

**SAINT LOUIS COUNTY**  
Missouri



# 2024-2025 BENEFITS GUIDE

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## MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the *Important Notices* section for more details.

**This guide is an overview** and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

# CHANGES FOR THE 2024-2025 PLAN YEAR

## Mandatory Open Enrollment

- Open Enrollment is **mandatory** this year. You **must** make elections to have benefits for the next plan year.

## Medical

- NEW!** UnitedHealthcare will be our new medical claims administrator. You will be receiving new ID cards in the mail if you enroll in a medical plan.
- There is more information about the change to UHC beginning on page 13.

## Pet Insurance

- MetLife will be our new pet insurance plan carrier for the 2024-2025 plan year.

## 2024-2025 BENEFITS

The Benefits in this summary are effective October 1, 2024 through September 30, 2025

Mandatory Open Enrollment begins Thursday, August 15, 2024 and ends Friday, August 30, 2024.

## Open Enrollment meetings will be held as follows:

Meeting	Date & Time	Link
General OE	Friday, 8/16 11:00 am	<a href="https://bit.ly/StLCOEMtg1">https://bit.ly/StLCOEMtg1</a>
General OE	Tuesday, 8/20 at 9:00am	<a href="https://bit.ly/StLCOEMtg2">https://bit.ly/StLCOEMtg2</a>
Voluntary Benefits, HSA, & FSA	Wednesday, 8/21 at 12:00pm	<a href="https://bit.ly/StLCOEMtg3">https://bit.ly/StLCOEMtg3</a>
General OE	Thursday, 8/29 at 3:30pm	<a href="https://bit.ly/StLCOEMtg4">https://bit.ly/StLCOEMtg4</a>

If you are unable to join the meetings, don't worry. OE Meetings will be recorded and posted on the County intranet under Human Resources → Employee Benefits.

# ELIGIBILITY

Benefit	Who is Eligible?	When to Enroll	When Benefits Are Active
<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• HSA</li> <li>• FSA</li> <li>• Life &amp; AD&amp;D</li> <li>• Vol. Life</li> <li>• STD</li> <li>• LTD</li> <li>• Accident</li> <li>• Critical Illness</li> <li>• Hospital Indem.</li> <li>• ID Theft</li> <li>• Legal</li> <li>• Pet Insurance</li> <li>• EAP</li> </ul>	<p>You are eligible if you are a full-time employee working 30 or more hours per week.</p> <p>Permanent-Part Time employees may be eligible for certain benefits.</p>	<p><b>New Hires</b> will receive an email 10-15 days prior to their effective date to enroll in benefits.</p> <p><b>Current Employees</b> enroll annually during the open enrollment period.</p>	<p><b>New Hire elections:</b> coverage begins on the first of the month following a 30-day waiting period. Police Officers are effective on their 1<sup>st</sup> day.</p> <p><b>Open Enrollment elections:</b> become effective on October 1<sup>st</sup></p> <p>If you miss your enrollment deadline, you will not be able to enroll until the next Open Enrollment period or you experience a qualifying life event (page 8).</p>
<ul style="list-style-type: none"> <li>• Deferred Comp. (457) Plan</li> </ul>	All full or permanent part-time employees	Any time	Typically, contributions will begin the month after you complete enrollment and deferral elections.

## Eligible Dependents

- Your legally married spouse or domestic partner\*
- Natural, adopted, stepchildren, or domestic partner's children up to age 26. Children may be covered until the end of the year in which they turn 26. If they are a full-time student, they can be covered until the end of the month in which they turn 27, or when they graduate, whichever occurs first.
- Children over age 26 who are disabled and depend on you for support. (Verification of over-age child disability will be required.)
- Children named in a Qualified Medical Child Support Order (QMCSO).

\*Domestic partners will need to complete and notarize an Affidavit of Domestic Partnership form. This form can be requested from the County Benefits Office.

# HOW TO ENROLL IN BENEFITS

## To Enroll in Benefits:

Visit the BenSelect enrollment portal: <https://standard.benselect.com/stlco>

**Username:** Your County Employee Number (EIN)

**PIN:** Your pin will be the last 4 digits of your SSN + your 8-digit birthdate (MMDDYYYY).

If you are unable to login to BenSelect, please contact their customer service at 314-262-7088.

- Once logged in you will be prompted to change your PIN; your PIN must be a minimum of six numbers or letters.
- Review your personal and existing dependent information for complete accuracy.
- Review your existing elections and complete your enrollment for the 2024-2025 plan year.
- Complete your enrollment by signing the Enrollment Confirmation.
- You will receive an email confirmation of your elections.

## DO I NEED TO ENROLL?

**YES!** There is a **mandatory** Open Enrollment this year. If you want coverage for the next plan year, you must make elections, changes, or waive coverage.

## BEFORE YOU ENROLL

- Know the date of birth, social security number, full legal name, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.
- Attend an Open Enrollment Meeting. The schedule of meetings is listed on page 3 of this guide. Attendance is not required but strongly encouraged. Meeting recordings will be posted on the County intranet.



# YOUR BENEFITS WHEN YOU LEAVE THE COUNTY

This following table outlines what happens to your benefits when you leave employment with St. Louis County. We want to help make your transition as seamless as possible. Below is a general outline of when your coverage ends and whether you may have options to continue coverage or convert to an individual policy after your group coverage ends. Refer to your termination packet for additional details.

**An important reminder**—please make sure you have provided up-to-date contact information to HR so you will receive any future communications sent by mail or email.

Benefit	When Coverage Ends	Continuation Options	Additional Information
<b>Health and Well-being</b>			
<b>Medical, Dental, &amp; Vision</b>	Last day of the month in which you receive your last check, as long as no premiums are owed. Premiums will be doubled if your last check is the 1 <sup>st</sup> check of the month.	In almost all circumstances, participants are eligible for COBRA, a law that allows employees to continue group health benefits for a certain period of time after coverage ends.  You will receive COBRA Information from the County via mail. The notice will provide information about your options and costs. You have 60 days, from the date the package was issued, to enroll if you are eligible.	If you are unable to afford COBRA coverage, you may want to shop for an individual plan through a local agent or the government's <a href="#">Health Insurance Marketplace</a> .  If you are under age 26, you may be able to get coverage under a parent's health plan.
<b>Healthcare Flexible Spending Account (FSA)</b>	Your contributions end when you leave the County. You may request reimbursement for expenses that were incurred on or before your last day of active work, against the balance in your FSA for 60 days after your employment terminates.	You have 60 days after termination to request reimbursement for eligible expenses.	Any funds remaining in your FSA after 60 days are forfeited.
<b>Health Savings Account (HSA)</b>	Any pre-tax contributions, as well as County contributions, end with your last check from The County.	Your HSA account balance is yours and you can continue to contribute to it if you remain covered under an HSA-compatible medical plan. You can also use it to pay for qualified medical expenses tax-free, even if you are no longer covered by an HSA-compatible medical plan.	You may move the HSA funds to another HSA or you may keep your account with MetLife. If you keep your account with MetLife, you will be charged a monthly maintenance fee.
<b>Employee Assistance Program (EAP)</b>	Your last day of active work	None available	

# YOUR BENEFITS WHEN YOU LEAVE THE COUNTY

Benefit	When Coverage Ends	Continuation Options	Additional Information
<b>Life Insurance</b>			
<b>Basic and Voluntary Life &amp; AD&amp;D Insurance</b>	Your last day of active work	If you are eligible for conversion to individual coverage, Standard will send you information and an application. Contact Standard at (844) 239-3563 with questions.	Individual coverage may cost more than your group coverage.
<b>Disability Insurance</b>			
<b>Short-Term Disability Insurance</b>	Your last day of active work	None available	
<b>Long-Term Disability Insurance</b>	Your last day of active work	None available	
<b>Other Benefits</b>			
<b>457 Deferred Compensation Plan</b>	Your contributions end when you leave the County.	Depending on your circumstances, you may leave your contributions in the plan, elect to roll your retirement assets over into another qualified plan, or elect to take a distribution	Consult with your tax or financial advisor to determine what option makes sense for you. You may also contact Voya directly at (877) 457-7852 to discuss your options.
<b>Dependent Care Flexible Spending Account</b>	Your contributions end when you leave the County. You may request reimbursement for expenses that were incurred on or before your last day of active work, against the balance in your DCFSFA for 60 days after your employment terminates.	You have 60 days after termination to request reimbursement for eligible expenses	Any funds remaining in your DCFSFA after 60 days are forfeited.
<b>Voluntary Benefits (Legal, Home/Auto)</b>	Last day of the month in which you receive your last check.	Most plans are eligible for continued coverage. Contact the carrier for coverage portability.	Rates for coverage may differ

*This is a general overview of your benefits at termination of employment and does not provide a complete description of your eligibility to continue coverage through COBRA or convert coverage to individual policies. Please carefully read any notices you receive and act within the stated deadline date(s) if you wish to continue coverage. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs).*

# CHANGING YOUR BENEFITS

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections, within 30 days of the event, if you experience a qualifying life event, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status. **Newborn children are not automatically enrolled. You must submit a request to enroll your newborn.**
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP)

*Click to play video*



## LIFE HAPPENS

A change in your life may allow you to update your benefit choices.

