OSBA

OZARKS SCHOOLS BENEFITS ASSOCIATION

2026-2027

EMPLOYEE BENEFITS GUIDE

Welcome to your 2026-2027 Employee Benefit Guide

Using Your Benefit Guide

OSBA offers you and your eligible family members access to comprehensive and valuable benefits. Some benefits are employer-paid, while other benefits are voluntary and give you choices.

Completing new hire and open enrollment elections is crucial to ensure you get enrolled and have access to your benefits. Use this benefits guide to review the benefits offered so you can make the right choices for you and your family. Visit the *Enrollment Information* page to access the *Options+ Private Exchange* to enroll or renew your benefit elections.

➢Navigation

Use the Table of Contents shown in the left pane of the guide to navigate.

➢Helpful Links

Use the links throughout the guide to access benefit summaries, rates, flyers, and websites for more benefit information.

➢Videos

Click the video icon throughout the guide to access better explanation of benefits.

These links will provide more detailed benefit information and educational resources.

Please take the time to review this detailed information as this guide only serves as a brief overview.

The purpose of this guide is to highlight the benefits program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official Plan documents and insurance contracts, and not by this document. If there is any discrepancy between the descriptions of the Plans as described in this material and the official Plan documents, the language of the plan documents shall govern.

WELCOME

About OSBA & FAQ's

Who is OSBA?

The Ozarks Schools Benefits Association (OSBA) has been providing employee benefit solutions to public school districts since 2009. Our goal is to provide quality insurance products at a reasonable price using the economies of scale to help reduce the cost to member districts. The program provides a democratic structure for its members, so each district has a voice in the benefits administration process.

OSBA
OZARKS SCHOOLS BENEFITS ASSOCIATION

Who is Acrisure?

Acrisure is a global insurance broker and fintech services provider that offers a broad range of insurance products including employee benefits. Acrisure focuses on delivering customized risk management and insurance solutions to its clients and continues to expand its reach and offerings in the insurance industry. Acrisure is the employee benefits administrative broker for the OSBA Program.

ACRISURE®

Frequently Asked Questions...

When do I enroll? Do I have to enroll?

You will receive new hire and open enrollment information from your district HR indicating your enrollment dates and deadlines! Every benefits eligible employee is required to log in and either elect or decline the benefits offered. Some benefits are free but require some information from you for enrollment! Please be sure to enroll by your district's indicated deadline.

When are benefits effective?

- Open Enrollment elections become effective as of July 1.
- New Hire elections are effective after your district defined waiting period. Please connect with your district HR if you are unsure of this date.

Can I make changes during the year?

For changes outside of open enrollment, you must have a qualifying event occur to change your benefit elections. Qualifying events are life changes such as: having a baby, getting married or divorced, losing or becoming eligible for other coverage. If you are unsure if your circumstance is considered a life event, please connect with your district HR.

Can I cover my family members?

Yes! Add your family members as dependents at the beginning of your enrollment on the dependent screen (SSN's are required). This will allow you to see dependent cost throughout the enrollment and add family members to any eligible plan.

ENROLLMENT INFORMATION

Ready to enroll?

OSBA Options+ Private Exchange Benefits Portal

The OSBA Options+ Private Exchange is an employee benefits portal that allows you to enroll in benefits during new hire or open enrollment, review your benefit summary, browse through important documents, and more. With access to your benefits 24/7, you can enroll at your own convenience at any time.

With easy-to-use onboarding, enrollment, and document management, you can easily navigate your way through any enrollment or processing task required.

New User?

1. Click New User Registration and create a Username & Password. If you have used Employee Navigator before to enroll in your benefits, you will need to choose a new unique username. If you have previously enrolled in a different system, or are new to enrolling online, we recommend using your school email address as your Username.
2. Find your Company Identifier: Company Identifier List

Steps To Enroll...

1. Review the information, flyers, and videos contained in this guide to assist you in making your benefit choices.
2. Click the **Log In Now** button, found below. There are also links to log in found in your new hire or open enrollment emails from HR.
3. Enroll!

Log In Now

Need Assistance?

Review your district's enrollment assistance options. An enroller may be visiting your district and able to help you in person! If this option is not available, please check out the **OSBA Contacts** page for assistance.

Forgot Password?

Please click the **Forgot Password?** link on the log in page and go through the process of resetting your password.

OSBA CONTACTS

Meet the team!

Meet Your OSBA Account Manager!

Your Account Manager is a dedicated and knowledgeable OSBA representative who you may contact for any of your needs concerning the OSBA benefits, service, technology, or process.

