



2026 EMPLOYEE BENEFITS YOUR GUIDE. YOUR ADVOCATE.



A TEAM APPROACH to Healthier Living



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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 26 where Notice of Creditable Coverage begins for more details.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



BENEFITS OVERVIEW

Metropolitan St. Louis Sewer District is proud to offer a comprehensive benefits package to eligible, full-time employees. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (Medical, Dental), and MSD provides other benefits at no cost to you (Vision, Basic Life and Accidental Death & Dismemberment (AD&D), Long-Term Disability). In addition, there are voluntary benefits (Voluntary Life and AD&D, Legal Services Plan, Accident, Hospital Indemnity, Critical Illness and Pet Insurance) with reasonable group rates that you can purchase through MSD payroll deductions.

You must make your changes through the UKG Ready Benefits Enrollment if you want to enroll, change, or cancel your participation. **You must enroll annually for your Flexible Spending Account Contributions.**

Employees should elect the appropriate amount to contribute to the Flexible Spending Account and/or Dependent Care Reimbursement Account for a period of 12 months.

What Do You Need to Do . . .

1. Review your benefit needs for the plan year.
2. Check the plan eligibility requirements and review your enrolled dependents.
3. Enroll in the Flexible Spending Accounts (Medical, Dependent Care) if you want to participate in the new plan year.
4. **Reminder:** You can make changes in your elections (medical, dental, & flexible spending accounts) during the year **only** if you have a qualifying change in “family status” (IRS requirement) and provide written documentation to Human Resource – Benefit Division within 30 days of the status change.

Benefit Plans Offered

- Medical
- Dental
- Vision
- Basic Life and Accidental Death & Dismemberment (AD&D)
- Flexible Spending Account (FSA)
- Voluntary Life and AD&D
- Long-Term Disability
- Voluntary Short-Term Disability
- Legal Services Plan
- Lifetime Life
- Voluntary Benefits
 - ◆ Accident
 - ◆ Hospital Indemnity
 - ◆ Critical Illness
 - ◆ Lifetime Insurance
 - ◆ Pet Insurance

Eligibility

You and your dependents are eligible for MSD’s benefits upon 30 days of employment.

Eligible dependents are your spouse, children under age 26, or disabled dependents of any age. Elections made now will remain in effect until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

Changes to the Medical Plan for 2026

There are three medical plan options for 2026; however, there are some changes to the HSA plan.

- * **HSA Plan:**
 - ◆ **Annual for individuals within a Family Plan is increasing to \$3,400 in accordance with IRS requirements.**
 - ◆ Garner is a new addition offered to MSD this year. You can be reimbursed for using the best doctors in your area and get reimbursed for your qualifying costs when you visit them. These doctors follow best practices and keep you healthier."

MSD is continuing its wellness plan in 2026 because we care about the health and well-being of our employees. If you participate in the Biometric Screening and complete the Cigna Health Assessment, you will be eligible for a rate reduction of \$20 per paycheck for Employee only or Employee / Children coverage. You will be eligible for a rate reduction of \$25 per paycheck for Employee and Spouse or Employee and Family coverage.





MEDICAL BENEFITS

Administered by Cigna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way, especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expense. By identifying the problems early, they can often be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with excellent medical plans through MSD.

MSD offers you a choice of a Premium PPO, Base PPO medical plan, or an HSA plan.

With the PPO, HDHP, and the HSA, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	Premium (PPO)		Base (PPO)		HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		Unlimited		Unlimited	
Annual Deductible	\$1,000 single / \$2,000 family	\$1,800 single / \$3,600 family	\$1,500 single / \$3,000 family	\$4,500 single / \$9,000 family	\$3,000 single / \$6,000 family	\$6,000 single / \$12,000 family
Annual Out-of-Pocket Maximum (including deductible, coinsurance, and copays)	\$3,000 single / \$6,000 family	\$9,000 single / \$18,000 family	\$4,500 single / \$9,000 family	\$13,500 single / \$27,000 family	\$6,000 single / \$12,000 family	\$6,000 single / \$12,000 family
Coinsurance	80% / 20%	60% / 40%	80% / 20%	60% / 40%	80% / 20%	60% / 40%
DOCTOR'S OFFICE						
Primary Care Office Visit/Telemedicine	\$25 copay	Deductible then 60%	\$25 copay	Deductible then 60%	Deductible then 80%	Deductible then 60%
Specialist Office Visit	\$40 copay	Deductible then 60%	\$40 copay	Deductible then 60%	Deductible then 80%	Deductible then 60%
Urgent Care	\$50 copay	\$50 copay	\$50 copay	\$50 copay	Deductible then 80%	Deductible then 60%
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	100% covered	Covered In-Network only	100% covered	Covered In-Network only	100% covered	Covered In-Network Only
PRESCRIPTION DRUGS						
Retail—Generic Drug (30-day supply)	\$15 copay	Not covered	\$15 copay	Not covered	Deductible then 80%	Deductible then 60%
Retail—Formulary Drug (30-day supply)	\$35 copay	Not covered	\$35 copay	Not covered	Deductible then 80%	Deductible then 60%
Retail—Non-formulary Drug (30-day supply)	\$70 copay	Not covered	\$70 copay	Not covered	Deductible then 80%	Deductible then 60%
Mail Order—Generic Drug (90-day supply)	\$37 copay	Not covered	\$37 copay	Not covered	Deductible then 80%	Not covered
Mail Order—Formulary Drug (90-day supply)	\$87 copay	Not covered	\$87 copay	Not covered	Deductible then 80%	Not covered
Mail Order—Non-formulary Drug (90-day supply)	\$175 copay	Not covered	\$175 copay	Not covered	Deductible then 80%	Not covered
HOSPITAL SERVICES						
Emergency Room	\$200 copay, waived if admitted		\$200 copay, waived if admitted		Deductible then 80%	Deductible then 60%
Inpatient	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Outpatient Surgery	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Ambulance Service	100%		100%		Deductible then 80%	Deductible then 60%

*HSA Plan – Annual Deductible for individual within a Family Plan is increasing to \$3,400 in accordance with IRS requirements.