**The deadline for submitting all qualifying events is 30 days from the date of the event.** All requests to change benefits must be completed within 30 days of the date of the event. This includes submitting all required documentation to the benefits office. Requests received outside of the 30-day window will not be accepted.

You must request your status change and submit supporting documentation within 30 days after the event occurs. All requests must be entered through the ticketing system <https://internal-csportal.stlouisco.net>. Scroll down to "Employee benefits". You may also email [countybenefits@stlouiscountymo.gov](mailto:countybenefits@stlouiscountymo.gov) for assistance.



# MEDICAL PLAN OPTIONS

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible. The County offers medical coverage through UHC and pharmacy coverage through Express Scripts.

	HSA Choice Plus/ Choice Plus 1 (previously; HSA/Access 1)	Out of Network	Choice Plus 2/ Core 1 (previously; Access 2/Select 1)	Out of Network	Choice Plus 3/ Core 2 (previously; Access 3/Select 2)	Out of Network
<b>Annual Deductible</b>						
Individual	\$2,000	\$2,000	\$1,000	\$2,000	\$550	\$1,100
+One Dependent	\$4,000	\$4,000	\$2,000	\$4,000	\$1,100	\$2,200
Family	\$4,000	\$4,000	\$2,000	\$4,000	\$1,100	\$2,200
<b>Annual Out-of-Pocket Maximum</b>						
Individual	\$3,325	\$6,000	\$4,000	\$6,000	\$2,100	\$6,000
+One Dependent	\$6,650	\$12,000	\$8,000	\$12,000	\$4,200	\$12,000
Family	\$6,650	\$12,000	\$8,000	\$12,000	\$4,200	\$12,000
<b>Office Visit</b>						
Primary	20%	40%	\$30	50%	\$30	30%
Specialist	20%	40%	\$60	50%	\$60	30%
Lab and X-ray	20%	40%	25%	50%	15%	30%
Urgent Care	20%	40%	\$75	\$75	\$75	\$75
Emergency Room	20%	20%	\$450	\$450	\$450	\$450
Hospitalization	20%	40%	25%	50%	15%	30%
Outpatient Surgery	20%	40%	25%	50%	15%	30%
<b>Prescription Drugs</b>	<b>HSA/Choice Plus 1</b>		<b>Choice Plus 2/Core 1</b>		<b>Choice Plus 3/Core 2</b>	
<b>Retail (30 day supply)</b>						
Generic	20%		\$10		\$10	
Brand Name	20%		\$40		\$40	
Brand Non-Preferred	20%		\$75		\$75	
<b>Mail Order (90 day supply)</b>						
Generic	10%		\$10		\$10	
Brand Preferred	10%		\$100		\$100	
Brand Non-Preferred	10%		\$225		\$225	
Specialty	10%		\$150*		\$150*	

- Deductible and Out of Pocket Maximum are based on a plan year of October 1 – September 30.
- Immunizations up to age 5 are 100% covered.
- Only a 30-day supply is allowed for mail order specialty drugs and only through a specialty pharmacy.

\*Specialty prescriptions are 25% coinsurance up to a \$150 maximum

# WHICH PLAN IS RIGHT FOR YOU?

## SIX MEDICAL PLANS TO CHOOSE FROM

All plans provide:

- ✓ United Healthcare (UHC) networks
- ✓ 100% coverage for in-network preventive care
- ✓ Protection for you and your family from financial loss in the event of illness and injury
- ✓ Prescription drug coverage
- ✓ Virtual chat & video visits with doctors and therapists
- ✓ Virtual Primary Care

	HSA Choice Plus (previously; HSA Access)	PPO Choice Plus 1 (previously; Access 1)	PPO Core 1 (previously; Select 1)	PPO Choice Plus 2 (previously; Access 2)	PPO Core 2 (previously; Select 2)	PPO Choice Plus 3 (previously; Access 3)
<b>Cost per paycheck</b>	Lowest Cost	Lowest Cost	More Expensive	More Expensive	More Expensive	Most Expensive
<b>Deductible</b>	Highest Deductible	Highest Deductible	Lower Deductible	Lower Deductible	Lowest Deductible	Lowest Deductible
<b>Network</b>	Broad Network	Broad Network	Limited Network, Excludes BJC and WashU	Broad Network	Limited Network, Excludes BJC and WashU	Broad Network
<b>HSA Eligible?</b>	Yes	No	No	No	No	No
<b>FSA Eligible?</b>	No	Yes	Yes	Yes	Yes	Yes
<b>Availability</b>	Open to all eligible employees	Open to all eligible employees	Open to all eligible employees	Open to all eligible employees	Closed to new enrollments, you can only select these plans if you were previously enrolled in them.	

UnitedHealthcare administers the medical benefits for all health plans.

Contact information:

[www.myuhc.com](http://www.myuhc.com)

Member Services: 855-285-1422

ExpressScripts administers the Prescription Drug benefits for all health plans.

Contact information:

[www.express-scripts.com/stlouiscounty](http://www.express-scripts.com/stlouiscounty)

Member Services: 844-516-3316

# HEALTH SAVINGS ACCOUNT (HSA)

## ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the HSA Choice Plus Plan.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, Tricare, or a spouse's or parent's plan.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

**Note for those over age 65 that have deferred Medicare enrollment to continue contributing to an HSA:** There is a six-month lookback period (but not before the month of reaching age 65) when enrolling in Medicare after age 65, so a best practice is for employees to stop contributing to their HSA six months before the month they apply for Medicare to avoid penalties. Employee and employer contributions are included in this lookback period. Note that the month of application is what is used to calculate the six-month lookback, not the month the applicant wishes to begin benefits.

### Find out more

- [Eligible Expenses](#)
- [Ineligible Expenses](#)

[Refer to the IRS website for specific rules and regulations on HSA accounts.](#)

## A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future.

## How the MetLife HSA works

- Your HSA account is set up automatically after you enroll.
- To help you get started, St. Louis County makes contributions to your HSA:
  - **Individual:** \$500
  - **Family:** \$1,000
- County contributions are deposited in 24 installments on the first two pay dates of each month and apply to annual contribution limits.
- New plan participants starting 10/1/2024, who have never been in the County's HSA plan, will receive half of the funding at the beginning of the plan year and the remainder deposited in 23 installments on the first two pay dates of the month.
- You can contribute up to the limit set by the IRS (includes County contribution). 2025 contribution limits will be released later in the year.
  - Individual: \$4,150 per year (2024)
  - Family: \$8,300 per year (2024)
  - **Are you age 55+?:** You can contribute an additional \$1,000 per year.
- Use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

## Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but without penalties.

[Click here](#) for more information on the MetLife Health Savings Account and other plans.

# HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

## DON'T FORGET!

FSA elections do not roll-over from year to year. If you want the FSA, you must enroll in it every year and specify your election amount.

## ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. However, if you or your spouse are enrolled in a high deductible health plan (like our UHC HSA Plan, you would not be eligible for an FSA.

### Find out more

- [Eligible Expenses](#) – now include more over-the-counter items!
- [Ineligible Expenses](#)

[Click here](#) for more information on the MetLife Flexible Spending Account and other plans.

## Estimate carefully!

If you don't spend all the money in your account, you forfeit the leftover balance at the end of the year.

## Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year.

## How the MetLife FSA works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about expenses such as office visits, surgery, dental and vision expenses, prescriptions, even drugstore items.
- You can contribute up to \$3,200, the annual limit set by the IRS\*. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products.

**Coverage Period:** October 1, 2024-September 30, 2025

**Grace Period:** Incur claims until December 15, 2025

**Claims Submission Deadline:** December 31, 2025

If you terminate with the County, you will have a period of 60 days to use your funds. All claims must have been incurred prior to your last day worked.