Ashley's role as your Account Manager is to be your district's contact for anything you need. Her direct line is below. If she is unavailable, you may call the OSBA Service Team Line and another OSBA representative will assist you.

When to use the OSBA Team Line

- If your Account Manager is not available.
- If you need assistance completing your Open Enrollment.

Hours of Operation:
Monday- Friday (8:30 am- 4:30 pm)

OSBA WELLNESS PROGRAM

Exercise. Track. Win!

BENEFITS

You work hard, and your hard work should not go unnoticed. As a thank you for your dedication to the health and wellness of your district and our program YOU are eligible to win CASH and other prizes!

ELIGIBILITY

All active employees are eligible to participate and WIN!!!

Everyone has a chance to qualify for $50, $150, even $250.

The Lifestyle Success program focuses on four major areas: activity, awareness, healthy living, and prevention. The Lifestyle Success program brings a customized wellness program to your school to improve each employee's health while managing health care costs.

OSBA's Wellness Coordinator, Krista Edwards, will work with each district to entice, reward, and empower each employee to take charge of their health and lead a healthier lifestyle.

Meet Krista, the OSBA Wellness Coordinator!!

Krista Edwards
417-512-2913
kredwards@acrisure.com

September 1st - April 30th !!

Motion Connected

[Motion Connected App (Click Here to Download)]

WHAT IS NEXT?

Step 1: Register with Motion Connected

Step 2: Pick Your Device

Step 3: Link Your Device to Motion Connected

Step 4: Participate!

Step 5: Win!

MEDICAL PLANS

Anthem PPO Plans & HSA Plans

Helpful Links....

- Sydney Health Mobile App
- Register with Anthem.com
- Anthem.com
- Benefit Summaries
- Anthem Flyers

OSBA Medical Plans

OSBA Options+ PRIVATE EXCHANGE

ID cards and all claim activity are available through their online portal or Sydney Health Mobile app.

Point of Service (POS) Medical Plan

- **Blue Preferred Plus (POS):** Members receive enhanced benefit of plan with lower deductible, out of pocket max and copays.
- **Out-of-Network:** Out-of-network is discouraged. **There is no access to the Blue Card National Network**.

3 Level Network: Choice Medical Plans

- **Blue Preferred Providers (Level 1):** Members receive enhanced benefit of plan with lower deductible, out of pocket max and copays.
- **Blue Access Providers (Level 2):** Members receive base benefit of plan.
- **Out-of-Network:** Members receive out of network benefit of plan.

PPO Plans

Coverage Level	$0 Deductible POS	1000/2000 Choice PPO		1500/2500 Choice PPO		2500/3500 Choice PPO	
In-Network Services	Blue Preferred Plus (POS)	Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access	
General Provisions		Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)
Deductible: Individual	$0	$1,000	$2,000	$1,500	$2,500	$2,500	$3,500
Deductible: Family	$1,500	$3,000	$6,000	$4,500	$7,500	$7,500	$10,500
Max out-of-pocket: Individual	$4,000	$5,000	$6,000	$6,000	$7,000	$6,500	$7,500
Max out-of-pocket: Family	$8,000	$10,000	$12,000	$12,000	$14,000	$13,000	$15,000
Copays & Coinsurance							
Primary Care Physician (PCP)	$35 Copay	$35 Copay	$45 Copay	$35 Copay	$45 Copay	$35 Copay	$45 Copay
Specialists Physician	$50 Copay	$60 Copay	$75 Copay	$60 Copay	$75 Copay	$60 Copay	$75 Copay
Virtual Primary Care Doctor Visits	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Live Health Online Doctor Visits	$10 Copay	$10 Copay	$10 Copay	$10 Copay	$10 Copay	$10 Copay	$10 Copay
Urgent Care Facility	$75 Copay	$75 Copay	$100 Copay	$75 Copay	$100 Copay	$75 Copay	$100 Copay
Hospitalization: Emergency Room	$300 Copay	$300 Copay	$300 Copay	$300 Copay	$300 Copay	$300 Copay	$300 Copay
Hospitalization: Inpatient	10% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Hospitalization: Outpatient	10% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Prescriptions Copays							
Prescription Drug Plan	$15/$45/$75/25% Max $200	$15/$45/$75/25% Max $200	$15/$45/$75/25% Max $200	$15/$45/$75/25% Max $200	$15/$45/$75/25% Max $200	$15/$45/$75/25% Max $200	$15/$45/$75/25% Max $200
Limited Preventative RX Plus	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-Of-Network Services	Out of Network *(Blue Card National Network not available)*	Level 3 (Out of Network)		Level 3 (Out of Network)		Level 3 (Out of Network)	
Deductible: Individual	$3,500	$6,000		$7,000		$8,000	
Deductible: Family	$10,500	$18,000		$21,000		$24,000	
Maximum out-of-pocket: Individual	$8,000	$12,000		$14,000		$15,000	
Maximum out-of-pocket: Family	$16,000	$24,000		$28,000		$30,000	

Provider Search

Red text indicates plan changes from prior plan year.