*Preventive Generic Drugs – \$0 copay for Premium, Base and HSA Plans.



	Premium (PPO)		Base (PPO)		HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES						
Inpatient Services	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Outpatient Services	\$40 copay	Deductible then 60%	\$40 copay	Deductible then 60%	Deductible then 80%	Deductible then 60%
OTHER SERVICES						
All Other Maternity Hospital/Physician Services	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Muscle Manipulation Services 26 day annual maximum benefit	\$40 copay	Deductible then 60%	\$40 copay	Deductible then 60%	Deductible then 80%	Deductible then 60%
Physical Therapy Services 60 days per calendar year	\$25 copay	Deductible then 60%	\$25 copay	Deductible then 60%	Deductible then 80%	Deductible then 60%
Occupational and Speech Therapy Services 20 days per calendar year per therapy type	\$25 copay	Deductible then 60%	\$25 copay	Deductible then 60%	Deductible then 80%	Deductible then 60%
Skilled Nursing 120 days per calendar year combined with other care facilities	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Vision Exam One Eye Exam per calendar year Materials are not covered	\$25 copay	Covered In-Network only	\$25 copay	Covered In-Network only	Deductible then 80%	Deductible then 60%

Employee Medical Rates		
Premium (PPO)	Per Pay Period	Per Pay Period w/ Wellness
Single	\$78.98	\$58.98
Single + Spouse	\$252.39	\$227.39
Single + Child(ren)	\$229.32	\$209.32
Family	\$349.80	\$324.80
Base (PPO)	Per Pay Period	Per Pay Period w/ Wellness
Single	\$51.52	\$31.52
Single + Spouse	\$193.85	\$168.85
Single + Child(ren)	\$176.13	\$156.13
Family	\$268.66	\$243.66
HSA Plan	Per Pay Period	Per Pay Period w/ Wellness
Single	\$17.73	\$0.00
Single + Spouse	\$121.89	\$96.89
Single + Child(ren)	\$110.74	\$90.74
Family	\$168.93	\$143.93



How to use your Garner benefit

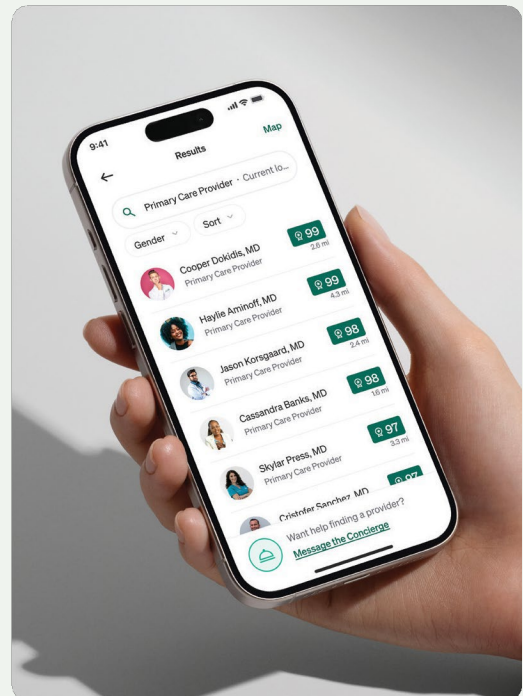
What is Garner?

Garner is a benefit covered by your employer that helps you find the best doctors in your area and reimburses you for your qualifying costs when you visit them. These doctors follow best practices and keep you healthier. We know this based on real patient outcomes.

Follow the steps below to create your account and find Garner's recommended providers through our app or on our website.

How do I use Garner?

- 1 **Sign up for an account**
Once you've created an account, you'll be able to access detailed information about your benefit and coverage through the app.
- 2 **Find Top Providers**
Search for doctors in your area based on your symptoms, their name, or the type of care you need.
- 3 **Get reimbursed**
Receive reimbursement for qualifying medical costs provided by a Top Provider who has been added to your account before your appointment.



Scan the QR Code with your mobile phone to get started

Or visit Garner.Guide/Start to sign up for an account. When creating your account, make sure to use your full legal name.



Need Help? Once you create an account, you can message the Concierge via in-app chat, phone, or email concierge@getgarner.com.



DENTAL BENEFITS

Administered by Cigna

Your dental health is as important to your overall health as it is to your smile. And keeping your teeth fit now may keep you from having major expenses later.

Both dental plans help pay for the cost of routine checkups— and just about any other type of dental work you might need: crowns, root canals and even dependent orthodontia.

Keep your teeth healthy and your smile bright with the MSD dental plans.

	Network Dental Plan		Passive PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$0 single / \$0 family	\$100 single / \$300 family	\$50 single / \$150 family	\$50 single / \$150 family
Annual Benefit Maximum (per person)	\$2,000	\$1,000	\$1,500	\$1,500
Preventive Dental Services (cleanings, exams, x-rays)	100%	70%	100%	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	Deductible then 80%	Deductible then 50%	Deductible then 80%	Deductible then 80%
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	Deductible then 50%	Deductible then 20%	Deductible then 50%	Deductible then 50%
Orthodontia Services Lifetime Maximum	\$1,500	\$1,000	\$1,500	\$1,500
Orthodontic Services	50% Covered for children and adults	Deductible then 50% Covered for children and adults	Deductible then 50% Coverage for dependent children	Deductible then 50% Coverage for dependent children