\*2025 FSA limits will be announced by IRS in late 2024.

## FSA TAX SAVINGS EXAMPLE

### \$60,000 Annual Pay, with \$1,500 FSA Contribution

<b>\$330</b>	<b>\$115</b>	<b>\$445</b>
22% Federal income tax	7.65% FICA tax	Annual FSA tax savings

### \$120,000 Annual Pay, with \$2,850 FSA Contribution

<b>\$684</b>	<b>\$219</b>	<b>\$903</b>
24% Federal income tax	7.65% FICA tax	Annual FSA tax savings

Your tax savings may vary depending on tax filing status and other variables

# NEW MEDICAL CARRIER - UHC

## What to expect with a medical carrier change:

**New ID Cards** – You will receive new medical plan ID cards in the mail from United Healthcare (UHC). They will come in plain white envelopes so be on the lookout. Use your cards beginning 10/1/2024.

**New Plan Names, Same Plan Benefits** – You may notice that the names of the plans have changed to reflect the name of the networks they are associated with but, the plan benefits are the same. You will still have the same deductibles, copays, coinsurance, and other benefits provided by the plans.

**New Member Website and App** – Beginning 10/1/2024, you can access [myuhc.com](https://myuhc.com) or download the UnitedHealthcare app to understand your benefits, video chat with a doctor, check claims statuses and plan balances, search for providers, find care, compare costs, and much more.

**Same Prescription Coverage and Pharmacies** – There is no change to your prescription coverage. Prescription drug coverage is still integrated into your medical plan. You can continue to use the same pharmacies that you are used to.

**Updated Provider Networks** – With the change in medical carrier to UHC comes an updated provider network. **Most providers that were in-network with our previous carrier are also in-network with UHC so your care can continue without interruption.** There is a very small chance that your provider is out-of-network with UHC. In that case, you will need to find a new provider that is in-network or you will pay significantly higher costs for your care. If you are currently receiving care for an ongoing condition like a pregnancy, cancer, or major surgery, you can utilize the Transition of Care process outlined on the following pages to bridge your care from an out-of-network provider to an in-network provider.

## UHC networks:

**Choice Plus Network** – Broad network of over a million providers nationally and extensive coverage in the St. Louis metro area

**Core Network** – Narrower network of 945,000 physicians nationally. In the St. Louis area, the following hospitals are **excluded** from the Core network:

Alton Memorial Hospital	Christian NorthWest HealthCare	Parkland Health Center - Bonne Terre
Eunice Smith Home	The Heart Care Institute, LLC (HCI)	Progress West Hospital
Barnes Jewish Hospital (includes Siteman)	Memorial Hospital Belleville	St Louis Children's Hospital
Barnes-Jewish Extended Care	Memorial Care Center	Village North Health Center
Barnes-Jewish St Peters Hospital	Memorial Hospital East (SHILOH)	WashU
Barnes Jewish West County Hospital	Missouri Baptist Sullivan Hospital	St. Francois Hospital – Cape Girardeau
Christian Hospital NorthEast	Missouri Baptist Medical Center	Mercy Hospital – Springfield, MO.
	Parkland Health Center - Farmington	

# TRANSITION OF CARE - UHC



## Understanding Transition of Care and Continuity of Care

### Transition of Care

Transition of Care gives you the option to request extended coverage from your current, out-of-network health care provider at network rates for a limited time due to a specific medical condition until the safe transfer to an in-network health care provider can be arranged. Examples of covered medical conditions are listed below. **You must apply for Transition of Care no later than 10/30/2024 using the Transition of Care and Continuity of Care Form\***.

### Continuity of Care

Continuity of Care gives UnitedHealthcare members the option to request extended care from their current health care professional if he or she is no longer working with their health plan and is now considered out-of-network. Members with medical reasons preventing an immediate transfer to a network health care professional may request extended coverage for services at network rates for specific medical conditions for a defined period of time.

### How Transition of Care and Continuity of Care works:

You must already be under active and current treatment (see definition below) by the identified non-contracted health care professional for the condition identified on the **Transition of Care and Continuity of Care form\***.

Your request will be evaluated based on applicable Federal law, plan benefits and accreditation standards. Coverage at the in-network level is available if the provider agrees to accept UHC network rates, provide medical records, follow our policies and a treatment plan approved by UHC.

- If your request is approved for the medical condition(s) listed in your form(s), you will receive the network level of coverage for treatment of the specific condition(s) by the health care professional for:
  - Up to 30 days from the effective date of coverage for new members,
  - Up to 90 days from when your provider leaves your health plan network, or
  - through completion of the current active course of treatment period, whichever comes first
- If your request is received after the above time-frames, you will not be eligible for Transition of Care or Continuity of Care.
- After this time, network coverage ends. If your plan includes out-of-network coverage and you choose to continue receiving out-of-network care beyond the time frame we approve, you must follow your plan's out-of-network requirements, including any prior authorization or notification requirements.
- All other services or supplies must be provided by a network health care professional for you to receive network coverage levels.
- If your plan does not include out-of-network coverage, you can call the number on the back of your health plan ID card for assistance.
- The availability of Transition of Care and Continuity of Care coverage does not guarantee that a treatment is medically necessary or is covered by your plan benefits. Depending on the actual request, a medical necessity determination and formal prior authorization may still be required for a service to be covered.

\*For a copy of the Transition of Care and Continuity of Care Form please log onto [myuhc.com](https://myuhc.com) and navigate to "member forms".



# TRANSITION OF CARE - UHC

## Examples of medical conditions that may qualify for Transition of Care and Continuity of Care include, but not limited to:

- Pregnant and undergoing a course of treatment for pregnancy.
  - Coverage for newborn children begins at the moment of birth and continues for 30 days. You must select an in-network pediatrician and notify the Benefits Department within 30 days from the baby's date of birth to add the baby to your plan.
- Newly diagnosed or relapsed cancer and currently receiving chemotherapy, radiation therapy or reconstruction.
- Transplant candidates or transplant recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries in the acute phase and follow-up period (generally six to eight weeks after surgery).
- Serious acute conditions in active treatment such as heart attacks or strokes.
- Other serious chronic conditions that require active treatment.

## Examples of conditions that do not qualify for Transition of Care and Continuity of Care include:

- Routine exams, vaccinations and health assessments.
- Chronic conditions such as diabetes, arthritis, allergies, asthma, kidney disease and hypertension that are stable.
- Minor illnesses such as colds, sore throats and ear infections.
- Elective scheduled surgeries.

## Frequently asked questions:

**Q** – What can I expect after the completed form is submitted?

**A** – You will receive a written decision either approving or denying your request. We encourage you to find a doctor, health care professional or facility (like a hospital) in your network at [myuhc.com](http://myuhc.com).

**Q** – If I am approved for Transition of Care and Continuity of Care for one medical condition, can I receive network coverage for a non-related condition?

**A** – No. Network coverage levels provided as part of Transition of Care and Continuity of Care are for the specific medical conditions only and cannot be applied to another condition. If you are seeking network level of benefits for more than one medical condition, you will need to complete a separate request for each specific condition.

## Definitions:

**Transition of Care:** Gives you the option to request extended coverage from your current, out-of-network health care provider at network rates for a limited time due to a specific medical condition, until the safe transfer to a network health care professional can be arranged.

**Continuity of Care:** Gives you the option to request extended care from your current provider if he or she is no longer working with the County plan and is now considered out-of-network.

**Network:** The facilities, providers and suppliers your health plan has contracted with to provide health care services.

**Out-of-network:** Services provided by a non-participating provider.

**Pre-authorization:** An assessment for coverage under your health plan before you can get access to medicine or services.

**Active course of treatment:** An active course of treatment typically involves regular visits with the practitioner to monitor the status of an illness or disorder, provide direct treatment, prescribe medication or other treatment or modify a treatment plan. Discontinuing an active course of treatment could cause a recurrence or worsening of the condition under treatment and interfere with recovery. Generally, an active course of treatment is defined as within the last 30-days but is evaluated on a case-by-case basis.

See other health care and health insurance terms and definitions at [justplainclear.com](http://justplainclear.com).

