

Joplin Schools Employee Benefits Guide



BENEFITS



Joplin Schools

Benefit Guide for Employee Benefits beginning October 1, 2023

The purpose of this booklet is to describe the highlights of your benefit programs. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official Plan Documents and Insurance Certificates and not by this booklet. If there is any discrepancy between the description of the Plans as described in this material and official Plan documents, the language of the documents shall govern.

Joplin Schools 2023 Benefits Guide Introduction

Joplin Schools is proud to provide a wide range of customizable benefits to help our employees feel supported in their physical and mental health each day. These benefits have been carefully developed with the help of a Health Plan Advisory Committee made up of both certified and classified staff members in order to create the most valuable packages and options.

To assist you in finding benefits to fit you and your lifestyle, we offer three medical plan options with access to both Freeman Health System and Mercy Hospitals. A significant portion of these costs are paid by the district for full-time employees. Because the various medical, dental, and life packages – plus telehealth and mental health options – can be a lot to consider, we provide full administrative support while you choose and use these plans.

Overall, we hope the following array of benefits will provide a meaningful incentive for our dedicated staff, and will signal our continued appreciation for your work in educating and caring for Joplin's students.

We are glad to have you on our Eagles team!



**Engaging
a community
of learners
through
high
expectations,
integrity,
empowerment
and
opportunity.**

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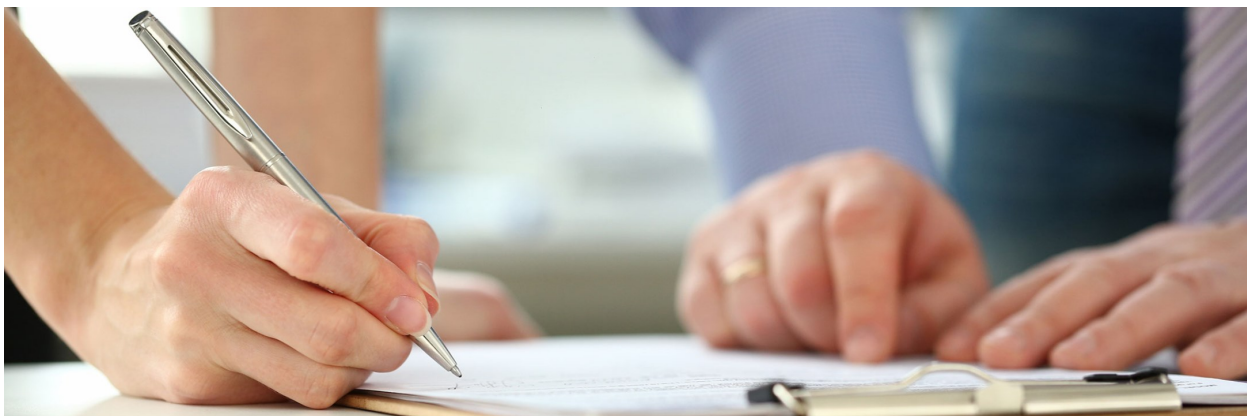
Accident / Critical Illness and Cancer Insurance

Group and Supplemental Life Insurance

Supplemental Life Insurance Monthly Rates

Defined Benefit Plan—PSRS/PEERS

OMNI—403b and 457b



CONTACT INFORMATION

Benefit Contacts

	Phone Number	Website
Medical Claims: UMR Network: UHC Choice Plus	800-826-9781	www.umar.com
Pharmacy Claims: UMR Optum Rx	800-356-3477	www.umar.com
Dental: MetLife Network: PDP Plus	800-GET-MET8	www.metlife.com
Vision: MetLife Network: Vision PPO	800-GET-MET8	www.metlife.com
Health Savings Account: UMB	866-520-4472	www.hsa.umb.com
Flexible Spending Accounts: UMR	800-826-9781	www.umar.com
STD/LTD/Accident/Cancer/Critical Illness: MetLife	800-GET-MET8	www.metlife.com
Life Insurance: Minnesota Life	651-665-3789	www.ochsinc.com
PSRS/PEERS	800-392-6848	www.psrs-peers.org

Joplin Schools Contacts

	Phone Number	Email Address
Ariana Valade Benefits Coordinator	417-625-5200 ext 2001	arianavalade@joplinschools.org
Justin Crawford Director of Education Support and Human Resources	417-625-5200 ext 2009	justincrawford@joplinschools.org

Barker Phillips Jackson Contacts

	Phone Number	Email Address
Jamie Brummett Benefits Consultant	417-887-3550	jbrummett@bpj.com
Brian Wampler Senior Account Manager	417-887-3550	bwampler@bpj.com

Benefit Eligibility and Enrollment Options

All full-time employees and part-time employees regularly budgeted for 15 or more hours per week are eligible for benefits.

Newly Hired Employees:

Insurance for new employees begins the first of the month following 30 days from your start date. You have 30 days to enroll.

New hires whose coverage is effective October 1, 2023, have the option to enroll during Open Enrollment from August 4 to August 18, 2023. Instructions will be emailed in a special edition of The Eagle Eye.

All other new hires, enroll by calling Employee Benefits, 417-625-5200 ext. 2001 or ext. 2002.

What You Will Need To Enroll:

- Review the plan information in this Benefits Guide.
- Gather information for all family members you will enroll in the plans. You will need their name, date of birth, and social security number.
- Consider who you would like to list as a beneficiary. You'll need their name, address, date of birth, social security number, and phone number.

Open Enrollment:

Open enrollment is from August 4 to August 18, 2023. All elections will be effective October 1, 2023. If you enroll in a Flexible Spending Account or want to make changes or enroll, you must do so during the open enrollment window.

Enrollment during open enrollment is through Employee Navigator. Please see the Eagle Eye Newsletter – Open Enrollment Special Addition sent to your email or [click here](#).

Special Enrollment Notice:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Benefits Coordinator, 417-625-5200 ext. 2001.

Benefit Deductions by Job Classification

For all benefit classes:

- Premiums are deducted the month in advance for medical, life, & voluntary benefits. For benefits that go into effect October 1, premiums are deducted in September.
- Flexible Spending Account (FSA) & Health Savings Account (HSA) deductions are taken the effective month. For benefits that go into effect on October 1, the premiums are deducted in October.
- The district-paid medical & dental insurance premium is considered as income for PEERS/PSRS contributions & those who receive 2 or more checks per month are added to the second check of the month.
- For staff who receive 2 or more checks per month:
 - Medical insurance, Flexible Spending, & HSA is deducted from the first & second check each month.
 - Voluntary benefits & life insurance are deducted from the second check each month.