Employee Dental Rates	
Passive PPO	EE Cont. / Pay Period
Employee	\$17.93
Employee + Spouse	\$41.40
Employee + Child(ren)	\$46.49
Family	\$79.55
Network PPO	EE Cont. / Pay Period
Employee	\$3.66
Employee + Spouse	\$13.76
Employee + Child(ren)	\$15.94
Family	\$30.09





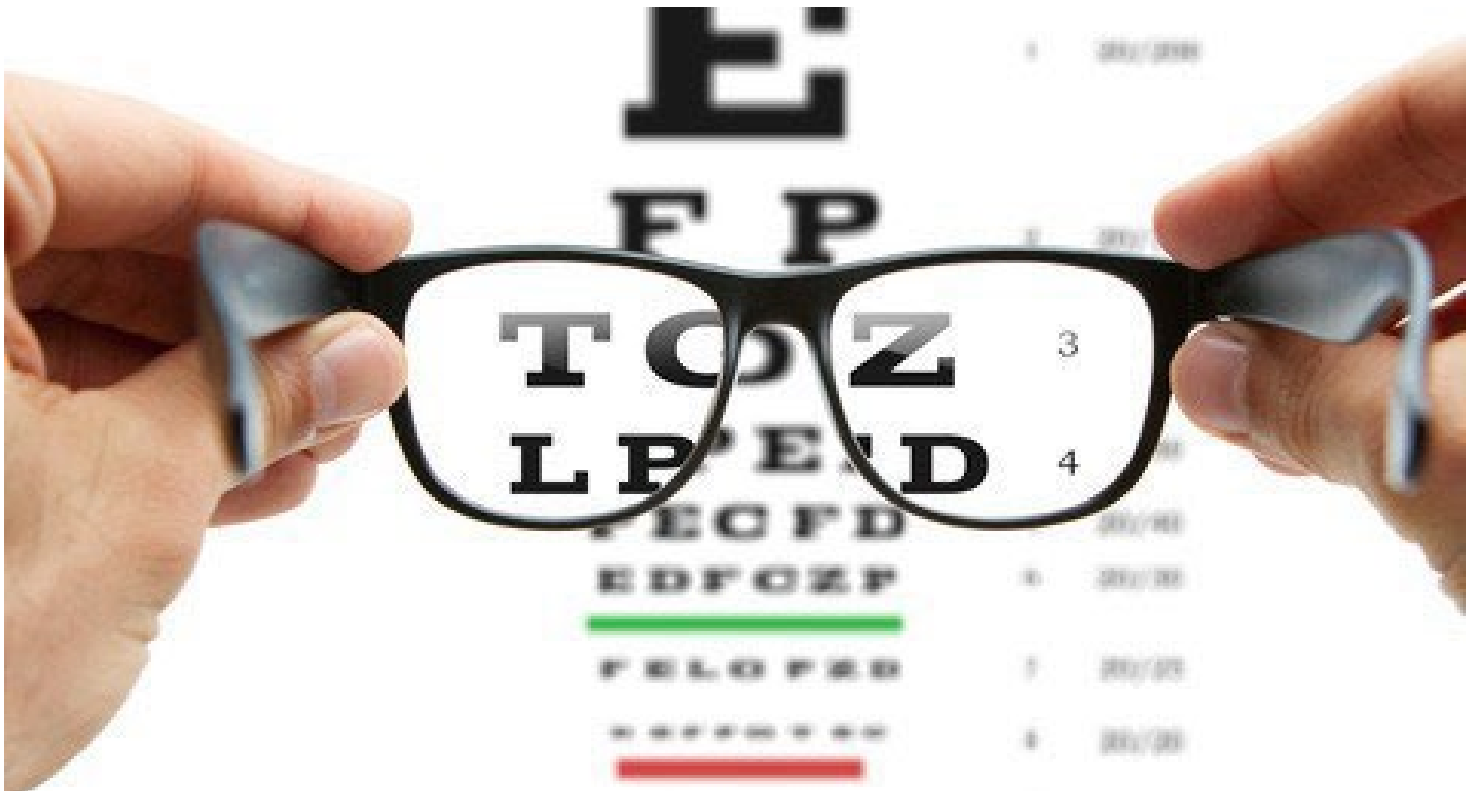
VISION BENEFITS

Administered by NVA

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Coverage	In-Network	Out-of-Network Reimbursement
Eye Exam once every 12 months	\$10 copay	Up to \$45
Lenses once every 12 months	\$25 copay	Up to \$45
Single Vision Lenses	\$25 copay	Up to \$45
Lined Bifocal Lenses	\$25 copay	Up to \$65
Lined Trifocal Lenses	\$25 copay	Up to \$85
Frames once every 12 months	\$0 copay then up to \$150 allowance	Up to \$70
Contact Lenses once every 12 months	\$0 copay then up to \$150 allowance	Up to \$105

Vision Rates	
	Employer Paid
Employee	\$4.15
Employee + Spouse	\$7.88
Employee + Child(ren)	\$9.13
Family	\$12.86





LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

Insured by Standard

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by MSD. The company provides basic life insurance of one times your Annual Compensation up to \$200,000 at no cost to you. Life coverage begins upon 30 days of Active Service.

Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) insurance provides benefit payment to you or your beneficiaries if you lose a limb or die in an accident. MSD provides AD&D coverage of one times your Annual Compensation up to \$200,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above. AD&D coverage begins upon 30 days of active service.

VOLUNTARY LIFE AND AD&D INSURANCE

Insured by Standard

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to the lesser of two times your salary not to exceed \$500,000, and \$10,000 for your spouse) without answering medical questions if you enroll when you are first eligible. Voluntary Life and AD&D coverage begins after 30 days of Active Service.

