



2025

BENEFITS

Guide



Welcome

Your benefits are an important part of your overall compensation. Missouri Ozarks Community Action is pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply).
- Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You will be provided enrollment information, instructions and deadlines within 30 days of your date of hire. Coverage is effective first of the month following 30 days of full time employment.
If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2025.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Visit Employee Navigator:

www.hubenroll.employee.navigators.com

You will find detailed information about the plans available to you and instructions for enrolling.

- **Returning users:** Click [Reset a forgotten password](#)
- **First time users:** Click on registration link the email sent by your admin or click [Register as a new user](#) to create an account.



SCAN ME

Medical

We are proud to offer you a choice among three different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Anthem Blue Cross Blue Shield Base PPO Plan

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Blue Preferred** network. The calendar-year deductible must be met before certain services are covered.

Anthem Blue Cross Blue Shield Mid PPO Plan

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Blue Access** network. The calendar-year deductible must be met before certain services are covered.

Anthem Blue Cross Blue Shield Buy-Up PPO Plan


This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Blue Access** network. The calendar-year deductible must be met before certain services are covered.


HealthJoy


What is HealthJoy?


HealthJoy is healthcare navigation made easy, and it's the first stop for all your healthcare and employee benefits needs. HealthJoy brings together medical professionals, advocates, Rx savings, an artificial intelligence-powered virtual assistant, and an easy-to-use app. HealthJoy makes the right decision the easy decision every time, so you don't have to try and navigate your healthcare journey alone. HealthJoy will save you time, money, and a ton of aggravation by connecting you to the right benefits at the right time, making it easier to be healthy and well.

HealthJoy can provide you with:

 **First Stop For Your Benefits**
HealthJoy can quickly familiarize you with all your benefits through your very own digital benefits wallet that's easy to access and use.

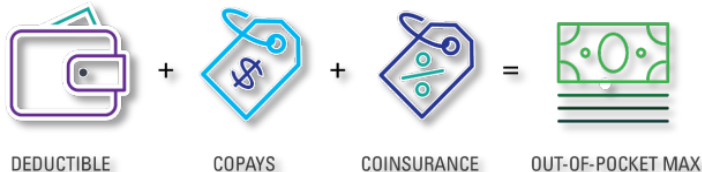
 **Healthcare Concierge**
Confused about your benefits? Don't worry, we are here to help. We can explain deductibles, formularies out of pocket expenses, co-insurance preauthorization, copays, and more.

 **Provider Recommendations**
Need an awesome doctor or facility that takes your insurance? Our concierge research every recommendations and call to confirm in-network participation and availability.


 **Medical Bill Review**
Got a medical bill that's confusing? Our team of experts can answer questions, explain how billing works, and negotiate with providers to save you money. Email us your bill at


Here's how the plan works:


- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.




Available to you beginning on 1/1/2025.

 **Online Medical Consultations**
Not feeling well? Connect with a doctor anytime, anywhere. We can even write prescriptions. Give us a call.

 **Rx Savings Review**
Want to save money on your prescriptions? We'll review your medications and identify lower cost alternatives. Let our team help reduce your medications spend.

 **Health Spending Accounts**
Trying to understand your HSA? We can explain what's a qualified health expense including medical, dental, vision and prescription spending.

 **Useful For The Whole Family**
Your Spouse and dependents (18+) can you use HealthJoy to access online medical consultations and mental health support.

How to download and activate HealthJoy?

Download the App

The HealthJoy app is available on Android, iPhone and iPad. Just download from the app store and install.

Sign Up

To activate, click "Sign Up" within the HealthJoy app. Type in your work email address to receive a new activation email. Open the email and click the "Get Started" button.

Create A Password

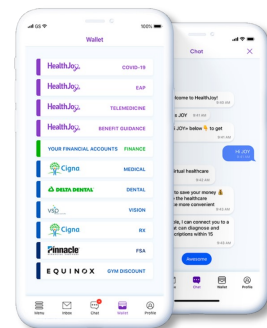
You'll be taken to a web page asking you to create a password that is at least eight characters long.

Add Family Members

Adding family members is free, and we encourage you to invite all members of your immediate family who are over 18 years old. They will get access to all the same services including free healthcare concierges and medical professionals.

Log In

Log into the app with you email address and the password you created. JOY, your virtual healthcare assistant, will welcome you to the app. You can start using the app within seconds.



No smartphone? No worries!

Even without a smartphone, the HealthJoy concierge team is here to help you.

Chat with us today!

- Call (877) 500-3212
- Email at groups@healthjoy.com

Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description ^(SPD).