HSA Plans

Coverage Level	3400/3400 Choice HSA		4000/5000 Choice HSA		4500/6000 Choice HSA		6000/7000 Choice HSA	
In-Network Services	Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access		Blue Preferred Select/Blue Access	
General Provisions	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)
Deductible: Individual	$3,400	$3,400	$4,000	$5,000	$4,500	$6,000	$6,000	$7,000
Deductible: Family	$6,800	$6,800	$8,000	$10,000	$9,000	$12,000	$12,000	$14,000
Max out-of-pocket: Individual	$5,000	$5,500	$6,000	$7,000	$6,500	$7,000	$7,000	$8,000
Max out-of-pocket: Family	$10,000	$11,000	$12,000	$14,000	$13,000	$14,000	$14,000	$16,000
Copays & Coinsurance								
Primary Care Physician (PCP)	$35 Copay after Deductible	$45 Copay after Deductible	$35 Copay after Deductible	$45 Copay after Deductible	$35 Copay after Deductible	$45 Copay after Deductible	$35 Copay after Deductible	$45 Copay after Deductible
Specialists Physician	$60 Copay after Deductible	$75 Copay after Deductible	$60 Copay after Deductible	$75 Copay after Deductible	$60 Copay after Deductible	$75 Copay after Deductible	$60 Copay after Deductible	$75 Copay after Deductible
Virtual Primary Care Doctor Visits	$0 Copay after Deductible	$0 Copay after Deductible	$0 Copay after Deductible	$0 Copay after Deductible	$0 Copay after Deductible	$0 Copay after Deductible	$0 Copay after Deductible	$0 Copay after Deductible
Live Health Online Doctor Visits	$0 Copay after Deductible	$10 Copay after Deductible	$10 Copay after Deductible	$10 Copay after Deductible	$10 Copay after Deductible	$10 Copay after Deductible	$10 Copay after Deductible	$10 Copay after Deductible
Urgent Care Facility	$75 Copay after Deductible	$100 Copay after Deductible	$75 Copay after Deductible	$100 Copay after Deductible	$75 Copay after Deductible	$100 Copay after Deductible	$75 Copay after Deductible	$100 Copay after Deductible
Hospitalization: Emergency Room	$300 Copay after Deductible	$300 Copay after Deductible	$300 Copay after Deductible	$300 Copay after Deductible	$300 Copay after Deductible	$300 Copay after Deductible	$300 Copay after Deductible	$300 Copay after Deductible
Hospitalization: Inpatient	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	20% after Deductible
Hospitalization: Outpatient	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	20% after Deductible
Prescriptions Copays								
Prescription Drug Plan	$15/$45/$75/25% Max $200 (after ded)	$15/$45/$75/25% Max $200 (after ded)	$15/$45/$75/25% Max $200 (after ded)	$15/$45/$75/25% Max $200 (after ded)	$15/$45/$75/25% Max $200 (after ded)	$15/$45/$75/25% Max $200 (after ded)	$15/$45/$75/25% Max $200 (after ded)	$15/$45/$75/25% Max $200 (after ded)
Limited Preventative RX Plus	0%	0%	0%	0%	0%	0%	0%	0%
Out-Of-Network Services	Level 3 (Out of Network)		Level 3 (Out of Network)		Level 3 (Out of Network)		Level 3 (Out of Network)	
Deductible: Individual	$8,000		$11,000		$13,000		$13,500	
Deductible: Family	$16,000		$22,000		$26,000		$27,000	
Maximum out-of-pocket: Individual	$12,250		$16,625		$17,250		$18,250	
Maximum out-of-pocket: Family	$25,000		$33,250		$35,000		$36,500	

Red text indicates plan changes from prior plan year.

MEDICAL RX RESOURCES

Prescriptions (RX) Info

ACA Preventive Care Drugs

Under the Affordable Care Act (ACA), pharmacy benefits must cover certain categories of preventive drugs and products at 100%. This means you don't have to pay a share of the cost – no copay, deductible or percentage of the cost!

ACA PREVENTIVE CARE DRUG LIST

Anthem PreventiveRX (HSA)

PreventiveRX covers drugs at 100% (no cost to you) if you are enrolled in a High Deductible Health Plan (HSA eligible medical plan). This list may change periodically throughout the year.

