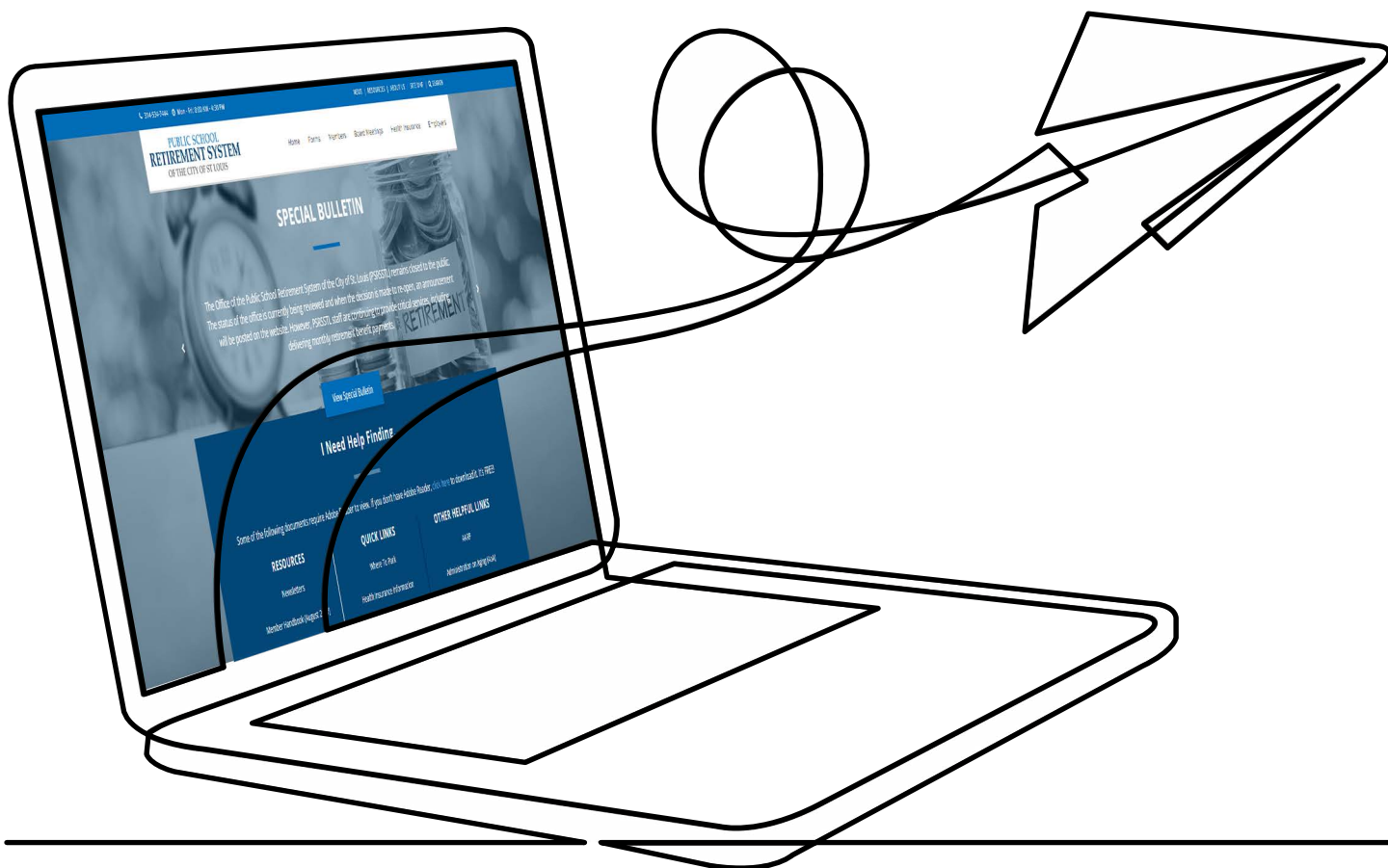


Public School Retirement System of the City of St. Louis



Retiree Insurance 2024 Open Enrollment Booklet

Attention: PSRSSTL Members, Surviving Dependents & COBRA Participants

We are pleased to announce the start of the **2024 Open Enrollment Period**. This is the time of year that you are able to review and make changes to PSRSSTL medical and dental plans and the Voluntary benefits, MetLife Prepaid Legal and Allstate Identity Theft/Fraud Protection, which were first offered as of January 1, 2023.

UnitedHealthcare Medicare Advantage Plans will continue to have a \$0 premium in the 2024 plan year. Since the Low and Gold plans are very similar, it was decided and approved by the PSRSSTL Board of Trustees to remove the Gold plan as an option effective January 1, 2024. All members enrolled in the Gold Plan will be moved to the Low Plan as of January 1, 2024. Those enrolled in the Gold Plan can also move to the High Plan but would need to submit a Benefits Enrollment Form during the open enrollment period.

The Delta Dental Low and High Plans will continue with no change in plan benefits or premiums. The EyeMed Vision plan will also remain with no changes.

Even if not previously enrolled, all members are able to enroll in the MetLife PrePaid Legal Plan and the Allstate Identity Theft Protection coverage by submitting a Benefits Enrollment Form during the open enrollment period. Additional information on these plans can be found in this Guide.



**Open Enrollment changes
must be received in the
PSRSSTL office no later than
Friday, November 17, 2023
at 4:00 p.m.**

Member ID Cards

Members enrolled in the UnitedHealthcare Group Medicare Advantage plans will receive a new 2024 member ID card. Members enrolled in the SLPS-Sponsored UnitedHealthcare Base or Buy-Up plans will only receive a new member ID card if making changes for 2024.

Virtual Open Enrollment Meetings

PSRSSTL will be holding three virtual open enrollment meetings in November. The schedule is listed below. Vendor representatives will provide an overview of plan benefits and then respond to members' questions.

Members **with** computer access can register to attend one of the virtual sessions.

Visit the PSRSSTL website at www.psrstl.org and click on the link of the session that you would like to attend. Once registered, an email will be sent to the member containing the link to access the meeting. If you need assistance with registering, please contact the PSRSSTL Office at **(314) 534-7444**.

Members **without** computer access can call in and listen to the presentation.

Five minutes prior to the meeting you wish to attend, call the phone number listed below, you'll be prompted to enter the webinar ID# on the telephone, followed by two # signs. Callers will be on hold until the meeting starts.



If you wish to make changes to your medical or dental plan, the Benefit Enrollment form, which is located in the back of this Open Enrollment booklet, must be completed and returned. A Brief Overview of Changes is included in this Open Enrollment Booklet if you wish to see the 2024 changes at a glance.

Open Enrollment Webinars

2:00 p.m.	Wednesday – November 8, 2023 (301) 715-8592 Webinar ID: 818 0030 4571
10:00 a.m.	Thursday – November 9, 2023 (312) 626-6799 Webinar ID: 834 3003 6277
10:00 a.m.	Friday – November 17, 2023 (312) 626-6799 Webinar ID: 830 3595 1089

Members who are enrolled in the Base or Buy-Up Plans are encouraged to consider enrolling in one of the PSRSSTL-Sponsored UnitedHealthcare Group Medicare Advantage Plans (Low or High). **All PSRSSTL-Sponsored United Healthcare Group Medicare Advantage Premiums will remain at \$0 for 2024.**

Members who are considering a transition from the Base or Buy-Up Plans are encouraged to contact the Insurance Specialist if you: *1) have been diagnosed with End Stage Renal Disease, or 2) take specialty medications obtained through a Specialty Pharmacy*, to discuss the Medicare rules and potential costs as they pertain to your particular situation.

The PSRSSTL-sponsored UnitedHealthcare® Group Medicare Advantage PPO plans are designed to help members avoid paying the high costs of the Medicare Donut-Hole. It is recommended that all members enrolled or enrolling in the Medicare Advantage Plans conduct an annual review to ensure there have been no changes to the Drug Formulary that might result in higher prescription costs than anticipated and, most importantly, to ensure that you're enrolled or enrolling in the correct plan based upon your needs.

For Assistance In Conducting an Annual Review

1. Go to the “Worksheet for Prescriptions” in this OE booklet – list all current prescription medications by exact name (if you take the generic, list the generic name, not the brand name). Once your medication list is completed then....

2. Contact the Insurance Specialist:

Phone: **(314) 534-7444, Ext. 3011**

Email: monica.brewer@psrstl.org

Grab your smart phone,
open the camera app,
and aim it at the QR code.



Tap on **bit.ly** and watch as it comes to life on your screen.
In an instant, you can schedule an appointment.

3. Complete the Benefits Enrollment Change Form – ONLY IF YOU WANT TO CHANGE PLANS;

4. Follow the instructions to submit forms
(located on the bottom of the enrollment form and on page 2 of this OE booklet).

To All Medicare-Eligible Members

PLEASE BE CAUTIOUS when speaking over the telephone with persons claiming to be insurance representatives, Medicare representatives, etc. Recently, members have been enrolled (over the telephone) into an outside plan which caused the PSRSSTL coverage to be terminated.

PLEASE NOTE: Enrolling in another Medicare Advantage or Medicare Drug Plan will result in your PSRSSTL coverage being automatically canceled by Medicare.

DO NOT enroll in a Separate Part D Prescription Drug Plan. Medicare only allows you to be in ONE plan. If you have questions about your coverages, please feel free to contact the PSRSSTL Insurance Specialist.

We hope that you will take the time during the open enrollment period to review the open enrollment material or attend a virtual session to learn more about your PSRSSTL plans. Please contact the PSRSSTL Office at **(314) 534-7444** if you have any questions or need assistance.

All forms must be received in the PSRSSTL office by November 17, 2023 at 4:00 p.m.

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Open Enrollment Schedule (Effective Date of Changes: January 1, 2024)

Upon Receipt of Open Enrollment Materials – November 17, 2023

The Benefit Enrollment Form is included in each OE Booklet.



If you are not making changes, please do not send a form. Your current coverage will continue as is.