# WHEN YOU NEED CARE

Getting care at the place that may best fit your condition or situation may save you up to \$2,500 compared to an emergency room (ER) visit.\*

Care options to consider	START HERE				
	<b>Primary care provider (PCP)</b> The provider who may know you best	<b>24/7 Virtual Visits</b> A care provider over the phone or by video	<b>Convenience care</b> Nurse practitioners and physician assistants at retail pharmacy clinics	<b>Urgent care</b> Physicians and care teams at walk-in clinics	<b>Emergency room</b> Physicians and care teams at hospital emergency departments
Average cost*	In-person: \$175 Virtual: \$99 or less**	\$54***	\$100	\$185	\$2,700
Allergies	✓	✓			
Bladder Infection/UTI	✓			✓	
Broken bone				✓	✓
Bronchitis	✓	✓		✓	
Chest pain					✓
Cough	✓	✓	✓		
COVID-19 symptoms	✓			✓	
Earache	✓	✓	✓		
Fever	✓	✓			
Flu/common cold	✓	✓	✓		
Migraine/headache	✓	✓			
Muscle ache/sprain	✓			✓	
Pinkeye	✓	✓			
Shortness of breath					✓
Sinus infection	✓	✓			
Skin rash	✓	✓	✓		
Sore throat	✓	✓			
Stomach pain (nausea, vomiting, diarrhea)	✓			✓	
Yeast infection	✓	✓			

✓ Indicates the care option to consider for the common conditions listed

Visit [uhc.com/quickcare](https://uhc.com/quickcare) to learn more

# PREVENTIVE CARE BENEFITS



Regular preventive care can help you stay healthy and catch problems early, when they are easier to treat. Our health plans offer all the preventive care services and immunizations below at no cost to you. As long as you use an in-network doctor, pharmacy, or lab, you won't have to pay anything. If you go to doctors or facilities that are not in your plan, you may have to pay out of pocket.

If you are not sure which exams, tests, or shots make sense for you, talk to your doctor.

## Preventive care vs. diagnostic care


What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you receive services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms, and your doctor recommends services to determine what's causing those symptoms.

A yearly wellness exam is a good way to make sure everything checks out. Checking in on your health and getting recommended preventive care may help paint a more accurate picture of your overall health. That's one of the many reasons that preventive care is important.

## Keep up on preventive care

Preventive care — such as routine wellness exams and certain recommended screenings and immunizations — is covered by most of our plans at no additional cost when you see network providers. A preventive care visit may be a good time to help establish your relationship and create a connection for future medical services.

Find your age/gender recommended preventive care checklist, access current preventive care guidelines and more at [uhc.com/health-and-wellness/preventive-care](https://uhc.com/health-and-wellness/preventive-care) or sign into [myuhc.com](https://myuhc.com) to learn more.



### Get a preventive care checklist

Wondering what to expect at your appointment? Use the form below to see a checklist of common tests and screenings for your age and gender.

**Age:**  
 Years ▼

**Gender:**  
 Male  Female

[Create checklist](#)

# CONNECT TO YOUR PLAN

Your benefits include personalized digital tools that help you check in on your plan whenever you want which helps make it easier to stay on top of your benefit details.



## Access your plan details at [myuhc.com](https://myuhc.com)

Your personalized member website, [myuhc.com](https://myuhc.com), is designed to help you understand your benefits and make more informed decisions about your care.

Register at [myuhc.com](https://myuhc.com) to:

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- Start a 24/7 Virtual Visit, where you can connect with providers by phone or video

## Set up your account today:

Go to [myuhc.com](https://myuhc.com) > Register Now for access to both the website and the app

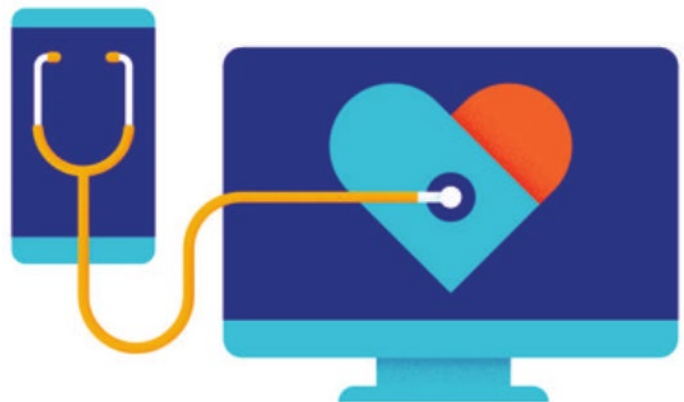
Have your ID card handy and follow the step-by-step instructions



## Download the UnitedHealthcare app

The UnitedHealthcare® app puts your health plan at your fingertips. Download it to:

- Find nearby care options in your network
- See your claim details and view progress toward your deductible
- View and share your health plan ID card with your doctor's office
- Video chat with a doctor 24/7



# VIRTUAL CARE VISITS

## Visit with a provider 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a provider by phone or video<sup>1</sup> through [myuhc.com](https://myuhc.com)<sup>\*</sup> or the UnitedHealthcare<sup>®</sup> app



### Another way to get care

Providers can treat a wide range of health conditions — including many of the same conditions as an emergency room (ER) or urgent care — and may even prescribe medications, if needed. With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$54 or less.

### Consider 24/7 Virtual Visits for these common conditions and more

- Cough
- Headache
- Sore throat
- Fatigue/weakness
- Nasal discharge
- Difficulty sleeping
- Congestion/sinus pain
- Fever
- Loss of appetite

# \$54 or less

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential \$2,000<sup>4</sup> cost down to \$54 or less

## Get Started

Sign in at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits)

Call the number on your health plan ID card

Download the UnitedHealthcare app

4. Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated urgent care savings are based on a \$131 difference between an average urgent care visit cost of \$180 and a Virtual Visit cost of \$54; \$2,000 difference between the average emergency room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and are not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

# BEHAVIORAL HEALTH VIRTUAL VISITS

## Stressed? Anxious?

With virtual therapy, getting help may now be easier than ever.

Reaching out may be hard — especially if you might not want anyone to know you're hurting. From the privacy of home and the convenience of your mobile device or computer, you can receive caring support from a licensed therapist.



## Virtual therapy offers confidential counseling and includes:

### Private video sessions

Get 1-on-1 support — in your home and at a time that's convenient for you.

### Help with coping — for children, teens and adults

Your licensed therapist may provide a diagnosis, treatment and medication if needed.

### Similar standard of care as in-person visits

You can see the same therapist with each appointment and establish an ongoing relationship.

### Virtual therapy is designed to help treat conditions like:

- ADD/ADHD
- Anxiety
- Mental health disorders
- Addiction
- Depression



## A quicker way for the whole family to get care

A virtual visit for mental health care may be a great way for children and teens to get an appointment.

## To find a provider and schedule a visit

Sign in or register on [myuhc.com](https://myuhc.com). Then, go to Find Care & Costs > Virtual Care > Behavioral Health Care > Get Started and call the provider to set up an appointment. Or call the number on your medical plan ID card.



# MATERNITY WELLNESS

## Maven Maternity

Maven offers 24/7 support for pregnancy and postpartum. You can book virtual appointments or message providers. Join groups, access clinically vetted articles and take classes, too.

The best part? Your Maven membership is free through your medical plan enrollment. There are no out-of-pocket costs for Maven visits and resources.

Visit [mavenclinic.com/join/getstarted](https://mavenclinic.com/join/getstarted) or download the Maven Clinic App.

# REAL APPEAL

## Get healthier, at no additional cost to you


Real Appeal on Rally Coach is a proven weight management program designed to help you get healthier and stay healthier. It's available to you and eligible family members at no additional cost as part of your benefits.

## Take small steps toward healthier habits

Set achievable nutrition, exercise and weight management goals that keep you motivated to create lasting change. Track your progress from your daily dashboard, too.

## Support and community along the way

Feel supported with personalized messages, online group sessions led by coaches and a caring community of members.



**Get a Success Kit delivered right to your door.**

Make the most of tools and resources like weight and food scales, a portion plate and more. Your Success Kit is delivered after you attend your first live group session.

Join today at [enroll.realappeal.com](https://enroll.realappeal.com)

# TRANSGENDER & NON-BINARY PREVENTIVE CARE GUIDELINES

Transgender men and women, as well as non-binary individuals, should follow the Preventive Care Screening Recommendations for Adults according to the biological anatomy that is present.

That being said, there are still some guidelines that pertain specifically to people who have undergone gender affirmation treatments or surgery. Work with your provider on what is recommended for you and your individual needs.