ANTHEM PREVENTIVE-RX PLUS DRUG LIST

ENSURE RX

SAVE MONEY AT THE PHARMACY

Anthem's Ensure RX automatically applies discounts or coupon cards at the time of medication purchase, so you know you are getting the lowest cost possible.

IMPORTANT NOTICE!!

If you take or are prescribed certain maintenance medications, you will receive a letter from Anthem encouraging you to use our Mail Order RX Program to save you money! Typically, you can get a 90-day fill at the cost of a 60-day fill. You will be allowed 2 courtesy fills at your local retail pharmacy but after the 3rd fill you will need to contact Anthem Pharmacy Services to let them know if you would like to take advantage of the Mail Order program and save money, or if you'd like to continue at the retail pharmacy. If you do not contact Anthem, you will be charged the full amount of the script after your 3rd fill at the retail pharmacy.

SPECIALTY DRUG COST CONTAINMENT PROGRAM

OSBA works with a Specialty Drug Advocacy organization who assists members in accessing programs for ***high-cost medications***. This program uses various forms of assistance programs, including manufacturer patient assistance, copay assistance and other alternative sources to reduce or eliminate prescription costs for employees. For a list of medications that utilize this program – please review the list linked below and contact your OSBA Account Manager with any questions.

HELPFUL LINKS

- Specialty Drug Flyer
- Specialty Drug List

PHARMACY HOME DELIVERY

OSBA's prescription drug program is offered through Carelon RX.

Carelon RX Home Delivery – Carelon RX Home Delivery is a safe and reliable way to receive your prescriptions. You may pay less for your medication with a three-month supply through the home delivery service. You will receive free standard shipping on medications delivered to your mailbox. You will have access to speak to a pharmacist who can answer your questions any time, any day. **CLICK HERE TO LEARN HOW TO GET STARTED!**

(Anthem) MEDICAL CARE OPTIONS AND WHEN TO USE THEM

While we recommend using *LiveHealth Online, Virtual Care* or your primary care physician whenever possible, there are alternative options available to you when seeking care. Services may vary, so it's a good idea to visit the care provider's website.

PRIMARY CARE
(Primary Care Physician)

PRIMARY CARE

For routine, primary/preventive care or non-emergent treatment for minor injuries or illnesses, we recommend utilizing your Primary Care Physician.
Your doctor knows your health history and has access to your medical records. You will pay less out-of-pocket than many of the other options.

[Click here to Search for a Provider]

- Routine, primary / preventive care
- Vaccinations
- Non-emergency treatment for illnesses, minor injuries, rashes, etc.
- Chronic disease or condition management

Virtual Visits can be a convenient alternative to in-person care. Additionally, when you are not able to access your Primary Care Physician, you may find other virtual options are helpful!

VIRTUAL CARE

VIRTUAL CARE

Virtual Visits using are a good alternative when you have an acute need, but cannot make it in to be seen in person. Virtual Visits allow you to connect with the providers through phone or video, for certain appointment types including acute illnesses and prescription refills during operating hours.

Virtual Care Options Include:

- LiveHealth Online
- Virtual Primary Care (VPC) through the Sydney App
- 24/7 NurseLine

- Cold/flu
- Diarrhea
- Fever
- Minor Skin Conditions
- Common Infections
- Rash
- Sinus Problems

URGENT CARE

URGENT CARE

Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to your doctor's office. Outside regular office hours - or if you can't be seen by your doctor immediately - you may consider going to an Urgent Care Center, where you can generally be treated for many minor medical problems faster than at an emergency room.

- Flu shots
- Sprains
- Small cuts
- Strains
- Sore throats
- Mild asthma attacks
- Rashes
- Minor infections
- Vaccinations
- Pregnancy tests
- Screenings
- Back pain or strains
- Common infections (bronchitis, bladder and ear infections, pink eye, strep throat)
- Minor skin conditions (athlete's foot, cold sores, minor sunburn, poison ivy)

EMERGENCY ROOM

- Heavy bleeding
- Large open wounds
- Chest pain
- Sudden change in vision
- Spinal injuries
- Difficulty breathing
- Major burns
- Sudden weakness or trouble walking
- Severe head injuries

EMERGENCY ROOM

Used for an emergency medical condition including severe pain which you believe that without immediate medical care may result in any of the following:

- Serious harm to your health or the health of an unborn child
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

If you obtain care at an emergency room, you will likely pay more out-of-pocket than if you were treated at any other facility.
Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.

If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 911, even if your symptoms are not described here.

CALL 9-1-1

HEALTH SAVINGS ACCOUNTS (HSA) Understanding an HSA

What Is An HSA?