If you wish to make changes or if you wish to enroll in the MetLife Prepaid Legal and/or Allstate Identity Theft/Fraud Protection Plans, please complete the form and return via the following methods:

Mail: Public School Retirement System
3641 Olive Street, Suite 300
St. Louis, MO 63108
Attention: Monica Brewer

Email: monica.brewer@psrstl.org

Fax: (314) 533-0531

Drop Box: The PSRSSTL drop box is located outside the front door of the PSRSSTL office building at the above address.



**All changes must be in the PSRSSTL office
by November 17, 2023 at 4:00 p.m.**

Brief Overview of Changes

UnitedHealthcare Medical

Commercial Group Health Point of Service Plans – Base Plan & Buy-Up Plan

- No major plan design or pharmacy changes.
- Premium increase for 2024 – see Medical Member Monthly Premiums
- New membership cards will only be sent to members who change plans.

Group Medicare Advantage PPO Plans – Low & High Plans

- Gold Plan is being eliminated. Members enrolled in the Gold Plan will be moved to the Low Plan but can enroll in the High Plan by completing a Benefit Enrollment Form.
- No major plan design changes
- **Monthly premiums will continue at \$0 for 2024.**
- Plan is a PPO – same benefits in- / out-of-network, no referrals, covers all Medicare providers.
- National service area including all U.S. counties and U.S. territories - members can live anywhere in the U.S.
- Low Plan: Medicare donut-hole protection – Tier 1 (generics)
- High Plan: Medicare donut-hole protection – Tiers 1-4 (generics, brands and preferred brands)
- All members will receive a new membership card in December.

Dental

Delta Dental of Missouri Low Option & High Option – PPO and Premier Network

- No plan design or premium changes for 2024.

Low Option: Consider this plan if your dentist is in the Delta Dental PPO Network or if you have dependents (under age 26) who need orthodontia services.

High Option: Consider this plan if your dentist is in the Delta Dental Premier Network or if your dentist is out-of-network.

Vision

EyeMed – Insight Network

- No plan design or premium changes for 2024.
- If using an in-network provider, the provider will bill EyeMed directly.
- If using an out-of-network provider, the member must pay the provider and then request reimbursement from EyeMed.

To obtain a claim form, call Member Services at **1-866-800-5457** or visit: www.eyemed.com.

Prepaid Legal

MetLife

- Provides members (as well as spouses and dependents in the household under age 26) with convenient access to affordable legal services. Covered services include preparation of Powers of Attorney, Wills, Trusts, as well as the handling of traffic tickets, real estate, family law matters, etc. Additional information can be found in this booklet.

Identity Theft Protection

Allstate Insurance Company

- Provides identity theft protection for retirees and their families. Allstate monitors credit and debit cards, bank accounts, 401k, HSA, financial transactions, all three credit reporting agencies and more. Allstate will alert members to any fraudulent activity and can provide restoration and remedial support when breaches occur. Additional information can be found in this booklet.

NOTE: Allstate's family coverage is very liberal. Dependents are not required to reside with the member and there are no age restrictions.

SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans and UnitedHealthcare® Group Medicare Advantage PPO Plans* – Plan Summaries

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	Base Plan		Buy-Up Plan		Low Plan	High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network <u>OR</u> Non-Network Providers	
Annual Deductible (Amount Member pays toward Eligible Expenses before Plan benefits start; Does not apply to Copay services)	Medicare-eligible members also pay \$300 annual deductible for prescriptions in the Base and Buy-Up plans (see below)				N/A	
Individual	\$500	\$1,000	\$200	\$400	N/A	
Family	\$1,000	\$2,000	\$400	\$800		
Coinsurance Percentage (Percentage Member pays for most Eligible Expenses after Annual Deductible has been met; Coinsurance does not apply to Copay services)	20%	30%	10%	30%	N/A	
Member Annual Out-of-Pocket Maximum						
Non-Medicare						
Individual	\$3,500	\$7,000	\$1,400	\$2,800		
Family	\$7,000	\$14,000	\$2,800	\$5,600		
Medicare					\$3,000 per member	\$1,500 per member
Individual	\$3,800	\$7,300	\$1,700	\$3,100	All Medicare-covered medical services apply towards the Annual Out-of-Pocket Maximum	
Family	\$7,600	\$14,600	\$3,400	\$6,200		
Member Lifetime Maximum Benefit	Unlimited for all medical plans					
Office Visit Copay	\$25 Copay per visit Primary \$35 Copay per visit Specialist	Subject to Deductible and Coinsurance	\$15 Copay per visit Primary \$30 Copay per visit Specialist	Subject to Deductible and Coinsurance	\$5 Copay per visit Primary \$10 Copay per visit Specialist	\$10 Copay per visit Primary \$20 Copay per visit Specialist

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	Base Plan		Buy-Up Plan		Low Plan	High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network <u>OR</u> Non-Network Providers	
Preventive Care**	100%	Subject to Deductible and Coinsurance	100%	Subject to Deductible and Coinsurance	\$0 Copay for Preventive Care services; however, additional cost-share may apply if bundled with non-preventive services or procedures	
Prescription Drug Benefit	The SLPS-Sponsored Base & Buy-Up Plans' Managed Pharmacy Benefit Program administered by Express Scripts includes an Over-the-Counter (OTC) Program. Medicare-Eligible Retirees pay a \$300 annual individual prescription drug deductible and must participate in a Mandatory Generic Prescription Drug Program.				Tier 1 (Generics) Only Coverage Gap Applies. Coverage Gap does not apply to generic drugs covered by the Plan; Chemotherapy Drugs: 15% Coinsurance	Full Gap Coverage (Tiers 1-4) applies. Plan Copay/Coinsurance structure continues through the Coverage Gap. Chemotherapy Drugs: 20% Coinsurance
					Medicare Part B Drugs: 20% Coinsurance	
Retail (Up to a 30-day supply)	\$10 Copay if drug cost to plan is \$10-\$40; \$25 Copay if drug cost to plan is \$40.01-\$80; \$40 Copay if drug cost to plan is \$80.01 & over	Not covered out-of-network	\$10 Copay if drug cost to plan is \$10-\$40; \$20 Copay if drug cost to plan is \$40.01-\$80; \$40 Copay if drug cost to plan is \$80.01 & over	Not covered out-of-network	Tier 1 - \$4 Tier 2 - \$28 Tier 3 - \$55 Tier 4 - \$55 (limited to 30-day supply) Gap Coverage - Tier 1 Only	Tier 1 - \$10 Tier 2 - \$20 Tier 3 - \$50 Tier 4 - 25% (limited to 30-day supply) Full Gap Coverage (Tiers 1-4)
					Part B Drugs: 20% Coinsurance Formulary - Yes	

**Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.

Coordination of Prescription Drug Benefits for Medicare Members – SLPS-Sponsored Base & Buy-Up Plans

The SLPS prescription drug plan is secondary to other drug coverage for covered members and their dependents, pursuant to the provision of the plan (for example, it is secondary to Medicare Part D). Notwithstanding the foregoing and until the Board of Education determines it can administer secondary drug coverage, the SLPS prescription drug plan will pay as primary. The Board reserves the right to change this method of administration on a prospective basis at any time, should it receive notification that a covered member has other drug coverage. If notification is received that the member has other drug coverage, including under Medicare, the SLPS prescription drug plan will pay as secondary and recover any cost which should have been paid secondary back to the date of secondary coverage.

SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans and UnitedHealthcare® Group Medicare Advantage PPO Plans* continued

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	Base Plan		Buy-Up Plan		Low Plan	High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network <u>OR</u> Non-Network Providers	
Retail or Mail Order (Up to 90-day supply)	\$20 Copay if drug cost to plan is \$20-\$80; \$50 Copay if drug cost to plan is \$80.01-\$160; \$80 Copay if drug cost to plan is \$160.01 & over	Not covered out of network	\$20 Copay if drug cost to plan is \$20-\$80; \$40 Copay if drug cost to plan is \$80.01-\$160; \$80 Copay if drug cost to plan is \$160.01 & over	Not covered out of network	Tier 1 - \$8 Tier 2 - \$74 Tier 3 - \$165 Tier 4 - \$55 (limited to 30-day supply) Formulary - Yes Gap Coverage - Tier 1 Only	Tier 1 - \$20 Tier 2 - \$40 Tier 3 - \$100 Tier 4 - 25% (limited to 30-day supply) Formulary - Yes Full Gap Coverage (Tiers 1-4)
Ambulance Service	20% of Eligible Expenses after Deductible		10% of Eligible Expenses after Deductible		\$100 Copay per trip	
Chiropractic Services	20% of Eligible Expenses; deductible does not apply	Subject to Deductible and Copay	10% of Eligible Expenses; deductible does not apply	Subject to Deductible and Copay	\$10 Copay for each Medicare- covered visit	\$20 Copay for each Medicare- covered visit
Durable Medical Equipment	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	\$0 Copay for diabetes monitoring supplies; 20% Coinsurance for all other Medicare-covered benefits	
Emergency Room	\$250 Copay at Hospital Emergency Room		\$150 Copay at Hospital Emergency Room		\$50 Copay per visit (Waived if admitted to Hospital for the same condition within 24 hours)	
Home Health Care	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	100% coverage (unlimited, medically necessary visits)	
Hospital Care (Inpatient care including physician services)	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	\$200 per day (days 1-11); \$0 per day thereafter	\$300 per day (days 1-5); \$0 per day thereafter

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	Base Plan		Buy-Up Plan		Low Plan	High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network <u>OR</u> Non-Network Providers	
Immunization and Influenza or Pneumonia Vaccine (any age)	100%	Subject to Deductible and Coinsurance	100%	Subject to Deductible and Coinsurance	\$0 Copay	
Mental Health Services and Substance Abuse	\$35 Copay for office visits; Inpatient care subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$30 Copay for office visits; Inpatient care subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Inpatient Services: \$175 Copay per day (days 1-11), \$0 Copay per day (days 12-190); Partial Hospitalization: \$10 Copay per day; Outpatient Services: \$10 Copay for group session; \$10 Copay for individual session	Inpatient Services: \$300 Copay per day (days 1-5), \$0 Copay per day (days 6-190); Partial Hospitalization: \$20 Copay per day; Outpatient Services: \$20 Copay for group session; \$20 Copay for individual session
Outpatient Diagnostic Services (Lab, X-ray and Mammography Testing)	You pay a \$500 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 20%*	You pay a \$500 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*	You pay a \$500 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 20%*	You pay a \$500 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*	\$0 Copay for each Medicare-covered clinical/diagnostic lab service.	
					\$0 copay for each Medicare covered X-ray visit.	\$15 for each Medicare-covered X-ray visit.
					15% coinsurance for any other diagnostic radiology services or therapeutic lab.	20% coinsurance for any other diagnostic radiology services or therapeutic lab.

SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans and UnitedHealthcare® Group Medicare Advantage PPO Plans* continued

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	Base Plan		Buy-Up Plan		Low Plan	High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network <u>OR</u> Non-Network Providers	
Outpatient Diagnostic/ Therapeutic Services (CT Scans, Pet Scans, MRIs and Nuclear Medicine)	You pay a \$500 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 20%*	You pay a \$500 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*	You pay a \$500 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 20%*	You pay a \$500 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*	15% Coinsurance for Medicare-covered diagnostic procedures and tests, diagnostic radiology services, or therapeutic radiology service.	20% Coinsurance for Medicare-covered diagnostic procedures and tests, diagnostic radiology services, or therapeutic radiology service.
Outpatient Therapeutic Treatment (Chemotherapy; Radiation Therapy; Respiratory Therapy; Dialysis Treatment)	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	Renal Dialysis: Member pays 20% Coinsurance each visit; 15% Coinsurance each visit for all other services	20% of the cost for Medicare-covered benefits
Podiatry Services	\$35 Copay	Subject to Deductible and Coinsurance	\$30 Copay	Subject to Deductible and Coinsurance	\$10 Copay for each Medicare-covered visit. \$10 Copay for up to six (6) supplemental routine visits per year.	\$20 Copay for each Medicare-covered visit. \$20 Copay for up to six (6) supplemental routine visits per year.
Prosthetic Devices	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	20% Coinsurance for all Medicare-covered benefits	
Rehabilitation Services – Outpatient Therapy (Physical, Occupational, or Speech/Language Therapy)	Limited to 60 visits per plan year				15% Coinsurance for each Medicare-covered visit	20% Coinsurance for each Medicare-covered visit
	\$25 Copay per visit	Subject to Deductible and Coinsurance	\$15 Copay per visit	Subject to Deductible and Coinsurance		

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	In-Network	Non-Network	In-Network	Non-Network	Network <u>OR</u> Non-Network Providers	
Skilled Nursing Facility Care (SNF)/Inpatient Rehabilitation Facility Services (Non-custodial care)	Nursing is limited to 45 days per calendar year. Inpatient rehabilitation services are limited to 60 days per calendar year. Pre-authorization is required for non-network or benefit reduces to 50% of eligible expenses.				SNF: \$20 Copay per day for days 1-20; \$95 Copay per day for days 21-100; Inpatient Rehabilitation: Included in Inpatient Hospital Copay of \$200 per day for days 1-11, \$0 per day thereafter	SNF: \$0 Copay per day for days 1-5; \$20 Copay per day for days 6-35; \$0 Copay per day for days 36-100; Inpatient Rehabilitation: Included in Inpatient Hospital Copay of \$300 per day for days 1-5, \$0 per day thereafter
Surgery and Related Services (Physician's office for Medicare Advantage Plans; outpatient hospital for all plans)	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	\$5 Copay per visit Primary; \$10 Copay per visit Specialist; Outpatient Surgery – 15% Coinsurance each visit	\$10 Copay per visit Primary; \$20 Copay per visit Specialist; Outpatient Surgery: \$250 per visit for outpatient surgery, 20% Coinsurance for other outpatient services
Urgent Care	\$40 Copay	Subject to Deductible and Coinsurance	\$40 Copay	Subject to Deductible and Coinsurance	\$25 Copay each visit (Waived if admitted to the Hospital for the same condition within 24 hours)	\$50 Copay each visit (Waived if admitted to the Hospital for the same condition within 24 hours)
Vision Services	\$25 Copay; One eye exam every 12 mos. Spectera Eyecare Network Vision Care Providers can be found at myuhcvision.com	Subject to Deductible and Coinsurance	\$15 Copay; One eye exam every 12 mos. Spectera Eyecare Network Vision Care Providers can be found at myuhcvision.com	Subject to Deductible and Coinsurance	\$10 Copay for Medicare-covered eye exam; \$0 Copay for annual routine eye exam; \$130 Eyeglasses Allowance, \$175 Contact Lenses Allowance, Eyewear period: 12 months	\$20 Copay for Medicare-covered eye exam; \$0 Copay for annual routine eye exam; \$130 Eyeglasses Allowance, \$175 Contact Lenses Allowance, Eyewear period: 12 months

SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans and UnitedHealthcare® Group Medicare Advantage PPO Plans* continued

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	Base Plan		Buy-Up Plan		Low Plan	High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network <u>OR</u> Non-Network Providers	
Notification/Precertification Required for: <ul style="list-style-type: none"> - Inpatient Care - Home Health Care - Durable Medical Equipment - Skilled Nursing Facility - Hospice - Outpatient Surgery (Medicare Advantage Plans) - Reconstructive Procedures - Inpatient Rehabilitation Facility Also, see footnotes below	Network providers handle all notifications and managed care requirements for Members.	Members are responsible for obtaining notifications. If the required certification is not obtained, Benefits will be reduced to 50% of the eligible expenses or may result in no benefits payable.	Network providers handle all notifications and managed care requirements for Members.	Members are responsible for obtaining notifications. If the required certification is not obtained, Benefits will be reduced to 50% of the eligible expenses or may result in no benefits payable.	UnitedHealthcare wants to make access to health care as easy as possible for its members. Therefore, it is the responsibility of the contracted provider for notification of acute hospital and/or skilled nursing and not the member. Contracted providers are required to notify UnitedHealthcare of an acute inpatient hospitalization or skilled nursing facility admission within 24 hours. The member is not held responsible if a provider does not notify UnitedHealthcare. In addition, UnitedHealthcare has greatly reduced the number of covered benefits that require prior authorization thereby reducing the hassle for doctors and members alike. Non-contracted (or out-of-network) providers are not required to notify UnitedHealthcare regarding hospital or Skilled Nursing Facility admissions and prior authorizations do not apply.	

Please note: If there are any discrepancies between the benefits outlined in this spreadsheet and the benefits outlined in the policy, the policy will dictate the benefits.

To enroll in a Medicare Advantage plan, you must be enrolled in Medicare Parts A & B.

*Medicare Advantage plans are contracted with Medicare to provide Medicare benefits to Medicare-eligible members. In addition, Medicare Advantage plans provide value-added services, e.g., prescription drug coverage, routine eye care and eyeglass benefit, fitness benefit (RenewActive), mail order over-the-counter allowance for specific items, and a Telephonic Nurse Support.

This summary should be used for benefit comparisons only. It should not be relied upon to fully determine coverage. See the Certificate of Coverage for each Insurance Carrier for more detailed information. If differences occur between an Insurance Carrier's Certificate of Coverage and this summary, the Insurance Carrier's Certificate governs. PSRSSTL reserves the right to discontinue its health care insurance programs at any time and for any reason.

Express Scripts Prescription Drug Plan Over-The-Counter Program, Generics and Deductible for SLPS-Sponsored UnitedHealthcare® Point of Service Plans

Applies to non-Medicare and Medicare Eligible Retirees, Survivors, and Dependents

Over-the-Counter (OTC) Program

The prescription drug plan will provide a voluntary prescription drug savings program that allows members the option of replacing high cost brand drugs with over-the-counter (OTC) and generic alternatives. The OTC program will cover over-the-counter equivalents of high cost and highly utilized drugs in the following three drug classes: PPI's (acid reducers, e.g. "Nexium"); NSAID's (non-steroidal anti-inflammatory drugs, e.g., "Celebrex"); and Antihistamines (e.g., brand drug Clarinex; OTC drug Claritin). The program will feature a zero (\$0) co-pay for members able to use an OTC alternative with a physician's prescription.

The prescription drug plan added an individual deductible of \$300 beginning January 1, 2007. A deductible is the amount you are required to pay before your co-pays "kick in." In other words, you will pay 100% of the cost of your medications until your deductible is met. If the cost of your medication is greater than your deductible, you will be required to pay your deductible in addition to the applicable co-payment remaining for that particular "fill" of that medication. Once you have met your individual deductible, you will only need to pay the applicable co-payment for medications that you have filled. Your \$300 deductible applies at retail, mail service, OTC Program and Express Scripts and will "reset" every January 1st. For the Over-the-Counter (OTC) Program, after your deductible has been met, there is a \$0.00 co-pay for the OTC listed medications with a physician's prescription.

Applies to Medicare Eligible Retirees, Survivors, and Dependents

Mandatory Generic

You will be responsible to pay the cost difference between the brand-name drug and its generic equivalent plus the applicable co-payment if you receive a brand-name drug when a generic equivalent is available (even if your physician indicates "Dispense as Written").

Please keep in mind that the generic version of a drug is made from the same chemical compound as its brand name counterpart. Generic drugs are manufactured according to the same standards as brand-name drugs and have the Food and Drug Administration's (FDA) approval for safety and effectiveness, yet generic drugs cost a fraction of the price of their brand-name counterparts. The use of generic drugs offers a simple and safe alternative to help reduce your medication costs.

We encourage you to discuss generic alternatives with your physician. If your physician believes a change in your prescription to a generic alternative is appropriate, ask your physician to call your pharmacy and change your prescription. For new prescriptions, you can ensure that you will receive the generic product when it is available by asking your physician to write your prescription by the generic or chemical name.



