</i>	No coverage <i>1st benefit year</i>
	50% <i>Subsequent years</i>	50% <i>Subsequent years</i>	50% <i>Subsequent years</i>
Calendar Year Deductible (applies to Basic and Major Services only)	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Calendar Year Benefit Maximum	\$1000 per person		
Lifetime Orthodontic Maximum	\$1000 per child		
Dependents are covered through the end of the month in which they turn age 26.			

***Participants transferring to ADVANCED PLAN will start with 1st year benefits.**

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

Vision Benefits



PREMIUMS

Retirees pay the same rate
as active employees

Employee (EE)	\$ 5.93
EE/Spouse	\$ 11.74
EE/Children	\$ 11.50
EE/Family	\$ 17.49

SPS is pleased to be partnering with Superior Vision to provide an affordable vision plan to District employees and their families. Superior Vision has a large provider network and is highly rated for customer service.

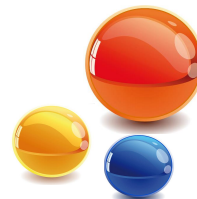
Superior Vision has one of the nation's largest provider networks, offering some 41,500 ophthalmologists and optometrists as well as opticians and optical chain locations. Finding the right eye care provider for you within the provider network is easy: Visit www.superiorvision.com, and click on "Locate a Provider".

Superior Vision's discount plans extend the value of your covered benefits when used at select providers. In addition to standard exams, frames and lenses, Superior Vision providers often offer discounts on out-of-pocket frame costs as well as some of the most common lens options. You can also receive discounts on additional pairs of glasses or contacts. Some of Superior Vision's retail chains offer unique discount programs specifically for our members. Ask your store for details.

FOR MORE INFORMATION AND TO FIND PROVIDERS

www.SuperiorVision.com

1-800-507-3800



Vision Plan Benefits for Springfield Public Schools

Co-Pays

Exam	\$10
Materials ¹	\$25
Contact Lens Fitting (standard & specialty)	\$25

Monthly Premiums

Emp. only	\$5.93
Emp. + spouse	\$11.74
Emp. + child(ren)	\$11.50
Emp. + family	\$17.49

Services/Frequency

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

(Based on date of service)

Benefits

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam (Ophthalmologist)	Covered in full	Up to \$34 retail
Exam (Optometrist)	Covered in full	Up to \$26 retail
Frames	\$130 retail allowance	Up to \$65 retail
Contact Lens Fitting (standard ²)	Covered in full	Not covered
Contact Lens Fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$29 retail
Bifocal	Covered in full	Up to \$43 retail
Trifocal	Covered in full	Up to \$53 retail
Progressive lens upgrade	See description ³	Up to \$53 retail
Contact Lenses ⁴	\$130 retail allowance	Up to \$100 retail

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

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² See your benefits materials for definitions of standard and specialty contact lens fittings

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-40%) prior to service as they vary.

Discounts on Covered Materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

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

Discounts on Non-Covered Exam and Materials

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

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

www.superiorvision.com
Customer Service
800-507-3800

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 5%-50%, and are the best possible discounts available to Superior Vision.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 800-507-3800 www.superiorvision.com
The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life
NVIGRP 5-07

0913-BSv2/MO

Life/AD&D & Disability Benefits

Life/AD&D Insurance

Life/AD&D Insurance is an important part of your financial security, especially if others depend on you for support. That's why Springfield Public Schools provides all eligible employees with Basic Life/AD&D Insurance and the opportunity to purchase additional Supplemental Life Insurance.

Basic Life/AD&D Insurance

Springfield Public Schools provides you with Basic Life/AD&D Insurance through UNUM in the amount of 1x your annual salary (up to a maximum of \$100,000) or \$20,000 – whichever is greater. This coverage is provided at no cost to you.