A health savings account, is a bank account you deposit pre-tax money in to be used to pay for current or future qualified health expenses for you, your spouse, and/or your eligible dependents. You can contribute to your HSA by pre-tax payroll deductions. Once money goes into the account, it's yours to keep—the HSA is owned by you, just like a personal bank account.

Your Funds Roll Over & Grow Over Time

The money always belongs to you, even if you leave the district, and unused funds roll over from year to year. You never have to worry about losing your money. That means if you don't have a lot of health care expenses now, your HSA funds will be there if you need them in the future—even after retirement. Contributions grow tax-free and are tax-free when withdrawn if used for qualified expenses.

What Are The Rules?

You must be covered under an OSBA HSA Medical plan in order to contribute to an HSA.

You are not eligible if:

- You or your spouse have a Medical FSA.
- You are enrolled in Medicare or Tricare.
- You have other medical coverage under another plan, for example, your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You are claimed as a dependent on someone else's tax return.
- Link to additional HSA Rules & Regulations.

What Else Should I Know?

- 2026 Contribution Limits:
  - $4,400 Individual
  - $8,750 Family
  - $1,000 over 55 catch up limit
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to an excise tax penalty (like in an IRA account) plus your regular income tax. The penalty is waived upon attainment of age 65.
- Contributions are based on a calendar year.
- Any contributions your district may make on your behalf must be included in the IRS limits.
- You can change your contribution amount at any time during the year.
- Funds can be used for your spouse and eligible dependents qualified health expenses – even if they are not covered by your medical plan.

MEDICAL TRANSPORT

MASA Emergent Plus & Platinum Plans

CLICK HERE to learn more about MASA!

MASA

The issue of out-of-pocket ambulance expenses isn't going away, and we'll all continue to require these services. A MASA MTS Membership bridges the gap in ambulance transport coverage at an affordable rate for emergency ground and air transportation within the continental United States, Alaska, Hawaii and while traveling in Canada, regardless of whether the provider is in or out of the group healthcare benefits network.

While our critical benefits are included in both memberships, **Platinum members** enjoy additional services. Whether you'd like to protect your clients and their family from costly emergency ambulance transports or provide overall peace of mind, MASA MTS has them covered.

TOP 4 REASONS...

1

MASA is trusted by over 2 million members with coverage for **BOTH ground and air ambulance transport out-of-pocket costs*** regardless of the ambulance provider.

2

Coverage extends to emergency transport expenses within the United States and while traveling in Canada. **No need to worry about in or out-of-network providers.**

Worldwide coverage is available with a Platinum Membership.

3

Get peace of mind knowing out-of-pocket costs* associated with emergency transport for deductibles, co-pays, or co-insurance are **covered.**

4

MASA makes it easy:

- ✓ One low monthly deduction
- ✓ No health questions
- ✓ No age limits
- ✓ Easy claims process

Helpful Links...

- MASA Flyers
- Emergent Plus Plan
- Platinum Plan
- MASA website

GENETIC TESTING WITH CANCER SUPPORT

Genomic Life

Genomic Life

Cancer is a growing concern both physically, mentally and financially. 1 in 2 men and 1 and 3 women born today will be diagnosed with cancer. With Genetic Testing with Cancer Support (formally known as Cancer Guardian), you and your covered spouse will now have access to specialized resources that can help in the prevention and management of cancer that are normally only available to the wealthy and well connected.*

Benefits & Cost of Genetic Testing

- OSBA now offers one low cost whether you enroll in a medical plan or don't!!
- Employees: $12 per month.
- Spouses: $12 per month.
- Click the Cancer Guardian Resources link for additional benefits.

Genetic Health Screen

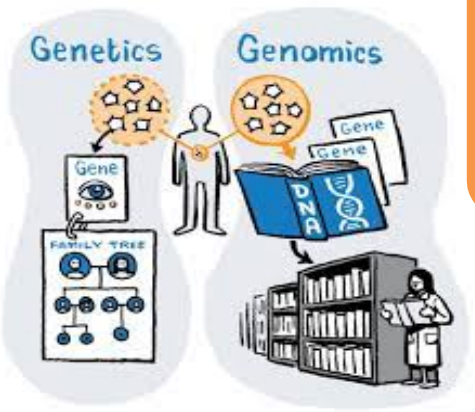
An accurate, medical-grade DNA test that analyzes 147 genes to identify a predisposition to developing hereditary cancers, cardiovascular diseases, and additional conditions.

Pharmacogenomics (PGx)

Helps uncover how an individual metabolizes and responds to medications. This knowledge helps reduce an adverse drug reaction and increase drug response.