Drug Plan Deductible

For Medicare-Eligible Members

Member Monthly Premiums (Plan Year 2023 vs. 2024)

PSRSSTL provides an \$80 subsidy for the retirees' medical coverage. The premiums below reflect your portion.

Medical

UnitedHealthcare® SLPS-Sponsored Point of Service Plans (Nationwide coverage)				
Medicare and Non-Medicare Members	Base Plan		Buy Up Plan	
	2024	2023	2024	2023
Retiree Only				
Retiree with Medicare	\$503.74	\$477.35	\$547.25	\$517.66
Retiree without Medicare	\$842.17	\$791.00	\$961.67	\$901.75
Retiree and Spouse				
Retiree and Spouse with Medicare	\$1,129.68	\$1,071.35	\$1,208.72	\$1,144.60
Retiree and Spouse without Medicare	\$1,626.01	\$1,531.35	\$1,847.09	\$1,736.25
Retiree with Medicare / Spouse without Medicare	\$1,267.45	\$1,199.03	\$1,360.15	\$1,284.95
Spouse with Medicare / Retiree without Medicare	\$1,267.45	\$1,199.03	\$1,360.15	\$1,284.95
Retiree and Spouse with Child(ren)				
Retiree & Spouse with Medicare, Child(ren) without Medicare	\$1,672.38	\$1,579.22	\$1,798.63	\$1,696.23
Retiree & Spouse without Medicare, Child(ren) with Medicare	\$1,909.67	\$1,799.14	\$2,167.79	\$2,038.36
Retiree, Spouse & Child(ren) without Medicare	\$1,888.67	\$1,779.69	\$2,143.23	\$2,015.61
Retiree with Medicare, Spouse without Medicare, Child(ren) with Medicare	\$1,535.67	\$1,452.52	\$1,647.80	\$1,556.44
Spouse with Medicare, Retiree without Medicare, Child(ren) with Medicare	\$1,535.67	\$1,452.52	\$1,647.80	\$1,556.44
Retiree, Spouse & Child(ren) with Medicare	\$1,672.38	\$1,579.22	\$1,798.63	\$1,696.23
Retiree and Child(ren)				
Retiree with Medicare, Child(ren) without Medicare	\$1,056.48	\$997.62	\$1,136.20	\$1,071.51
Retiree without Medicare, Child(ren) with Medicare	\$1,308.73	\$1,231.40	\$1,489.26	\$1,398.72
Retiree & Child(ren) without Medicare	\$1,294.04	\$1,217.80	\$1,472.08	\$1,382.80
Retiree & Child(ren) with Medicare	\$1,056.48	\$997.62	\$1,136.20	\$1,071.51

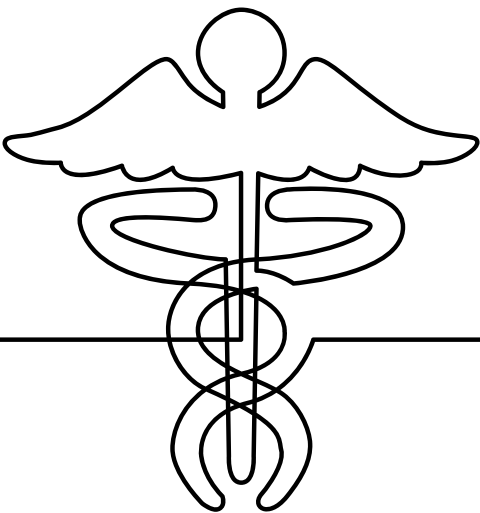
UnitedHealthcare Group Medicare Advantage PPO Plans (Nationwide coverage)				
Medicare Members Only	Low Plan		High Plan	
	Donut-Hole Protection - Tier 1 Drugs Only Rx Retail Costs Over \$4,660		Donut-Hole Protection - Tiers 1, 2 and 3 Rx Retail Costs Over \$4,660	
	2024	2023	2024	2023
Retiree Only	\$0.00	\$0.00	\$0.00	\$0.00
Retiree and Spouse	\$0.00	\$0.00	\$0.00	\$0.00
Retiree and Spouse with Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00
Retiree and Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00

Survivor Monthly Premiums (Plan Year 2023 vs. 2024)

Medical

UnitedHealthcare® SLPS-Sponsored Point of Service Plans (Nationwide coverage)				
Medicare and Non-Medicare Members	Base Plan		Buy Up Plan	
	2024	2023	2024	2023
Surviving Spouse or Child Only				
Survivor with Medicare	\$583.74	\$557.35	\$627.25	\$597.66
Survivor without Medicare	\$922.17	\$968.18	\$1,041.67	\$1,042.07
Surviving Spouse and Child(ren)				
Survivor with Medicare	\$1,136.48	\$1,077.62	\$1,216.20	\$1,151.51
Survivor without Medicare	\$1,388.73	\$1,311.40	\$1,569.26	\$1,478.72
Survivor and Child with Medicare	\$1,136.48	\$1,077.62	\$1,216.20	\$1,151.51

UnitedHealthcare® Group Medicare Advantage PPO Plans (Nationwide coverage)				
Medicare Members Only	Low Plan		High Plan	
	Donut-Hole Protection - Tier 1 Drugs Only Rx Retail Costs Over \$4,660		Donut-Hole Protection - Tiers 1, 2 and 3 Rx Retail Costs Over \$4,660	
	2024	2023	2024	2023
Surviving Spouse or Child Only	\$0.00	\$0.00	\$0.00	\$0.00
Surviving Spouse and Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00



Extra Programs and Features

UnitedHealthcare® Group Medicare Advantage PPO Plans

UnitedHealthcare/Lifeline Personal Emergency Response System

To enroll in this service, members can:

Call: **1-855-595-0389**, TTY **711**, 7 a.m. - 7:30 p.m. CT, Monday through Friday or 8 a.m. - 4:30 p.m. CT on Sat.

Email: **LifelineCare@Phillips.com**

Fax: **1-800-548-7695**

Enroll online: **lifeline.phillips.com/uhcgroup**

With this service, the member presses the help button which then acts as a communicator and dials the Lifeline Response Center. A Trained Care Specialist accesses the member's profile in the system, assesses the situation and dispatches the help requested.

Members can also opt-in for the AutoAlert fall detection (in the event the member is unable to press the help button).

Information will be included in the UnitedHealthcare Welcome Kit which will be sent to each enrollee.

Health Products Benefit Program

Over-the-Counter (OTC) Health and Wellness Products \$60 per quarter

The UnitedHealthcare® Welcome Guide will include a Health Products Benefit order form. Once an order is submitted, the fulfillment agency will send the requested product(s) and will provide an additional form for the following month.

Optum® Personal Care Benefits

1-844-564-2198, TTY **711**,

8 a.m. - 8 p.m. local time, 7 days per week.

www.optumpersonalcare.com

Healthy At Home

With UnitedHealthcare Healthy at Home, you are eligible for the following benefits up to 30 days following all inpatient and skilled nursing facility discharges:

- 28 home-delivered meals through UnitedHealthcare's national vendor when referred by a UnitedHealthcare Advocate.
- 12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Advocate. Contact ModivCare at **1-833-219-1182**, TTY **1-844-488-9724**, 8 a.m. - 5 p.m., local time, Monday - Friday or visit **www.ModivCare.com** for additional details and to schedule your trip once you have been referred.
- 6 hours of in-home personal care provided through a CareLinx professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more. A referral is not required. Contact CareLinx at **1-844-383-0411**, TTY **711**, 8 a.m. - 7 p.m. CT, Monday - Friday and 10 a.m. - 6 p.m. CT, Saturday or Sunday, or by visiting **www.carelinx.com/UHC-retiree-post-discharge**.

Members will receive a Welcome Guide for these benefits.

Renew Active Fitness Program™

To utilize this benefit, members must call UnitedHealthcare Member Services at **844-876-6160** to obtain their access code for the Renew Active gyms. Members can also access information by creating an online account at retiree.uhc.com.

¹The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare® grievance process.

Member Incentives / Rewards

Eligible members can earn incentives / rewards for completion of certain health care activities.

UnitedHealthcare® will send more specific information regarding eligible reward activities and instructions for redemption.

Transportation Program

ModivCare

Eligible members are entitled to 24 one-way trips or 12 round trips for medically-related appointments such as doctors' office and pharmacy visits. For more information on this program, contact ModivCare toll-free at **1-833-219-1182**, TTY **1-844-488-9724**, 8 a.m. – 5 p.m., local time, Monday – Friday or visit www.ModivCare.com.

Virtual Doctor Visits – Medical and Behavioral Health

NOTE: Available for all medical plans.

UnitedHealthcare provides Virtual Doctor Visits to minimize costs (and health risks associated with COVID-19) for providing non-emergency care. To utilize this service, set up an account with UnitedHealthcare. For the SLPS-Sponsored UnitedHealthcare Base or Buy-Up plans, register at www.myuhc.com. For the UnitedHealthcare Group Medicare Advantage Plans, register at retiree.uhc.com.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply.

UnitedHealthcare™ Hearing Program

With the UnitedHealthcare™ Hearing Program, members receive a \$500 discount* on hearing aids, along with access to premium hearing aids from major manufacturers ranging from \$699 - \$2,499. Each hearing aid is custom programmed for your unique hearing needs. To learn more, call UnitedHealthcare® Hearing at **1-855-523-9355**, 9 a.m. to 5 p.m. CT, Monday – Friday or visit www.uhc hearing.com.