Key Medical Benefits	Anthem Blue Cross Blue Shield Base PPO Plan		Anthem Blue Cross Blue Shield Mid-Plan PPO		Anthem Blue Cross Blue Shield Buy-Up PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	Blue Preferred Network (Narrow)		Blue Access Network (Broad)		Blue Access Network (Broad)	
Deductible (per calendar year, 1/1)						
Individual / Family	\$6,000 / \$12,000	\$16,050 / \$32,100	\$4,000 / \$8,000	\$9,000 / \$18,000	\$2,000 / \$4,000	\$4,500 / \$9,000
Co-Insurance (per calendar year)						
Individual / Family	30%	50%	20%	50%	20%	50%
Out-of-Pocket Maximum (per calendar year, 1/1)						
Individual / Family	\$7,350 / \$14,700	\$22,050 / \$44,100	\$5,500 / \$11,000	\$13,500 / \$27,000	\$3,000 / \$6,000	\$9,000 / \$18,000
Covered Services						
Office Visits (Physician / Specialist)	\$30 / \$60 copay	Deductible, then 50%	\$40 / \$60 copay	Deductible, then 50%	\$40 / \$60 copay	Deductible, then 50%
Routine Preventive Care	No Charge	Deductible, then 50%	No Charge	Deductible, then 50%	No Charge	Deductible, then 50%
Outpatient Mental or Behavioral Health Services (Office Visit / Facility Visit)	\$30 copay / Deductible, then 30%	Deductible, then 50%	\$40 copay / Deductible, then 20%	Deductible, then 50%	\$40 copay / Deductible, then 20%	Deductible, then 50%
Emergency Room	Deductible, then \$300 copay		\$200 copay		\$200 copay	
Urgent Care Facility	\$75 copay	Deductible, then 50%	\$75 copay	Deductible, then 50%	\$75 copay	Deductible, then 50%
Inpatient Hospital Stay	Deductible, then 30%	Deductible, then 50%	Deductible, then 20%	Deductible, then 50%	Deductible, then 20%	Deductible, then 50%
Outpatient Surgery	Deductible, then 30%	Deductible, then 50%	Deductible, then 20%	Deductible, then 50%	Deductible, then 20%	Deductible, then 50%
Prescription Drugs (Tiers 1 / 2 / 3 / 4)						
* Members may be responsible for additional cost when not selecting the available generic drug.						
* Members have additional cost with retail supply greater than 30 days.						
* Specialty medications are limited to 30 days supply, offered at retail only.						
Retail Pharmacy (30-day supply)	\$15 / \$45 / \$75 / 25% \$350 max	Deductible, then 50%	\$10 / \$35 / \$60 / 25% \$350 max	Deductible, then 50%	\$10 / \$35 / \$60 / 25% \$350 max	Deductible, then 50%
Mail Order (90-day supply)	\$15 / \$112 / \$225	Not Covered	\$25 / \$105 / \$180	Not Covered	\$25 / \$105 / \$180	Not Covered

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. This is a brief description of your benefits. If a discrepancy exists, benefits outlined in the carrier certificate will prevail.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Medical (Cont'd)

How to help control medication expenses?

What is GoodRx? GoodRx is a free price comparison resource that helps Americans save millions of dollars every month by finding them the lowest prescription prices at their local pharmacies. GoodRx is completely **FREE** for anyone to use! Visit goodrx.com or download the mobile app to access coupons that can help you save up to 80% on almost all FDA-approved drugs both brand name and generic.



Search & Compare Prices

Find the lowest local prices for your prescriptions at more than 70,000 U.S. pharmacies.



Get Free Coupons

GoodRx coupons can save you up to 80% on your prescriptions at no cost to you.



Save on your Prescriptions

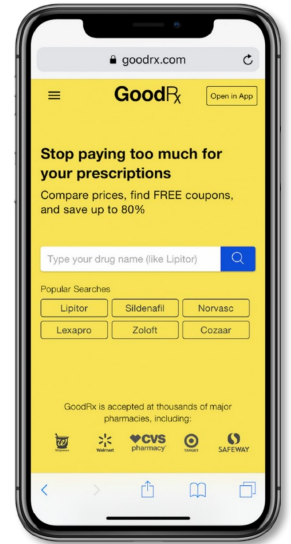
Track prices and get notified with the latest saving alerts for your prescriptions.



Show your Pharmacist

It's easy, just show the GoodRx app to your pharmacist when picking up your prescription.

Download the GoodRx app or visit goodrx.com and start saving today!



Dental

We are proud to offer you a choice between two different dental plans.

Anthem Dental Low Plan: There are no charges for most preventive services. Reduced, pre-set charges apply to other services.

