



PARKWAY SCHOOL DISTRICT

Open Enrollment Benefits Guide 2021

Dental and Vision Benefits Only

Retiree / Surviving Dependents / COBRA / LOA



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Open Enrollment

The open enrollment period for the 2021 calendar year for health benefits is scheduled to begin November 1, 2020 and conclude November 30, 2020. All changes must be received at Parkway by 4:00pm on November 30, 2020. You can fax in your change form to (314) 415-8050 – Attention: Benefits. Any changes received will take effect on January 1, 2021.

There will be no increases to the premiums on the Dental and Vision Plans.

There are no changes in the providers or plan structure for the dental or vision plans.

Due to Covid-19 restrictions and the fact that there are no changes on the Dental or Vision plans that Parkway offers, we will not be having a Retiree meeting for this Open Enrollment Period. Please email Janet Bova Conti at jbovaconti@parkwayschools.net with any of your questions or concerns.

IF NO CHANGES ARE BEING MADE AT THIS TIME, NOTHING NEEDS TO BE RETURNED TO THE FINANCE/BENEFITS OFFICE. ALL YOUR BENEFITS WILL AUTOMATICALLY MOVE OVER IN 2021.

IF YOU ARE MAKING CHANGES TO YOUR BENEFITS, PLEASE COMPLETE THE ENCLOSED OR ATTACHED BENEFITS CHANGE FORM AND RETURN TO:

Parkway Benefits
455 N. Woods Mills Road
Chesterfield, MO 63017

Or FAX your change form to: 314-415-8050. Or email to: jbovaconti@parkwayschools.net

Information You Need to Know About Open Enrollment

If you are a recent retiree, (retired within the past year), you are only allowed by state law to add a dependent to your coverage within the first year of your retirement. For example, if you retired June 30, 2020, you have until June 30, 2021 to add a spouse or dependent child. During this first year of retirement, you may add your dependent at any time, not just during open enrollment. Should you have any questions regarding your insurance coverage, please feel free to contact Janet Bova Conti in the Benefits Department at (314) 415-8059 or you can email her at jbovaconti@parkwayschools.net.

Dental Insurance

We offer one dental plan through Delta Dental. The Assurant Dental plan is no longer available to new enrollees. Current Assurant participants will be grandfathered into the plan. If you decided to drop the Assurant Dental coverage you will not be able to re-enroll in the future years. There will be no increase to the Delta Dental plan and no increase to the Assurant Dental premiums for the calendar year 2021.

Vision Insurance

The vision carrier for 2021 is EyeMed Vision Care. The rates will remain the same.

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Finance/Benefits.

Plan	Whom To Call	Phone Number	Website
Dental Plan (PPO)	Delta Dental	1-800-335-8266 or 314-656-3001	www.deltadentalmo.com
Dental Plan (Pre-Paid)	SunLife (Assurant)	1-800-733-7879	www.assurantemployeebenefits.com
Vision Plan	EyeMed	1-866-939-3633	www.eyemedvisioncare.com
Benefits Team	Whom To Call	Phone Number	Email
Parkway School District (Finance/Benefits)	Janet Bova Conti Tierra Morris	314-415-8059 314-415-8058	jbovaconti@parkwayschools.net tmorris@parkwayschools.net
J. W. Terrill Marsh & McLennan Agency	Ken Summers Stacey Asher	314-594-2688 314-594-2725	ksummers@jwterrill.com sasher@jwterrill.com

Changing Coverage during the Year

You may make coverage changes during the year only if you experience a change in family status. The change in coverage must be consistent with the change in status (e.g., you cover your spouse following your marriage, your child following an adoption, etc.). The following are considered family status changes for purposes of the Plan:

- your marriage, divorce, legal separation or annulment;
- Domestic Partner (according to Domestic Partner affidavit rules);
- the birth, adoption, placement for adoption or legal guardianship of a child;
- a change in your spouse's employment or involuntary loss of health coverage (other than coverage under the Medicare or Medicaid programs) under another employer's plan;
- loss of coverage due to the exhaustion of another employer's COBRA benefits, provided you were paying for premiums on a timely basis;
- the death of a Dependent;
- your Dependent child no longer qualifying as an eligible Dependent;
- a change in you or your Spouse's position or work schedule that impacts eligibility for health coverage;
- contributions were no longer paid by the employer (This is true even if you or your eligible Dependent continues to receive coverage under the prior plan and to pay the amounts previously paid by the employer);
- benefits are no longer offered by the Plan to a class of individuals that include you or your eligible Dependent; termination of you or your Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage as a result of loss of eligibility (you must contact the Benefits Department within 60 days of termination);
- you or your Dependent become eligible for a premium assistance subsidy under Medicaid or CHIP (you must contact the Benefits Department within 60 days of determination of subsidy eligibility);
- a strike or lockout involving you or your Spouse; or
- a court or administrative order.