Bi-weekly, 9/10/11-month: Food Service, Bus Driver, Bus Aide, Classroom Aide, 9/10/11-Month Clerical, COTA, PTA, LPN

- Summer premiums for employee medical, employee/child/family life, or voluntary benefit deductions are taken in March, April, & May.
 - In March, 2 months' premiums are deducted to cover April & May.
 - In April, 2 months' premiums are deducted to cover June & July.
 - In May, 2 months' premiums are deducted to cover August & September.
- Child or family medical premium, FSA, or HSA is divided over each check from September through May.
 - Example: Base plan for coverage beginning October 1 - total child premium minus total employee premium, \$804.60 - \$ 518.40 = \$286.20 x 12 months = \$3,434.40 divided by 20 checks = \$171.72 each check.

Monthly Paid 9-month Staff: SLPA, OT, PT, RN

Certified Staff (paid September - August): Teacher

- FSA & HSA contributions are deducted from October to August (11-months).
- July & August checks are processed in June but paid in July & August.

Certified Staff (paid July – June): Principal (see your contract), Superintendent, Assistant Superintendent, Executive Director of Student Services, Director of Special Education, Director of Educational Support & Human Resources

- FSA & HSA contributions are deducted from October to June (9 -months).

Certified Staff (paid August - July): Principal (see your contract)

- FSA & HSA contributions are deducted from October to July (10 -months).

12-month Bi-weekly: Support Staff, Facilities

12-month Semi-Monthly: Chief Financial Officer, Director of Accounting, Salaried Support Staff

- FSA & HSA contributions are deducted from October to August (11-months/22 checks)

HEALTH CARE PLAN OPTIONS

	HSA Plan	Base Plan	Buy Up Plan
Annual Deductible In-Network Out-of-Network	Individual / Family \$2,000 / \$4,000 Non- embedded \$4,000 / \$8,000	Individual / Family \$2,500 / \$5,000 \$5,000 / \$10,000	Individual / Family \$1,500 / \$3,000 \$3,000 / \$6,000
Co-Insurance (Plan Pays)	In / Out of Network 80% / 50% after deductible	In / Out of Network 80% / 50% after deductible	In / Out of Network 80% / 50% after deductible
Out of Pocket Maximum In-Network Out-of-Network	Individual / Family (Includes Deductible & Coinsurance) \$5,500 / \$11,000 \$11,000 / \$22,000	Individual / Family (Includes Deductible, Coinsurance & Copays) \$5,000 / \$10,000 \$10,000 / \$20,000	Individual / Family (Includes Deductible, Coinsurance & Copays) \$4,000 / \$8,000 \$8,000 / \$16,000
Office Visit Primary Care Mental Health Specialist	Applies to Deductible and Coinsurance	\$30 copay \$30 copay \$50 copay	\$25 copay \$25 copay \$45 copay
Covered Preventive Care	100% Paid by Plan	100% Paid by Plan	100% Paid by Plan
Physical or Mental Health (Outpatient Inpatient)	Applies to Deductible and Coinsurance	Applies to Deductible and Coinsurance	Applies to Deductible and Coinsurance
Urgent Care Clinic	Applies to Deductible and Coinsurance	\$100 Copay	\$100 Copay
Emergency Room	Applies to Deductible and Coinsurance	\$300 copay	\$300 copay
Prescription Drug (Tier 1/2/3/4)	Applies to Deductible and Coinsurance	\$15 / \$35 / \$60 / 20% to \$250 (or cost of Rx, whichever is less)	\$15 / \$35 / \$60 / 20% to \$250 (or cost of Rx, whichever is less)

Terminology

Copay—A specific dollar amount you pay for certain services such as office visits, Urgent Care, Emergency Room visits, and prescriptions

Deductible—The amount you pay before the plan pays for services not covered by a copay

Co-insurance—A set percentage of costs that are covered by you plan after your deductible has been paid. Our plan covers 80% after you meet deductible (in-network)

Out of Pocket—The most you pay for covered services. The amount you pay for copays, the deductible, and co-insurance make up your out of pocket expenses.

HEALTH CARE PLAN MONTHLY PREMIUMS

HSA Plan	Total Premium (PT & Retirees)	District Contribution for Full Time Employees	District HSA Contribution for Full Time Employees*	Full Time Employee Cost Monthly
Employee Only	\$480.60	\$440	\$30	\$40.60
Employee Spouse	\$1,053.00	\$440	\$30	\$613.00
Employee Children	\$750.60	\$440	\$30	\$310.60
Family	\$1,269.00	\$440	\$30	\$829.00

Base Plan	Total Premium (PT & Retirees)	District Contribution for Full Time Employees	Full Time Employee Cost Monthly
Employee Only	\$518.40	\$440	\$78.40
Employee Spouse	\$1,139.40	\$440	\$699.40
Employee Children	\$804.60	\$440	\$364.60
Family	\$1,409.40	\$440	\$969.40

Buy-Up Plan	Total Premium (PT & Retirees)	District Contribution for Full Time Employees	Full Time Employee Cost Monthly
Employee Only	\$583.20	\$440	\$143.20
Employee Spouse	\$1,269.00	\$440	\$829.00
Employee Children	\$934.20	\$440	\$494.20
Family	\$1,593.00	\$440	\$1,153.00

Self-Funded

Joplin Schools offers a self-funded medical plan to all full-time employees and for part-time employees who are budgeted for 15 or more hours per week. Being self-funded means the premiums we pay and the amount the district pays toward full-time employee premiums are used to pay for medical claims, prescriptions, and all fees.

UMR is our third-party administrator (TPA). They process claims on our behalf according to our plan document.

Network

Our network is the **United Healthcare Choice Plus network**. This gives us access to both Freeman and Mercy Health Systems and a wide array of quality health care nationwide.

*** Requires employee to enroll in a Health savings Account through United Missouri Bank. Instructions will be emailed to you by Employee Benefits.**

CHOOSING A HEALTH CARE PLAN

Deciding on which Health Care Plan option to choose requires members to know and understand their current utilization and the way the plans work. This simple chart is intended to help you consider your costs and is not intended to provide advice.