Carrier Screening

Identifies a potential risk of having a child affected by a recessive genetic disease.



Helpful Links...

- Cancer Guardian Resources

Genomic Life connects science and compassion to create positive health outcomes

**No pre-existing conditions*

DENTAL PLANS

Anthem Dental Complete

Dental Insurance can help cover some of the cost of caring for your teeth. Typically, dental insurance covers all or a portion of your cost for routine check-ups and preventive care.

Anthem Dental

Your district offers two dental plans for you to choose from. Both plans utilize the Anthem Dental Complete Network. If you choose to go to a provider outside of this network, you may do so, and the dental plan will still pay the provider the same benefit. If an out of network provider charges more than the customary rate, you may be balanced billed the remaining balance.

Helpful Links...

- Dental Plan Summaries
- Flyers, Provider Search
- Anthem.com
- Claim Forms

OSBA Dental Plan

OSBA Options+ PRIVATE EXCHANGE

Coverage Level	High Plan	Low Plan
Employee	$46	$28
Employee + Spouse	$92	$56
Employee + Child	$87	$53
Employee + Children	$116	$67
Employee + Family	$154	$91
General Provisions, Copays & Coinsurance	**In Network Services**	**In Network Services**
Annual Max Benefit	$2,000	$1,750
Deductible: Individual	$50	$50
Deductible: Family	$150	$150
Preventive Services	100%	100%
Minor Restorative	90%	80%
Oral Surgery, Endodontic, Periodontal, Prosthodontic	60% (Dental Implants Included)	50% (Dental Implants NOT Included)
Orthodontics	50% ($1,250 Lifetime max benefit)	No Coverage

*Maximum credit carryover included on both dental plans. Please review the complete benefit summary or policy that is available to you in the Options+ Private Exchange benefits enrollment system for additional details.

VISION PLAN
Anthem Blue View Vision

Vision insurance can help cover some of the cost of caring for your eyes such as annual eye exams, glasses, and contact lenses. Your district is offering you one platinum vision plan.

Anthem Vision

Anthem offers you comprehensive coverage for routine eye exams, frames, lenses, and more. The vision plan offers coverage both in-network and out-of- network. You will receive the most value if you utilize in-network providers. If you choose to go out-of-network, your benefit will be paid at a reduced rate.

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com.

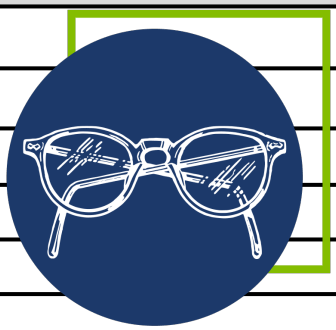
Helpful Links...

- Vision Benefit Summary
- Vision Flyers
- Search for a provider

OSBA Vision Plan

OSBA Options+ PRIVATE EXCHANGE

Coverage Level	High Plan
Employee	$10.97
Employee + Spouse	$17.56
Employee + Children	$20.27
Employee + Family	$34.44
General Provisions, Copays & Benefits	**In Network Services**
Benefit Period	12 Months
Routine Eye Exam	$15 Copay
Eyeglass Frames	$180 Allowance
Eyeglass Lenses (Standard Plastic: single, bifocal, trifocal)	$15 Copay
*Progressive Lenses & Eyeglass Lens Upgrades	$0-68 Copay
Contacts (in place of glasses)	$180 Allowance



*Please review the complete benefit summary or policy that is available to you in the Options+ Private Exchange benefits enrollment system for additional details.

EMPLOYER PAID LIFE INSURANCE

Board Paid Life/ADD

Your district provides an Employer Paid Life Insurance Plan to protect your financial security at no cost to you!

The plan includes an Accidental Death and Dismemberment (AD&D) benefit which doubles your coverage amount if you die in a covered accident. If you survive a serious accident, it can pay you money for certain severe injuries, such as loss of vision, hearing and limbs. Please visit the OSBA Options+ Private Exchange to review the benefit amount that is availale to you.

Helpful Links...

- Board Paid Life/ADD Summary
- Board Paid Life Resources

Life Insurance Beneficiaries

Primary beneficiary is the person or persons who would receive your life insurance proceeds in the event of your death. You may designate more than one beneficiary; however, the total Primary beneficiary designated percentage must total 100%.

Contingent beneficiary is the person or persons who would receive your life insurance proceeds if every Primary beneficiary is not living at the time of your death. You may also designate more than one beneficiary; however, the total Contingent beneficiary designated percentage must total 100%.