Supplemental Life/AD&D Insurance

If you need additional protection beyond the Basic Life/AD&D Insurance provided to you at no cost, you may elect Supplemental Life Insurance. Elections are made online through Employee Self Service. Coverage can be elected in an amount up to 6X your annual salary*. Supplemental plans are also available for your spouse** and children. If you elect Supplemental Life Insurance, you are responsible for paying 100% of the benefit cost and deductions are taken from your paycheck in after-tax dollars.

Evidence of Insurability

Evidence of Insurability (EOI) is an insurance company requirement and is required for all Supplemental Life/AD&D insurance coverage elected more than 31 days after you are first eligible for coverage and on all future coverage increases, regardless of amount.

Supplemental Life/AD&D Insurance purchase amounts requiring EOI does not become effective and therefore are not deducted from your pay until approval is obtained from UNUM.

Supplemental Life Insurance Monthly Premiums

EMPLOYEE:	SPOUSE:	CHILD(REN):
\$1.90 per \$10,000	\$1.80 per \$5,000	\$1.00 per \$10,000
Examples \$50,000 = \$9.50 per month \$100,000 = \$19.00 per month	Examples \$10,000 = \$3.60 per month \$50,000 = \$18.00 per month	Examples \$5,000 = \$0.50 per month \$10,000 = \$1.00 per month
* Max = 6x annual salary * Subject to EOI	** Spouse cannot exceed employee ** \$50,000 max policy amount ** Subject to EOI	

Long Term Disability Insurance

When an employee cannot work for an extended period of time due to a disability, Long Term Disability Insurance (LTD) can help cover a portion of an employee's salary.

Springfield Public Schools provides you with LTD Insurance through Liberty Mutual. The plan covers you at 60% of your annual base salary, with a maximum benefit of \$5,000 per month, for the first two years following an approved disability claim. This coverage is provided at no cost to you.

You may elect Supplemental LTD coverage if you wish to extend the payout period in the event that you become disabled and the disability continues beyond the first two years. Elections are made online through Employee Self Service. If you elect Supplemental LTD Insurance, you are responsible for paying 100% of the benefit cost and deductions are taken from your paycheck in after-tax dollars. Supplemental LTD coverage is subject to Evidence of Insurability.

Formula for calculating monthly Supplemental LTD premium:

$$\text{Annual salary} / 12 \times .0014 = \text{monthly premium}$$

EXAMPLE: If your annual salary is \$36,000, the monthly premium would be \$4.20.

Flexible Spending

Why Use a Flexible Spending Account?

Springfield Public Schools lets you redirect a portion of your pay through payroll deduction into Flexible Spending Accounts (FSAs) administered by American Fidelity. The money that goes into an FSA is deducted from your pay on a pre-tax basis. Because you do not pay taxes on money that goes into an FSA, you decrease your taxable income.

Health Care FSA

A Health Care FSA provides you with the ability to set aside money on a pre-tax basis for an IRS-allowed health expenses not covered by your health care coverage. These expenses include, but are not limited to, deductibles, copayments, coinsurance payments, and uninsured dental, vision and hearing care expenses (i.e. eyeglasses, contact lenses, hearing aids and orthodontia expenses). With a Health Care FSA, you can be reimbursed an amount up to the total annual contribution you have elected, and can begin to use all or some of the total amount elected as soon as the plan year begins.

The maximum annual amount you can deposit into the Health Care FSA is \$2,550. If your spouse is also a benefits-eligible employee of Springfield Public Schools, you may make each deposit up to the maximum amount. The amount you elect to deposit into the Health Care FSA is divided by 12 and is deducted from each paycheck during the plan year.

FSA FACTS

For Health Care FSA's, medical services or treatments must be incurred by March 11, 2016. You must have all claims submitted to American Fidelity no later than March 31, 2016, or your remaining balance will be forfeited.

For Dependent Day Care FSA's, expenses must be incurred by December 31, 2015, and submitted to American Fidelity no later than March 31, 2016, or your remaining balance will be forfeited.