**Note: The hearing aid discount is an in-network benefit through UnitedHealthcare Hearing.*



Delta Dental of Missouri Dental Plan Summaries

Networks: PPO and Premier

	Low Plan			High Plan		
	Delta Dental PPO	Delta Dental Premier	Out-of-Network	Delta Dental PPO	Delta Dental Premier	Out-of-Network
	No Balance Billing	Can Balance Bill	Can Balance Bill	No Balance Billing	No Balance Billing	Can Balance Bill
Coverage Type						
Type I: Preventive (cleanings, exams, X-rays)	100%	70%	70%	100%	80%	80%
Type II: Basic Restorative (fillings, extractions)	80%	50%	50%	80%	50%	50%
Type III: Major Restorative (bridges, dentures) (applies to dependents under age 26)	60%	30%	30%	50%	50%	50%
Type IV: Orthodontia	50%	20%	20%	Not Covered	Not Covered	Not Covered
Orthodontia Lifetime Maximum						
Per Person	\$1,500	\$750	\$750	Not Covered		
Deductible (applies to Type II and Type III Services)						
Individual	\$0	\$100	\$100	\$50	\$50	\$50
Family	\$0	\$300	\$300	\$150	\$150	\$150
Annual Maximum Benefit						
Per Person	\$2,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000

What Is Balance Billing?

When a provider bills in excess of the insurance company's established costs/fees for services.

PSRSSTL members can see any dental provider they choose. The above illustrates the amounts paid toward services (based on the network the provider participates in) to help members make informed decisions about where they wish to receive their dental care.

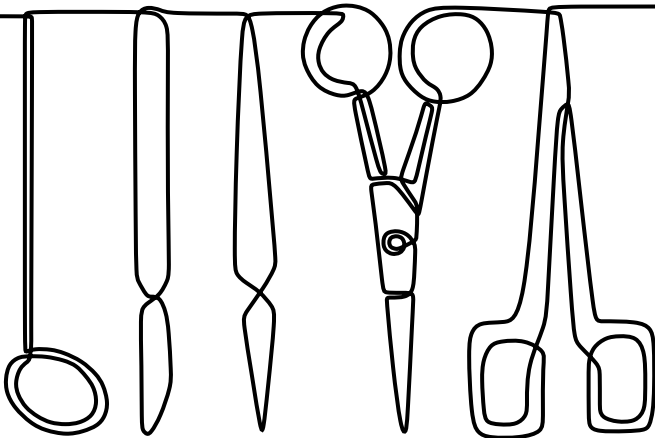
Member Monthly Premiums (Plan Year 2023 vs. 2024)

PSRSSTL provides a \$5.95 subsidy for the retirees' dental coverage. The premiums below reflect your portion.

Delta Dental of Missouri				
	PPO Low Option Plan (choose any dentist)		PPO High Option Plan (choose any dentist)	
	2024	2023	2024	2023
Retiree Only	\$14.70	\$14.70	\$26.01	\$26.01
Retiree and One Dependent	\$41.41	\$41.41	\$62.13	\$62.13
Retiree and Family	\$80.24	\$80.24	\$110.44	\$110.44

Survivor Monthly Premiums (Plan Year 2023 vs. 2024)

Delta Dental of Missouri				
	PPO Low Option Plan (choose any dentist)		PPO High Option Plan (choose any dentist)	
	2024	2023	2024	2023
Survivor Only	\$20.65	\$20.65	\$31.96	\$31.96
Survivor and One Dependent	\$47.36	\$47.36	\$68.08	\$68.08
Survivor and Family	\$86.19	\$86.19	\$116.39	\$116.39



Delta Dental of Missouri Dental Plan List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	Plan Option 1: Low Plan How Many/How Often	Plan Option 2: High Plan How Many/How Often
Type A – Preventive		
Prophylaxis (cleanings)	Two per calendar year	
Oral Examinations	Two exams per calendar year	
Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to his / her 18th birthday	
X-rays	Full mouth X-rays: once every 3 years Bitewings X-rays: two sets per calendar year	
Space Maintainers	One time in 60 months	
Sealants	One application of sealant material every 36 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his / her 16th birthday	
Type B – Basic Restorative		
Fillings	No Limitations	
Simple Extractions	No Limitations	
Crown, Denture and Bridge Repair / Recementations	No Limitations	
Oral Surgery	No Limitations	
Endodontics	No Limitations	
General Anesthesia	No Limitations	
Periodontics	Periodontal scaling and root planing are limited to once per 24 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year	

Plan Type	Plan Option 1: Low Plan How Many/How Often	Plan Option 2: High Plan How Many/How Often
Type C – Major Restorative		
Implants	Replacement once every 60 months	
Bridges and Dentures	Initial placement to replace one or more natural teeth, Dentures and bridgework replacement; one every 60 months Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed	
Crowns, Inlays and Onlays	Replacement once every 60 months	
Type D – Orthodontia		
	Your children, up to age 26, are covered while Dental insurance is in effect All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Orthodontic benefits end at cancellation of coverage	Not included in this plan

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan. Please refer to the final policy document for a complete list of coverages and exclusions.



Delta Dental of Missouri Questions & Answers



Q. May I go to any dentist?

Yes, you are always free to select the dentist of your choice. However, if you choose a nonparticipating dentist, your out-of-pocket costs may be higher. Delta Dental has two networks of participating providers: Delta PPO & Delta Premier. There are thousands of general dentists and specialists to choose from nationwide. To see which network your dentist participates in, please visit the Delta Dental of MO website at [DeltaDentalMO.com](https://www.DeltaDentalMO.com) or by calling Customer Service at **1-800-335-8266**. By calling, you can also have a full provider list faxed, emailed or mailed to you.

Both networks feature discounts on services; however, the discounts offered by PPO providers are deeper. You will have less out-of-pocket expenses and your annual maximum will stretch farther if you choose a participating PPO dentist.

Benefits for Premier Providers process differently under the High and Low Plans.

High Plan – Traditional PPO Plan:

Delta Dental PPO Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Delta Dental Premier Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Out-of-Network Providers: are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

Low Plan – PPO MAC Plan:

Delta Dental PPO Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Delta Dental Premier Providers: may collect the difference between the PPO Fee Schedule and their Delta Dental contracted amount.

Out-of-Network Providers: are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.



Q. What services are covered under this plan?

The certificate of insurance/summary plan description sets forth the covered services under the plan. Please review the enclosed plan benefits to learn more.

Q. How are claims processed?

In-network dentists will submit your claims for you which means you have little or no paperwork. You can view your claims online via our website/member portal or call Customer Service at **800-335-8266** for an update.

Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pretreatment determination/estimate. Your general dentist or specialist will submit a plan for your care and request an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend they request a pre-treatment estimate for services in excess of \$200. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Q. Do I have dental coverage while traveling outside of the U.S.?

Yes. Coverage will be considered under your out-of-network benefits. Please remember to keep all receipts to submit a dental claim.

Q. Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network and you would like to nominate them, please visit deltadentalmo.com to complete the *Nominate your Dentist* form.

Q. How does Delta Dental coordinate benefits with other insurance plans?

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the Delta Dental plan is primary, they will pay the full amount of benefits that would normally be available under the plan. If the Delta Dental plan is secondary, most coordination of benefits provisions require Delta Dental to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by Delta Dental may be reduced due to the benefits paid under the primary plan.

Q. Do I need an ID card?

No. You do not need to present an ID card to confirm you are eligible, although one will be mailed to your home prior to your plan effective date. In the event you do not have your ID card with you at the time of your visit, you can notify your dentist that you are enrolled in a Delta Dental of MO plan. Your dentist can easily verify information about your coverage through our automated Voice Response System or by contacting Customer Service.

EyeMed Vision Plan Summary – Insight Network

Group #1034034

Effective: 1/1/22 - 12/31/25

\$10 Exam / \$10 Materials Copay

Frequency of Service (Dependent Age: 26)			
Every Plan Year Refreshes January 1st.	Employee	Spouse	Children
Vision Exam	Every Plan Year	Every Plan Year	Every Plan Year
Lenses	Every Other Plan Year	Every Other Plan Year	Every Other Plan Year
Frames	Every Other Plan Year	Every Other Plan Year	Every Other Plan Year

Benefits	Employees can select either	
	EyeMed Participating Provider – Insight Network Amount Covered / Benefit (Less Copayment) ^c	Non-Participating Provider Amount Reimbursed (Zero Copayment)
Vision Exam (Glasses or Contacts)	Exam is \$10 (\$0 at PLUS providers)	\$40
Clear Standard Lenses (Pair)		
Single Vision	\$10 copay	\$30
Bifocal	\$10 copay	\$50
Blended Bifocal	\$10 copay	\$50
Trifocal	\$10 copay	\$70
Progressives – Standard	\$10 copay	\$50
Lenticular	\$10 copay	\$70
Polycarbonate ^A	\$40 copay	\$20
Scratch Coat – 1 Year	Additional \$15 copay	N/A
Frame	Frame allowance is \$130 (\$180 at PLUS providers); then you receive 20% off the balance	Frames reimbursed up to \$91
- OR -		
Elective Contacts (In Lieu of Eyeglass Benefits) Material Allowance	\$140 allowance; 15% off balance if conventional, no additional discount if disposable	\$98
- OR -		
Medically Necessary Contacts^B	100%	\$300

^AAvailable In-Network at no charge for children under age 19. Adults will pay additional \$40 for Polycarbonates in-network. There is no coverage for adults out-of-network.

^BMedically Required Contacts may only be selected in lieu of all other material benefits listed herein.

^CA \$10 copayment is applied to the vision exam and a \$10 copayment is applied to the total cost of the lenses ordered from a EyeMed Member Doctor only. Copayments do not apply to the contact material allowance.

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan. Please refer to the final policy document for a complete list of coverages and exclusions.