If you wish to change your election, you must contact the Benefits Department within 30 days of the change in family status. You will need to provide documentation of the change. Otherwise, you will need to wait until the next annual open enrollment.

You can cancel any of your benefits during the year. We drop on the last day of each month. Please email Janet Bova Conti if you want to drop any of your benefits. Her email is jbovaconti@parkwayschools.net.

Dental Care: Delta Dental

The dental benefit is offered through Delta Dental of Missouri.

Cost Per Month

Dental Monthly Premium				
	Retiree Only	Retiree & Spouse	Retiree & Spouse & 1 or more Child(ren)	Retiree & 1+ Child
RETIREEES	\$49.82	\$87.38	\$145.58	\$107.95
COBRA/LOA	\$49.82	\$87.38	\$145.58	\$107.95

The chart below provides an outline of the coverage you receive when you use in-network providers. You receive the highest level of coverage if you receive services from in-network providers. Services received from out of network providers will be processed at a lower benefit level which most likely will result in higher out of pocket expenses to the member.

The network attached to the plan is the Delta Dental PPO/Premier. To search the network for participating providers please visit www.deltadentalmo.com

Type of Service	PPO Network	Premier Network	Non-Network
Annual Maximum	\$1,250 Per Person		
Deductible	\$50 Individual / \$150 Family		
Preventive Care:	0%	0%	0%
Basic Services:	20%	25%	25%
Major Services:	40%	45%	45%
Orthodontia:	Lifetime Maximum of \$1,000 40%, Adults and Child (ren) to the age of 26.		



Dental Care: Assurant – now known as SunLife Dental DHMO

This dental benefit is offered through SunLife. **Not open to new enrollees. Only those already on this plan can continue on this plan.**

Cost Per Month: NO CHANGES IN RATES FOR 2021

Dental Monthly Premium			
	Retiree Only	Retiree & 1 Dependent*	Retiree & 2 Dependents*
RETIREEES	\$14.55	\$23.45	\$35.91
COBRA	\$14.55	\$23.45	\$35.91

***A Dependent is defined as a spouse or a child.**

The chart below provides an outline of the coverage you receive when you use in-network providers. This dental plan is in-network only. Services received from out of network providers will not be covered under this Assurant copay plan.

The network attached to the plan is the SunLife Dental DHMO network, formerly Assurant Dental. To search the network for participating providers please visit www.slfservicesresources.com. You must use one of these dentists.

The Plan name is the Heritage Series. Policy #903221

Type of Service	Basic Plan
Annual Maximum	N/A
Deductible	\$0 per individual / \$0 per family
Preventive Care:	Scheduled Copayment
Basic Services:	Scheduled Copayment
Major Services:	Scheduled Copayment
Orthodontia:	Discounts Available

Vision Plan: EyeMed Vision Care

The vision benefit continues to be offered through EyeMed Vision Care.

Below provides an outline of the coverage you receive when you use in-network providers. You receive the highest level of coverage if you receive services from in-network providers. Services received from out of network providers will be processed at a lower benefit level which most likely will result in higher out of pocket expenses to the member. **The network attached to the plan is the EyeMed Insight network.**

Voluntary Vision

Well Vision – Every 12 months

\$0 copay

Prescription Lenses

\$20 copay

Lenses – Every 12 months

- Single vision, lined bifocal, and lined trifocal lenses
- Polycarbonate lenses for dependent children

Frames – Every 24 months

- \$130.00 allowance for a wide selection of frames
- 20% off the amount over your allowance

OR Contacts (instead of glasses) – Every 12 months

- Up to \$55 copay for your contact lens exam (fitting and evaluation)
- \$130 allowance for contacts

Retiree Pays Per Month:

Vision Monthly Premium			
	Retiree Only	Retiree & 1 Dependent	Retiree & Family
RETIREE COST	\$5.20	\$9.34	\$13.20
COBRA / LOA	\$5.20	\$9.34	\$13.20



As an EyeMed member, you can get any frame for \$0 out-of-pocket when you shop at Sears Optical or Target Optical – even top fashions brands are included!! Please use offer code **75284** to take advantage of this offer.