- Clinical care should be based on current anatomical inventory. Transgender women who have received a vaginoplasty do not need Pap smears, as they are not at risk for vaginal or cervical cancers. Pelvic and vaginal exams, however, may be indicated to screen for sexually transmitted infections and to address certain pelvic issues after vaginoplasty.
- A surgical follow up post-vaginectomy to evaluate the status and healing would not be considered preventive care. However, a routine well-woman exam is recommended based on the guidelines noted above.
- A transgender individual who has retained the cervix, uterus, one or both fallopian tubes and/or ovaries requires routine gynecologic care. All patients with breast tissue should be screened for breast cancer with regular clinical breast exams and mammography.
- When possible, patients should discuss potential needs and healthcare concerns with a trusted care provider.

## Transgender Men

- Breast cancer screenings: May still be needed even if you have had chest reconstruction surgery, since small amounts of breast tissue may remain.
- Musculoskeletal health screenings:
  - If prescribed testosterone for more than 10 years, screenings beginning at age 50
  - If prescribed testosterone for shorter periods, screenings beginning at age 60

## Transgender Women

- Breast cancer screenings are recommended if you're over age 50 and have used feminizing hormone therapy for 5-10 years.
- There is an increased risk of blood clots if you use tobacco and have estrogen treatment at the same time. Consult with your doctor on tobacco cessation options, if necessary.

# DEPENDENT CARE FSA

Click to play video



## EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

**Estimate carefully!** You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year.

**All unspent funds will be forfeited.**

## Dependent Care FSA—up to \$5,000 per year tax-free

A dependent care Flexible Spending Account (DCFSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by MetLife Inc.

## Here's how the MetLife Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only child-care, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$5,000 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

**Coverage Period:** October 1, 2024-September 30, 2025

**Grace Period:** Incur claims until December 15, 2025

**Claims Submission Deadline:** December 31, 2025

**If you terminate with the County, you will have a period of 60 days to use your funds. All claims must have been incurred prior to your last day worked.**

**Any unclaimed funds remaining in your account at the end of the year will be forfeited.**

[Click here](#) for more information on the MetLife Dependent Care FSA and other plans.

## DON'T FORGET!

DCFSA elections do not roll-over from year to year. If you want a DCFSA, you must enroll in it every year and specify your election amount.

# DENTAL PLAN

The County's Dental provider is MetLife. The County dental plan allows you to go to any dentist you like, but you will save money when you utilize in-network providers. The MetLife PDP Plus network offers you the deepest discounts. You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible, if applicable. Dental plan benefits are based on a calendar year with a January 1<sup>st</sup> reset date.

Carrier / Plan	MetLife PDP Plan		MetLife Copay Plan	
	PDP Plus Network % of Negotiated Fee	Out-of-Network % of R&C Fee**	PDP Plus Network % of Negotiated Fee	Out-of-Network % of Allowable charge
Annual Deductible				
Individual	\$50		\$0	\$100
Family	\$150		\$0	\$300
Annual Plan Maximum	\$1,750		\$1,200	\$750
Type A: Diagnostic & Preventive	0%, Deductible not applicable		See Copay Schedule	30%
Type B: Basic Restorative	20% after deductible		See Copay Schedule	60%
Type C: Major Restorative	50% after deductible		See Copay Schedule	80%
Type D: Orthodontia				
Per Person	50%, Deductible not applicable		50%, Deductible not applicable	
Orthodontia Lifetime Max	\$2,000		\$1,200	\$750

Note: If you live in Texas, you will only have access to the PDP Plan

\*\*R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

## Learn more about your MetLife benefits

The MyBenefits web site is a quick and easy way for you to get the information you need about your MetLife benefits – all in one place.

Log in at [metlife.com/mybenefits](https://metlife.com/mybenefits) to:

- Find a dentist
- View your benefits and claims
- ID Cards for print or download
- Research important dental topics

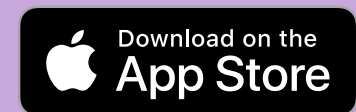
[Click here](#) for more information about MetLife Dental and other plans available to you from the County.

## Download the MetLife app

Android



iOS



# VISION PLAN

Even if you have 20/20 vision, an annual eye exam checks the health of your eyes and can detect other health issues. If you do need glasses or contacts, vision coverage helps with the cost.

Your basic vision checkup is fully covered. After any materials copay, the plan covers frames, lenses, or contacts as described below. St. Louis County also offers an additional plan option for prescription Safety Glasses. You may enroll in either or both plans. Participation may vary by location. Check with your provider for details.

	In-Network (Amount Covered)	Out-of-Network (Allowed Amount)
Copay	100%	\$42
Frames	100% (within \$50 wholesale allowance)	\$45
Single Vision Lenses	100%	\$40
Bifocal Lenses	100%	\$60
Blended Bifocal Lenses	100%	\$60
Trifocal Lenses	100%	\$80
Progressive Lenses	Controlled Cost*	\$80
Lenticular Lenses	100%	\$120
Polycarbonate Lenses	100% (for child up to age 19)	N/A
Transitions Lenses	100%	N/A
Solid or Gradient Tints	100%	N/A
Scratch Coat (1 Year)	100%	N/A
Contacts (In lieu of glasses)	\$110 material allowance	\$110 material allowance
	15% off UCR fitting fee	No discount on fitting fee
Medically Necessary Contacts	100%	\$450
Lasik Surgery (once every 8 years)	N/A	\$125
Frequencies		
Exams	Every 12 months from previous date of service	
Standard Corrective Lenses	Every 12 months from previous date of service	
Contact Lenses	Every 12 months from previous date of service	
Frames	Every 12 months from previous date of service	

\*Progressive lenses typically retail from \$150 to \$400. VBA's controlled costs generally range from \$45 to \$175.

## Contact Information: VBA

- Member services: 800-432-4966
- Website: [www.vbaplans.com](http://www.vbaplans.com)

# MEDICAL, DENTAL, & VISION COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes. For domestic partners, all deductions are made on a post-tax basis.

## MEDICAL & PHARMACY

	HSA Choice Plus	PPO Choice Plus 1	PPO Core 1	PPO Choice Plus 2	PPO Core 2	PPO Choice Plus 3
EMPLOYEE ONLY	\$0.00	\$0.00	\$5.45	\$13.62	\$58.30	\$114.41
EMPLOYEE + 1 DEP.	\$22.88	\$22.88	\$65.38	\$109.51	\$201.63	\$307.19
EMPLOYEE + FAMILY	\$98.07	\$98.07	\$174.89	\$266.96	\$400.79	\$552.78

## DENTAL

	MetLife PDP Plan – High Plan	MetLife Copay Plan – Low Plan
EMPLOYEE ONLY	\$18.31	\$9.42
EMPLOYEE + 1 DEP.	\$36.63	\$17.70
EMPLOYEE + FAMILY	\$54.98	\$22.99

## VISION

	VBA Vision	VBA Safety Glasses
EMPLOYEE ONLY	\$2.59	\$2.25
EMPLOYEE + 1 DEP.	\$5.19	N/A
EMPLOYEE + FAMILY	\$7.26	N/A

Costs shown above are **per pay period deduction amounts**. Deductions are taken 24x a year from the first 2 checks of the month. Permanent Part-Time Employees will pay the full cost of Medical coverage. This rate is available from the Benefits Office.



# LIFE & AD&D INSURANCE

## Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you pass away. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. **The cost of basic coverage is paid in full by the County.**

## Life Insurance

The County offers 1x your annual salary for Civilian Employees and 2x your annual salary for Commissioned Police Officers.

## Accidental Death and Dismemberment (AD&D)

If you pass away as the direct result of an accident, your beneficiary will receive both the Life and AD&D portion of the benefit. This is an additional 1x your annual salary for Civilian Employees.

If you suffer a covered accidental injury, such as loss of speech and hearing, quadriplegia, paraplegia, loss of limb, or thumb and index finger, you would be the beneficiary of a benefit based on the type of loss. Refer to the policy documents for specific details.

Questions about a life insurance claim?  
Call 314-615-8114.



### A NOTE ABOUT TAXES

Employer provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.

### Update Your Beneficiary Your Beneficiary = WHO GETS PAID

When you enroll in your benefits, make sure your beneficiary is up to date. You can view or change your beneficiary designation at any time by logging on to the BenSelect enrollment portal.

<https://standard.benselect.com/stlco>

If you are registering for the first time:

**Username:** Your County Employee Number (EIN)

**PIN:** Your pin will be the last 4 digits of your SSN + your 8-digit birthdate (MMDDYYYY).

If you are unable to login to BenSelect, please contact their customer service at 314-262-7088.

See page 5 for instructions on registering in the BenSelect enrollment portal.

# VOLUNTARY LIFE INSURANCE



Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or child(ren) only if you purchase coverage for yourself.