Anthem Dental Buy-Up Plan: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the **Anthem Dental Complete** network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Base Plan		Buy-Up Plan	
	In-Network Only	Out-of-Network	In-Network Only	Out-of-Network
Deductible (per calendar year, 1/1)				
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year 1/1; Preventive, Basic, and Major Services combined)				
Per Individual	\$1,000	\$1,000	\$1,000	\$1,000
Covered Services				
Preventive Services (Exams, X-rays)	No Charge, 0%	No Charge, 0%	No Charge, 0%	No Charge, 0%
Basic Services (Fillings, Simple Extractions)	20%	20%	20%	20%
Major Services (Crowns)	Not Covered	Not Covered	50%	50%
Orthodontia	Not Covered	Not Covered	Not Covered	Not Covered

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan.

The **Anthem** voluntary vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Blue View Vision** network.

To the right is a high-level overview of the coverage available.

Key Vision Benefits	Benefit
Exam (Every 12 months)	\$10 copay
Lenses (Every 12 months)	
Single Vision	\$25 copay
Bifocal	
Trifocal	
Frames (Every 24 months)	\$130 Allowance + 20% discount over \$130
Elective Disposable Contact Lenses (Every 12 months; in lieu of glasses)	\$130 Allowance

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	Employee Contribution (Monthly)		
	Base Plan PPO	Mid-Plan PPO	Buy-Up Plan PPO
Employee Only	\$0.00	\$228.28	\$323.74
Employee + Spouse/RDP	\$448.80	\$875.60	\$1,054.09
Employee + Child(ren)	\$351.20	\$734.85	\$895.21
Family	\$598.94	\$1,092.13	\$1,298.28

MOCA contributes \$516.24 towards medical premiums for each plan and tier.

Dental

Coverage Tier	Employee Contribution (Monthly)	
	Low Plan	Buy-Up Plan
Employee Only	\$17.19	\$28.51
Employee + Spouse/RDP	\$31.55	\$52.35
Employee + Child(ren)	\$44.78	\$64.24
Family	\$62.45	\$92.36

Vision

Coverage Tier	Employee Contribution (Monthly)
	Vision Plan
Employee Only	\$7.23
Employee + Spouse/RDP	\$14.45
Employee + Child(ren)	\$14.81
Family	\$22.04

Voluntary Life/AD&D

Employee & Spouse Voluntary Group Term Life Rates (Spouse Voluntary Group Term Life Rates - Based on Employee's Age)			
Age	Monthly Rate per \$1,000 of coverage	Age	Monthly Rate per \$1,000 of coverage
<25	\$0.04	50-54	\$0.26
25-29	\$0.03	55-59	\$0.40
30-34	\$0.05	60-64	\$0.59
35-39	\$0.07	65-69	\$0.96
40-44	\$0.11	70-74	\$2.24
45-49	\$0.16	75+	\$5.75

Child Voluntary Group Term Life Rates - Monthly Rate per \$1,000 of coverage: \$0.182

How to calculate your premium

In the above rate chart, you will see monthly rates per \$1,000 of coverage. Find your age band and note the rate, then complete the information below to find your monthly, weekly, bi-weekly or semimonthly premium.

Employee Age: _____
 Employee Monthly Rate per \$1,000 of Coverage: _____ (A)
 Spouse Monthly Rate per \$1,000 of Coverage: _____ (B)
 Child Monthly Rate per \$1,000 of Coverage: _____ (C)
 _____ of coverage X _____ (A) / 1,000 = _____ Monthly Premium for Employee (D)
 _____ of coverage X _____ (B) / 1,000 = _____ Monthly Premium for Spouse (E)
 _____ of coverage X _____ (C) / 1,000 = _____ Monthly Premium for Child (F)
TOTAL MONTHLY PREMIUM (D) + (E) + (F) = _____ (G)

Cost for Voluntary AD&D Benefits

Employee, spouse, and Child(ren) is \$0.026 per \$1,000 of Employee Monthly Benefit.

Monthly Rate per \$1,000 of Coverage: _____ (A)
 _____ of coverage X _____ (A) / 1,000 = _____ (B) Monthly Premium
 _____ (B) * 12 / 52 (pays per year) = _____ Weekly Premium
 _____ (B) * 12 / 26 (pays per year) = _____ Bi-weekly Premium
 _____ (B) * 12 / 24 (pays per year) = _____ Semi-Monthly Premium

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Anthem Blue Cross Blue Shield	(800) 490-6217	www.anthem.com
Pharmacy/Home Delivery			
Dental			
Vision			
Life/AD&D			
Voluntary Benefits	Aflac	(573) 638-3755 (862) 233-1634	Brandon Winecoff bwinecoff@aflac.com

Questions?

If you have additional questions, you may contact:

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