How to find a provider – Go to “www.eyemedvisioncare.com”

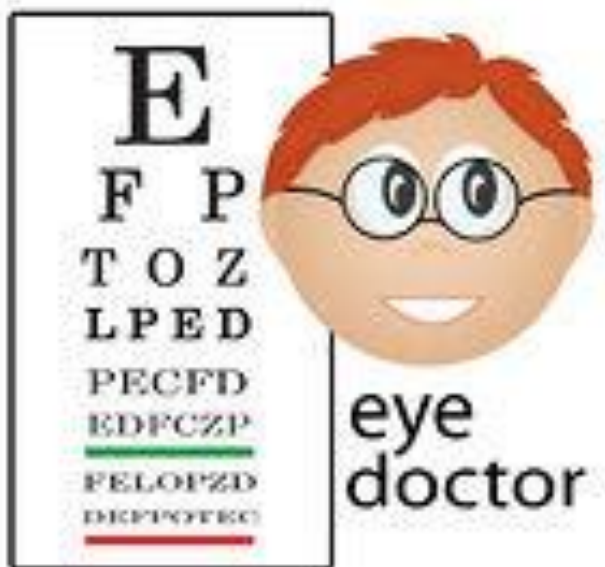
- Click “Find a Provider” at the top right of the webpage.
- Enter your zip code, select the *Insight* Network and hit the “Get Results” button.
- The search will generate a report of the search results, listing the providers closest to your zip code first.
- You can refine your search even more under the “Filter Search Results” on the left side of the webpage.
- Or, you can call 866-939-3633 to speak with a Customer Service Representative.

You can also use this website for practical tools and personalized information for your vision care.

- Learn about vision wellness to manage your vision health and wellbeing.
- Check your in-network vision benefits and how to use them.

Out-of-Network Services

You can choose to receive care outside of the EyeMed Vision network. You simply get an allowance toward services and you pay the difference. In-Network benefits and discounts will not apply. Just pay in full at the time of service and then file a claim for reimbursement.



Important Notes and Reminders

PRIVACY PRACTICES NOTICE

Please review carefully. *This notice describes how medical information about you may be used and disclosed and how you can get access to this information.*

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by the **Parkway School District** (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the plan participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. **Parkway School District** requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of **Parkway School District** for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend.

Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice.

We may change our policies at any time. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or concerns, please contact:

Parkway School District
Brian Whittle
455 North Woods Mill Road
Chesterfield, MO 63017
bwhittle@parkwayschools.net

Concerns

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

This form does not constitute legal advice and is provided "as is." This form is based upon current federal law and is subject to change based upon changes in federal law or subsequent interpretive guidance. This form must be modified to reflect the user's privacy practices and its state law where the state law is more stringent.



General Notice of COBRA Continuation Coverage Rights

**** Continuation Coverage Rights Under COBRA ****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Parkway School District and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Parkway School District, Benefits Office, 455 N. Woods Mill Road, Chesterfield, MO 63017: (314) 415-8059, benefits@parkwayschools.net Additionally proof of the event is required.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Proper documentation needs to be submitted to Janet Bova Conti, Benefits Specialist, 455 N. Woods Mill Road, Chesterfield, MO 63017. Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the Plan of that fact within 30 days after SSA's determination.

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Parkway School District, Benefits Office, 455 N. Woods Mill Road, Chesterfield, MO 63017
benefits@parkwayschools.net.

Please Note:

The information in this Benefits Guide is for illustrative purposes only and is based on information taken from all insurance carriers summary plan descriptions and benefit summaries. Every effort was taken to accurately report your benefits, however, discrepancies and errors may occur. If there is a discrepancy between this Benefits Guide and the Summary Plan Description or Carrier Benefit Summary, the actual plan documents from the insurance company will prevail. If you have any questions, please direct them to your Benefits Department.

Parkway School District reserves the right to amend, modify or terminate these plans at any time as allowed by law. Your participation in these plans does not guarantee your employment at the company and does not create a contract of employment, express or implied.