## The Standard - Voluntary Life Salary Based

Employee	Up to 4x your annual salary up to \$750,000. Guaranteed issue of \$200,000.
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## The Standard - Voluntary Life Flat Amount

Employee	Choose a flat amount of \$15,000, \$30,000, \$60,000, or \$120,000 of coverage.
Spouse	Choose \$15,000, \$30,000, or \$60,000 of coverage.
Child(ren)	Choose \$5,000, \$10,000, or \$25,000 of coverage.

## GUARANTEED ISSUE

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit Evidence of Insurability (EOI) with additional information about your health in order for the insurance company to approve the amount of coverage. EOI submission can be completed at the time of enrollment within the BenSelect enrollment system.

## EVIDENCE OF INSURABILITY (EOI)

Evidence of Insurability is a record of your current and past health conditions. It is used by The Standard to determine if you are in good health.

## When choosing life insurance amounts, keep in mind...

- If you are currently enrolled in Voluntary Life insurance for an amount less than \$200,000, you may apply for an increase in your coverage by up to one increment, but not to exceed the guaranteed issue amount of \$200,000 without having to answer health questions.
- If you previously waived or dropped previously Voluntary Life coverage and want to enroll, you will need to provide evidence of insurability for any amount elected.
- If you elect an amount over the Guaranteed Issue amount, that coverage is not effective until EOI has been approved by The Standard
- If you currently have life insurance coverage that is more than the guaranteed issue amount, that amount will be carried over into the 2024-2025 plan year and you will not need to provide EOI unless you elect a greater amount of coverage.
- If your spouse/child is eligible for coverage as an employee, they cannot be covered as a dependent.
- You may only cover a spouse/child if you have elected voluntary coverage for yourself.
- A child may only be covered by one parent if both parents are employees. The County will do its best to audit dependents, however, if there is a claim and one dependent is covered by two employees only one benefit will be paid out and the other will be refunded.
- At age 70, employee and spouse coverages reduce to 50 percent of the amount in effect prior to age 70.

# VOLUNTARY LIFE INSURANCE COSTS

If you elect Voluntary Life Insurance, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck. Deductions are withheld monthly from the second paycheck of the month.

## TO CALCULATE YOUR PREMIUM

### 1. Desired Coverage Amount (\$1,000 increments)

You:	Spouse:
A:	D:

### 2. Rate for your age (from chart on right)

You:	Spouse:
B:	E:

3. Multiply your coverage times your rate and divide by 1,000 ( $A \times B \div 1000$  for Employee,  $D \times E \div 1000$  for Spouse)

You:	Spouse:
C:	F:

4. Total monthly deduction amount (C + F)

Total:
--------

AGE	EMPLOYEE RATE PER \$1,000	SPOUSE RATE PER \$1,000
<25	\$0.05	\$0.07
25-29	\$0.06	\$0.08
30-34	\$0.08	\$0.11
35-39	\$0.10	\$0.12
40-44	\$0.11	\$0.14
45-49	\$0.16	\$0.21
50-54	\$0.25	\$0.32
55-59	\$0.46	\$0.59
60-64	\$0.71	\$0.91
65-69	\$1.37	\$1.76
70+	\$2.22	\$2.85

DEPENDENT CHILDREN	
COVERAGE AMOUNT	RATE
\$5,000	\$0.50
\$10,000	\$1.00
\$25,000	\$2.50

LUMP SUM	EMPLOYEE RATE	SPOUSE RATE
\$15,000	\$3.65	\$3.70
\$30,000	\$7.30	\$7.40
\$60,000	\$14.60	\$14.80
\$120,000	\$29.20	N/A

Eligible children include dependent children under age 26 (or under age 27 if they are full-time students) as long as you apply for and are approved for coverage for yourself. Premium includes all eligible children.

# SHORT-TERM DISABILITY (STD) INSURANCE



## EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

AGE	BUY-UP STD RATE
<30	\$0.24
30-34	\$0.24
35-39	\$0.25
40-44	\$0.26
45-49	\$0.28
50-54	\$0.30
55-59	\$0.35
60-64	\$0.42
65-69	\$0.44
70+	\$0.44

More information on STD plans and buy up cost calculations is available here:

[https://www.standard.com/eforms/20362\\_752572.pdf](https://www.standard.com/eforms/20362_752572.pdf)

## STD Benefits

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. The County pays the cost of this base coverage. You have the option to purchase additional buy-up coverage.

Buy-up coverage premiums are only withheld from the second paycheck of each month.

STD BASE PLAN	
Weekly benefit amount	50% up to a maximum of \$500
Benefits begin	After 10 Days of disability due to accident or sickness *All PTO/Sick time must be exhausted prior to benefit becoming effective
Maximum payment period	25 Weeks (based on first day you are disabled, not when benefits begin)
STD BUY-UP PLAN	
Weekly benefit amount	66.67% up to a maximum of \$1,875
Benefits begin	After 10 Days of disability due to accident or sickness *All PTO/Sick time must be exhausted prior to benefit becoming effective
Maximum payment period	25 Weeks (based on first day you are disabled, not when benefits begin)

# LONG TERM DISABILITY (LTD) INSURANCE

## LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. The County pays the cost of this base coverage. You have the option to purchase additional buy-up coverage.

Buy-up coverage premiums are only withheld from the second paycheck of each month.



### 3 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.

LTD BASE PLAN	
Monthly benefit amount	50% up to a maximum of \$2,000
Benefits begin	After 180 Days of disability. (All PTO/Sick time must be exhausted.)
Maximum payment period	<b>Under 62:</b> Up to age 65 or SSNRA <b>62+:</b> Age-graded benefit maximum
LTD BUY-UP PLAN	
Monthly benefit amount	66.67% up to a maximum of \$7,500
Benefits begin	After 180 Days of disability (All PTO/Sick time must be exhausted.)
Maximum payment period	<b>Under 62:</b> Up to age 65 or SSNRA <b>62+:</b> Age-graded benefit maximum

AGE	BUY-UP LTD RATE
<30	\$0.08
30-34	\$0.08
35-39	\$0.14
40-44	\$0.19
45-49	\$0.35
50-54	\$0.54
55-59	\$0.66
60-64	\$0.74
65-69	\$0.74
70+	\$0.65

More information on LTD plans and buy up cost calculations is available here:

[https://www.standard.com/eforms/20354\\_752572.pdf](https://www.standard.com/eforms/20354_752572.pdf)



# ACCIDENT INSURANCE

Accident insurance from MetLife helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose. Below are a few examples of what your accident benefit provides, please see plan summary for additional coverage details. [Click here](#) for more information on MetLife Accident Insurance. Enroll in Accident Insurance via the BenSelect benefit enrollment system.

## Accident Benefit – For Employee, Spouse and Child(ren)

<b>Fracture (Closed Reduction)</b>	
Face or Nose (except mandible or maxilla)	\$1,200
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$2,000
Rib	\$320
Finger, Toe	\$320
Vertebrae, Body of (excluding vertebral processes)	\$3,600
Leg (tibia and/or fibula)	\$2,400
Kneecap (patella)	\$2,000
Ankle	\$2,000
Foot (except toes)	\$2,000
<b>Burn Benefit - 2nd Degree Burn, % of total skin surface area burnt</b>	
Less than 10%	\$100
At least 10% but less than 25%	\$200
At least 25% but less than 35%	\$500
35% or more	\$1,000
<b>Burn Benefit - 3rd Degree Burn, % of total skin surface area burnt</b>	
Less than 10%	\$1,000
At least 10% but less than 25%	\$5,000
At least 25% but less than 35%	\$10,000
35% or more	\$20,000
<b>Dislocation (Closed Reduction)</b>	
Collarbone (sternoclavicular)	\$1,500
Collarbone (acromioclavicular and separation)	\$1,000
Shoulder (glenohumeral)	\$1,500
Elbow	\$600
Wrist	\$750
<b>Paralysis Benefit</b>	
Two limbs (paraplegia or hemiplegia)	\$5,000
Four limbs (quadriplegia)	\$10,000
<b>Medical Treatment &amp; Services Benefits</b>	
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$200
Emergency Care Benefit	
Emergency Room	\$200
Physician's Office	\$100
Urgent Care	\$100
X-rays	\$125



# CRITICAL ILLNESS INSURANCE

Critical illness insurance from MetLife can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, child-care, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed.