Dependent Day Care FSA

A Dependent Day Care FSA provides you with the ability to set aside money on a pre-tax basis for eligible day care expenses. With a Dependent Day Care FSA, you will be reimbursed only for dependent day care services you have already received and can only be reimbursed for funds that you have already deducted. Your first contribution for 2014 will be deducted from your paycheck in January and the funds should be available by the end of the first full week of February.

The maximum annual amount you can deposit into the Dependent Day Care FSA is \$5,000 a year per household (\$2,500 if married and filing a separate tax return). The amount you elect to deposit into the Dependent Day Care FSA is divided by 12 and is deducted from each paycheck during the plan year.

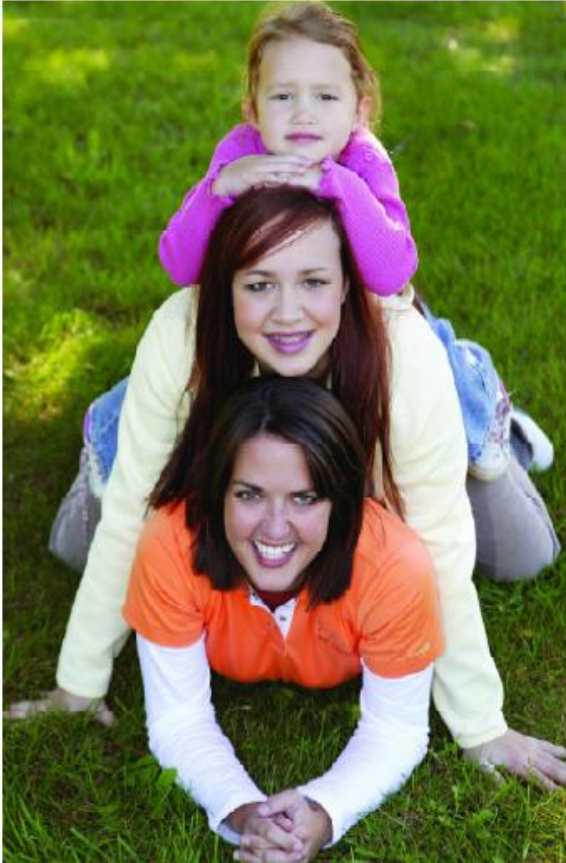
How Do I File a Claim?

For medical expenses, you may use your FSA debit card or file a claim form (along with the receipts) to American Fidelity. For dependent day care expenses, you must file a claim for to American Fidelity for reimbursement.

For a full list of eligible expenses or to download a claim form, visit the SPS Benefits webpage and click on the American Fidelity link or go to <http://www.afadvantage.com>.



Employee Assistance Program



Employee Assistance with NEW DIRECTIONS!

Employee assistance helps you create balance in your life. New Directions offers free and confidential information, support and referral services designed to help you cope with life changes. You have unlimited 24/7 access to assistance!

EAP FEATURES include:

- Dedicated 24/7 phone access
- Website (www.ndbh.com)
- Financial resources for budgeting, debt management, taxes and more
- Legal consulting services
- Child care and elder care information/referrals
- *eDirections* (An email service offering encouragement and tools for everyday life.)
- *Balanced Life* newsletter to manage competing responsibilities
- Face to face visits with a licensed professional for solution focused counseling

Services are
FREE and CONFIDENTIAL

CALL NEW DIRECTIONS 24/7

1-877-254-0781 (toll free)

Our password is:

SPS

NEW DIRECTIONS can help in a variety of areas:

- Aging and retirement
- Stress management
- Parenting concerns
- Drug and alcohol misuse
- Problem solving, conflict resolution
- Relationship issues
- Assessment, counseling and referrals

Pre-Retirement Seminars

PSRS/PEERS

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

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

Registration is required and is easy to complete. Register early! Seating for each seminar is limited and we cannot accept late registrations.