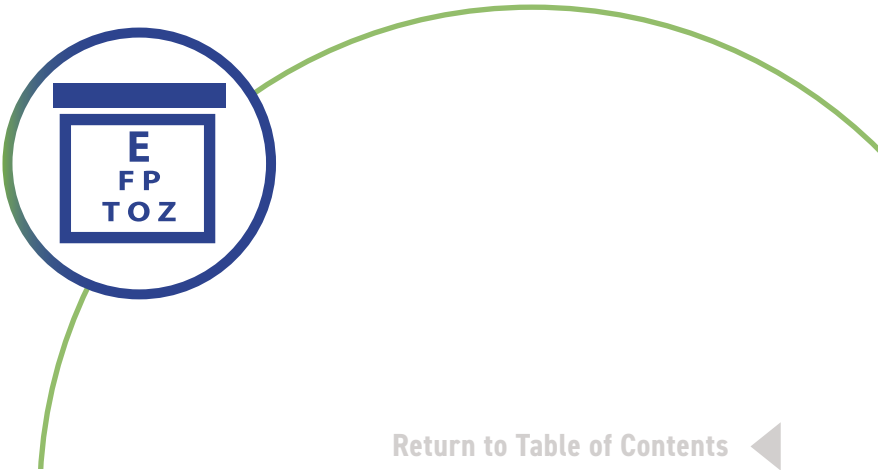
Member Monthly Premiums (Plan Year 2023 vs. 2024)

PSRSSTL provides a subsidy which pays the retirees' vision premium. Dependent and Survivor premiums are reflected below.

EyeMed Vision Plan		
	In- or Out-of-Network Plan	
	2024	2023
Retiree Only	\$0.00	\$0.00
Retiree and One Dependent	\$1.56	\$1.56
Retiree and Family	\$3.93	\$3.93

Survivor Monthly Premiums (Plan Year 2022 vs. 2023)

EyeMed Vision Plan		
	In- or Out-of-Network Plan	
	2024	2023
Survivor Only	\$2.37	\$2.37
Survivor and One Dependent	\$4.71	\$4.71
Survivor and Family	\$7.08	\$7.08



EyeMed Questions & Answers



Q. How do I use my benefits?

Simply find a doctor, schedule an appointment and receive services.

We'll handle all the paperwork, when you visit an in-network provider.

Q. Can I view my EyeMed benefits online?

Yes, you can view your benefits and do a lot more on our secure Member Web — such as print an ID card, check the status of a claim, locate a provider and download an Explanation of Benefits.

Q. Want on-the-go access?

Download our mobile app (App Store or Google Play) to get the same features, plus the ability to save a vision prescription and set an eye exam reminder.

Q. Will I get an ID card? How do I order replacements or extra cards?

Yes, we provide two ID cards in the subscriber's name, but you aren't required to have it at the time of service. If you lose your card or need extras for your family, you can print a replacement by creating an account at eyemed.com or downloading the EyeMed Members App (App Store or Google Play) to pull up a digital version anytime, anywhere. If you do not have computer access, please contact the PSRSSTL office.

Q. How do I submit a claim?

We take care of all of the paperwork when you visit an in-network provider.

If you see an out-of-network provider, you'll need to pay at the time of service and complete a claim form to send to us for reimbursement. Be sure to include an itemized paid receipt with your name.

Q. How do I find an eye doctor in your network?

Simply visit our enhanced provider search on eyemed.com or the mobile app to choose from thousands of in-network providers. You can filter your search by your frame preferences, hours of operation and much more — and then even schedule your appointment.* Contact EyeMed Member Services at **1-866-800-5457**.

Q. Does EyeMed offer any additional discounts?

We sure do! At participating in-network providers, members can receive 40% off additional complete pairs of glasses or 20% off a partial pair (lenses only or frames only). You can also receive 20% off non-prescription sunglasses and accessories. If that's not enough, you can create an account at eyemed.com and login anytime to view special offers.

Don't like wearing glasses or contacts? We also offer discounts on LASIK laser vision correction. To find a LASIK provider, visit eyemedlasik.com or call **877-5laser6**.

*At select in-network providers

Q. I don't see any or all of my dependents on Member Web. Why?

Due to privacy guidelines, we only show family members who are under the age of 18 under the subscriber. Anyone 18 or older will need to register for his or her own account.

Q. Can I use my benefits online?

Absolutely! You can use your in-network benefits to purchase contact lenses and eyewear online at:



Q. I don't wear glasses and can see fine. Why do I need an eye exam?

Getting an eye exam is not just about corrective vision — it's about your health. An eye exam can detect eye health problems like glaucoma or cataracts, as well as help identify signs of diseases that impact your whole body, such as high blood pressure, diabetes and high cholesterol — just to name a few. To learn more about vision wellness, visit eyesiteonwellness.com.

Q. How often should I get an eye exam?

As with any type of ongoing health care, annual eye exams are a good rule of thumb unless otherwise directed by your doctor. To learn more about eye exams, visit eyesiteonwellness.com.

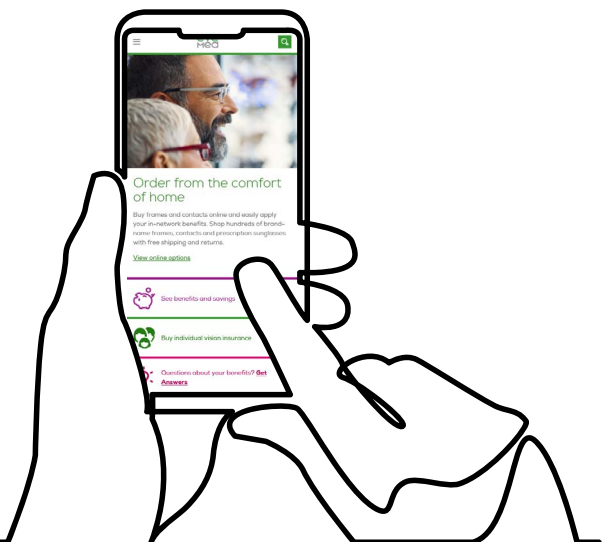
Q. Can I get the same care at a retail provider as I can at an independent doctor?

All optometrists, regardless of the setting of their practice, must meet the same state licensing and credentialing requirements. In addition, due to the finite number of optometry schools in the United States, optometrists are trained consistently regardless of the practice model they eventually choose.



¹American Optometric Association, "Infant Vision: Birth to 24 Months of Age", 2010, <https://www.aoa.org/patients-and-public/good-vision-throughout-life/childrens-vision/infant-vision-birth-to-24-months-of-age>

²All About Vision, "Vision Problems of Preschool Children," Oct. 26, 2017, <http://www.allaboutvision.com/parents/preschool.htm>





Product Overview

Public School Retirement
System of St. Louis

Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you can trust. With MetLife Legal Plans, you have access to the expert guidance and tools you need to navigate a broad range of personal legal needs. Whether you're buying or selling a home, starting a family, or caring for aging parents, the benefit provides protection at every step.

Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.¹

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly fee of **\$17.25** conveniently paid through payroll deduction, an expert is on your side as long as you need them.

Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.²

How to use the plan

1. Find an attorney

Create an account at **members.legalplans.com** to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Helping you navigate life's planned and unplanned events.

**Public School Retirement
System of St. Louis**

For **\$17.25 per month**, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.³

Money Matters	<ul style="list-style-type: none"> • Debt Collection Defense • Identity Theft Defense • Identity Restoration⁴ 	<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 or Title Disputes • Deeds • Eviction Defense • Foreclosure 	<ul style="list-style-type: none"> • Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home 	<ul style="list-style-type: none"> • Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	<ul style="list-style-type: none"> • Codicils • Complex Wills • Healthcare Proxies • Living Wills 	<ul style="list-style-type: none"> • 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 Protection 	<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	<ul style="list-style-type: none"> • Consultation & Document Review for your parents: • 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
Traffic & Other Matters	<ul style="list-style-type: none"> • Defense of Traffic Tickets⁵ • Driving Privileges Restoration 	<ul style="list-style-type: none"> • Habeas Corpus • License Suspension Due to DUI 	<ul style="list-style-type: none"> • Repossession

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.



Create an account at
members.legalplans.com
or scan the QR code.

**Questions? Call the MetLife Legal Plans
Client Service Center at 800-821-6400**
Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
2. Digital notary and signing is not available in all states.
3. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
4. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
5. Does not cover DUI.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [MLP4+HC]



MetLife Legal Plans | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114
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stay connected, stay protected

Since so much of daily life is now spent online, it's more important than ever to stay connected. But more time online means more of your personal data may be at risk. In fact, 1 in 6 Americans were impacted by an identity crime in 2020.¹

Identity theft can happen to anyone. That's why your company is offering you Allstate Identity Protection as a benefit. Get comprehensive identity monitoring and fraud resolution, plus mobile cybersecurity to help you protect yourself and your family against today's digital threats.

For 90 years, Allstate has been protecting what matters most. Prepare for what's next with:

- ⊕ Identity, financial account and credit monitoring
- ⊕ Cybersecurity for your mobile devices
- ⊕ 24/7 support, plus up to \$1 million in fraud expense reimbursement* — or up to \$2 million for families

Allstate
IDENTITY PROTECTION

Sign up during open enrollment

Questions? 1.800.789.2720

Plans and pricing

Allstate Identity Protection Pro+ Cyber

\$9.50 per person / month

\$18.50 per family / month

with Allstate Identity Protection Pro+ Cyber, get features designed to help you defend yourself from today's risks

Count on the most comprehensive identity protection features:

- See and control your personal data with our unique tool, Allstate Digital FootprintSM
- Catch fraud at its earliest sign with comprehensive identity and financial monitoring
- Keep tabs on your risk potential by checking your Identity Health Status
- Get personalized threat insights to help you protect yourself against the latest fraud trends
- Monitor social media accounts for questionable content and signs of account takeover
- Rely on tri-bureau credit monitoring and an annual tri-bureau credit report and score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- See if your personal data has been compromised with dark web monitoring
- Receive alerts for financial transactions like cash withdrawals and large purchases, to help you detect potential fraud
- Eliminate worry about unraveling complex and costly fraud incidents with access to full-service remediation and resolution support
- Count on up to \$1 million in expense reimbursement for stolen funds and out-of-pocket costs, due to fraud, identity theft, ransomware, or cyber threats[†]

Browse confidently with powerful cybersecurity features*:

powered by Lookout mobile app

- Mobile device and app security scan
- Mobile device locator and theft alerts
- Mobile safe browsing and phishing protection
- Wi-Fi network scan and alerts

Plus, get generous protection for loved ones with a family plan that includes:

- Coverage for your whole household, plus senior family coverage for parents, in-laws, and grandparents age 65+
- Family mobile device protection**
- Up to \$2 million in expanded identity theft, cyber and ransomware expense reimbursement[†]

*5 devices
**10 devices

†Terms and conditions apply. Certain features require additional activation and will not be available until a later date. Product may be updated or modified prior to availability. Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

††Cyber and ransomware expense reimbursement does not cover cyber ransom payments to hackers.