Employee – Up to five times your salary in increments of your Annual Compensation; \$500,000 maximum amount

Spouse – \$10,000

Children – \$5,000

You can apply for Voluntary Life and/or Voluntary AD&D for yourself and your dependents at any time during the year. As an employee you are eligible to purchase Voluntary AD&D without having Voluntary Life coverage. However, after your initial enrollment period of the first 30 days of employment, you must provide evidence of insurability. Any amount of coverage above the Guaranteed Amount also requires evidence of insurability. If you receive a salary increase that causes your voluntary coverage to increase above the Guaranteed Amount, you must provide evidence of insurability for that additional amount.

The amount you are covered for, whether for Basic or Voluntary Life, increases once a year on the plan anniversary date, January 1.





FLEXIBLE SPENDING ACCOUNTS (FSAs)

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit	\$3,400
Dependent Care Spending Limit	\$7,500

MSD offers two individual Flexible Spending Accounts—one for healthcare expenses and one for dependent childcare and elder care expenses. You can enroll in one or both FSAs. You use each account separately, but they work similarly.

Here's How an FSA Works

1. You decide the annual amount (up to \$3,400 for Healthcare Spending or \$7,500 for Dependent Care Spending) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/ elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA. You don't pay taxes on your contributions!
3. You can budget for your large expenses like orthodontia, eyeglasses, and hearing aids, in addition to your medical expenses..
4. You can pay with the Healthcare FSA **debit card** for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
5. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.

Healthcare FSA Debit Card

Your Healthcare FSA Debit Card (previously TASC) eliminates up-front out-of-pocket cash payments for eligible expenses and the need to file a claim.

At the time that an eligible expense is incurred, participants in the Health Care Reimbursement Account (HCRA) can use the Healthcare FSA Debit Card to pay for unreimbursed health care expenses and/or dependent care expenses with participating providers.

Always save receipts for HCRA purchases made with your Healthcare FSA Debit Card. You may be required to submit some receipts to verify that your expenses comply with IRS guidelines!

Here's How an HSA Works

1. To open an HSA, you must first be enrolled in a high-deductible health insurance plan. These plans have lower premiums but higher deductibles, making you eligible to contribute to an HSA.
2. You (and sometimes your employer) can deposit money into your HSA. Contributions are tax-advantaged, meaning they are either pre-tax (if through payroll deductions) or tax-deductible (if you contribute directly). The IRS sets annual contribution limits.
3. The money in your HSA can grow over time through interest or investments, depending on your account provider. Any growth is tax-free, allowing your savings to accumulate for future healthcare needs.
4. You can use your HSA funds to pay for eligible healthcare expenses, such as doctor visits, prescriptions, medical procedures, or dental and vision care. Payments can be made directly using an HSA debit card or reimbursed later. Eligible expenses that are reimbursable may require a receipt, so be sure to save them to verify those requirements.
5. Unlike flexible spending accounts (FSAs), HSA funds roll over year to year, and the account remains yours even if you change jobs or retire. After age 65, you can also use the funds for non-medical expenses (subject to income tax) without penalties.



LONG-TERM DISABILITY INSURANCE

Insured by Standard

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. MSD provides Long-Term Disability insurance (LTD) coverage for you at no cost. Your coverage begins upon 30 days of Active Service.

LTD coverage provides income when you have been disabled for 90 days or more. Your benefit is 60% of your monthly earnings up to \$6,000 per month during the time you are disabled. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue to age 65 if you are under age 60 at the time of disability.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Insured by Standard

Short-Term Disability insurance provides income if you become disabled due to an injury or illness. Benefits begin on the 31st day of any injury, hospitalization or illness and can continue for up to 60 days or when LTD benefits begin.

Benefit Amounts	60% of income
Benefit Maximum	\$2,500 per week



WORKSITE VOLUNTARY BENEFIT PLANS

In addition to your core benefits, MSD understands that you may want additional coverage to fill the gaps. MSD is offering the following Voluntary Plans to help fill your personal needs.

Accident Insurance

Insured by Voya

Accident insurance provides coverage for a wide variety of accidental injuries, including broken bones, concussions, and burns, and covered events such as medical treatment or hospitalization due to an accident. It pays fixed benefits for events tied to a covered accident and can be used for any purpose you choose.

Hospital Indemnity Insurance

Insured by Voya

Hospital Confinement Indemnity Insurance provides a benefit for eligible hospital confinements. Benefits include hospital confinement benefits, Critical Care Unit benefits and Rehabilitation Facility benefits. As with Accident Insurance, you choose how to use the benefit you receive.

Critical Illness and Cancer Insurance

Insured by Voya

Critical Illness insurance provides a lump sum cash benefit when the insured experiences a covered condition. This lump sum payment can be spent on anything—whether it is directly related or not to the critical illness including:

- Medical copays and deductibles
- Mortgage and rent payments
- Other household expenses

Your benefit is paid in full regardless of any other insurance you may have in force. Critical illness typically covers the following:

- Heart Attack
- Stroke
- Cancer
- Variety of other conditions depending on the policy

This coverage is also available for spouses and children. Also included is a wellness benefit that pays the cost of one health screening test per calendar year, up to \$50 maximum.

Lifetime Life Insurance

Protection designed to last a lifetime

Get two layers of protection with life insurance and Long Term Care



What is Lifetime Life Insurance?

Lifetime Life Insurance is permanent life insurance that complements conventional term life, and can help cover expenses like your mortgage, college education, elder care and more. Your coverage isn't tied to your employment, so you can take it with you if you leave your current employer – and keep it all the way into retirement if you choose.

It also adds a second layer of protection with a Long Term Care (LTC) benefit, which makes your life benefit available sooner if you need long term care.



How much coverage do I get?

You have the option to enroll in Lifetime Life Insurance with LTC you in the amounts of \$25,000, \$50,000, \$75,000, \$100,000, or \$125,000.