TO REGISTER ONLINE OR BY PHONE

www.psrsmo.org

1(800) 392-6848



Seminar Schedule

PSRS Seminars

<u>Date</u>	<u>Location</u>	<u>Address</u>	<u>Time</u>	<u>Closing Date to Register</u>
January 13, 2015	Ozarks Technical Community College	815 N Sherman Ave, Springfield	4:30 PM	December 19, 2014
January 14, 2015	Joplin East Middle School	4594 E 20th St	4:30 PM	December 19, 2014
February 11, 2015	Nevada High School	800 W Hickory	4:30 PM	January 26, 2015
February 12, 2015	Ozarks Technical Community College	815 N Sherman Ave, Springfield	4:30 PM & 7:00 PM	January 26, 2015
March 18, 2015	Joplin East Middle School	4594 E 20th St	4:30 PM	February 27, 2015
March 19, 2015	Ozarks Technical Community College	815 N Sherman Ave, Springfield	4:30 PM	February 27, 2015

PEERS Seminars

<u>Date</u>	<u>Location</u>	<u>Address</u>	<u>Time</u>	<u>Closing Date to Register</u>
January 13, 2015	Ozarks Technical Community College	815 N Sherman Ave, Springfield	7:00 PM	December 19, 2014
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March 18, 2015	Joplin East Middle School	4594 E 20th St	7:00 PM	February 27, 2015
March 19, 2015	Ozarks Technical Community College	815 N Sherman Ave, Springfield	7:00 PM	February 27, 2015

Employee Self Service

www.myspshr.org

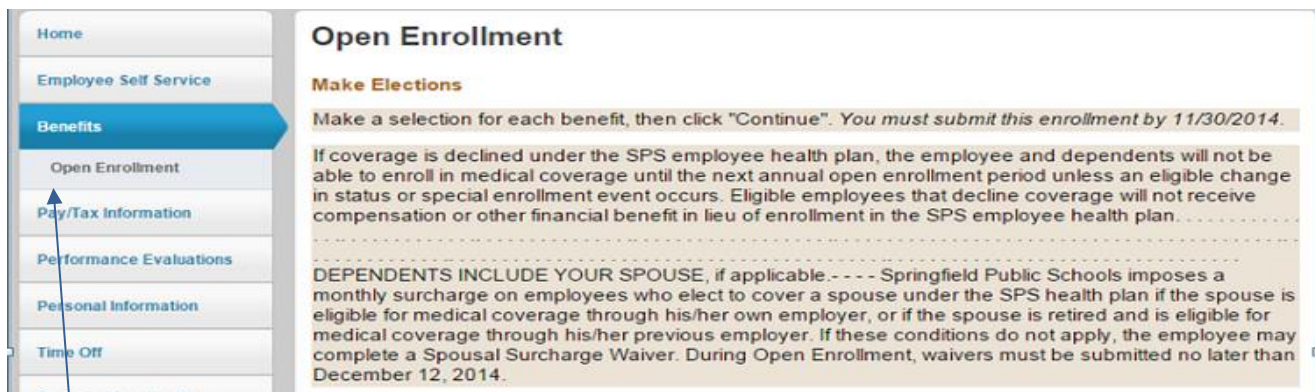
STEP 1 – Log in. If you have never logged in before, use the following login information:

Username = Employee ID Number

Password = Last 4 of SS#



STEP 2 – Once you log in, you will see this screen. Click on Employee Self Services from the menu on the left



STEP 3 – Click on Benefits from the menu on the left side of the page.

Benefit	Current Election	New Election	
MEDICAL INSURANCE	No Election Made	Election Not Made	Make New Election
DENTAL	No Election Made	Election Not Made	Decline benefit Make New Election
VISION	No Election Made	Election Not Made	Decline benefit Make New Election
LIFE INSURANCE - EMPLOYEE	No Election Made	Election Not Made	Decline benefit Make New Election
LIFE INSURANCE - SPOUSE	No Election Made	Election Not Made	Decline benefit Make New Election
LIFE INSURANCE - CHILD	No Election Made	Election Not Made	Decline benefit Make New Election
LONG TERM DISABILITY	No Election Made	Election Not Made	Decline benefit Make New Election

STEP 4 – You will need to click each option to elect new benefits or to continue your current benefits for the new year. Remember to have your dependents social security number(s) on hand.

STEP 5 –

You may select from either a basic or advance plan. Please select/decline this coverage from the options below. Please add all dependents you wish to be covered.

- ☐ BASIC-EMPLOYEE
Employee Cost \$7.19
- ☐ BASIC-SPOUSE & EMPLOYEE
Employee Cost \$21.23
- ☒ BASIC-CHILDREN & EMPLOYEE
Employee Cost \$32.05
- ☐ BASIC-FAMILY & EMPLOYEE
Employee Cost \$46.10
- ☐ ADVANCED- EMPLOYEE
Employee Cost \$18.88
- ☐ ADVANCED-SPOUSE & EMPLOYEE
Employee Cost \$44.31
- ☐ ADVANCED-CHILDREN & EMPLOYEE
Employee Cost \$54.66
- ☐ ADVANCED-FAMILY & EMPLOYEE
Employee Cost \$80.09
- ☐ I Decline

----- Add coverage | Add new dependent

Coverage must be added for at least 1 dependent.

There are no dependents to display.

You must make a choice from one of the options.

If not electing Medical coverage for dependents, select “Decline”.

For all other options, select your levels of coverage or click “Decline” for yourself and dependents.

In adding coverage for dependents, you will need to click **ADD COVERAGE**.

STEP 6 – If you are electing coverage for dependents, including your spouse, you will need to complete the screen to the right for each dependent and each coverage (medical, dental, vision, life).

A screenshot of a web form for adding a dependent. The form includes fields for First name, Middle initial, Last name, Date of birth, Gender (dropdown menu set to FEMALE), Relationship (dropdown menu set to CHILD), and SSN # (include dashes). At the bottom are OK and Cancel buttons.

A screenshot of a summary table for Supplemental LTD. The table has two columns: Description and Amount. The first row is 'ELECTION - SUPPLEMENTAL LONG TERM DISABILITY' with an amount of '\$0.00'. The second row is 'TOTAL EMPLOYEE COST' with an amount of '\$40.88'. Below the table are buttons for 'Submit Choices', 'Modify', and 'Cancel'. An arrow points from the 'Submit Choices' button to the text in Step 7.

SUPPLEMENTAL LTD	
ELECTION - SUPPLEMENTAL LONG TERM DISABILITY	
Election amount	\$0.00
TOTAL EMPLOYEE COST	\$40.88

STEP 7 – THE PROCESS IS NOT COMPLETE UNTIL YOU CLICK SUBMIT CHOICES.

When you have completed elections for all the options, you will click “Continue” - This brings you to the summary page. If your elections are correct, click “Submit Choices” to finalize your enrollment.

For additional assistance with your
enrollment
Call
523-GOHR (4647)

Computer Lab - 1:1 Assistance

The Benefits Department will be hosting open computer labs and information sessions during the Open Enrollment period. Please feel free to attend any of the following scheduled sessions for assistance with Open Enrollment.

KRAFT ADMINISTRATIVE CENTER		
DATE	TIME	LOCATION
Monday, November 3, 2014	8:00 am to 11:30 am	Training Room B
Tuesday, November 11, 2014	3:00 pm to 5:00 pm	Room 101
Tuesday, November 18, 2014	8:00 am to 11:30 am	Room 101
Tuesday, November 25, 2014	3:00 pm to 5:00 pm	Room 101