Critical Illness	Initial Benefit	Recurrence Benefit
Benign Brain Tumor	100% of the benefit amount payable no more than 1 time per covered person	100% of the initial benefit payable no more than 1 time per covered person
Invasive Cancer	100% of the benefit amount payable no more than 1 time per covered person per occurrence of each separate and unrelated invasive cancer	100% of the initial benefit amount payable but no more than 1 time per covered person
Non-Invasive Cancer	25% of the benefit amount payable no more than 1 time per covered person per occurrence of each separate and unrelated non-invasive cancer	100% of the initial benefit amount payable but no more than 1 time per covered person
Skin Cancer	5% of the benefit amount payable, but not less than \$250; payable no more than 1 time per covered person	None
Diabetes (Type 1)	25% of the benefit amount payable no more than 1 time per covered person	None
Coma	100% of the benefit amount payable no more than 1 time per covered person	100% of the initial benefit payable no more than 1 time per covered person
Heart Attack	100% of the benefit amount payable no more than 1 time per covered person	100% of the initial benefit payable no more than 1 time per covered person
Stroke	100% of the benefit amount payable no more than 1 time per covered person	100% of the initial benefit payable no more than 1 time per covered person

[Click here](#) for more information on MetLife Critical Illness Insurance.

Enroll in Critical Illness Insurance via the BenSelect benefit enrollment system.

# HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance from MetLife can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

Hospital Benefits	Benefit/Limit
Admission Benefit	\$1,000 for the day of admission. Paid no more than 1 time per covered person, per calendar year
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit	\$150 per day Paid for no more than 31 days per covered person, per calendar year
ICU Supplemental Confinement Benefit	\$150 per day Paid for no more than 31 days per covered person, per calendar year

[Click here](#) for more information on MetLife Hospital Indemnity Insurance.

Enroll in Hospital Indemnity Insurance via the BenSelect benefit enrollment system.

# BENEFITS TO KEEP YOU AND YOUR FAMILY SECURE

## Identity Theft Protection

Identity theft is serious. Victims can spend hundreds, even thousands of dollars, and weeks of their own time to repair the damage done to their good names and credit records. The longer identity fraud goes undetected, the more expensive and difficult it becomes to resolve. For an affordable monthly premium, identity theft protection from ID Shield helps protect your personal information through proactive monitoring, identity restoration, and resolution. You can enroll in this program during open enrollment. For more information, go to: [shieldbenefits.com/stlouisco](https://shieldbenefits.com/stlouisco)

## Legal Program

Do you have an attorney on retainer? Most people don't, so our legal program offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house or navigating an IRS audit, legal coverage from MetLife Legal offers reputable attorney assistance for you and your family.

MetLife also offers Identity Theft Protection and Premium Credit Monitoring.

Visit [info.legalplans.com](https://info.legalplans.com), Access Code: 9902669 or LegalCM. You can also call 800-710-6103.

## Pet Insurance – NEW CARRIER!

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Beginning October 1, 2024, Saint Louis County will offer MetLife Pet Insurance. So, whether it's a routine check-up, unexpected illness or anything in between, MetLife Pet Insurance can help protect your pet and your wallet.

**Choose from flexible insurance plans** that can cover the entire pet family with no breed exclusions.

**Visit any licensed U.S. veterinarian** and be reimbursed up to 90% of the cost of services.

**Access to 24/7 live vet chat** for immediate assistance.

**For dog and cat coverage:** Visit [metlife.com/getpetquote](https://metlife.com/getpetquote) or Call 800-710-6103

**For exotic coverage:** Call 800-710-6103

### How does MetLife Pet Insurance work?

- Choose the coverage you want and need with County group rate discounts
- Pay your monthly premiums via invoice directly from MetLife
- Download the MetLife Pet mobile app
- Visit any licensed veterinarian or emergency clinic
- Pay the bill and send it to MetLife with your documentation within 90 days via the app, email, or online portal
- Get a percentage of your money reimbursed, from MetLife, via check or direct deposit if the claim is covered

PetAssure and VPI plans will no longer be available through payroll deduction. If you'd like to continue coverage, please contact the carriers directly: PetAssure 800-891-2565; VPI (877)738-7874.

## Home and Auto Insurance

Your home, its contents, and your car would be expensive, perhaps even unaffordable, to replace. St. Louis County has partnered with Travelers to provide you with access to special group rates on home, renters, and auto insurance. Applications and quotes are available directly from Travelers. You can enroll in this benefit any time during the year. Contact Travelers directly at 636-733-0030, or email [info@whoisyourbroker.com](mailto:info@whoisyourbroker.com) to enroll.

# VOLUNTARY BENEFITS MONTHLY COSTS

Costs shown below are monthly amounts. These amounts are divided between your 1<sup>st</sup> & 2<sup>nd</sup> paychecks of each month.

BENEFIT	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
ACCIDENT	\$8.37	\$16.75	\$20.46	\$24.04
HOSPITAL INDEMNITY	\$16.94	\$36.97	\$26.41	\$46.44
CRITICAL ILLNESS	Premiums dependent on age and coverage level, see Plan Documents for details			
METLIFE LEGAL	\$16.50	N/A	N/A	N/A
METLIFE LEGAL + IDENTITYFORCE	\$19.00	N/A	N/A	N/A
IDSHIELD	\$8.95	\$16.95	\$16.95	\$16.95

PET INSURANCE	Choose your own level of coverage based on your pet(s). You will be invoiced directly by MetLife.
MetLife	For dog and cat coverage: Visit <a href="https://www.metlife.com/getpetquote">metlife.com/getpetquote</a> or Call 800-710-6103 For exotic coverage: Call 800-710-6103

# WELLNESS PROGRAM



## GET STARTED TODAY

Log on to our wellness portal for resources to help you reach your full health and well-being potential. Visit:

<https://stlukes.livehealthyignite.com>

Select **JOIN NOW** and follow the onscreen prompts.

Enter your Group Code: STLCOUNTY

Your unique ID is your Employee Identification Number (EIN).

- Police Officers: Be sure to enter your EIN, not your DSN.
- Spouses: Enter the employee's EIN + the letter s. (Example: 1111s)

## Enhance your well-being

True wellness goes beyond healthcare plans—it's a daily commitment to healthy living, managing stress, staying active, and finding balance. That's why we're excited to introduce our integrated wellness program designed to support you in creating healthy habits and achieving your highest well-being potential.

Our program encompasses comprehensive support for stress management, nutrition guidance, physical activity, weight management, and fostering healthy habits. It's all about empowering you to lead a healthier lifestyle.

To ensure we meet the diverse wellness needs of our employees and their spouses, our Employee Wellness Council, comprised of representatives from various County departments, convenes regularly to discuss and develop tailored programs and incentives. Throughout the year, you can take advantage of on-site flu vaccines, online weight management programs, smoking cessation resources, various on-site health screenings, physical activity challenges, and enriching well-being webinars.

Together, let's embark on a journey to better health and well-being. Join us in making wellness a priority!

## Annual Wellness Incentive Program

All permanent full and part-time employees and spouses qualify to participate in the wellness incentive program. You can earn cash rewards for participating in activities, such as:

- Health survey
- Biometric screenings
- Smoke-free status
- Online training modules
- Physical activity challenges (announced throughout the year)

\*You do not need to be enrolled in a County medical plan to participate in the incentive program.



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## Help for you and your household members

At times, everyone can benefit from guidance or support, especially during challenging situations. The Employee Assistance Program (EAP) provided by ComPsych offers confidential assistance with a wide range of personal issues. Whether you need help with emotional health, substance abuse, parenting, childcare, financial advice, legal consultation, or eldercare resources, the EAP is here for you.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

## No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues
- Unlimited web access to helpful articles, resources, and self-assessment tools.

### COUNSELING BENEFITS

- Difficulty with relationships
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

### LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

### ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

### ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

### PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

### FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

## Contact the EAP

Phone: 855-734-3259

Web: [www.guidanceresources.com](http://www.guidanceresources.com)

Web ID: STLCOEAP



# RETIREMENT BENEFITS

## Deferred Compensation (457) Plan

As a full or part-time employee of St. Louis County, you have access to a valuable employee benefit program designed to help you save for retirement while potentially lowering your current tax burden. This program is known as a Deferred Compensation (457) Plan, a voluntary pre-tax savings plan governed by Section 457 of the IRS Code. The 457 Plan allows you to set aside a portion of your salary—either on a pre-tax or post-tax basis. Contributions are deducted automatically from your paycheck, giving you flexibility to choose your deferral amount. In 2024, participants can defer up to \$23,000 of their salary, with an additional \$7,500 allowed for employees aged 50 and above. You have control over how your contributions are invested, selecting options that align with your financial goals and preferences. Both your contributions and any investment earnings grow tax-deferred until you begin receiving distributions. Take advantage of this opportunity to plan for your future while potentially enjoying immediate tax benefits. You may enroll in the Deferred Compensation Plan at any time. St. Louis County Government offers this benefit through Voya Financial.



## Retirement Benefits

### Traditional Plan Participants (Participant in the Plan prior to 2/1/18)

Permanent full-time employees working 30 hours or more will be enrolled in the County's Retirement Plan. Full County retirement benefits are payable at the Plan's normal retirement age of 65 or if the employee's age and years of service combined equal a sum of 80. Reduced benefits may begin as early as age 55 for employees with sufficient years of service under the Plan. There is a deferred vested pension for employees who leave St. Louis County after five years of service. St. Louis County pays the full cost of the Retirement Plan. County employees are also covered by Social Security.

### Contributory Plan Participants (Participant in the Plan on 2/1/18 or after)

Permanent full-time employees working 30 hours or more will be enrolled in the County's Retirement Plan. Full County retirement benefits are payable at the Plan's normal retirement age of 67 or if the employee's age and years of service combined equal a sum of 85. Reduced benefits may begin as early as age 55 for employees with sufficient years of service under the Plan. There is a deferred vested pension for employees who leave St. Louis County after seven years of service. St. Louis County provides the majority of funding for the Retirement Plan but contributory plan participants contribute 4% of their compensation through pre-tax payroll deduction to the Plan. County employees are also covered by Social Security.



## 457 DEFERRED COMPENSATION PLAN

St. Louis County is committed to offering you a retirement plan that helps you work towards your long-term retirement savings goals. Getting started is easy and smart.

### How to get started

#### Enroll online

Visit [STLCO457.voya.com](https://STLCO457.voya.com), click Ready to Enroll? then follow the enrollment instructions.

#### Enroll by phone

Call 877-457-STLC (7852) and speak to a Customer Service Associate. Mon. – Fri., 7 a.m. to 7 p.m. CT, excluding stock market holidays.

### Next, follow these easy steps

#### Access your account

Visit [STLCO457.voya.com](https://STLCO457.voya.com). Select Register Now below the Enter button and answer a few questions to verify your identity. After you verify your identify, you will receive and enter a one-time electronic code. If you already have a PIN, simply click I have a PIN. You will then need to create a unique username and password. You will use these to access your account going forward (through [STLCO457.voya.com](https://STLCO457.voya.com) and the [Voya Retire®](#) mobile app). You will also be asked to provide an email address and mobile phone number for future recovery of your username and password.

#### Choose how much you want to save from your paycheck.

You may save from 1% – 100% (in whole percentage increments) or select a dollar amount (in whole dollar increments) from each paycheck on a pre-tax and/or Roth after-tax basis. To add or update your contribution percentage rate and dollar amount, go to the right of the orange dollar bill and click Make Change Now. You may also go to Contributions & Savings > Manage Contributions.

#### Select your investments.

Go to Investments & Research and select Manage Investments. Then, choose the investment strategy that is right for you.

#### Designate your beneficiaries.

Go to My Profile > Personal Information > Beneficiary Information. Next, select Add/Edit Beneficiary. It's important to make your beneficiary designation once you're enrolled in the Plan and to periodically review your beneficiary designations to make sure your assets pass as you intend. You may change your beneficiary designations at any time through the Plan website or call 877.457.STLC (7852) and speak to a Customer Service Associate.

#### Meet with your Voya plan representatives

You have ongoing access and support from your local Voya plan representatives, who can help you with your retirement strategy. They are available to assist you with a variety of services designed to help you review your specific situation and develop a plan that helps you meet your retirement plan objectives.

Jeff Prost  
(800) 335-8325  
[jeff.prost@voyafa.com](mailto:jeff.prost@voyafa.com)

Eric Niswonger  
(800) 335-8325  
[Eric.Niswonger@voyafa.com](mailto:Eric.Niswonger@voyafa.com)

To schedule a virtual appointment, go to: <https://stlouiscountymeetings.timetap.com/> and follow the prompts.

# TIME AWAY FROM WORK

## Paid time off

There is no perfect, one-size-fits-all balance between work and home. We provide time off so you can take some "me time" to relax, recover from illness, and take care of personal and family business.

Employees hired after January 1, 2002 participate in a paid time-off program (PTO) in which they earn time off as follows:

- 160.16 hours (20 days) off after one year,
- 25 days off after 5 years,
- 30 days off after 10 years,
- 35 days after 20 years and
- 40 days after 30 years of service.

These days may be used for vacation, illness or any personal reason. Hours are accrued each pay period and employees may accumulate approximately 1-1/2 years' earnings at any time. At the time of retirement or termination, 100% of the PTO balance is paid providing the employee has completed at least 6 months of service.

Part-time employees regularly working 20 or more hours a week receive a prorated portion of hours based on a full-time schedule.

Employees should consult their department policy regarding any limitations on use of PTO.

## 2024-2025 paid holidays

Employees enjoy 11-12 paid holidays per year.

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day
- General Election Day (every other year)



# IMPORTANT PLAN INFORMATION

## HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located in the County's Intranet; click on Human Resources, then Employee Benefits. You can also access the Annual Notices via the [Benefit Documents Bookshelf](#).

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Notice of Patient Protections**
- **Health Insurance Exchange Notice**
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.
- **Mental Health Parity and Addiction Equity Act**
- **GINA Disclosure**
- **General Notice of COBRA Rights**
- **General FMLA Notice**
- **USSERA Notice**

## COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

# PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available in the County's Intranet. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

## SUMMARY PLAN DESCRIPTIONS (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

## SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available on the County Intranet, click on Human Resources, then Employee Benefits, then Medical Insurance.

- UHC HSA Choice Plus Plan
- UHC PPO Choice Plus Option 1 Plan
- UHC PPO Choice Plus Option 2 Plan
- UHC PPO Choice Plus Option 3 Plan
- UHC PPO Core Option 1 Plan
- UHC PPO Core Option 2 Plan

## SUMMARY OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the St. Louis County 2024-2025 Benefits. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.



Plan	Carrier	Phone #	Website
Benefit Documents Bookshelf		<a href="http://alliantbenefits.cld.bz/StLouisCounty2024-2025Benefits">alliantbenefits.cld.bz/StLouisCounty2024-2025Benefits</a>	
To enroll in benefits, go to: <a href="https://standard.benselect.com/stlco">https://standard.benselect.com/stlco</a>			
Medical	United Healthcare	855-285-1422	<a href="http://www.myuhc.com">www.myuhc.com</a>
Pharmacy	Express Scripts	844-516-3316	<a href="http://www.express-scripts.com/stlouiscounty">www.express-scripts.com/stlouiscounty</a>
Dental	MetLife	800-710-6103	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
Vision	Vision Benefits of America (VBA)	800-432-4966	<a href="http://www.vbaplans.com">www.vbaplans.com</a>
Health Savings Account (HSA)	MetLife	800-710-6103	<a href="http://healthsavingsandspending.metlife.com">healthsavingsandspending.metlife.com</a>
Flexible Spending Account (FSA)	MetLife	800-710-6103	<a href="http://healthsavingsandspending.metlife.com">healthsavingsandspending.metlife.com</a>
Disability	The Standard	844-239-3563	<a href="http://www.standard.com">www.standard.com</a>
Life Insurance	The Standard	844-239-3563	<a href="http://www.standard.com">www.standard.com</a>
Accident, Critical Illness, & Hospital Indemnity	MetLife	800-710-6103	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
ID Theft	ID Shield	888-494-8519	<a href="http://shieldbenefits.com/stlouisco">shieldbenefits.com/stlouisco</a>
Legal & ID Theft	MetLife	800-710-6103	<a href="http://www.members.legalplans.com">www.members.legalplans.com</a>
Pet Insurance	MetLife	Dogs and cats: <a href="http://metlife.com/getpetquote">metlife.com/getpetquote</a> or Call 800-710-6103 Exotic pets: Call 800-710-6103	
Auto & Home	Travelers	636-733-0030	<a href="http://www.whoisyourbroker.com">www.whoisyourbroker.com</a>
EAP	Guidance Resources	855-734-3259	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
457 Retirement	Voya	877-457-STLC (7852)	<a href="http://STLCO457.voya.com">STLCO457.voya.com</a>