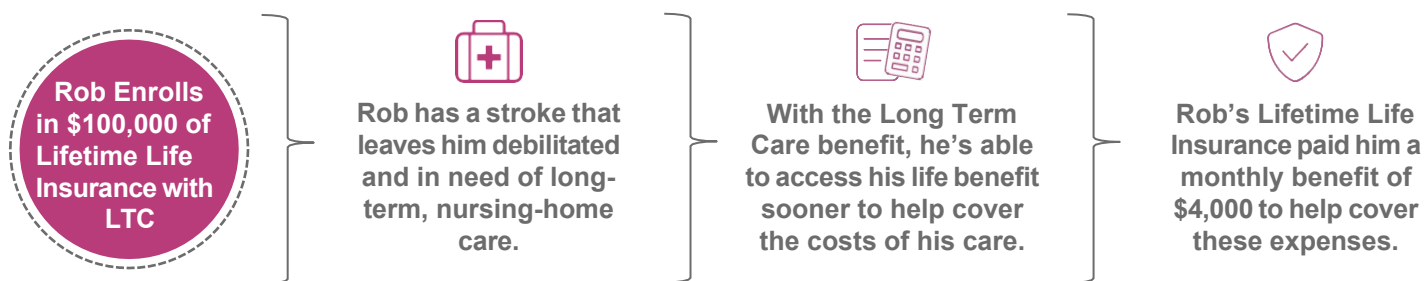
Your spouse has the option to enroll in \$25,000, \$50,000, or \$75,000, not to exceed your life insurance amount.

Your children have the option to enroll in \$10,000 or \$25,000 worth of coverage.

Why should I consider Lifetime Life Insurance?

- It includes an LTC benefit so you can access your life benefit sooner should you need long-term care
- Your premiums will stay the same for the life of the policy
- Your coverage is portable – it can go with you to new jobs and through retirement
- It offers the opportunity to cover your spouse and children, as well
- Coverage is guarantee issue during the 2025 Benefits Enrollment

How does Lifetime Life Insurance work?



This is shown for illustrative purposes only. Actual results may vary. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.





Now You Can Play More and Worry Less

Protect your furry family members with plans available now during Open Enrollment.

Take the Stress Out of Unexpected Vet Bills

Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life.

Here's how it works:

1. Visit any licensed vet or clinic
2. Pay your vet and submit a claim
3. Get reimbursed for eligible expenses

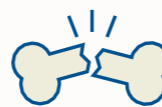
Employee Plan

- Visit any vet
- Enjoy great perks such as Rx discounts, 24/7 live vet & more
- Pre-existing condition coverage*
- Prior Coverage Credit
- Simple, straightforward pricing
- Premiums paid through payroll deduction

We've Got You Covered



Common Illnesses



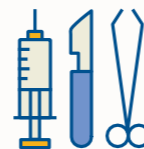
Broken Bones



Diagnostics



Prescription Medication



Surgery



Alternative Treatments**



Toxin Ingestion



Digestive Issues



Behavioral Issues**



Cancer



Hospitalization



And more!

Keep those tails wagging! Enroll today:

<https://portal.independenceamerican.com/login>

Questions? Call us at 800-956-2495

TAKE CONTROL OF YOUR HEALTH CARE COSTS

It sure is easy.

PAY LESS IN TAXES

+ FSA / FLEXIBLE SPENDING ACCOUNT

Putting money into a Flexible Spending Account (FSA) *before* you pay taxes on it saves you money by lowering your amount of taxable income. The result? *You pay less in taxes each year.*

- + Use money in your FSA to pay out-of-pocket *medical expenses, such as eyeglasses, contacts, copays, deductibles, prescription medicines and routine exams.*
- + The entire amount you set aside is available to use on the first day of your Plan Year.
- + *Maximum Election: \$3,400*

INCREASE YOUR TAKE-HOME PAY	WITH FSA	WITHOUT FSA
Annual Income:	\$50,000	\$50,000
Pre-Tax FSA Contributions:	\$3,400	\$0
Taxable Income:	\$46,600	\$50,000
Taxes (assumes 30% tax bracket)	\$13,980	\$15,000
Take-Home Pay:	\$32,620	\$35,000
Out-of-Pocket FSA Expenses:	\$0	\$3,400
Spendable Income:	\$32,620	\$31,600
Savings Each Year:	\$1,020	\$0

Savings amount in the example are provided by Surency for illustrative purposes only. You may save more or less based on your own tax situation. Some states do not recognize these tax exclusions for this program. No part of this document is tax, financial or legal advice. You should consult your own legal and tax advisors regarding your personal situation and whether this is the right program for you.

When you use the *Surency Benefits Card* to pay for qualified expenses, the amount is deducted from your account - *no need to file claims!*



MANAGE YOUR BENEFITS

You have 24/7 access to your account through the Surency Mobile App or on your Member Account at Surency.com.



Scan to download the Surency Mobile App!





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

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

Powerful legal protection on your side

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

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

How it works

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

Best of all, you have confidential access to our attorneys for all legal matters covered under the plan. For a monthly fee of **\$18.25** conveniently paid through payroll deduction, an expert is on your side as long as you need them.

Estate planning at your fingertips

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

How to use the plan

1. Find an attorney

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

2. Make an appointment

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

3. That's it!

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

Helping you navigate life's planned and unplanned events.

Metropolitan St. Louis
Sewer District

For **\$18.25 per month**, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter.

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Theft Defense Negotiations with Creditors 	<ul style="list-style-type: none"> Personal Bankruptcy Promissory Notes 	<ul style="list-style-type: none"> Tax Audit Representation Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> Boundary or Title Disputes Deeds Eviction Defense Foreclosure 	<ul style="list-style-type: none"> Home Equity Loans Mortgages Property Tax Assessments Refinancing of Home 	<ul style="list-style-type: none"> Sale or Purchase of Home Security Deposit Assistance Tenant Negotiations Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies Living Wills 	<ul style="list-style-type: none"> Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Conservatorship Demand Letters Garnishment Defense Guardianship 	<ul style="list-style-type: none"> Immigration Assistance Juvenile Court Defense, Including Criminal Matters Name Change Personal Property Protection 	<ul style="list-style-type: none"> Prenuptial Agreement Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: <ul style="list-style-type: none"> Deeds Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills
Traffic & Other Matters	<ul style="list-style-type: none"> Defense of Traffic Tickets³ 	<ul style="list-style-type: none"> Driving Privileges Restoration 	<ul style="list-style-type: none"> Repossession

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

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



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

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

- The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
- Digital notary and signing is not available in all states.
- Does not cover DUI.

Legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) filing fees, costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [MLP2]



Elite Plan



MY FINANCIAL
EXPERT™

ID protection & restoration for the whole family

As identity theft and fraud continue to increase, an evolving suite of products helps you monitor any potential threats to your identity and alerts you if there are any areas of concern. You will also have access to proactive digital privacy tools that can help you keep passwords and other personal information private and secure while surfing the web.

Dark Web Monitoring

We'll alert you if we detect any threats on the millions of data points we scan, so you can protect your information.

Digital Identity Manager™

Reclaim exposed info from people finder sites to help reduce your risk of ID theft and potential fraud.

Experian CreditLock

Block fraudsters from getting new credit with your info to help prevent ID theft. Unlock when applying for credit.

Identity Health Score¹

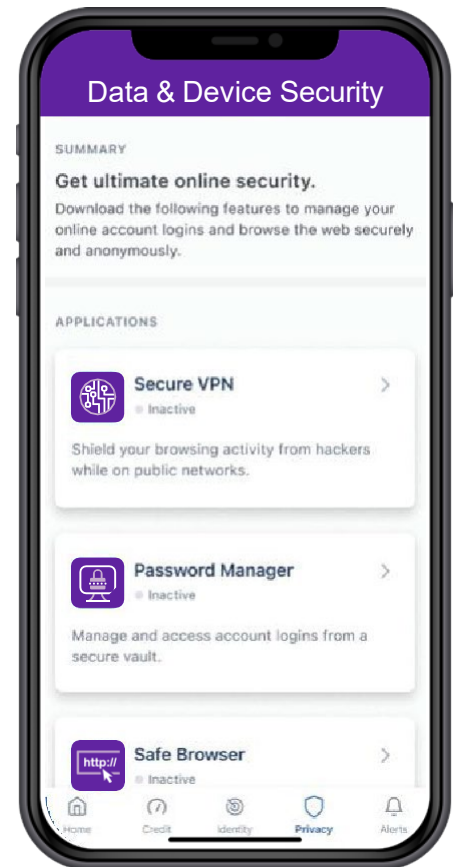
Help to prevent people and companies from collecting your personal information and data.

Fraud Restoration

Access a regulatory trained agent that can help assist through nearly every step of the restoration process.

Data & Device Security

Protect your digital privacy with Secure VPN, Password Manager, and Safe Browser features.



Up to \$3 Million Identity Theft Insurance (Expense Reimbursement)²

With no deductible, you could get up to \$3M reimbursed for eligible out-of-pocket expenses related to fraud.

🏠 Cash Recovery (Checking, Savings, HSA, 401K)

👤 Deceased/Ghosting Identity Theft

😡 Cyber Bullying

👛 Lost Wallet with up to \$500 Emergency Cash²

📄 Employment/Application Identity Theft

🌐 Cyber Extortion

👴 Elder/Senior Fraud Expense Recovery

¹ The Identity Health Score is different than a credit score and has no impact on your credit score.

² The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. [Summary of Benefits](#)

Find your path to financial wellness

With the personal finance features of My Financial Expert™, you'll gain tools to help you manage your credit and finances in a single experience. Link all your accounts to generate personalized insights that could help improve your financial health and build good habits.

Digital Financial Manager™

- Unlimited Account Link (Checking, Credit, 401k etc.)
- Automated Budgets powered by Artificial Intelligence
- Digital Wallet (Venmo®, Apple Pay®, PayPal®, etc.)
- Transaction & Spending Categorization
- Spending Summaries & Payment Reminders
- Debt & Cashflow Management
- Financial Goal Planning & Tracking
- Net Worth & Investment Tracking
- Financial Health Analysis & Score
- Account Activity & Transaction Alerts

Credit & Financial Improvement Insights

Personalized recommendations to help achieve financial goals sooner including activity, spending, budgeting, and credit improvements.

Innovative Money Management Features

Track all your financial accounts and transactions in one place, create and manage budgets, assess investment performance, view net worth, manage and predict cashflow, and more with Digital Financial Manager™.