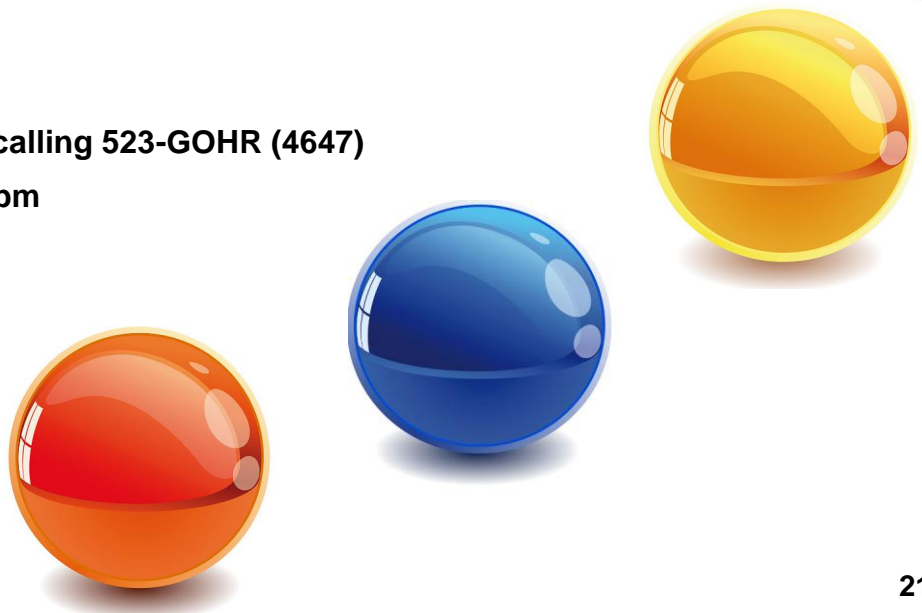
TRANSPORTATION		
DATE	TIME	LOCATION
Friday, November 14, 2014	9:00 am to 11:00 am	Transportation
Tuesday, November 25, 2014	9:00 am to 11:00 am	Transportation

HEALTH & WELLNESS EXPO		
DATE	TIME	LOCATION
Thursday, November 13, 2014	3:30 pm to 6:30 pm	Rooms A & B

No appointment is necessary.

Assistance is also available by calling 523-GOHR (4647)

Monday-Friday 8:00 am to 5:00 pm



Contacts

SPRINGFIELD PUBLIC SCHOOLS

1359 E. St Louis Street
Springfield, Missouri 65802
Phone: 417.523.GOHR(4647)
Fax: 417.523.0194
www.springfieldpublicschools.org

MEDTRAK SERVICES

7101 College Blvd., Ste 1000
Overland Park, Kansas 66210
Toll Free: 800.771.4648
Fax: 913.262.8939
www.medtrakservices.com

**AMERICAN FIDELITY
ASSURANCE CO**

ATTN: Customer Service - AFES
P O Box 25523
Oklahoma City, Oklahoma 73125
Toll Free: 800.323.3748
Fax: 800.522.6343
www.afadvantage.com

**NEW DIRECTIONS
EMPLOYEE ASSISTANCE PROGRAM**

Login Code: **SPS**
Toll Free: 877.254.0781
www.ndbh.com

DELTA DENTAL OF MISSOURI

12399 Gravois Road
St. Louis, MO 63127
Toll Free: 800.392.1167
www.deltadentalmo.com

SUPERIOR VISION

Superior Vision Services, Inc.
P.O. Box 967
Rancho Cordova, CA 95741
Toll Free: 800.507.3800
www.superiorvision.com

LIBERTY MUTUAL

For questions about your group Long
Term Disability policy or to initiate a
claim, please contact SPS HR Services.
Phone: 417.523.GOHR(4647)

UNUM GROUP LIFE INSURANCE

For questions about your group life
insurance policy or to initiate a claim,
please contact SPS HR Services.
Phone: 417.523.GOHR(4647)

MED-PAY

P.O. Box 10909
Springfield, Missouri 65806
Toll Free: 800.777.9087
Phone: 417.886.6886
Fax: 417.886.2276
www.med-pay.com