	HSA Plan	Base Plan	Buy-Up Plan
Additional Premium (Compared to the lowest cost option)			
Do you take medications: If so, complete:	Expected Cost of Medication Annually:	Expected Co-pays for Medication Annually:	Expected Co-pays for Medication Annually:
Do you have doctors visits annually? If so, complete:	Expected Cost of Doctor's Visits Annually:	Expected Co-pays for Doctor's Visits Annually:	Expected Co-pays for Doctor's Visits Annually:
Do you have annual lab work (non preventive care)? If so, complete:	Expected costs of lab work (see EOB)	Expected costs of lab work (see EOB)	Expected costs of lab work (see EOB)
Do you have other expected medical costs in the upcoming year?			
Deductible/Co-Insurance	Any expected expenses above would apply to \$2,000 Deductible then 20% co-insurance: _____ Deductible _____ Co-Insurance	Lab and other medical would apply to \$2,500 Deductible then 20% co-insurance: _____ Co-pays _____ Deductible _____ Co-Insurance	Lab and other medical would apply to \$1,500 Deductible then 20% co-insurance: _____ Co-pays _____ Deductible _____ Co-Insurance
HSA Contribution from the District (\$30 per month)		N/A	N/A
Expected Costs, Additional Premium, Minus HSA Contribution for HSA Plan			

HEALTH SAVINGS ACCOUNT



- ◆ A Health Savings Account, HSA, allows you to set aside money pre-tax for medical, prescription, dental, and vision expenses for you and eligible family members.
- ◆ Only available for members enrolling in the HSA Plan.
- ◆ Employees can contribute along with receiving Joplin Schools contribution.
- ◆ UMB will administer the Health Savings Accounts (HSAs) for Joplin Schools members.
- ◆ Members will make an HSA Contribution election on Employee Navigator during Open Enrollment, but this amount can be changed throughout the year.
- ◆ A Health Savings Account (HSA) will be established for each member electing the HSA Plan.
- ◆ Please watch for a welcome packet from UMB and HSA Card.

Top Questions about Health Savings Accounts

These are answers to some of the most commonly asked questions about health savings accounts (HSAs).

General questions

Q1: What is a health savings account (HSA)?

A1: An HSA helps you set aside money for current and future health care expenses that aren't covered by your medical plan. You can make contributions to your HSA, up to IRS limits. For 2023, the maximum contribution amount from all sources—your contributions, your employer's contributions and any other sources—is \$3,850 for individual coverage and \$7,750 for family coverage.

Q2: What types of medical plans are compatible with an HSA?

A2: To contribute to an HSA, you must be enrolled in a high-deductible health plan (HDHP). An HDHP is a health plan that meets two requirements as specified by the U.S. Treasury Department. First, it must have an annual deductible that meets the minimum deductible amount, which is published annually. Second, the annual out-of-pocket expenses—such as deductibles, copayments and other expenses paid for by the participant—associated with the HDHP may not exceed the specified out-of-pocket maximums. Premiums (the amount you pay each month for coverage) do not count as out-of-pocket expenses.

Q3: How do HSAs work?

A3: You choose how much you'd like to save in your HSA each year and contributions are automatically made from your paycheck to your account. See Question 8 for additional contribution methods.

You can choose to pay for current eligible medical expenses with your HSA. Or you can choose to pay for current expenses out of your pocket and save the money in your HSA to pay for future medical expenses. How you use your account and when you use it are entirely up to you.

Q4: Is my money safe in an HSA?

A4: Yes. Your HSA deposit account balance is FDIC insured.

Once you have \$1,000 saved in the HSA, you have the opportunity to open a UMB HSA Saver^{®1} investment portfolio to have the option to make investments in securities that carry various levels of risk and reward, similar to investment in a retirement savings plan.

*Investments in securities through UMB HSA Saver[®] are:
Not FDIC-Insured · May Lose Value · No Bank Guarantee.*

Q5: Why should I consider enrolling in the HDHP with an HSA?

A5: If one or more of the following are true for you, you may want to consider making a change to a HDHP with an HSA:

- You are paying for insurance you're not using.
- You want an option to save for current and future medical expenses.
- You want to save on monthly premiums and take more control over how you use your health care benefits.
- You anticipate major health expenses such that you would reach the out-of-pocket maximum associated with the a HDHP.

Eligibility and opening an account

Q6: Who can open an account?

- A6: If you are enrolled in a high-deductible health plan, you are eligible to open an HSA as long as you:
- Are not covered by any other health plan that is not a high-deductible health plan (for example, a spouse's plan),
 - Are not enrolled in Medicare benefits, and
 - May not be claimed as a dependent on another person's tax return.

Account contributions

Q7: How much can I contribute?

- A7: You can choose how much to contribute to your HSA, up to IRS limits that are set each year. For 2023, the maximum contribution amount from all sources—your contributions, your employer's contributions and any other sources—is \$3,850 for employee-only coverage and \$7,750 for family coverage.

Q8: How do I contribute to the account?

- A8: The Welcome Kit you will receive from UMB once you open your account outlines the different ways you can contribute to your account. The simplest way is through pretax payroll contributions, but you may also write a check or transfer money from your bank account to make a lump sum contribution to your HSA. If the money comes from your bank account instead of through payroll contributions, you may deduct the amount you contribute on your taxes² since those contributions would be made with after-tax money. Your family members or others can also contribute to the account on your behalf.

Q9: I'm nearing retirement. Can I make catch-up contributions like I do to my retirement savings plan?

- A9: People age 55 and older can make a catch-up contribution each year that is over and above the allowable limit for the individual year. The catch-up contribution is \$1,000. You are able to make catch-up contributions until you become Medicare active.

Using your HSA

Q10: What can I spend my HSA balance on?

- A10: You can use your balance to pay for qualified medical expenses for you or your covered dependents (shown in *IRS Publication 502*). Some examples include:
- Your deductible
 - Dental treatments, exams or cleaning costs
 - Prescription drug costs
 - Vision expenses such as contact lenses or glasses
 - Chiropractic or acupuncture fees
 - Crutches
 - Eye surgery

They don't include insurance premiums other than premiums for long-term care insurance, premiums on a health plan during any period of continuation coverage required by federal law (for example, "COBRA" coverage) or premiums for healthcare coverage while you receive unemployment compensation.

You can find a full list of qualified expenses at www.irs.gov.

Q11: How do I pay for medical expenses?

A11: You'll receive a UMB Visa® debit card that you can use to pay for qualified expenses not covered by the high-deductible health plan. Simply swipe the card, or access your card using ApplePay,® at the pharmacy or for other health-related services and the associated cost will be debited from your HSA balance. Or use your card to pay doctor's visit bills once the claim has been submitted to your insurance carrier so that you will receive the negotiated rates for services. Save your receipts, since you may need them if the IRS requests that you show proof of how you used your tax-free money. Use UMB's ReceiptVault to store and organize receipts online for qualified healthcare expenses. If you cannot use your debit card, you will pay for the expense out of your own pocket, then reimburse yourself from your HSA.

If you don't have enough money in your account to pay for the entire amount of an expense (for example, if you just opened the account or the company hasn't made its full contribution yet), you can pay for a portion of that expense with your account and cover the rest with personal funds. Once the HSA funds build and are available in the account, you can reimburse yourself from the HSA.

Q12: How does my HSA track with my deductible?

A12: You may use your HSA to pay for qualified expenses including your deductible. Or you can let the HSA build up for future expenses. The choice is yours. The HSA is not a method to determine if you've met your deductible; that information is available on your medical plan provider's website or on any explanation of benefits (EOBs) that you receive from your plan.

Q13: If I open an HSA, can I also enroll in a health care flexible spending account?

A13: No, you cannot enroll in both. If you are married, you may not have coverage under your spouse's flexible spending account (FSA). You can only have a "limited purpose" FSA. Eligible expenses with a limited purpose FSA include most unreimbursed dental, vision and/or hearing care expenses (including expenses for your dependents), and out-of-pocket medical expenses you paid after you met your plan deductible.

Q14: What are the tax implications for participating in an HSA?

A14: The money you save in your HSA is tax free. The money you contribute isn't taxed, nor is the money taxed as your balance grows. As long as you use the money to pay for qualified expenses, you won't pay taxes when you withdraw it either.

Note: States can choose to follow the federal tax-treatment guidelines for HSAs or establish their own; some states tax HSA contributions. If you have questions about your tax implications, consult your tax advisor. Withdrawals for non-qualified medical expenses are subject to income taxes and a possible 20% penalty, if you're under age 65

Q15: I have an HSA already set up through my former employer. Can I contribute to that HSA instead with payroll contributions?

A15: No. However, you may transfer the balance from that HSA into your UMB HSA and continue to make pretax contributions. First, open your UMB HSA. Then decide how you'd like to transfer the funds.

Understanding your new ID card

WHAT YOU NEED TO KNOW

Have you ever wondered what all that stuff on your ID card really means? Here's a sample of what you might see. Each plan is different.

The number assigned specifically to you to track all of your benefits and claims information.

A list of the family members who are covered under your plan.

The number assigned to identify your group health plan.

Information about your prescription drug plan. Pharmacists use this to process your claims.

Your medical provider network, also referred to as your preferred provider organization (PPO). Going to doctors, clinics and hospitals in your network will save you money.



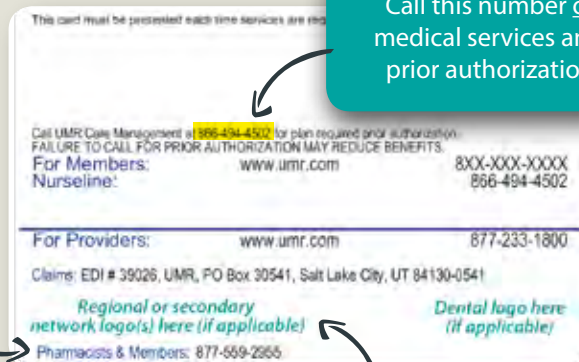
More on the back

Look for important contact information, including the customer service phone number to call for answers to claims or benefit questions. You can also go to umr.com to check your benefits, claims status, accumulators and eligibility.

Call this number when you have questions about pharmacy benefits.

Call this number **only** when you need medical services and your plan requires prior authorization for those services.

If you're traveling outside your in-network coverage area, look to see if you have access to a regional or secondary network.



A UnitedHealthcare Company

Teladoc[®]

24/7 doctor visits via phone or mobile app



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more

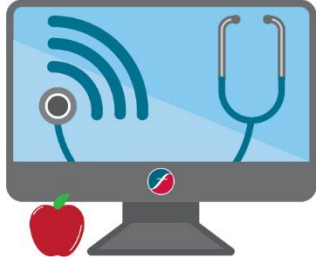
With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.

Talk to a doctor anytime!

Teladoc.com 1-800-Teladoc



A UnitedHealthcare Company



SCHOOL TELEMEDICINE

Care you need where you are.

Joplin School District Telemedicine

Joplin School District and **Freeman Neosho** have collaborated to provide Telemedicine access to care for Joplin School District staff and their dependents. Every Joplin School District school will have medical grade equipment to use for Telemedicine.

Process Step-by-Step

1. **If you become ill at school** and need to see a medical provider and want to use TELEMEDICINE, visit your school nurse's office. Your school nurse will take your vitals and contact information.
2. Freeman Registration will call you directly to obtain permission to provide treatment and register you or your child for the visit. Freeman will offer a telemedicine appointment time that works for you. Until telemedicine equipment is available at your school site, Freeman will suggest the closest available school. Appointments are often immediately available. **Please have your insurance card available at registration. If you have a co-pay, please be prepared to make payment during this call.**
3. Check in with the school nurse at **the location where your telemedicine visit is taking place** when you arrive at the school.
4. The school nurse will assist the student or staff member as well as the parent in virtually connecting with the experienced Freeman provider and will assist the Freeman provider in conducting the exam.
5. A parent can see, hear, and interact with their child, the Freeman provider, and the school nurse during the virtual visit.
6. If prescriptions or further testing is needed, the Freeman provider will call in the prescriptions or order the test at the location requested by the responsible party.

Cost of Service

Payment options include billing your insurance company, billing Medicaid, or paying an affordable flat fee of \$35 (not billing insurance or employees enrolled in the HSA Medical Plan).

For staff enrolled in Joplin School District's Base or Buy-up Medical Plan it is a \$ copay





CHOOSING THE RIGHT HEALTHCARE SETTING



A UnitedHealthcare Company

TYPE OF CARE		WAIT TIME	COST**
NurseLineSM	<p>— 877-950-5083 speak by phone with a registered nurse any time of day, seven days a week. When to call*</p> <ul style="list-style-type: none"> • Help choosing the right health care setting • Information about common health problems or injuries 	<p>20-30 seconds Call answered, on average</p>	<p>\$0</p>
TeladocSM	<p>– 800-835-2362 or Teladoc.com request a consultation from a board-certified doctor any time of day, seven days a week, by phone or online. Teladoc physicians can diagnose routine ailments, recommend treatments and prescribe medications. When to go*</p> <ul style="list-style-type: none"> • Cold or flu • Bronchitis • Respiratory infection • Sinus problems • Allergies • Urinary tract infection • Pediatric care • Poison ivy or pink eye 	<p>17 minutes Approximate wait time for doctor to respond</p>	<p>\$5 Copay per consultation PPO Plans \$49 per consultation HSA Plan</p>
Retail clinic/ convenient care clinic	<p>Retail clinics, sometimes called convenient care clinics, are located in retail stores, supermarkets and pharmacies. When to go*</p> <ul style="list-style-type: none"> • Colds or flu • Sinus infections • Allergies • Vaccinations or screenings • Minor sprains, burns or rashes • Headaches or sore throats 	<p>15 minutes or less, on average</p>	<p>\$30 Copay Base Plan \$25 Copay Buy-Up Plan \$50-\$100 avg cost HSA Plan</p>
Urgent care/walk-in clinic	<p>Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends. When to go*</p> <ul style="list-style-type: none"> • Sprains and strains • Mild asthma attacks • Sore throats • Minor broken bones or cuts • Minor infections or rashes • Earaches 	<p>20-30 minutes Approximate wait time</p>	<p>\$100 Copay PPO Plans \$150 -\$210 avg cost HSA Plan</p>
Clinical care (your doctor's office)	<p>Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions. When to go*</p> <ul style="list-style-type: none"> • Preventive services and vaccinations • Medical problems or symptoms that are not an immediate, serious threat to your health or life 	<p>1 week or more Approximate wait time for an appointment</p>	<p>\$25/\$45 Co-pay Buy-Up Plan \$30/\$50 Co-pay Base Plan \$100-\$150 Avg cost HSA Plan</p>
Emergency room (ER)	<p>Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours and your health plan may not cover non-emergency ER visits. When to go*</p> <ul style="list-style-type: none"> • Sudden change in vision • Sudden weakness or trouble talking • Large, open wounds • Difficulty breathing • Severe head injury • Heavy bleeding • Spinal injuries • Chest pain • Major burns • Major broken bones 	<p>3 to 12 hours Approximate wait time for non-critical cases</p>	<p>\$300 Co-pay PPO Plans \$1,200-\$1,600 avg cost HSA Plan</p>

Mercy  | GoHealth.
URGENT CARE

OPEN WEEKDAYS 8AM-8PM, WEEKENDS 9AM-5PM
OPEN 365 DAYS A YEAR
IN-NETWORK WITH MOST MAJOR INSURANCE PLANS

Joplin Area Locations

1. Range Line

1421 S. Range Line Road
Suite C
Joplin, MO 64804
417.434.9445

2. Stone's Corner

coming soon

6055 N. Main Street
Webb City, MO 64870
417.717.8846



For more information, visit:
GoHealthUC.com/Mercy



METLIFE DENTAL PLAN OPTIONS

BASE DENTAL	In-Network (MetLife PDP Plus Dentists)	Out-of-Network (Reimbursed at MetLife Maximum Allowable)
Preventive Care (Exams, Cleanings, X-rays)	50%	50%
Annual Deductible (Applies to Basic and Major Services Only)	\$50 per person, max \$150 per family	\$50 per person, max \$150 per family
Basic Services (Sealants, Space Maintainers, Fillings)	50% after deductible	50% after deductible
Major Services (Crowns, Bridges, Dentures, Implants, Extractions, Endontics, Periodontics)	50% after deductible	50% after deductible
Annual Maximum Benefit	\$500 per person	\$500 per person

Monthly Premium	Total Premium (PT & Retirees)	District Contribution for Full Time Employees	Full Time Employee Cost Monthly
Employee Only	\$10.19	\$10.19	\$0
Employee Spouse	\$19.99	\$10.19	\$9.80
Employee Children	\$24.94	\$10.19	\$14.75
Family	\$37.43	\$10.19	\$27.24

BUY-UP DENTAL	In-Network (MetLife PDP Plus Dentists)	Out-of-Network (Reimbursed at 90% of Reasonable)
Preventive Care (Exams, Cleanings, X-rays)	100%	100%
Annual Deductible (Applies to Basic and Major Services Only)	\$50 per person, max \$150 per family	\$50 per person, max \$150 per family
Basic Services (Sealants, Space Maintainers, Fillings, Crowns)	80% after deductible	80% after deductible
Major Services (Bridges, Dentures, Implants, Extractions, Endontics, Periodontics)	50% after deductible	50% after deductible
Annual Maximum Benefit	\$1,500 per person	\$1,500 per person
Orthodontia (children up to age 19 only)	50% after deductible	50% after deductible
Orthodontia Lifetime Maximum Benefit	\$1,000 per person	\$1,000 per person

Monthly Premium	Total Premium (Part time)	District Contribution for Full Time Employees	Full Time Employee Cost Monthly
Employee Only	\$29.79	\$10.19	\$19.60
Employee Spouse	\$58.48	\$10.19	\$48.29
Employee Children	\$72.92	\$10.19	\$62.73
Family	\$109.45	\$10.19	\$99.26

METLIFE VISION AND DENTAL PLAN

	In-Network MetLife Provider (Vision PPO)
Eye Exam	Covered in full after a \$10 copay
Materials Copay	\$25 copay for Lenses/Frames if purchased separately or full set of glasses
Frames	\$130 Allowance every 24 months
Standard Corrective Lenses (Single Vision, Lined Bifocal, Lined Trifocal, Lenticular)	Covered in full after \$25 copay once every 12 months
Standard Lens Enhancements (Progressive, Polycarbonate, Photochromic, Anti-Reflective, Scratch-Resistant coatings and Tints)	Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits
Contact Lenses (Instead of glasses)	\$130 Allowance once every 12 months

	Monthly Premium (Full and Part Time)
Employee Only	\$7.55
Employee Spouse	\$15.14
Employee Children	\$12.83
Family	\$21.15



Vision

MetLife also offers out-of-network benefits for Vision. The Benefits summary is available on Employee Navigator. Employees receive a better benefit by utilizing in-network providers.

Dental

To get the most out of your dental benefit and receive network discounts on dental services select an in-network provider. You may find in-network providers at www.metlife.com, select Find a Provider then PDP Plus Network, and enter your zip code.

Insurance Cards

No Insurance Cards

Our dental and vision insurance plans do not mail insurance cards. You may go online to www.metlife.com/mybenefits to print a dental card or simply let your dental and vision provider know you have MetLife through Joplin Schools.

FLEXIBLE SPENDING ACCOUNTS

Healthcare Flexible Spending Account

- * For employees not enrolled in a Health Care Plan through Joplin Schools or those enrolled in the Base or Buy-up Plan— Not for HSA Plan participants
- * Use pre-tax dollars to pay for medical co-pays, prescriptions, glasses and contacts, medical supplies, and more
- * Annual contribution between \$300 and \$3,050 for 2023

Dependent Care Flexible Spending Account

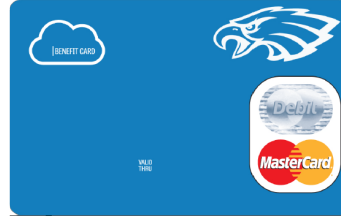
- * Available for all eligible employees
- * Use pre-tax dollars to pay for eligible dependent care expenses
- * Annual contribution between \$300 and \$5,000

Make your annual election on Employee Navigator.

Employees cannot change their annual election without a qualifying event.

Flexible Spending Accounts are “use it or lose it” so plan wisely

Debit Card for Healthcare Flexible Spending Account



- ◆ Easy access to FSA funds with the swipe of a card

- ◆ Reduces requests for reimbursement

www.UMR.com

Convenient online account management:

- ◆ View account balance(s)
- ◆ Request a reimbursement and upload receipts
- ◆ View transactions
- ◆ Update profile
- ◆ Set up direct deposit

Consumer Accounts with UMR App

- ◆ Free download at Apple Store and Google Play
- ◆ Full access on your mobile device to manage your account, view and file claims

DISABILITY INSURANCE

- * Disability Insurance pays you if you are unable to work due to a disability
- * If you were unable to work how would you pay for mortgage/rent, car payments, utilities, food, and other expenses
- * In MetLife's 10th annual employee benefits trend study 60% of employees indicated they are very concerned about having enough money to pay bills during a period of sudden income loss
- * Enrollment is voluntary and paid 100% by the employee

Voluntary Short Term

Disability

- ◆ Intended to help replace a portion of weekly income during the initial weeks of disability
- ◆ Pays a benefit up to 60% of pre-disability wages weekly and is non-taxable income
- ◆ Employee chooses the benefit amount in increments of \$50 per week \$100 minimum and \$1,000 maximum (no more than 60% of weekly pay)
- ◆ Benefits payable 1st day if due to injury, 8th day if due to sickness for up to 13 weeks
- ◆ Joplin Schools requires employees to use available paid leave prior to receiving benefits
- ◆ Pre-existing condition exclusion—in the first 12 months you are covered there will be no benefits payable for any illness or injury that existed 3 months prior to enrolling

Voluntary Long Term

Disability

- ◆ Intended to help replace a portion of weekly income during the initial weeks of disability
- ◆ Pays a benefit up to 60% of pre-disability wages monthly and is non-taxable income
- ◆ Benefits are payable following a 90 day waiting period for 24 months if you cannot perform your own occupation and until Social Security Normal Retirement age if you are unable to perform any work.
- ◆ Pre-existing condition exclusion—in the first 12 months you are covered there will be no benefits payable for any illness or injury that existed 12 months prior to enrolling

Full benefit details and rates are available on Employee Navigator

ADDITIONAL BENEFITS

- * Enrollment time is a good time to consider additional benefits offered by the District
- * These additional benefits are Accident Insurance, Critical Illness Insurance, and Cancer Insurance
- * Payments are made directly to you to help pay for medical bills, home expenses, groceries, however you see fit to use the funds
- * Enrollment is voluntary and paid 100% by the employee

Accident Insurance

- ◆ Accidents happen—every 2 seconds at home, every 6 seconds at work and every 9 seconds on the road
- ◆ Accident Insurance helps with out of pocket expenses associated with these accidents
- ◆ Plan provides a payment for over 150 different covered events (fractures, dislocations, burns, lacerations, broken teeth, etc)
- ◆ You receive payments when you have covered expenses related to the accident as well such as ambulance, emergency care, surgery, x-rays, physical therapy, hospitalization etc.
- ◆ Also includes accidental death life insurance policy
- ◆ Low Plan and High Plan to choose from

Critical Illness Insurance

- ◆ Critical Illness plans provide a lump-sum payment if you or a covered family member is diagnosed with Cancer, Heart Attack/Stroke, Coronary Artery Bypass, Kidney Failure, Alzheimer's, Organ Transplant and over 20 other listed conditions
- ◆ \$15,000 and \$30,000 benefit options
- ◆ Pre-existing condition exclusion—in the first 6 months you are covered there will be no benefits payable for any illness existed 3 months prior to enrolling

Cancer Insurance

- ◆ Cancer plans provide a lump-sum payment if you or a covered family member is diagnosed with Cancer
- ◆ \$15,000 and \$30,000 benefit options
- ◆ Pre-existing condition exclusion—in the first 6 months you are covered there will be no benefits payable for any illness existed 3 months prior to enrolling

Full benefit details and rates are available on Employee Navigator

Group Life Insurance Program

Your employer provides benefit eligible employees Term Life Insurance through Securian Financial - administered by Ochs.

LIFE INSURANCE

Protect yourself and your family from the unexpected loss of life and income during working years. Life Insurance provides a financial benefit to beneficiaries upon death.

HOW MUCH LIFE INSURANCE DO YOU NEED?

Check out the life insurance calculator at LifeBenefits.com/Insuranceneeds.