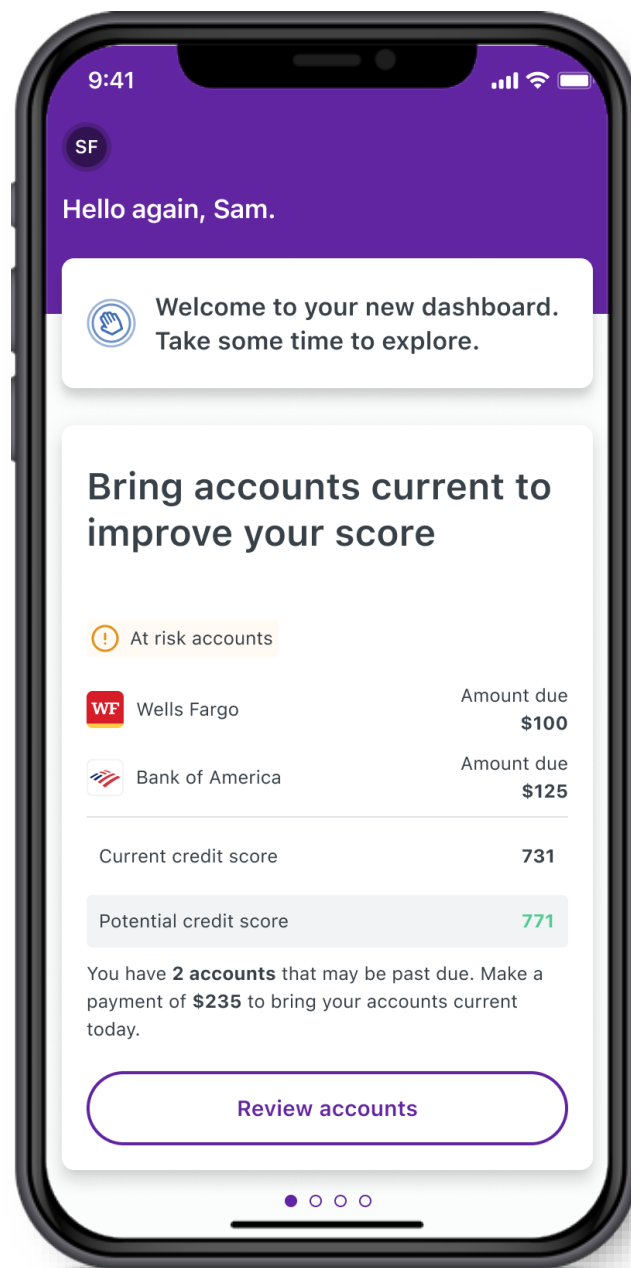
Automated
Budgeting



Transaction
Monitoring



Cashflow
Analysis



¹ Calculated on the VantageScore 3.0 model. Your VantageScore 3.0 from Experian® indicates your credit risk level and is not used by all lenders, so don't be surprised if your lender uses a score that's different from your VantageScore 3.0. [Click here to learn more.](#)



INOVA EMPLOYEE ASSISTANCE

Inova EAP (Employee Assistance Program) is a comprehensive and affordable program that offers a range of services to all employees and their families. It provides confidential counseling, including mental health and substance abuse assistance, legal support, financial guidance, and resources for childcare and eldercare. The program is designed to help employees manage personal and work-life challenges, promoting better work-life balance and overall well-being.

Short-Term Counseling

- Relationships
- Alcohol
- Depression
- Anxiety

Elder Care Resources

- Adult daycare centers
- Assisted living centers
- Nursing homes
- Transportation services
- Nutrition services
- Respite care
- Home care services
- Geriatric health and mental health

Childcare Services

- Nursery and/or preschools
- Emergency and back-up care
- Before-after school care
- Care for mildly ill children
- Childcare centers
- In-home care agencies
- Family daycare and group homes
- Nanny/au pair agencies
- Summer camps

Adoption Services

- U.S. adoption agencies
- International adoption agencies
- Adoption support groups

Website Tools

- Saving Center
- Educational Seminars
- Skill builders
- Easily searchable database

Parental Services

- Birthing classes
- Support groups
- Exercise and nutrition
- Parent education

Educational Resources Health and Wellness Resources

- Exercise program
- Holistic care
- Nutrition counselors
- Personal trainers
- Self-help programs

Pet Services

- Veterinarians
- Boarding facilities
- Pet sitters Groomers
- Obedience trainers

Daily Living

- Entertainment, recreation and sports tickets
- Event and party planners
- Grocery shopping
- Housekeeping Lawn maintenance
- Real estate and relocation professionals

Legal Assistance

- Free 30-minute consultation with an attorney
- 25% discount off attorney fees
- Web-based legal documents
- Will preparation

Finances

- Financial consultation
- Financial calculators

Identity Theft

- Web based credit monitoring
- Telephonic consultation with an identity theft and



CONTACT INFORMATION

Do you have questions before you enroll into your plans? Do you want to ask a vendor questions regarding services you may need in the upcoming year? Listed below are the member services phone numbers for the individual plans.

Due to the Health Insurance Portability and Accountability Act (HIPAA) and Protected Health Information (PHI), personal health and claim questions should be directed to the Member Services Departments of the health and dental plans.

Medical and Dental Insurance (Group #3335464)	
Cigna	
Web Address	www.cigna.com
Member Account Access	www.mycigna.com
Contact Number	800.CIGNA24 (800.244.6224)
Home Delivery Pharmacy	800.285.4812
Life / AD&D, Voluntary Life / AD&D, Long-Term Disability and Short-Term Disability	
Standard	
Contact Number	888.937.4783
Web Address	www.standard.com
Accident, Hospital Indemnity and Critical Illness	
Voya	
Contact Number	800.955.7736
Web Address	www.voya.com
Vision Plan	
National Vision Administrators	
Contact Number	800.672.7723
Web Address	www.e-nva.com
Lifetime Life	
Voya	
Contact Number	877.236.7564
Web Address	www.voya.com
Pre-Paid Legal (Plan #204182)	
MetLife Legal	
Contact Number	800.821.6400
Web Address	members.legalplans.com
Identity and Fraud Protection	
Experian	
Contact Number	855.797.0052
Web Address	www.experian.com
Pet Insurance	
PetPartners	
Contact Number	800.956.2495
Web Address	https://portal.independenceamerican.com
Surency	
Contact Number	866-818-8805
Email	surency.com
EAP Employee Assistance	
Contact Number	314.768.6237
Email	Benefits@stlmsd.com
Retirement	
Vanguard	
MSD Defined Contribution (Pension)	Plan #097341
MSD Deferred Compensation	Plan #072467
Contact Number	800.523.1188
Web Address	www.vanguard.com
UKG Ready	
Web Address Access from home	UKG Ready
MSD Human Resources — Benefits Department	
Benefits and Compensation	314.768.6237 Benefits@stlmsd.com
Gamer	
Contact Number	866-761-9586
Email	conciierge@getgarner.com