‡Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.



It's easy to get started

- 1 Choose your plan**
You're protected from your effective date.
- 2 Activate key features**
Explore additional features in our easy-to-use portal and apps.
- 3 Live your best life online**
We've got you covered with 24/7 alerts.

Allstate
IDENTITY PROTECTION

Retiree Insurance Contact Information

Questions regarding claims should be directed to Member Services at the following numbers:

UnitedHealthcare®

SLPS-Sponsored Base and Buy-Up Point of Service Medical Plans

Member Services

1-844-298-8930 | www.myuhc.com

Express Scripts Pharmacy

1-877-850-3348

Virtual Doctor Visits

(Non-Emergency Medical & Behavioral Health)

www.myuhc.com

(To schedule an appointment, create an account or logon)

UnitedHealthcare®

Group Medicare Advantage PPO Plans

Member Services

1-844-876-6160 | retiree.uhc.com

(To create an online account)

OptumRx Pharmacy Benefits

1-888-279-1828 | TTY 711

Renew Active Fitness Program™

1-877-651-2848 | www.uhcrenewactive.com

Health Products Benefit Program

(Over-the-Counter (OTC) Health and Wellness Products)

Optum® Personal Care Benefit

1-844-564-2198

www.optumpersonalcare.com

Lifeline Personal Emergency Response System

1-855-595-0389 | TTY 771 | lifeline.phillips.com/uhcgroup

Email: LifelineCares@Phillips.com | Fax: 1-800-548-7695

UnitedHealthcare®

Group Medicare Advantage PPO Plans

Transportation Program – ModivCare

1-833-219-1182 | TTY 1-844-488-9724

www.modivcare.com/BookNow

UnitedHealthcare® Hearing Program

1-855-523-9355 | www.uhchearing.com

Virtual Doctor Visits

(Non-Emergency Medical & Behavioral Health)

www.UHCRetiree.com

(To schedule an appointment, create an account or logon)

Delta Dental of Missouri

PPO and Premier Networks

Member Services

1-800-335-8266 | www.deltadentalmo.com

EyeMed

Vision Plan – Insight Network

Member Services

1-866-800-5457 | www.eyemed.com

MetLife

Prepaid Legal

Member Services

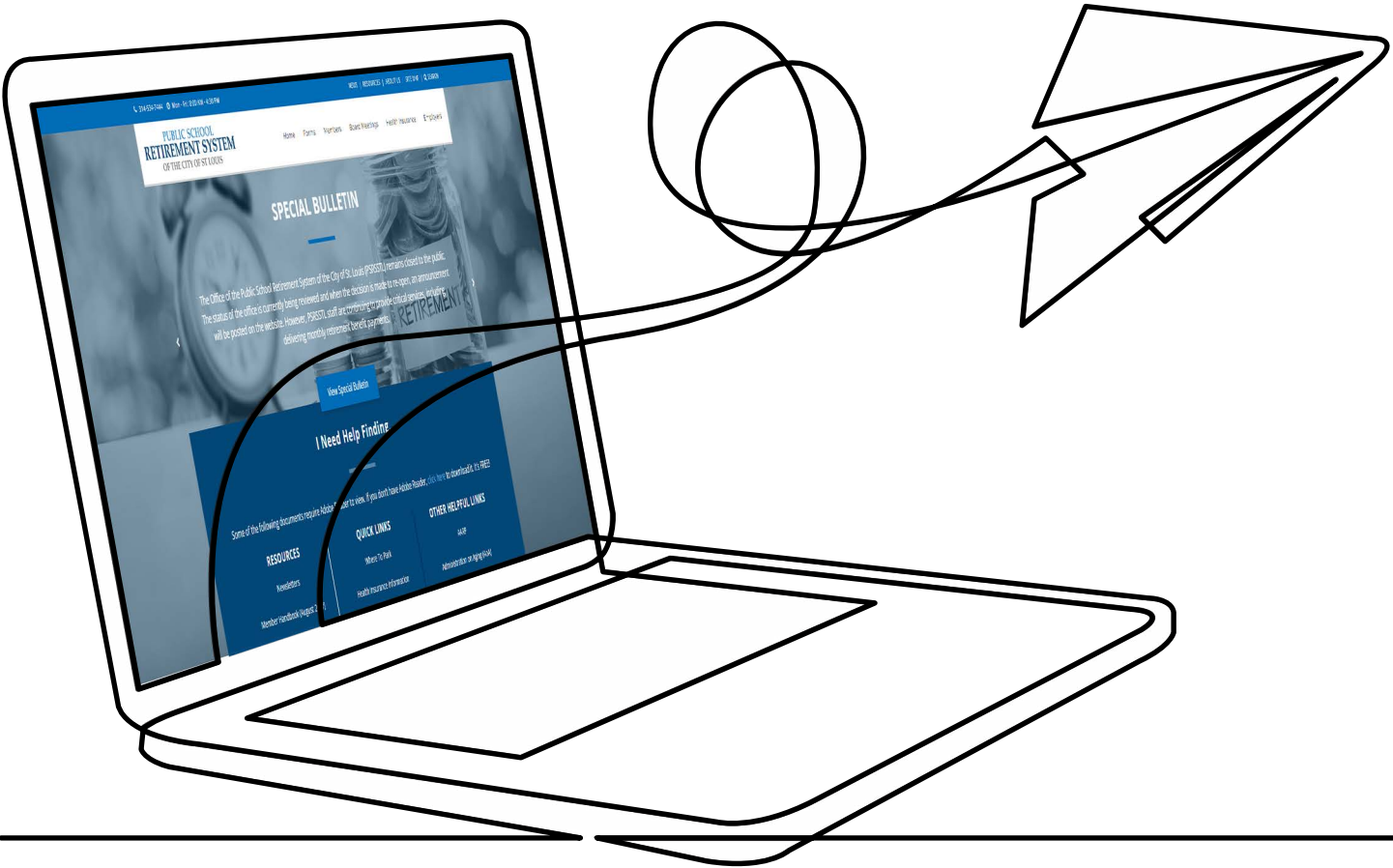
1-800-821-6400 | members.legalplans.com

Allstate Insurance Company

Identity Theft Protection

Member Services

1-800-789-2720 | www.MyAIP.com



Appendix

UnitedHealthcare® Group Medicare Advantage PPO Plans

Statements of Understanding

By enrolling in one of the UnitedHealthcare® Group Medicare Advantage PPO Plans, I agree to the following:

This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.

I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. Review the enclosed plan benefits to learn more.

I can only have one Medicare Advantage or Prescription Drug plan at a time.

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan. If I disenroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare®.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.

This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will receive a letter making me aware of the penalty and what the next steps are.

The service area includes the 50 United States, the District of Columbia and all U.S. territories.

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S., I am covered for emergency or urgently needed care.

I will receive information on how to get an Evidence of Coverage (EOC).

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.

My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

Consult a healthcare professional before beginning any exercise program. Availability of the Renew Active Program varies by plan/market. Refer to your Evidence of Coverage for more details.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.



Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

You are not required to use OptumRx home delivery for a 90- or 100-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at **1-888-279-1828**, TTY **711**. OptumRx is an affiliate of UnitedHealthcare® Insurance Company.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply.

Benefits, premium and / or copayments / coinsurance may change each plan year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

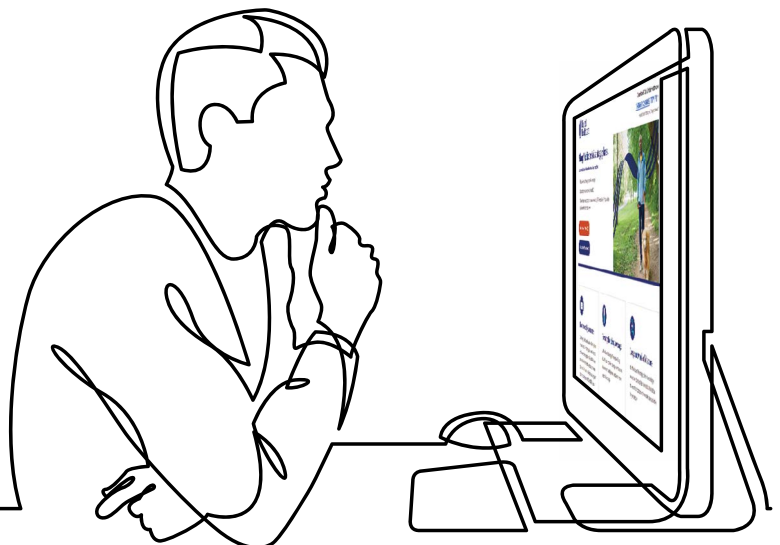
Plans are insured through UnitedHealthcare® Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

The Formulary, pharmacy network, and / or provider network may change at any time. You will receive notice when necessary.

Plans are insured through UnitedHealthcare® Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

You must continue to pay your Medicare Part B premium.

Out-of-network / non-contracted providers are under no obligation to treat UnitedHealthcare® members, except in emergency situations. Please call our customer service number (**1-844-876-6160**) or see your Evidence of Coverage for more information.



Worksheet for Prescriptions

For Medicare-Eligible Members Enrolled or Enrolling in the UnitedHealthcare Group Medicare Advantage PPO Plans

[illegible]

BENEFITS ENROLLMENT FORM

PUBLIC SCHOOL RETIREMENT SYSTEM OF THE CITY OF ST. LOUIS

SECTION 1 – PLAN SELECTION, REASON & EFFECTIVE DATE

Reason for Enrollment/Change: <input type="checkbox"/> Other _____ <input type="checkbox"/> New Retiree <input type="checkbox"/> Involuntary Coverage Loss <input type="checkbox"/> OE Plan Change <input type="checkbox"/> Medicare-Eligibility	Coverage Effective Date
--	-------------------------

UnitedHealthcare Group Medical Plans	Delta Dental of Missouri Networks: PPO & Premier	EyeMed Network: "InSight"	MetLife	Allstate
<input type="checkbox"/> Base Plan - Commercial <input type="checkbox"/> Buy-Up Plan - Commercial <input type="checkbox"/> Low Plan – Medicare Advantage <input type="checkbox"/> High Plan – Medicare Advantage	<input type="checkbox"/> Low Plan <input type="checkbox"/> High Plan <i>If using PPO Network Providers, enroll in the Low Plan</i>	<input type="checkbox"/> Vision	<input type="checkbox"/> Prepaid Legal	<input type="checkbox"/> Identity Theft
<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse* <input type="checkbox"/> Retiree, Spouse + Child(ren)* <input type="checkbox"/> Retiree + Child(ren)*	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + 1 Dependent* <input type="checkbox"/> Retiree + Family	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + 1 Dependent* <input type="checkbox"/> Retiree + Family	<input type="checkbox"/> Retiree + Family	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Family

***If enrolling dependents in medical, dental and/or vision coverages, you must complete SECTION 4**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have other prescription drug coverage (including private insurance, workers' compensation, VA benefits or through the State Pharmaceutical Assistance Program? If yes, please complete the following: Name of other coverage: _____ ID #: _____ Group #: _____
---	--

SECTION 2 – RETIREE PERSONAL INFORMATION

First Name - M.I. - Last Name - Suffix (Jr., Sr.)		PSRS Member ID (PSRS to provide)	Date of Birth
		Not applicable.	
Last 4 digits of SSN	Gender	Marital Status	
	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Permanent Street Address (no P.O. Boxes)	City	State	Zip Code
Mailing Address (P.O. Boxes)	City	State	Zip Code
Home Phone (required, if applicable)	Cell Phone (required, if applicable)	Email	

SECTION 3 – RETIREE MEDICARE INFORMATION

(Complete this section ONLY if you are Medicare-eligible AND are enrolling in OR changing medical plans)

Medicare Claim Number	Part A Effective Date	Part B Effective Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had continuous creditable prescription coverage since becoming Medicare-eligible?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a resident of a long-term care facility?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have End State Renal Disease (ESRD)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you become eligible for Medicare because you were diagnosed with End Stage Renal Disease <i>and</i> has it been less than 30 months since you became eligible?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you enrolled in your State <u>Medicaid</u> Program? If yes, provide your <u>Medicaid</u> number:	
Medicare Election Period		
<input type="checkbox"/> Initial Enrollment	<input type="checkbox"/> Annual (Open Enrollment)	<input type="checkbox"/> Special Enrollment

SECTION 4 – DEPENDENTS’ PERSONAL INFORMATION**Note: Per PSRS Group Enrollment Policy, all dependents must be enrolled in the same plan(s) as the Retiree****Dependent enrollment in the Identify Theft Protection and Prepaid Legal is handled directly with the Vendor.****DEPENDENT #1**

First Name / M.I. / Last Name & Suffix (Jr., Sr.)	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relation <input type="checkbox"/> Spouse	Date of Birth	SSN
Indicate the coverages enrolling in:	<input type="checkbox"/> Medical		<input type="checkbox"/> Dental	<input type="checkbox"/> Vision

DEPENDENT #2

First Name / M.I. / Last Name & Suffix (Jr., Sr.)	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relation <input type="checkbox"/> Child	Date of Birth	SSN
Indicate the coverages enrolling in:	<input type="checkbox"/> Medical		<input type="checkbox"/> Dental	<input type="checkbox"/> Vision

DEPENDENT #3

First Name / M.I. / Last Name & Suffix (Jr., Sr.)	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relation <input type="checkbox"/> Child	Date of Birth	SSN
Indicate the coverages enrolling in:	<input type="checkbox"/> Medical		<input type="checkbox"/> Dental	<input type="checkbox"/> Vision

Complete this section if Medicare-eligible AND if enrolling in/changing medical plans

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3
Medicare Claim Number			
Part A Effective Date			
Part B Effective Date			
Have you had continuous creditable prescription coverage since becoming Medicare-eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a resident of a long-term care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have End State Renal Disease (ESRD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you become eligible for Medicare because you were diagnosed with End Stage Renal Disease <i>and</i> has it been less than 30 months since you became eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enrolled in your State Medicaid Program? If yes, provide your Medicaid number	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other prescription drug coverage (including private insurance, workers’ compensation, VA benefits or through the State Pharmaceutical Assistance Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have other prescription drug coverage, please provide: 1. Name of other coverage 2. Member ID # 3. Group #			
Medicare Election Period	<input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Annual (Open Enrollment) <input type="checkbox"/> Special Enrollment	<input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Annual (Open Enrollment) <input type="checkbox"/> Special Enrollment	<input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Annual (Open Enrollment) <input type="checkbox"/> Special Enrollment

AGREEMENT: Please read the following carefully.

1. I apply for membership in UnitedHealthcare for myself and for any eligible dependents listed. I authorize PSRSSTL to make deductions for the premiums.
2. I and my eligible dependents shall abide by the provisions of coverage in the UnitedHealthcare Enrollment agreement, Certificate of Coverage and Benefit Riders under which we are enrolled.
3. By signing this form, I authorize the Public School Retirement System and any physician, hospital, medical group or other facility providing me care, treatment or consultation, to disclose to UnitedHealthcare, or receive from UnitedHealthcare, any medical or claim information pertaining to the persons identified in this enrollment form receiving coverage under this plan, as may be necessary to enable UnitedHealthcare to make coverage determinations, pay claims or otherwise administer plan programs, including without limitation, credentialing of physicians and as applicable, other providers, all of which shall be conducted in accordance with state and federal confidentiality laws. UnitedHealthcare will not disclose any information pertaining to HIV/AIDS or chemical dependency/substance abuse except as specifically permitted by applicable law.
4. I understand and agree no benefits shall take effect until this application is approved by UnitedHealthcare and, if applicable, Medicare.
5. I understand that my membership may be cancelled for one or both of the following reasons: 1) failure to pay the amount due under the UnitedHealthcare Enrollment Agreement or Certificate of Coverage, for which I am legally responsible, or (2) fraud or material misrepresentation in enrollment or in the use of services or facilities.
6. I understand that it is my responsibility to report to the Public School Retirement System any change in the eligibility of myself or my dependents.

By signing this form, I certify ALL information given is true and accurate.

By enrolling in one of the UnitedHealthcare® Group Medicare Advantage PPO Plans, I agree to the following: **This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.** I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. **I can only have one Medicare Advantage or Prescription Drug plan at a time.**

- Enrolling in this plan will automatically dis-enroll me from any other Medicare health plan. If I dis-enroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare®.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

If I do not have prescription drug coverage, I may have to pay a late enrollment penalty. This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will receive a letter making me aware of the penalty and what the next steps are. **The service area includes the 50 United States, the District of Columbia and all U.S. territories.** I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S., I am covered for emergency or urgently needed care. **I will get a Plan Details book that includes an Evidence of Coverage (EOC).**

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.

My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations. Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Plans are insured through UnitedHealthcare® Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare® members, except in emergency situations. Please call our customer service number (1-844-876-6160) or see your Evidence of Coverage for more information.

By enrolling in the Delta Dental Plan, I understand: 1) that there may be instances where treatment decisions made by my dentist or me or dental expenses which I have incurred may not be covered by my dental plan; 2) that information collected in connection with administration of the benefit plan may be used to bring to my attention health products or services that might be valuable to me and otherwise as permitted by law; 3) that you may combine that information with other information so that it is no longer individually identifiable and use it for commercial and other purposes. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. The Delta Dental Certificate provides dental benefits only. Review the Certificate of Coverage carefully.

By signing this form, I certify ALL information given is complete, true and accurate.

Pension Deduction Authorization: By signing this application, member authorizes the Public School Retirement System to withhold insurance premiums for such coverage from member's monthly pension check. Monthly premiums for the available plans are determined annually by each respective insurance company. This authorization may not be withdrawn unless member cancels the coverage for which the premium deductions are authorized. By signing this application, member understands that some of the insurance companies impose restrictions on cancellations. Member also understands that he/she must notify the Public School Retirement System in writing in order to cancel coverage and withdraw this deduction authorization.

RETIREE SIGNATURE (Required):

SIGNATURE DATE:

DEPENDENT SIGNATURE REQUIRED WHEN ENROLLING DEPENDENT IN A MEDICARE ADVANTAGE PLAN

DEPENDENT #1 SIGNATURE:

SIGNATURE DATE:

DEPENDENT #2 SIGNATURE:

SIGNATURE DATE:

DEPENDENT #3 SIGNATURE:

SIGNATURE DATE:

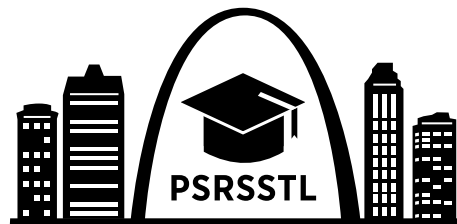
EMAIL: monica.brewer@psrstl.org

PHONE: 314-534-7444 Ext. 3011

FAX: 314-533-0531

MAIL: Public School Retirement System
3641 Olive Street, Suite 300
St. Louis, MO 63108
Attention: Monica Brewer

DROPBOX: Located outside our front door, locked and secured.



Public School Retirement System

of the City of St. Louis

3641 Olive Street | St. Louis, MO 63108 | (314) 534-7444