Insurance helps cover

- Funeral/burial costs
- Medical bills
- Taxes & living expenses (i.e. mortgage, childcare)

Automatically Enrolled Coverage - employer paid

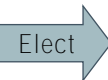
Employee
Basic Term Life



\$25,000 (full-time employees) • Employer paid, no election required

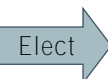
Elect Supplemental Coverage - employee paid

Employee
Term Life



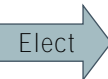
up to **\$750,000** maximum • Elect in **\$10,000 increments**

Spouse
Term Life



up to **\$250,000** maximum • Elect in **\$5,000 increments**

Child
Term Life



up to **\$20,000** each child • Elect **\$10,000, \$15,000, or \$20,000**
• One premium insures all eligible children from live birth to age 26

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible for coverage.

MONTHLY COST

Employee or Spouse Supplemental Term Life

See rate grid for easy cost calculation.

Age	Rate per \$1,000
<25	\$0.04
25-29	\$0.04
30-34	\$0.04
35-39	\$0.08
40-44	\$0.10
45-49	\$0.15
50-54	\$0.23
55-59	\$0.43
60-64	\$0.66
65-69	\$1.27
70-74	\$2.06
75*	\$2.06

*Rates beyond age 75 are available upon request.
Rates increase with age and all rates are subject to change.

MONTHLY COST

\$10,000	\$15,000	\$20,000
\$2.00	\$3.00	\$4.00

One premium insures all eligible children.

ENROLL NOW

Turn in your completed forms to your employer by the enrollment deadline. Premiums will be automatically deducted from your paycheck.

BENEFICIARY DESIGNATIONS

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your elections periodically.

ADDITIONAL FEATURES

- **Waiver of Premium** - If you become totally and permanently disabled, according to the terms of your certificate, life insurance premiums may be waived.
- **Accelerated Benefit** - If an insured person is diagnosed with a terminal illness, as defined in your certificate, he/she may be eligible to request early payment of the life insurance in force.
- **Continuation** - If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage, if elected during the limited enrollment period. Premiums may be higher than those paid by active employees. Contact your employer or Ochs for information.

NEWLY HIRED EMPLOYEES

A special guaranteed issue opportunity is available for newly hired employees during their initial 31 day enrollment period. No evidence of insurability is required for the following **guaranteed amounts**:

- **Employee** - up to **\$300,000**
- **Spouse** - up to **\$50,000**
- **Child** - **all coverage**

Evidence of insurability is required for elections above the guaranteed amounts.

ANNUAL ENROLLMENT

During your employer's designated annual enrollment period, no evidence of insurability is required for the following **guaranteed amounts**:

- **Child** - **all coverage**

Evidence of insurability is required for all other elections.

OTHER ENROLLMENT

If your policy or employer allows enrollment outside of their designated enrollment periods, **elections will require evidence of insurability.** *If you experience a family status change, check with your employer within 31 days to confirm guaranteed issue eligibility.*



Contact Ochs

ochs@ochsinc.com

651-665-3789 or 1-800-392-7295

This is a summary of plan provisions related to the insurance policy underwritten by Minnesota Life Insurance Company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage.

Securian Financial is the marketing name for Securian Financial Group, Inc. and its affiliates. Minnesota Life is an affiliate of Securian Financial Group, Inc.

Products are offered under policy form series MHC-96-13180.24

Ochs, Inc.
A Securian Financial Company
400 Robert Street N, Ste. 1880, St. Paul, MN 55101



Email: ochs@ochsinc.com
Phone: 651-665-3789 • 1-800-392-7295
Web: ochsinc.com

Employee and Spouse Supplemental Term Life Monthly Rates (based on age)

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*
Rate per \$1,000	\$0.04	\$0.04	\$0.04	\$0.08	\$0.10	\$0.15	\$0.23	\$0.43	\$0.66	\$1.27	\$2.06
Coverage Amount											
\$5,000	0.20	0.20	0.20	0.40	0.50	0.75	1.15	2.15	3.30	6.35	10.30
\$10,000	0.40	0.40	0.40	0.80	1.00	1.50	2.30	4.30	6.60	12.70	20.60
\$20,000	0.80	0.80	0.80	1.60	2.00	3.00	4.60	8.60	13.20	25.40	41.20
\$30,000	1.20	1.20	1.20	2.40	3.00	4.50	6.90	12.90	19.80	38.10	61.80
\$40,000	1.60	1.60	1.60	3.20	4.00	6.00	9.20	17.20	26.40	50.80	82.40
\$50,000	2.00	2.00	2.00	4.00	5.00	7.50	11.50	21.50	33.00	63.50	103.00
\$60,000	2.40	2.40	2.40	4.80	6.00	9.00	13.80	25.80	39.60	76.20	123.60
\$70,000	2.80	2.80	2.80	5.60	7.00	10.50	16.10	30.10	46.20	88.90	144.20
\$80,000	3.20	3.20	3.20	6.40	8.00	12.00	18.40	34.40	52.80	101.60	164.80
\$90,000	3.60	3.60	3.60	7.20	9.00	13.50	20.70	38.70	59.40	114.30	185.40
\$100,000	4.00	4.00	4.00	8.00	10.00	15.00	23.00	43.00	66.00	127.00	206.00
\$110,000	4.40	4.40	4.40	8.80	11.00	16.50	25.30	47.30	72.60	139.70	226.60
\$120,000	4.80	4.80	4.80	9.60	12.00	18.00	27.60	51.60	79.20	152.40	247.20
\$130,000	5.20	5.20	5.20	10.40	13.00	19.50	29.90	55.90	85.80	165.10	267.80
\$140,000	5.60	5.60	5.60	11.20	14.00	21.00	32.20	60.20	92.40	177.80	288.40
\$150,000	6.00	6.00	6.00	12.00	15.00	22.50	34.50	64.50	99.00	190.50	309.00
\$160,000	6.40	6.40	6.40	12.80	16.00	24.00	36.80	68.80	105.60	203.20	329.60
\$170,000	6.80	6.80	6.80	13.60	17.00	25.50	39.10	73.10	112.20	215.90	350.20
\$180,000	7.20	7.20	7.20	14.40	18.00	27.00	41.40	77.40	118.80	228.60	370.80
\$190,000	7.60	7.60	7.60	15.20	19.00	28.50	43.70	81.70	125.40	241.30	391.40
\$200,000	8.00	8.00	8.00	16.00	20.00	30.00	46.00	86.00	132.00	254.00	412.00
\$210,000	8.40	8.40	8.40	16.80	21.00	31.50	48.30	90.30	138.60	266.70	432.60
\$220,000	8.80	8.80	8.80	17.60	22.00	33.00	50.60	94.60	145.20	279.40	453.20
\$230,000	9.20	9.20	9.20	18.40	23.00	34.50	52.90	98.90	151.80	292.10	473.80
\$240,000	9.60	9.60	9.60	19.20	24.00	36.00	55.20	103.20	158.40	304.80	494.40
\$250,000	10.00	10.00	10.00	20.00	25.00	37.50	57.50	107.50	165.00	317.50	515.00
\$260,000	10.40	10.40	10.40	20.80	26.00	39.00	59.80	111.80	171.60	330.20	535.60
\$270,000	10.80	10.80	10.80	21.60	27.00	40.50	62.10	116.10	178.20	342.90	556.20
\$280,000	11.20	11.20	11.20	22.40	28.00	42.00	64.40	120.40	184.80	355.60	576.80
\$290,000	11.60	11.60	11.60	23.20	29.00	43.50	66.70	124.70	191.40	368.30	597.40
\$300,000	12.00	12.00	12.00	24.00	30.00	45.00	69.00	129.00	198.00	381.00	618.00
\$350,000	14.00	14.00	14.00	28.00	35.00	52.50	80.50	150.50	231.00	444.50	721.00
\$400,000	16.00	16.00	16.00	32.00	40.00	60.00	92.00	172.00	264.00	508.00	824.00
\$450,000	18.00	18.00	18.00	36.00	45.00	67.50	103.50	193.50	297.00	571.50	927.00
\$500,000	20.00	20.00	20.00	40.00	50.00	75.00	115.00	215.00	330.00	635.00	1,030.00

*Additional rates available upon request
 Rates change according to age brackets.
 Rate Grid E.doc

Defined Benefit Plan

The Public School & Education Employee Retirement Systems of Missouri has a comprehensive website that provides general and member specific information about eligibility, investment, resources, and more.

PSRS/PEERS - 800-392-6848

www.psrs-peers.org

PSRS Eligibility

Membership is required for certificated employees of covered employers who work the full school day, or at least the same number of hours as required for such a position and at least 600 hours during the school year.

Certificated employees employed less than full-time but for at least 17 hours per week on a regular basis in a position that normally requires the employee to work at least 600 hours during the school year are automatically PSRS members unless they choose within 90 days of first part-time employment to be a member of the Public Education Employee Retirement System of Missouri (PEERS).

PEERS Eligibility

Membership is required for non-certificated employees of covered employers who work at least 20 hours per week on a regular basis in a position that requires at least 600 hours during the school year.

Certificated employees employed less than full-time but for at least 17 hours per week on a regular basis in a position that normally requires the employee to work at least 600 hours during the school year are automatically members of the Public School Retirement System of Missouri (PSRS) unless they choose within 90 days of first part-time employment to be a member of PEERS.

Plan	Employee Contribution	Employer Contribution	Membership
PSRS	14.5%	14.5%	Certified and serving in a position that requires a teaching certificate. PSRS members do NOT contribute to social security.
PSRS Two-thirds	9.67%	9.67%	Certified and serving in a position that does NOT require a teaching certificate. PSRS Two-thirds members DO contribute to social security at the current rate of 6.2%.
PEERS	6.86%	6.86%	Non-certified and serving in a position that does NOT require a teaching certificate. PEERS members DO contribute to social security at the current rate of 6.2%.

Resources

[PSRS New Member Brochure](#)

[PEERS New Member Brochure](#)

Joplin Schools

ARE YOU AWARE OF YOUR 403(b) BENEFIT?

New accounts may be opened with the following approved service providers.

THE OPPORTUNITY

You have the opportunity to save for retirement by participating in your Employer's 403(b) retirement plan. A 403(b) plan is a retirement plan for certain employees of public schools, tax-exempt organizations and ministries. We recommend that all employees visit our education page which can be found here:

<https://www.omni403b.com/Employees/Education>

WHY SAVE WITH 403(b)?

1. You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
2. Pre-tax investment gains in the plan are not taxed until distribution and eligible ROTH investment gains are tax free.
3. Generally, retirement assets can be carried from one employer to another.

Future retirement savings value assuming 6% growth

Monthly Contributions	5 Year	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020

HOW CAN I PARTICIPATE?

Prior to contributing you must open an account with an investment provider authorized in the Plan, a list of which is available on the right. You may then complete a Salary Reduction Agreement (SRA) online at: <https://www.omni403b.com/SRA>

If you are already contributing to your Employer's Plan and you want to change your contribution amount or investment provider, simply complete and submit a new SRA. Once we are in receipt of the newly completed SRA, we will notify your employer to begin contributions.

HOW MUCH CAN I CONTRIBUTE ANNUALLY?

In 2024, you may contribute up to \$23,000 if you are 49 years of age or below and up to \$30,500 if you are 50 years of age and over. You may also be entitled to additional catch-up provisions like the 15 Year Service Catch-up. Please contact OMNI's Customer Care Center at **877.544.6664** for further details.

Contribution Limits		15 Yr. Service Catch-up (if eligible)	Maximum Employer Contributions	Combined Limit	
Age 49 & below	Age 50 & above			Age 49 & below	Age 50 & above
\$23,000	\$30,500	\$3,000	\$69,000	\$69,000	\$76,500

LOOKING FOR HELP?

Click the link below for an investment professional to reach out to you.

<https://www.omni403b.com/PlanDetail>

AMERICAN CENTURY SERVICES LLC
 ASPIRE FINANCIAL SERVICES
 BRIGHOUSE LIFE INS METLIFE CT TRAVELERS
 COREBRIDGE FINANCIAL FORMERLY AIG VALIC
 FIDUCIARY TRUST CO OF NEW HAMPSHIRE
 HORACE MANN LIFE INS CO
 METLIFE
 NATIONAL LIFE GROUP LSW
 NY LIFE INS ANNUITY CORP
 AMERICAN CENTURY SERVICES LLC 457
 ASPIRE FINANCIAL SERVICES 457
 COREBRIDGE FINANCIAL FORMERLY AIG VALIC 457
 FIDUCIARY TRUST CO OF NEW HAMPSHIRE 457
 HORACE MANN LIFE INS CO 457
 NATIONAL LIFE GROUP LSW 457
 NY LIFE INS ANNUITY CORP 457