EMPLOYEE CONTRIBUTIONS FOR BENEFITS (2026)

Benefit Plan	Monthly No Wellness Participation	Monthly With Wellness Participation
PREMIUM PPO		
Employee	\$171.12	\$127.79
Employee + Spouse	\$546.85	\$492.68
Employee + Child(ren)	\$496.86	\$453.53
Family	\$757.90	\$703.73
BASE PPO		
Employee	\$111.63	\$68.29
Employee + Spouse	\$420.01	\$365.84
Employee + Child(ren)	\$381.62	\$338.28
Family	\$582.10	\$527.93
HSA PLAN		
Employee	\$38.42	\$0.00
Employee + Spouse	\$264.10	\$209.93
Employee + Child(ren)	\$239.94	\$196.60
Family	\$366.02	\$311.85

DENTAL PLAN (Cigna)	PASSIVE PPO PLAN	NETWORK PLAN
Employee	\$38.85	\$7.93
Employee + Spouse	\$89.70	\$29.81
Employee + Child(ren)	\$100.73	\$34.54
Family	\$172.36	\$65.20

VISION PLAN	EMPLOYER
Employee	\$4.15
Employee + Spouse	\$7.88
Employee + Child(ren)	\$9.13
Family	\$12.86

Benefit Plan	Rates
Dependent Life Insurance	\$2.23 per employee regardless of number of eligible dependent children
Voluntary AD&D Insurance	Single \$.03 per \$1,000 /
	Family \$.05 per \$1,000
MetLife Legal	\$19.75
Experian ID Theft and Fraud	Single \$6.25/month
	Family \$12.00/month

Group Accident Plan (Voya)	
Employee	\$3.67
Employee +	\$6.19
Employee + Child	\$7.58
Family	\$10.10

Hospital Indemnity Plan (Voya)	
Employee	\$13.26
Employee + Spouse	\$26.74
Employee + Child	\$21.14
Family	\$34.62

Voluntary Life	
AGE BAND	RATE PER \$1,000
<25	\$.074
25 – 29	\$.077
30 – 34	\$.102
35 – 39	\$.130
40 – 44	\$.154
45 – 49	\$.228
50 – 54	\$.379
55 – 59	\$.678
60 – 64	\$.952
65 – 69	\$1.799
70+	\$2.915

Voluntary Short-Term Disability Rates	
\$0.253 per \$10 of covered weekly payroll	

Pet Insurance (PetPartners)	
PER COVERED PET	
Frequency	26
Accident Only	\$5.43
Accident and Illness:	Adult Weight in Pounds 0-90+
Dog Age: 0-12	\$18.79
Cat Age: 0-12	\$9.29

*If a pet is 13 years of age or older, they are not eligible for coverage under this plan.





IMPORTANT NOTICES AND DISCLOSURES

Patient Protections Disclosure

The Metropolitan St. Louis Sewer District Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Cigna designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Cigna at 800.244.6224 or www.cigna.com.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Cigna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Cigna at 800.244.6224 or www.cigna.com.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Premium (PPO) (Individual: 80%/20% coinsurance and \$1,000 deductible; Family: 80%/20% coinsurance and \$2,000 deductible)

Plan 2: Base (PPO) (Individual: 80%/20% coinsurance and \$1,500 deductible; Family: 80%/20% coinsurance and \$3,000 deductible)

Plan 3: HSA Plan (Individual: 80%/20% coinsurance and \$3,000 deductible; Family: 80%/20% coinsurance and \$6,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 314.768.6237 Opt. 1 or email benefits@stlmsd.com.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



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.insurekidnow.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. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855 -692 -5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866 -251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Web site: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800 -221-3943 /State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): http://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877 -357 -3268



GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Web site: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: http://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/df/ Family and Social Services Administration Phone: 1-800 -403 -0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Web site: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800 -338 -8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800 -257 -8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800 -792 -4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855 -459 -6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877 -524 -4718 Kentucky Medicaid Website: http://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888 -342 -6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800 -977 -6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800 -862 -4840 TTY: 711 Email: masspreassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800 -657 -3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800 -694 -3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855 -632 -7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>



NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Web site: http://dhcfp.nv.gov Medicaid Phone: 1-800 -992 -0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Web site: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356 -1561 CHIP Premium Assistance Phone: 609 -631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800 -541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844 -854 -4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888 -365 -3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800 -699 -9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800 -692 -7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855 -697 -4347 or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888 -549 -0820	Website: http://dss.sd.gov Phone: 1-888 -828 -0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Web-site: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: http://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Web site: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/



VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 1/31/2026)



HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Metropolitan St. Louis Sewer District is committed to the privacy of your health information. The administrators of the Metropolitan St. Louis Sewer District Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting HR - Benefits & Compensation Team at 314.768.6237 Opt.1 or benefits@stlmsd.com.

HIPAA Special Enrollment Rights

Metropolitan St. Louis Sewer District Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Metropolitan St. Louis Sewer District Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact contacting HR - Benefits & Compensation Team at 314.768.6237 Opt.1 or benefits@stlmsd.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.



Notice of Creditable Coverage

Important Notice from Metropolitan St. Louis Sewer District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Metropolitan St. Louis Sewer District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Metropolitan St. Louis Sewer District has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Metropolitan St. Louis Sewer District coverage will be affected. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions / options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Metropolitan St. Louis Sewer District coverage, be aware that you and your dependents will [or may not] be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Metropolitan St. Louis Sewer District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Metropolitan St. Louis Sewer District changes. You also may request a copy of this notice at any time.



For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2026
Name of Entity/Sender:	Metropolitan St. Louis Sewer District
Contact—Position/Office:	HR Manager - Benefits & Compensation Team
Office Address:	2350 Market St Saint Louis, Missouri 63103-2519 United States
Phone Number:	314.768.6237 Opt. 1



Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, imitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



Notes

This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting