



BENEFITS PLAN OVERVIEW

August 1, 2026 - July 31, 2027

www.ncmmhcbenefits.info



Your Bukaty Service Team

Your dedicated service team is available to help address claims, billing, and other benefit-related questions. Please contact them by phone, email, or fax. They will work to ensure your satisfaction.

Meet the Team



Brad Bukaty
Benefits Consultant
bbukaty@bukaty.com
913.647.3945

Brad oversees all aspects of your employee benefits program.



Carmen Weber
Account Manager
cweber@bukaty.com
913.222.5225

Carmen is responsible for the daily administrative and service issues including claims, billing, identification card request, and enrollments.



Brendan Kenny
Account Manager
bkenny@bukaty.com
913.777.5053

Brendan is responsible for group marketing and product research.



Enrollment Support Help Desk
enrollmentsupport@bukaty.com
913.345.0440

Please contact our Help Desk for any Employee Navigator questions or issues.

Medical Plan I



BlueCross BlueShield
of Kansas City

Below is a brief summary of benefits offered under the plan. Where the Certificate of Coverage and summary differ, the Certificate supersedes. For questions concerning your medical benefits, your prescription drug coverage or any claims as well as searching for providers, you may register at www.mybluekc.com.

PPO \$4000 Deductible Plan	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$4,000 / \$8,000	\$4,000 / \$8,000
Out-of-pocket max. individual/family (includes deductible.)	\$4,000 / \$8,000	\$8,000 / \$16,000
Co-insurance	100% After Deductible (AD)	80% After Deductible (AD)
Office visit/specialist	\$35 / \$70 Copay	Deductible & Co-Insurance
Preventive Care Services	100%	Deductible & Co-Insurance
Adult and child immunizations	100%	Deductible & Co-Insurance
Mammograms, PSA, Pap Smear tests	100%	Deductible & Co-Insurance
Pharmacy prescription drug coverage: Level 1/ Level 2/ Level 3/ Level 4	\$15/\$70/\$110/\$200	\$15/\$70/\$110/\$200 then 50% Co-Insurance
Mail order prescription drug coverage: Level 1/ Level 2/ Level 3	\$37.50/\$175/\$275	\$37.50/\$175/\$275 then 50% Co-Insurance
Urgent care facility	\$70 Copay	Deductible & Co-Insurance
Inpatient hospital care	Deductible	Deductible & Co-Insurance
Outpatient hospital care	Deductible	Deductible & Co-Insurance
Outpatient lab services	Deductible	Deductible & Co-Insurance
Outpatient surgery and scopes	Deductible	Deductible & Co-Insurance
Emergency services	Deductible	In-Network Deductible
Skilled nursing facility (30-day calendar year maximum)	Deductible	Deductible & Co-Insurance
Physical & occupational therapy (limited to 60 visits per calendar year), as well as speech & hearing therapy (limited to 20 visits per calendar year)	Deductible	Deductible & Co-Insurance

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$57.69	\$902.10	\$567.01	\$1351.45

Medical Plan 2



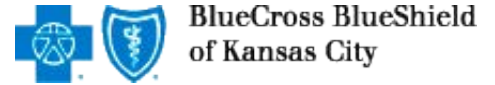
BlueCross BlueShield
of Kansas City

Below is a brief summary of benefits offered under the plan. Where the Certificate of Coverage and summary differ, the Certificate supersedes. For questions concerning your medical benefits, your prescription drug coverage or any claims as well as searching for providers, you may register at www.mybluekc.com.

PPO \$1000 Deductible Plan	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$1,000 / \$2,000	\$1,000 / \$2,000
Out-of-pocket max. individual/family (includes deductible.)	\$2,500 / \$5,000	\$5,000 / \$10,000
Co-insurance	80% After Deductible (AD)	60% After Deductible (AD)
Office visit/specialist	\$20 / \$40 Copay	Deductible & Co-Insurance
Preventive Care Services	100%	Deductible & Co-Insurance
Adult and child immunizations	100%	Deductible & Co-Insurance
Mammograms, PSA, Pap Smear tests	100%	Deductible & Co-Insurance
Pharmacy prescription drug coverage: Level 1/ Level 2/ Level 3/ Level 4	\$15/\$70/\$110/\$200	\$15/\$70/\$110/\$200 then 50% Co-Insurance
Mail order prescription drug coverage: Level 1/ Level 2/ Level 3	\$37.50/\$175/\$275	\$37.50/\$175/\$275 then 50% Co-Insurance
Urgent care facility	\$40 Copay	Deductible & Co-Insurance
Inpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient lab services	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient surgery and scopes	Deductible & Co-Insurance	Deductible & Co-Insurance
Emergency services	\$100 Copay then Deductible & Co-Insurance	\$100 Copay then In-Network Deductible & Co-Insurance
Skilled nursing facility (30-day calendar year maximum)	Deductible & Co-Insurance	Deductible & Co-Insurance
Physical & occupational therapy (limited to 60 visits per calendar year), as well as speech & hearing therapy (limited to 20 visits per calendar year)	Deductible & Co-Insurance	Deductible & Co-Insurance

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$106.73	\$1013.08	\$653.48	\$1495.27

Medical Plan 3



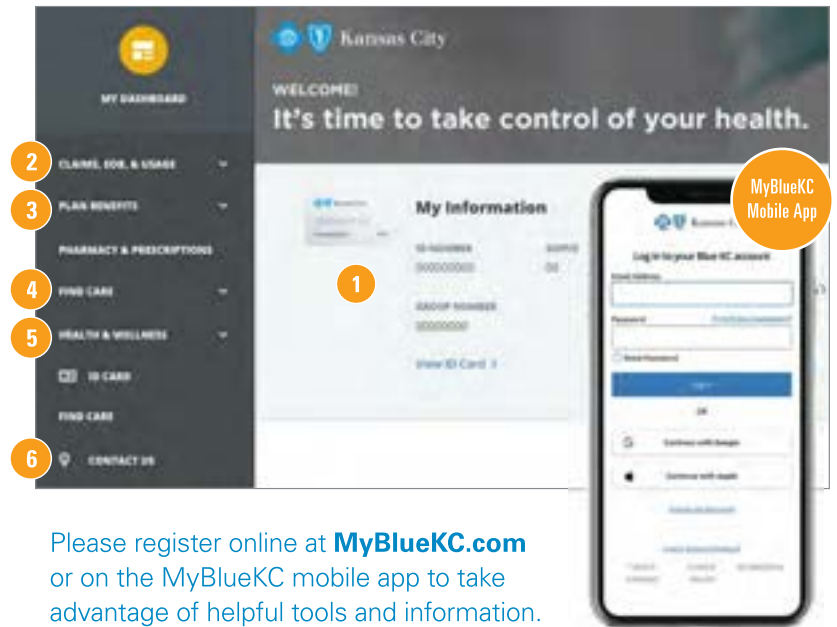
Below is a brief summary of benefits offered under the plan. Where the Certificate of Coverage and summary differ, the Certificate supersedes. For questions concerning your medical benefits, your prescription drug coverage or any claims as well as searching for providers, you may register at www.mybluekc.com.

PPO \$500 Deductible Plan	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$500 / \$1,000	\$500 / \$1,000
Out-of-pocket max. individual/family (includes deductible.)	\$1,500 / \$3,000	\$3,000 / \$6,000
Co-insurance	90% After Deductible (AD)	70% After Deductible (AD)
Office visit/specialist	\$20 / \$40 Copay	Deductible & Co-Insurance
Preventive Care Services	100%	Deductible & Co-Insurance
Adult and child immunizations	100%	Deductible & Co-Insurance
Mammograms, PSA, Pap Smear tests	100%	Deductible & Co-Insurance
Pharmacy prescription drug coverage: Level 1/ Level 2/ Level 3/ Level 4	\$15/\$70/\$110/\$200	\$15/\$70/\$110/\$200 then 50% Co-Insurance
Mail order prescription drug coverage: Level 1/ Level 2/ Level 3	\$37.50/\$175/\$275	\$37.50/\$175/\$275 then 50% Co-Insurance
Urgent care facility	\$40 Copay	Deductible & Co-Insurance
Inpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient hospital care	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient lab services	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient surgery and scopes	Deductible & Co-Insurance	Deductible & Co-Insurance
Emergency services	\$100 Copay then Deductible & Co-Insurance	\$100 Copay then In-Network Deductible & Co-Insurance
Skilled nursing facility (30-day calendar year maximum)	Deductible & Co-Insurance	Deductible & Co-Insurance
Physical & occupational therapy (limited to 60 visits per calendar year), as well as speech & hearing therapy (limited to 20 visits per calendar year)	Deductible & Co-Insurance	Deductible & Co-Insurance

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$163.94	\$1142.21	\$754.01	\$1662.81

Your Member Account on MyBlueKC.com

- 1. My Information:** Quickly view, print, or email a copy of your member ID card.
- 2. Claims, EOB, & Usage:** Check the status of your claims and export a list of past claims. View your Explanation of Benefits (EOB) documents to understand any payment you may owe to your provider. This section also includes graphs to illustrate your progress toward your deductible and out-of-pocket maximum.
- 3. Plan Benefits:** View your medical certificate, summary of benefits and coverage, and more. If your Blue KC policy includes pharmacy benefits, you'll have tools to help you locate a pharmacy, learn about the differences between generic and brand name medications, save on prescriptions and access the Blue KC Prescription Drug List.
- 4. Find Care:** Search for an in-network doctor, hospital or other healthcare professional and estimate your out-of-pocket costs for common procedures - all based on your specific health plan.
- 5. Health & Wellness:** We're proud to offer a variety of resources to help you stay healthy and live well. Learn more about our A Healthier You™ wellness program and a variety of other programs available.
- 6. Contact Us:** Get answers to questions about your Blue KC policy or health insurance in general. We're here to help answer all your questions Monday – Friday, 8 a.m. – 5 p.m. Central.



Please register online at MyBlueKC.com or on the MyBlueKC mobile app to take advantage of helpful tools and information.

Register With Your Member ID Card

Step 1: Go to MyBlueKC.com to create your new account.

Step 2: Follow the on-screen instructions. You will have the option to create your account without a member ID.

Step 3: You will also need to provide and verify your email address. Once verified, personalize your communication preferences to be logged in to your account.

NOTE: Once you've registered online, the same information can be used to access the MyBlueKC mobile app.

Access your member account:

Visit MyBlueKC.com or download the MyBlueKC mobile app.



MyBlueKC.com



MyBlueKC mobile app

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

NOTE: The Member Guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting MyBlueKC.com and clicking on **Plan Benefits**.

MyBlueKC Mobile App

The MyBlueKC mobile app makes it easy to manage your Blue KC coverage – no matter where you are. The app will help you understand your healthcare plan and how it works.

From claims to out-of-pocket costs to finding care, you'll have the information you need to manage your plan and get the most from your Blue KC coverage. All you need is a smartphone and the MyBlueKC app.

Registration is Simple!

If you've already registered your member account on, [MyBlueKC.com](https://www.mybluekc.com), you can use that same login for the app. Otherwise, follow the steps to easily register. The app provides a customized experience based on your plan and coverage.



Use the app to learn about other benefits and programs that come with your Blue KC coverage.

The MyBlueKC Mobile App Puts the Power in Your Hands



Download your digital member ID card and access benefit information about your plan



Review spending for the current plan year and understand costs with a Cost Estimator



View details about your claims and find doctors and specialists in your network

Questions?

Please call Blue KC Customer Service at the number listed on your member ID card. Manage your Blue KC coverage on-the-go by downloading the MyBlueKC mobile app.



MyBlueKC mobile app

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Find a Doctor or Hospital

At [MyBlueKC.com](https://www.mybluekc.com), members have access to Find Care, a cost-sharing estimate and price comparison platform that empowers members to see and compare costs for healthcare.

With Find Care, members can better understand healthcare expenses before visiting a doctor or scheduling care.

- Find providers in your network
- Narrow search using filters
- Estimate costs
- Read and write provider reviews
- Compare providers
- Review doctor quality information

To Search as a New Member or Guest*

Step 1: Visit [BlueKC.com/FindCareTool](https://www.mybluekc.com/FindCareTool)

Step 2: Complete the checkbox in the right-hand column and select your health plan

Step 3: Click **Find Care as a Guest**

Step 4: Explore your options

*Searching as a guest will not allow you to estimate costs, research condition information or view treatment timelines.

Get More from Your Search

Use categories to expand your search and feel more empowered with your healthcare decisions:

Search by Location

Search by city or ZIP code.

Search by Plan

For current members, your plan's network will display.

Search by Category:

- Name of doctor or specialty: Search by first or last name, or a specialty, such as general practice or OB/GYN.
- Facility name or type of facility: Enter the name of a hospital or clinic, or types of facilities near you and the support you might need.

Search by Costs for Procedures

Find Care enables members to search for procedures and estimate their out-of-pocket costs for medical procedures, such as a knee replacement or MRI.

Search by Condition

Search conditions such as deviated septum or lumbar (low back pain). Read medical information to find treatment options and doctors, which can provide insights into how you can lower your total costs and find the support you might need.

Find a doctor or hospital and estimate your medical costs:

Visit [MyBlueKC.com](https://www.mybluekc.com) or download the MyBlueKC mobile app.



MyBlueKC.com



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24/7 Access to Virtual Care Online or Mobile Doctor Visits

Virtual care is not for emergencies. If you have a serious medical concern, go to the emergency room or call 911.

Urgent or Sick Care Needs

Get care wherever you are for common medical issues by streaming a live visit directly online or on your mobile device.

Virtual Care providers can treat common medical issues:

COVID-19	Pink Eye
Sinus Pain	Nausea, Vomiting, Diarrhea
Mild Asthma	Bumps, Cuts, Scrapes
Mild Allergic Reactions	Coughs, Sore Throat
Minor Headaches	Eye Swelling, Irritation, Redness or Pain
Burning with Urination	Minor Fevers, Colds
Cold Sores	Rashes, Minor Burns
Sprains, Strains	

Behavioral Healthcare

Find behavioral therapy** and medication support by scheduling your session with a psychologist or counselor.

Behavioral healthcare services treat:

Anxiety	OCD
Bereavement/Grief	PTSD/Trauma
Bipolar Disorder	Panic Attack
Depression	

Why Use Virtual Care?

- Short wait times
- Meet with licensed, U.S. board-certified physicians and behavioral healthcare providers
- Feel safe with private, secure, HIPAA-compliant tool
- Rest assured if you are traveling and need care quick
- Works with your device’s camera
- Get the care you need – including some prescriptions*
- Save on drive time
- May cost less than going to the emergency room

Start an Appointment

Step 1: Download the **MyBlueKC mobile app** or visit [MyBlueKC.com](https://www.mybluekc.com).

Step 2: View a list of available doctors, their experience and ratings, and select one.

Step 3: Create an account using your Blue KC member ID card for reference.

Access 24/7 Virtual Care:

Visit [MyBlueKC.com](https://www.mybluekc.com) or download the MyBlueKC mobile app. Have your Blue KC member ID card handy.

* Blue KC does not guarantee a prescription will be written.

** Affordable visits based on your plan’s benefits. Costs can vary for behavioral healthcare provider type.



MyBlueKC.com



MyBlueKC mobile app

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Behavioral Health Services

Blue KC is dedicated to thinking differently about coverage and care, going beyond the traditional definition of insurance to impact the health of our members. So, whether your reason feels too small for anyone else to care or your reason feels too big to handle - we are here.

What is behavioral health?

The American Medical Association states behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral healthcare refers to the prevention, diagnosis, and treatment of those conditions.



988 Suicide & Crisis Lifeline

Call or text **988** to connect with a trained crisis counselor for any behavioral health need including thoughts of suicide, substance use, or emotional distress. Chat is also available at 988lifeline.org/chat.

Emergency Assistance

Call **911** for an emergency situation that requires immediate assistance from the police, fire department or ambulance.

Domestic Violence

Call **1-800-799-SAFE (7233)** or text "START" to **88788** for crisis intervention and information for victims of domestic violence and those calling on their behalf.

24/7 Mindful Advocate Support

One phone call can match members to the right care and services. In a unique role to Blue KC health plans, there is a **Mindful Advocate** available to help members **24/7**. A Mindful Advocate can provide in-the-moment support, and help members find a behavioral health provider, understand their behavioral health benefits and services, access online tools, and connect with virtual care options specific to the member's behavioral health needs.

To reach a Mindful Advocate, members can call the behavioral health number on their member ID card or call **833-302-MIND (6463)**. When asked for their reason for calling, members should say "Mindful" to connect with a Mindful Advocate for help.

Blue KC members have access to behavioral healthcare services included in their health plans like:

- 24/7 Mindful Advocate support
- Online tools for wellbeing and resilience
- Virtual care
- Psychotherapy or group counseling, inpatient and outpatient rehabilitation or medication assisted treatment
- Primary care providers, therapists, psychologists, and psychiatrists
- Digital program on prevention and treatment of substance use disorder
- Expedited access network

Our focus is on empowering and inspiring members—equipping them with practical information and access to different resources they may find helpful. To learn more visit BlueKC.com/BH or log into your member account at MyBlueKC.com.

Match to the right care and services:

Call 833-302-MIND (6463) or call the behavioral health number on your member ID card.

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A Healthier You™

Take control, get healthier, earn chances to win gift cards.

A Healthier You gives you convenient access to wellness tools that you can use to live your healthiest life. Plus, you'll earn points that can be redeemed for chances to win gift cards to popular retailers.



Take your Health Risk Assessment.



Connect a device to track your steps, sleep, nutrition and more.



Get reminders for actions to help you stay on top of preventive care and chronic conditions.



Complete health actions to earn points to enter monthly sweepstakes.

Access the A Healthier You portal for wellness support and helpful digital tools:

Log in to MyBlueKC.com and click on Health & Wellness > A Healthier You.

OR Download the MyBlueKC app from the App Store or Google Play. Open the app and tap the Health & Wellness tab > A Healthier You.



MyBlueKC.com



MyBlueKC mobile app

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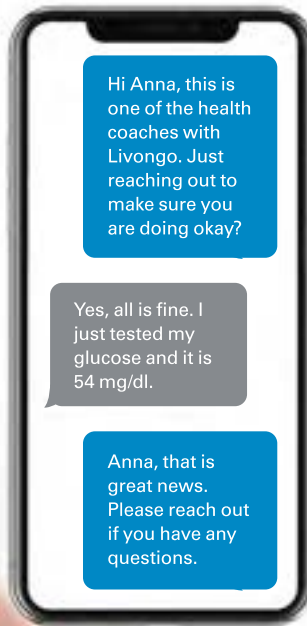
Diabetes Self Management

Strips, lancets, and a digital glucose monitor, at no additional cost.

When you have diabetes, there's a lot to keep up with every day.

The Livongo for Diabetes program makes it easier to keep track of your blood sugar. If you qualify, we'll send you a free glucose meter, plus all the strips and lancets you need.

This easy digital program helps track your glucose and provide instant support for abnormal readings.



Livongo's glucose meter offers:



Personalized tips with each blood glucose check



Optional family alerts to keep everyone in the loop



Ability to reorder strips from your meter



Real-time support when you're out of range



Automatic uploads, which replace paper logbooks

Sign up by visiting Join.Livongo.com/BlueKC/register and use code **BlueKC** or calling **800-945-4355**.

Download the Blue KC Care Management app and use access code **kcelpwelcome** to learn more.



Join.Livongo.com



Blue KC Care Management

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Use Rx Savings Solutions to Save on Prescriptions

Rx Savings Solutions (RxSS) is an online tool that helps you find ways to save money on your prescription drugs.

Blue KC offers RxSS free of charge to you and your dependents enrolled in medical benefits.

RxSS' experienced pharmacists can work directly with your doctor or pharmacist to make safe changes that save you money. For assistance, please contact the RxSS Pharmacy Support team at 1-800-268-4476. Receive notifications when new savings opportunities are available.

This is what RxSS offers...

Selection

Discover all the options available to treat your condition and compare them to your current prescription(s).

Price

Know exactly what a medication costs, if your plan covers it, and the impact on your deductible.

Convenience

Never miss a savings opportunity, even in the doctor's office, and request a lower-cost prescription in just a few clicks.

Assistance

If you have a savings opportunity, the experienced RxSS staff can work directly with your doctor to help make safe changes that save money.

This is how you can save...

Same Drug, Different Form

Believe it or not, a capsule might cost more than a tablet or liquid form - or vice versa. You never know, but now you will.

Different Drug, Same Treatment

There is usually more than one medication available to treat a medical condition. We show you all of them, along with their costs.

Same Ingredients, Different Pills

If a drug has two active ingredients, the price can skyrocket! Take the active ingredients separately at the same time for the same treatment at a lower cost.

Same Active Ingredient, Lower Price

If a generic is available, we'll find it. If there is more than one option, you'll know exactly what each one costs.

Start Saving with RxSS

Step 1: Log into [MyBlueKC.com](https://mybluekc.com)

Step 2: Select Plan Benefits, then Pharmacy.

Step 3: Select **Shop & Save** with Rx Savings Solutions (or use the quick link: [MyRxSS.com/BlueKC](https://myrxss.com/bluekc)).

See your current savings opportunities or search any medication for savings. You can also view your prescription history and share with your doctors.

If you have a savings opportunity, talk to your doctor or pharmacist to discuss your options.

Access your pharmacy benefits and RxSS:

Visit [MyBlueKC.com](https://mybluekc.com) or use the quick link: [MyRxSS.com/BlueKC](https://myrxss.com/bluekc).



[MyRxSS.com](https://myrxss.com)

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Dental



Maintaining good dental health by getting regular checkups may prevent you from have major expenses later. The dental plan covers routine checkups – and just about any other type of dental work you might need. Eligible dependents may also participate. Eligible dependents include your legal spouse and/or dependent child(ren) under the age 26.

	In Network	Out of Network
Annual maximum benefit	\$1,500	\$1,500
Deductible For B & C services (below)	\$50 / \$150 (Family)	\$50 / \$150 (Family)
Dependent age limit	26	26
Preventative Dental Services	100%	80%
Basic Dental Services	80%	60%
Major Dental Services	50%	40%

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$0.00	\$13.19	\$12.99	\$28.52



Vision

An annual vision exam allows an eye doctor to identify vision problems, as well as other health conditions, such as diabetic eye disease, high blood pressure and high cholesterol. Eligible dependents, spouse and/or child(ren) under age 26, may participate.

Routine exams (every 12 months)	Comprehensive exam covered in full after \$10 Copay
Frames (every 24 months)	\$150 Allowance 20% savings on balance over allowance
Lenses and Contacts- Single vision, lined bifocal, lined trifocal, lenticular	\$25 Copay
Contacts (every 12 months)	\$150 Allowance \$250 Allowance for Medically Necessary Contact Lenses

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$0.00	\$1.96	\$2.52	\$4.70

Life and AD&D

Basic Life/AD&D

Coverage is provided by your employer at no cost.

Benefit amount	\$50,000
Benefit Reduction Schedule	Benefits reduce by: <ul style="list-style-type: none"> Benefit reduced to 35% at Age 70 Benefit reduced an additional 20% at Age 75

Voluntary Life/AD&D

You also have the option of purchasing additional life insurance for yourself, your spouse and child(ren). Please see Employee Navigator for rates. Please see Employee Navigator for rates.

Insurance Schedules	Increments	Maximum Amount	Guaranteed Issue
Employee	\$10,000	\$500,000	\$150,000
Spouse	\$5,000	\$150,000	\$30,000
Child(ren)	\$10,000	\$10,000	\$10,000

Benefit Reduction Schedule

- Benefit reduced to 35% at Age 70
- Benefit reduced an additional 20% at Age 75





PLEASE USE BLACK INK
PLEASE ENTER DATES AS MM/DD/YYYY

Account number

Instructions

1. The Employee Information section should always be completed with the information about the employee.
2. The employee must ALWAYS sign the last page.
3. When coverage is being requested for an eligible dependent(s), this form applies to all persons requesting coverage.
 - a. Complete the Eligible Dependent Information section, if applicable.
 - b. Complete the Health Information section for you and your eligible dependents, if applicable.
 - c. The spouse or domestic partner must sign the last page if spouse or domestic partner coverage is being requested.
4. After completing and signing this form, make a copy for your records.

Employee Information

Your name (last, first, middle initial)	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Social security number	Date of birth
Mailing address (street)			
City	State	ZIP code	
Email address			
Home phone number	Employer name		

Eligible Dependent Information – Please provide the requested information for the eligible dependents electing coverage.

Name (last, first, middle initial) Spouse or domestic partner	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Social security number	Date of birth
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		
	<input type="checkbox"/> male <input type="checkbox"/> female		

If additional dependents, list on separate page. Please sign and date the separate page.

To prevent delays give full details to "yes" answers for everyone requesting coverage. If more space is needed, attach a separate page giving full details. Sign and date all those pages.

1. Employee's height ___ ft. _____ in. weight _____ lbs.

Spouse's or domestic partner's height ___ ft. _____ in. weight _____ lbs.

2. yes no Is any person receiving medical treatment or taking prescription medication?

3. yes no Is any person currently pregnant?

4. yes no In the past 5 years, has any person had surgery, been hospitalized or consulted with a doctor/physician or medical practitioner, had blood or other diagnostic tests (other than for HIV antibody), or been advised to receive medical treatment? Provide results of all tests.

5. yes no In the past 5 years, has any person been positively diagnosed with or received treatment for any of the following (check all that apply)?

- cancer/tumor(s) liver disorder/hepatitis bone/joint disorder infertility
- back/spine disorder kidney/urinary disorder digestive disorder blood disorder
- stroke migraines/headaches alcohol/drug abuse gland/thyroid disorder
- skin/eyes/ears/nose/throat disorder multiple sclerosis/neurological disorder organ or other transplants
- asthma/respiratory disorder heart or circulatory disorder psychological/mental disorder
- Other conditions – including prescription medicine _____
- High blood pressure – last reading and date _____ / _____
- Diabetes – last HbA1c reading and date _____ / _____

6. yes no In the last 5 years, has any person had, been treated for or been diagnosed as having HIV (Human Immunodeficiency Virus) infection, positive HIV test or AIDS (Acquired Immune Deficiency Syndrome), or ARC (AIDS Related Complex)?

Provide details for all "yes" answers on Page 3.

Health Information (continued)

Name of person diagnosed	Date diagnosed	Date released from medical care
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Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

weekly monthly yearly other

Names and addresses of doctors/physicians, medical practitioners, hospitals or other health care providers

Name of person diagnosed	Date diagnosed	Date released from medical care
--------------------------	----------------	---------------------------------

Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

weekly monthly yearly other

Names and addresses of doctors/physicians, medical practitioners, hospitals or other health care providers

Name of person diagnosed	Date diagnosed	Date released from medical care
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Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

weekly monthly yearly other

Names and addresses of doctors/physicians, medical practitioners, hospitals or other health care providers

Name of person diagnosed	Date diagnosed	Date released from medical care
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Diagnosis of illness or condition

If not released, describe current symptoms or problems

Type of treatment (for example surgery or therapy) and names of all current prescription medications including dosage

Frequency of treatment

weekly monthly yearly other

Names and addresses of doctors/physicians, medical practitioners, hospitals or other health care providers

If more space is needed, attach a separate page giving full details. Sign and date all those pages.

In order to properly underwrite and consider your request for coverage, we must collect information to determine if you (and your dependents if also requesting dependent coverage) qualify for insurance with Principal Life Insurance Company. We will do this by having you complete this Statement of Health. In addition, we may contact sources besides yourself for personal data about any proposed insured, including (a) spouse or domestic partner, (b) employer, (c) medical professionals or institutions, (d) pharmacy benefit managers, and (e) insurance companies to which you may have applied for insurance in the past. The personal data may include age, medical history, job, income, habits and other personal characteristic information. We may also ask that medical exams or other tests be completed.

We will keep your data confidential. Only employees performing business transactions regarding your coverage will see your data. In certain circumstances, we may provide data to (a) government agencies, (b) attending physicians, (c) insurance organizations without identification, (d) the employer, and (e) our reinsurer, if applicable, for the purpose of reporting claims experience or conducting audits.

You or your dependents, if applicable, have certain rights in connection with this request for coverage. Those rights are:

1. to find out what personal information is contained in Principal Life files (medical information may be disclosed only to your attending physician).
2. to correct or amend information in Principal Life files.

Upon written request, Principal Life will furnish to you (or your dependent) information concerning:

1. the nature and scope of personal data in our records;
2. the types of disclosures which may be made; and
3. rights of access to the information collected and how such information may be corrected or amended.

We will respond to such written request within 30 days from the date of receipt.

For further information about your file or rights, you may contact: Group Operations, Group Medical Underwriting, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0531.

Authorization, Acknowledgment, and Signatures

- I represent information, statements, and answers on this form, and any attachments, are complete and true to the best of my knowledge. They are a part of this request for coverage under the group policies. I agree Principal Life is not liable for anyone's claim which happens or begins before the effective date and approval of coverage. No information will be considered to have been given to Principal Life unless it is stated on this form.
- I have read, or had read to me, the questions and responses and realize any false statements, omissions or material misrepresentation regarding age or health information could cause coverage, if issued, to be cancelled as never effective.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- If approved for coverage, all policy provisions will apply including, but not limited to, preexisting conditions restriction, the Actively at Work and Period of Limited Activity provisions.
- I understand an insurance producer cannot change or waive any rates, benefits, or provisions of any policy, if issued, without the written approval of an officer of Principal Life.
- I authorize any physician, medical practitioner, health care provider, hospital, clinic or medically related facility, pharmacy benefit manager, insurance company, consumer reporting agency or employer, that has any personal information, including physical, mental, drug or alcohol use history, regarding me or any dependent, to give to Principal Life, its agents, employees or reinsurers performing business transactions, any such data.
- I authorize Principal Life to release any such data as required by law. When signed in connection with any application for, reinstatement of, or request for change in benefits, this form shall be valid for two years after the date signed. I understand I may revoke this authorization for information not then obtained. A photocopy of this form shall be as valid as the original. I understand additional medical records may be requested at the time a claim is filed.
- I understand the data obtained by use of this authorization will be used by Principal Life for claims administration and to determine eligibility for coverage. This information will not be used for any purposes prohibited by law.
- Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules.

Employee's signature X	Date signed
Spouse's or domestic partner's signature* X	Date signed

*Spouse's or domestic partner's signature only required if Voluntary Term Life or Critical Illness coverage is elected.



Policyholder: NORTH CENTRAL MISSOURI

Group voluntary short-term disability insurance Benefit summary for all members

Eligibility	
Eligible employees	All active, full-time employees working at least 20 hours a week
Benefits payable	
Primary weekly benefit	Available in increments of \$50, between \$100 and \$1,000, up to 60% of your earnings
Benefit amount	Your primary weekly benefit minus other income sources
Elimination period	Benefits begin on the 8th day for accidents and 8th day for sickness
Benefit payment period	Up to 12 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability
Limitations & exclusions	
Pre-existing conditions	3 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

What's available to me?

Help protect one of your most valuable assets - the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income.

Your primary weekly benefit is available in increments of \$50, between \$100 and \$1,000, up to of 60% your predisability earnings. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation and state disability (if applicable), and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 20 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval.

Additional eligibility requirements may apply.

When do I begin receiving disability benefits?

Your elimination period is completed and benefits begin on the 8th day for accidents and the 8th day for sickness. The elimination period is the amount of time before you start receiving benefits.

Once I start receiving benefits, how long will they continue?

Short-term disability benefits can continue up to 12 weeks.

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During your elimination period and your benefit payment period (how long benefit is paid), one of the following must apply:

- You're unable to perform the majority of substantial duties of your own job; or
- You're unable to earn 80% of your income prior to your disability while working in a modified capacity.

Do I qualify if I have a preexisting condition?

You may. If you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 3 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

Additional benefits:

Rehabilitation plan	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work. You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
Rehabilitation incentive benefit	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
Mandatory rehabilitation	You may be paid for any expenses associated with an approved rehabilitation plan.

What are the limitations and exclusions of my coverage?

Preexisting conditions

A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the three months prior to your effective date under this policy, for which you:

- Received medical treatment, consultation, care or service; or
- Were prescribed or took prescription medications

In the event an investigation is necessary to determine if a disability is preexisting, benefits may be payable for up to six weeks while The Principal is conducting its preexisting condition investigation. Once the investigation is complete and if the disability is deemed to be a preexisting condition, no further benefits will be payable. Benefits will not be paid beyond the date six weeks following the date of disability for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months. No benefits will be paid for a subsequent claim subject to a preexisting condition investigation for the same condition.

No benefits will be paid for any disability that is caused by, a complication of, or resulting from the same preexisting condition that you had previously received benefits for.

Preexisting condition limitations also apply to benefit increases due to:

- Policy amendments
- Changes in earnings of 25% or greater



Policyholder: NORTH CENTRAL MISSOURI

Group accident insurance

Benefit summary for all members

Eligibility		
Eligible employees	All active, full-time employees working at least 20 hours a week	
Benefits if you or your spouse are accidentally injured off the job		
Injury ¹	Benefit	
Burn		
2nd degree up to 25% of body	\$500	
2nd degree over 25% of body	\$1,500	
3rd degree up to 25% of body	\$2,500	
3rd degree over 25% of body	\$5,000	
Coma	\$15,000	
Concussion	\$500	
Dental injury	\$500	
Dislocation ²	Open reduction (surgical)	Closed reduction (non-surgical)
Hip	\$7,500	\$3,750
Knee	\$5,000	\$2,500
Ankle, collarbone, elbow, foot (excluding toes), hand (excluding fingers), lower jaw, shoulder, wrist	\$3,000	\$1,500
Eye injury with surgical repair	\$500	
Fracture ²	Open reduction (surgical)	Closed reduction (non-surgical)
Hip, skull (depressed), thigh (femur)	\$10,000	\$5,000
Lower leg (fibula, tibia), pelvis, skull (non-depressed), vertebrae	\$5,000	\$2,500
Ankle, arm, collarbone, elbow, facial bones, foot (excluding toes), hand (excluding fingers), jaw, knee cap, shoulder blade, wrist	\$3,000	\$1,500
Sternum, vertebral processes	\$2,000	\$1,000
Rib, tailbone (coccyx)	\$1,000	\$500
Injuries not specifically listed	\$100	
Internal injury	\$1,500	
Knee cartilage injury with surgical repair	\$1,500	
Ruptured disc with surgical repair	\$1,500	

Tendon / ligament / rotator cuff injury with surgical repair ³	\$1,500
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¹One benefit per injury type is payable per accident, unless noted.

²If you suffer multiple dislocations and/or fractures, your benefit will be up to 200% of the benefit amount for the dislocation/fracture with the highest benefit.

³Up to two benefits are payable per accident.

This benefit summary is a summary only. For a complete list of benefit information and limitations, please refer to your booklet.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

AD&D	
You	\$25,000
Your spouse	\$12,500
Your child(ren)	\$6,250
Loss	
Loss of life, or loss of both hands or both feet or one hand and one foot	100%
Loss of one hand or one foot	50%
Loss of thumb and index finger on the same hand	25%
Common carrier - If you die while a passenger on public or commercial transportation	additional 200%
Seat belt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	additional 25%
Loss of use / paralysis - total loss of movement for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot	50%
Loss of use of one arm, one leg, one hand, or one foot	25%
Loss of sight, speech and/or hearing - total loss for 12 consecutive months	
Loss of speech and hearing in both ears, or loss of sight in both eyes	100%
Loss of speech or hearing in both ears, or loss of sight in one eye	50%
Loss of hearing in one ear	25%

Additional benefits:

Wellness	If you or your covered dependent has a covered screening test performed, you each may receive a \$50 benefit, once per calendar year. Make sure to file your claim within a year of the date of service.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.

Organized youth sports

When a covered dependent child age 18 or younger is injured while participating in an organized youth sport, they may be eligible for an additional 25% of the benefit payable for that injury up to \$1,000 per calendar year.

What's available to me?

Be better prepared financially for accidents before they happen. This coverage pays a lump-sum benefit for injuries received from an accident.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 20 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

What are the limitations and exclusions of my coverage?

Benefits will not be paid for an injury arising from or during employment for wage or profit. There are limitations and exclusions to your coverage. A complete list is included in your booklet.



Policyholder: NORTH CENTRAL MISSOURI

Group critical illness insurance

Benefit summary for all members

What's available to me?

Help cover some of the expenses associated with a serious illness with critical illness coverage. If you're diagnosed with a specific critical illness while covered under Principal's plan, you'll receive a lump-sum benefit you can use however you need to.

	Benefit	Minimum	Guaranteed issue ¹	Maximum
You	Select a benefit in increments of \$5,000	\$5,000	\$20,000	\$50,000
Your spouse	Select a benefit in increments of \$2,500	\$2,500	\$10,000	\$25,000 up to 50% of your benefit
Your child(ren)	Automatically covered for 25% of your benefit			

¹Amount of coverage you may buy without providing health information.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 20 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You may enroll or increase coverage for yourself or your spouse if it's more than 31 days after becoming eligible for coverage only during the open enrollment period.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse will require health information.

May I increase my benefit later?

- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase coverage up to the guaranteed issue amount within 31 days without having to provide health information.
- You may enroll or increase coverage for yourself or your spouse if it's more than 31 days after becoming eligible for coverage only during the open enrollment period.

Which illnesses are covered?

Covered illnesses	% of scheduled benefit for first occurrence	% of scheduled benefit for additional occurrences
Alzheimer's disease	100%	0%
Amyotrophic lateral sclerosis	100%	0%
Benign brain tumor	100%	0%
Carcinoma in situ	25%	25%
Coma	100%	0%
Coronary artery disease	25%	25%
Heart attack	100%	100%
Invasive cancer	100%	100%
Loss of hearing	100%	0%
Loss of sight	100%	0%
Loss of speech	100%	0%
Major organ failure	100%	100%
Multiple sclerosis	100%	0%
Occupational infectious disease	100%	0%
Paralysis	100%	0%
Parkinson's disease	100%	0%
Skin cancer	\$250	\$0
Stroke	100%	100%

Infectious disease benefit²

COVID-19	25%	25%
Diphtheria	25%	25%
Encephalitis	25%	25%
Legionnaire's disease	25%	25%
Lyme disease	25%	25%
Malaria	25%	25%
Meningitis	25%	25%
Methicillin-resistant staphylococcus aureus (MRSA)	25%	25%
Necrotizing fasciitis	25%	25%
Osteomyelitis	25%	25%
Poliomyelitis	25%	25%
Rabies	25%	25%
Sepsis	25%	25%
Tetanus	25%	25%
Tuberculosis	25%	25%

Mental health benefit

Bipolar I disorder	25%	0%
Post traumatic stress disorder (PTSD)	25%	0%
Schizophrenia	25%	0%

Childhood conditions

Cerebral palsy	100%	0%
Cleft lip / palate	100%	0%
Cystic fibrosis	100%	0%
Down syndrome	100%	0%
Muscular dystrophy	100%	0%
Spina bifida	100%	0%

This benefit summary is a summary only. For a complete list of benefit information and limitations, please refer to your booklet.

²For diseases covered under the infectious disease benefit, you must be confined to a hospital for at least 3 days.

What if I've already had a covered illness (referred to as a preexisting condition)?

You may qualify for a benefit if you haven't been treated for this illness (including being seen by a doctor) in the 6 months prior to your coverage effective date or you've had coverage for 12 consecutive months.

I've already received a benefit. Can I receive another benefit?

- Is it a different illness? You may receive a benefit if you're diagnosed more than 12 months after your prior illness.
- Is it an additional occurrence of the same illness? You may receive an additional benefit for carcinoma in situ, coronary artery disease, heart attack, invasive cancer, major organ failure and stroke if you're diagnosed more than 12 months after your prior illness and you've been treatment-free for 12 consecutive months.

Additional benefits:

Health screening

You may receive a \$50 benefit for each covered person who has an eligible health screening test performed, once per calendar year. Make sure to file your claim within a year of the date of service.

Portability

If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.

What are the limitations and exclusions of my coverage?

There are limitations to your coverage. A complete list is included in your booklet.

Hospital indemnity

Presented to: NORTH CENTRAL MISSOURI MENTAL HEALTH CENTER

ALL MEMBERS

Features	Benefit	Details
Employee benefit	Benefits payable as listed below	Eligible employees include all active, full-time employees (except part-time, seasonal, temporary or contract employees) who work at least 20 hours per week. Employees must be enrolled before coverage can be offered to their dependents.
Spouse benefit	100% of employee benefit	Eligible dependents include the employee's spouse. Additional eligibility requirements may apply.
Child(ren) benefit	100% of employee benefit	Eligible dependents include the employee's child(ren) under age 26. Additional eligibility requirements may apply.
Coverage type	24 hour	Coverage for employees is for on and off-the-job accidents. Coverage for your spouse is for on and off-the-job accidents.
Pre-existing conditions	None	
Maternity coverage	Full maternity after 10 months	
Health screening benefit	\$150	Employees and their covered dependents who have a covered screening test performed may each be eligible for a benefit once per calendar year.
Portability	To age 70	If employees cease to meet the definition of an employee, they may be eligible to continue insurance for themselves and their covered dependents.
Open enrollment	Included	Any employee or dependent who didn't enroll within 31 days of being eligible can only enroll during an open enrollment period.
Employer contribution	0%	Participation of 10% or 5 lives, whichever is greater.

Hospital confinement	Employee benefit payable	Up to a maximum of:
To qualify for a benefit under this policy, the definition of the incurred sickness or injury must be satisfied while covered under the Hospital Indemnity policy, and policy provisions must be met. Hospital confinement benefits may vary by benefit payable amount for sickness or injury; however, the maximum days per year is not a separate days payable by hospital confinement type.		
First day hospital - sickness	\$2,500	5 days per year
First day hospital - injury	\$2,500	5 days per year
First day ICU - sickness	\$4,000	5 days per year

Hospital indemnity

Presented to: NORTH CENTRAL MISSOURI MENTAL HEALTH CENTER

First day ICU - injury	\$4,000	5 days per year
Daily hospital - sickness	\$100	365 days per year
Daily hospital - injury	\$100	365 days per year
Daily ICU - sickness	\$200	365 days per year
Daily ICU - injury	\$200	365 days per year
Newborn nursery	\$500	5 days per year

Additional information

Limitations

The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.

Benefits will not be paid for a sickness or injury caused indirectly or directly by, contributed to, or resulting from willful self-injury or self-destruction; voluntary participation in an auto-erotic activity; or war or act of war; or voluntary participation in an assault, felony, criminal activity, insurrection; or duty as a member of a military organization; or sickness or injury diagnosed outside of the United States unless the diagnosis can be confirmed by a licensed physician in the United States; or the use of any drug, narcotic, or hallucinogen not prescribed for the employee or covered dependent by a licensed physician, any mental disorder; voluntary intoxication (as defined by the law of the jurisdiction in which sickness or injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by our taken according to the instruction of a physician or medical professional; voluntary intoxication through use of poison, gas, or fumes, whether by ingestion, injection, inhalation or absorption; or the operation by the member of a motor vehicle or motor boat if, at the time of the injury, the employee or covered dependent's alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs; substance abuse; operating, learning to operate, or serving as a crew member or flight for life personnel of any aircraft or hot air balloon [except as a crew member in a policyholder owned or leased aircraft on company business]; jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven, parasailing, bungee jumping or other aeronautic activities; or riding in or driving any motor driven vehicle in a race, stunt show or speed test; any injury to a covered person's tooth that occurs from biting or chewing; or practicing for or participating in any semi-professional or professional competitive athletic activity, including officiating or coaching, for which any type of compensation or remuneration is received; or a cosmetic surgery or other elective procedures that are not medically necessary.

Find your MASA membership

Empower your emergency care decisions

When every second counts, MASA plans give you the confidence to respond quickly without hesitation. Explore the benefits below, and choose the plan that gives you peace of mind when life takes an unexpected turn.

	Emergent Plus
Emergency Ground Ambulance Transport Protection	● ²
Emergency Air Ambulance Transport Protection	● ²
Hospital to Hospital Ground Ambulance Transport Protection	● ²
Hospital to Hospital Air Ambulance Transport Protection	● ²
Repatriation to Hospital Near Home Transport	● ²
Emergency Water Ambulance Transport Protection	---
Treat and No Transport	---
Minor Return Transport Protection	---
Pet Return Transport Protection	---
Sick While Away From Home Expense Protection	---
Post-Admission Continued Care Transport Protection	---
Patient Return Transport	---
Companion Emergency Transport Protection	---
Hospital Visitor Air Transport	---
Vehicle & RV Return	---
Organ Retrieval Transport	---
Organ Recipient Transport	---
Mortal Remains Return Transport	---

Coverage territories

1: United States | 2: United States and Canada | 3: United States, Canada, Mexico, and the Caribbean | 4: Worldwide: to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories. Contingent upon ten (10) day notice of travel

Disclaimer

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not guarantee coverage and do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums, benefits, and coverage vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masaglobal.com/disclaimers>



FLEXIBLE SPENDING ACCOUNT

Health Care FSA



How does a Health Care FSA work?

A Health Care Flexible Spending Account (FSA) allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses for you and your dependents – even if they're not covered under your primary health plan.

You choose an annual election **up to \$3,400 in 2026**. At the beginning of the plan year, your account is pre-funded and your full contribution is immediately available. Your contribution is then deducted from your paychecks in equal amounts throughout the year.

Why should I enroll in a Health Care FSA?

Almost everyone has some level of predictable and nonreimbursable medical needs. If you expect to incur medical expenses that won't be reimbursed by another plan, you'll want to take advantage of the savings an FSA offers.

Money contributed to a Health Care FSA is free from federal and state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving on health care expenses in addition to bringing home more money!

Mobile and online access

NueSynergy makes it easy to access and manage your Health Care FSA information.

- **NueSynergy smart mobile app:** Our smart mobile app provides real-time, secure benefit account access anywhere at any time. You can even shop for providers and pharmacies based on cost, quality and location.
- **NueSynergy member portal:** Log in to our website, www.NueSynergy.com, as a member and you'll have a wide variety of tools and resources available to you.

How do I use my Health Care FSA to pay for eligible expenses?

You can use the NueSynergy smart debit card we'll provide to pay for eligible health care expenses. Or you can pay with your personal funds and submit a claim for reimbursement.

Simple to use and easy to save

A Health Care FSA is easy to use and simple to understand. Here are some helpful hints to know before you take advantage of your tax savings:

- Your full election amount is available on the first day of the plan year, which means you'll have access to the money you need, when you need it.
- Save your receipts when you spend your Health Care FSA dollars. You may need itemized invoices to verify the eligibility of expenses or for reimbursement requests.
- The easiest way to manage your account is online at www.NueSynergy.com or through the NueSynergy smart mobile app.
- You can't change your election amount during the plan year, unless you experience a change in status or qualifying event (like a marriage, divorce, etc.).
- Any unused funds that remain in your account at the end of the year will be forfeited. Plan carefully and use all the money in your Health Care FSA by the end of the plan year. *

** Depending on your employer's plan, you may be able to carry over up to \$680 of unused Health Care FSA dollars to the next plan year, allowing you to enjoy tax savings without risk.*



Convenient & Controlled.
Easy to use and easy to budget.

Annual tax-free contribution
of up to \$3,400 in 2026.

Have questions or need more
information? Call 855-890-7239.



Example of qualifying expenses

Your Health Care FSA can cover costs for hundreds of eligible medical, dental, and vision expenses for you and your dependents, such as:

- Feminine care products
- Over the counter medications
- Copays, deductible payments, coinsurance
- Doctor office visits, exams, lab work, x-rays
- Hospital charges
- Prescription drugs
- Dental exams, x-rays, fillings, crowns
- Orthodontia, including braces
- Vision exams, frames, contact lenses, contact lens solution
- Laser vision correction
- Physical therapy
- Chiropractic care
- Medical supplies and first aid kits

Example of non-qualifying expenses

There are certain expenses that are not eligible for reimbursement from your Health Care FSA, such as:

- Expenses incurred in a prior plan year
- Cosmetic procedures or surgery
- Insurance premiums
- Deodorant
- Fitness programs
- Teeth whitening
- Hair transplants
- Exercise equipment
- Concierge service fees
- Late payment fees charged by health care providers

More information about eligible expenses

A comprehensive list of eligible expenses can be found at www.NueSynergy.com/eligible-expenses.

Here's an example


With a \$35,000 salary, an individual electing the Health Care FSA and contributing \$3,400 for the plan year **can save \$720**.

	HEALTH CARE FSA	EXPENSES	NOT PARTICIPATING	
	\$35,000	INCOME BEFORE TAX	\$35,000	
Elects to contribute \$3,400	\$3,400	FSA CONTRIBUTION	\$0	No contribution
Only taxed on \$31,700	\$31,600	TAXABLE INCOME	\$35,000	Taxed on full \$35,000
	\$7,155	TAXES (FEDERAL, STATE, FICA)	\$7,875	
No out-of-pocket expense	\$0	OUT-OF-POCKET HEALTH CARE EXPENSE	\$3,400	Ends up spending \$3,400
Income is \$720 more with an FSA	\$24,445	INCOME AFTER TAX	\$23,725	Income is \$720 less than with an FSA
Total Savings: \$720 a year				



Eligible FSA Expenses

HEALTH CARE EXPENSES	DEPENDENT CARE FSA EXPENSES
Acupuncture	After school program
Ambulance service	Au Pair
Artificial limb/teeth	Babysitting (work-related, in your home or someone else's home)
Bandages, Band-Aids, wraps, and splints	Babysitting by your relative who is not a tax dependent (work-related)
Birth control pills (Norplant, ovulation kits)	Before or after school programs
Chiropractor professional fees	Child care
Contact Lenses/solution	Dependent care (while you work, to enable you to work or look for work)
Contraceptives	Extended care (supervised program before or after regular school hours)
Crutches/braces & supports	Housekeeper who cares for child (only portion of payment attributable to work-related child care)
Dental treatment	Nanny
Diagnostic services and tests	Nursery school
Drugs (prescriptions)	Payroll taxes related to eligible care
Eye Surgery (includes cataract, LASIK, etc.)	Preschool
Physical therapy	Registration fees (required for eligible care, after actual services are received)
Pregnancy test kits	Sick child care
Psychologist fees	Summer day camp
Schools and education (for mentally impaired or physically disabled person – see IRS publication 502)	Transportation to and from eligible care (provided by your care provider)
Speech Therapy	Tutoring
Stop-smoking program	Adult day care center
Therapy, physical or speech	Elder care (while you work, to enable you to work or look for work)
Eyeglasses, prescription (includes prescription sunglasses and over-the-counter reading glasses)	Elder care (in your home or someone else's)
Hearing aids and batteries	Senior day care
Hospital services	
Insulin, syringes	
Laboratory fees	
Orthodontia	
X-ray fees	



GROUP BENEFITS

Help your employees handle life's ups and downs.

Find the employee assistance program that best fits your employees' needs.

Life can be unpredictable. And it's not always easy.

So it's a big deal to know there's help available when we need it. That's what the employee assistance program (EAP) from Principal® is all about. With an EAP, your employees and their families have access to resources to help them handle life's everyday—and not so everyday—challenges.

Provided by ComPsych®, the EAP is available if you offer Principal short-term or long-term disability insurance to your employees.⁽¹⁾ An EAP gives employees and their families **24/7 access** to support through phone consultations, a mobile app, online resources, and self-screening tools. They can connect with licensed professionals for counseling, coaching, and more **in person, by text, live chat, video, or phone.**

EAP plan

	Core
Counseling —Connect with a licensed professional anytime, day or night, by phone or through the GuidanceConnect® online tool.	3 per person, per issue, per year
Coaching —Get help meeting emotional and physical goals with the support of a coach.	Included
Computerized cognitive behavioral therapy (CCBT) —Explore digital, self-serving modules to guide meditation, relaxation, sleep, and more.	Included
Work life —Receive support from licensed professionals, including: FamilySource®, FinancialConnect®, and LegalConnect®.	Included
Critical incident stress management (CISM) —Connect employees with a licensed professional after a traumatic event to help minimize the long-term effects and accelerate recovery.	3 hours/event
Training —Scheduled regularly for employers to understand how to utilize the EAP. Both in-person and virtual training are available.	Fee for service
Reporting —Being equipped with the right information helps you better meet employee needs. Reporting and data are available online.	Not included
Management referrals —Specialists will assist managers throughout the employee referral process.	Included
Website and mobile app —Access an extensive library of online resources, including personalized options.	Included
EAPConnect (for Principal Absence Management customers)	Included

Benefits for employees

An EAP provides employees and their families, including children, with resources for health and well-being—anytime, anywhere. People use an EAP for many reasons, including:

- Feeling overwhelmed balancing work and family
- Struggling with legal or financial issues
- Experiencing stress, anxiety or depression
- Dealing with grief and loss or separation
- Receiving everyday help with work-life solutions

The Core EAP program provides:

- **In-person and virtual counseling**

One valuable way to work through personal or work issues is by talking with a professional. Individuals can call 24/7 to speak with a licensed professional or use GuidanceConnect to schedule a time that works for them. Users are then matched with a local provider. Three counseling sessions per person, per issue, per year are included.

What counseling services are provided?

The EAP provides free short-term counseling in person, over the phone or via video call with local providers who can help you with your concerns.

Many issues can be resolved with short-term counseling provided through the EAP. If you need longer-term treatment beyond what the EAP provides, you will be referred to a specialist and given help arranging services.

- **Coaching**

Mental health, work-life challenges, and physical issues are often intertwined. Certified coaches understand this vital connection between mind, body, and lifestyle—they offer coaching services that address mental health, physical health, and overall well-being through one holistic solution. Coaches work one-on-one with participants to reduce personal roadblocks before they evolve into long-term, bigger challenges.

- **Computerized cognitive behavioral therapy (CCBT)**

The EAP offers an interactive, multilingual digital program—accessible via app, tablet, or desktop—that addresses common behavioral health challenges. Guided modules help users reduce stress, overcome mental barriers, and improve well-being, with content covering topics such as depression, anxiety, mindfulness, sleep, self-esteem, and resilience.

- **Work life services**

Individuals can receive support from licensed professionals with FamilySource, FinancialConnect, and LegalConnect services.

- › **FamilySource** provides employees and their families with an initial assessment and consultation, followed by customized, timely referrals for child and elder care, adoption, education, pet care, and other personal needs.

- › **FinancialConnect⁽²⁾** connects individuals with financial experts, including certified public accounts (CPAs), certified financial planners (CFPs), and experienced financial professionals, who can address a wide range of issues.

- › **LegalConnect⁽²⁾** connects users with attorneys for non-employment legal issues, plus tools for simple wills, legal forms, and resources on topics like estate planning, complaints, housing, and identity theft.

The Premier EAP program also provides:

Additional in-person and virtual counseling

The Premier program includes a choice of 3, 5, 6, or 8⁽²⁾ counseling sessions per person, per issue, per year.⁽³⁾

Individuals can access EAP support anytime, anywhere—when and where it matters most.



GuidanceResources® online

ComPsych wants to meet people where they are, offering a digital experience as dynamic and comprehensive as live clinical care. The platform delivers personalized assessments, recommendations, and holistic care journeys tailored to each user's needs.

Through the GuidanceResources website, users can explore partner discounts—including Nationwide® Pet Insurance and TurboTax®—and the member-only Working Advantage portal for exclusive savings on movies, theme parks, travel, shopping, and more.



GuidanceNowSM mobile app

The GuidanceResources mobile app, GuidanceNowSM, offers the same features as the website, letting members explore journey options, browse content (HelpSheets, assessments, [Q&As](#), podcasts, and articles), and find local counseling, legal, childcare, and elder care providers.

24/7 live
assistance



Visit guidanceresources.com



Download the GuidanceNowSM app



Scan for
more
resources.

Rights and Disclosures

This information is intended to be shared by employees with their spouse and dependents

Special Enrollment Rights

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 to obtain more information contact Bukaty Companies at 888.657.0440.

Woman's Health and Cancer Rights Act (WHCRA) Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Bukaty Companies at 888.657.0440 for more information.

COBRA Rights In the Event You Lose Your Health (Medical/Dental/Flex) Coverage

A group health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee - eligible for up to 18 months of continuation coverage
- Death of the covered employee - eligible for up to 36 months of continuation coverage
- Covered employee becomes entitled to Medicare - eligible for up to 36 months of continuation coverage depending upon date of Medicare entitlement

The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:

- Divorce or legal separation - eligible for up to 36 months of continuation coverage
- A child's loss of dependent status under the Plan - eligible for up to 36 months of continuation coverage.

Disability Extension

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of coverage for a total of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination is issued and within the individual's first 18 months of continuation coverage. If SSA determines later the individual is no longer disabled, that individual must notify the Plan Administrator within 30 days after the date of the second determination.

Second Qualifying Event

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months. The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status, but only if the events would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. When responsibility for notification rests with the covered employee or qualified beneficiary, notice of the qualifying event must be made within 60 days of the occurrence to the company's Plan Administrator.

Other Coverage Options Besides COBRA

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period."

Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Questions

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

Keep Us Informed of Status Changes

It is very important that you keep your Plan Administrator informed of address changes and other personal data changes for you and/or dependents who are or may become qualified beneficiaries on any of the company's group benefits. Changes should be reported to the Plan Administrator.

Lifetime Limit

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Bukaty Companies at 888.657.0440.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial 1.877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1.866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility. For a complete list of states, click [here](#).

Kansas - Medicaid

<https://www.kankare.ks.gov>

1.800.792.4884

HIPP Phone: 1.800.967.4660

Missouri - Medicaid

dss.mo.gov/mhd/participants/pages/hipp.htm

573.751.2005

ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

STEP 1. LOG IN

Go to <https://www.employeenavigator.com/benefits>

Returning Users: Log in with the username and password you created.

New Users: Click on the Registration Link in the email sent to you from your administrator or Register As New User.

Create an account and your own username and password. You will be asked to provide:

- First and last name
- PIN (last four digits of SSN)
- DOB (mm/dd/yyyy)



COMPANY IDENTIFIER: **North Central Missouri**

STEP 2. BEGIN ENROLLMENT PROCESS

After you login, click **Let's Begin** to complete your required tasks. Once you've completed any assigned onboarding tasks click **Start Enrollment** to begin your enrollment.

STEP 3. UPDATE PERSONAL INFO

After clicking **Start Enrollment**, you'll need to provide some personal and dependent information before moving to your benefit elections. To enroll a dependent in coverage you will need their DOB and SSN.

STEP 4. ELECT YOUR BENEFITS

You can now choose to either select or waive each of your benefits. To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?** You must click **Save & Continue** at the bottom of each screen to save your elections.

STEP 5. ADDITIONAL FORMS

If you have elected benefits that require a beneficiary or primary care physician designation, or completion of an Evidence of Insurability form, you will be prompted to add those details.

STEP 6. REVIEW AND CONFIRM ELECTIONS

Review the summary of your selected benefits. Click **Sign & Agree** if everything

looks correct to complete your enrollment. You may login and view your online summary at any point during the year.



**Scan me for
Employee Navigator
access at your
fingertips!**



For help contact:
enrollmentsupport@bukaty.com
913.345.0440