It is very important to keep your life insurance beneficiary designations current. Updates can be made anytime during the year by logging into OSBA Options+ Private Exchange account or contacting your OSBA account manager.

VOLUNTARY LIFE INSURANCE
Term Life & ADD

Voluntary Term Life Insurance

If you are interested in additional life insurance to help ensure your family's financial security should a death occur, you have the option of enrolling in additional term life insurance. The premium for this coverage will be payroll deducted. Coverage is available for yourself, your spouse and children.

- Provides financial security for your family should you pass away.
- Very affordable Life Insurance coverage with rates you cannot find anywhere else!
- Pays a benefit to your beneficiary if you pass away and DOUBLES in benefit amount if death is due to an accident.
- You can also elect to cover your dependents!
- You can take the policy with you when you leave the district.
- **Guaranteed Issue:** If you and your dependents enroll within 30 days of your eligibility date, you may enroll in coverage up to $250,000 for yourself (limited to 5x your annual salary), $50,000 for your spouse and $20,000 for your children without medical questions. At first offering, if you enroll in an amount less than these guaranteed issue amounts, you may increase your coverage at a later open enrollment up to 2 increments (not to exceed the guaranteed issue) without medical questions. If you do not enroll when first eligible and later wish to add coverage, you can add up to 2 increments without medical questions.

Helpful Links...

- Voluntary Life Resources

Life Insurance Beneficiaries

It is very important to keep your life insurance beneficiary designations current. Updates can be made anytime during the year by logging into your OSBA Options+ Private Exchange account or contacting your OSBA account manager.

**Certain age reductions, limitations, exclusions, definitions and delayed effective date clauses apply. Please review the complete benefit summary or policy that is available to you in the Options+ Private Exchange benefits enrollment system for additional details.*

DISABILITY INSURANCE

Voluntary Long-Term Disability

If you couldn't work, even for a short period, because of an illness, or injury, could you pay your bills?

- **House payment**
- **Car payment**
- **Medical bills**

Most Illnesses and injuries are not work related, and therefore are not covered by worker's compensation. Disability insurance is protection for your paycheck and can help protect a portion of your income when illness or injury leaves you unable to work, even for a short period of time.

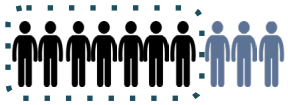
OSBA Long Term Disability Plan

OSBA Options+ PRIVATE EXCHANGE

Voluntary Long-term Disability (LTD)

Long-term disability coverage helps ensure your family's financial security by replacing a portion of your lost income should you become unable to work for 90 days or longer. You should purchase this policy if you are worried about the long-term financial security of you or your family should a major illness or injury arise leaving you unable to work for a long period of time. This policy can also be paired with a short-term policy to give you coverage from a short-term absence from work as well.

Less than 25% of U.S. consumers have enough emergency savings to cover six months or more of their expenses.



Helpful Links

- Voluntary Long-Term Disability Resources

*Council for Disability Awareness website: Disability Statistics (July 2013): disabilitycanhappen.org.

DISABILITY INSURANCE

Voluntary Short-Term Disability

If you couldn't work, even for a short period, because of an illness, or injury, could you pay your bills?

- **House payment**
- **Car payment**
- **Medical bills**

Most Illnesses and injuries are not work related, and therefore are not covered by worker's compensation. Disability insurance is protection for your paycheck and can help protect a portion of your income when illness or injury leaves you unable to work, even for a short period of time.

OSBA Short Term Disability Plan

OSBA Options+ PRIVATE EXCHANGE

Voluntary Short-term Disability (STD)

A short-term disability policy can help protect a portion of your income when illness or injury leaves you unable to work even for a short period of time. You have the option of purchasing a short-term disability policy if you need income protection before the long-term 90 day waiting period is satisfied by your employer paid Plan.

Benefits of STD:

- Affordable
- Receive 60% of your weekly earnings
- Tax Free
- Two plan options (7 or 30 day wait)
- Benefits begin immediately if hospitalized
- Still pays you even if you are receiving sick leave, PTO or on a scheduled district break (like summer break).
- Includes maternity leave and surgeries!

Helpful Links

- Voluntary Short-Term Disability Resources

Less than 25% of U.S. consumers have enough emergency savings to cover six months or more of their expenses.

*Council for Disability Awareness website: Disability Statistics (July 2013): disabilitycanhappen.org.

EOI QUESTIONS & PROCESSING

FAQs & Online Submission Process

EOI Health Questionnaire FAQs...

What is an EOI and why must I complete it?

An *Evidence of Insurability*(EOI) is a health questionnaire that the carrier requires if you (or your dependents) are requesting more than their Guaranteed Issue (GI) amount.

What does "Guaranteed Issue" mean when electing life benefits?

The "guarantee" means you are not required to answer health questions to qualify for coverage (up to and including the specific amount) when you sign up for coverage during the initial enrollment period. However, if you request more than the Guaranteed Issue amount, then you will be subject to complete the Evidence of Insurability (EOI) for carrier approval.

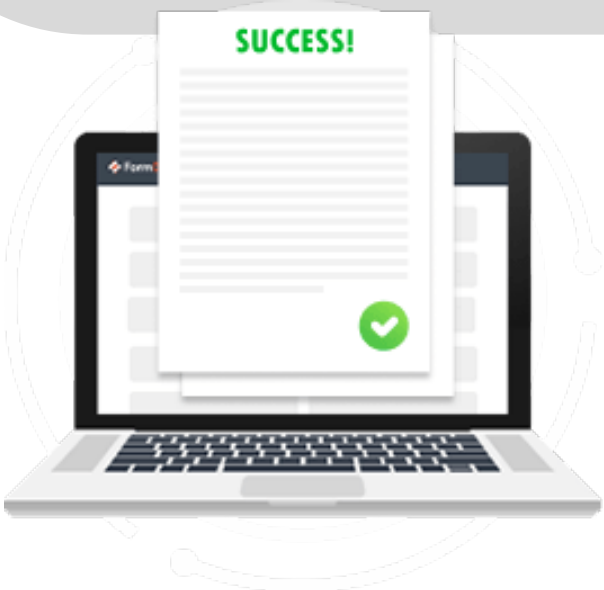
Which products may require an EOI submission?

- Voluntary Life
- Disability

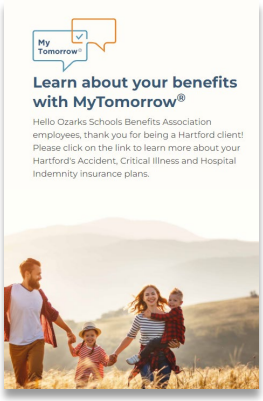
How do I submit an EOI, if required?

1. You will receive an email directly from the carrier at medical.uw@hartfordlife.com . It will be emailed to your primary email address listed in Employee Navigator. This email will include instructions and login information to complete the Evidence of Insurability (EOI) process. **Please check your spam folder if you do not receive it. The link within the email will remain valid for 60 days.**
2. Log into the carrier's online portal using the link & user information provided to you from the email.
3. Answer the health questions and submit!!

   You should receive a real time decision immediately (Approved, Denied, or Pended).



VOLUNTARY WORKSITE BENEFITS
Accident, Critical Illness, Hospital Indemnity



What plans can help with costs health insurance won't cover???

Accident Insurance

Accident Insurance
which we call Accidental Injury Benefits, provides a cash benefit for an accidental injury

Watch Video

Download Materials

- Pays money directly to you based on the injury and the treatment you receive from the accident.
- Great for those with active lifestyles, children in sports, farming activities, coaches or just accident prone.
- 24/7 Coverage! On and off the job.
- Your plan can pay you a benefit for an emergency room treatment, CT/CAT scans, MRI's, EEG's, stitches, crutches, injury-related surgery and a list of other accident-related expenses.
- Pays you $50 per member per year for completing an Accident Prevention Screening.

Critical Illness Insurance

Critical Illness Insurance
which we call Critical Illness Benefits, provides a cash benefit for a covered illness

Watch Video

Download Materials

- Pays a lump sum benefit to you for covered critical illnesses at first diagnosis.
- Includes: heart attack, stroke, cancer, advanced ALS, MS or Alzheimer's and many more including certain benefits for dreaded diseases like COVID.
- Pays you $50 per member per year for completing a listed Health Screening.
- You can also purchase coverage for your spouse and children.

Hospital Indemnity Insurance

Hospital Indemnity Insurance
which we call Hospital Cash Benefits, provides a cash benefit for each day you or your dependent has a hospital stay

Watch Video

Download Materials

- Provides a lump sum benefit when you are admitted or confined to the hospital (such as for maternity care, COVID treatments, in-patient surgeries, ICU visits etc.)
- 24 hour on and off-job coverage.
- Pays you $50 per member per year for completing a listed Health Screening.
- You can also purchase coverage for your spouse and children.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Medical, Limited, & Dependent Care

There are some expenses you know you will pay in the coming year: out-of-pocket expenses not covered by your medical, dental, and vision plans; or care for a child while you are at work. You normally pay these costs with after- tax income. However, Section 125 Plans (governed by the IRS) let you use your pretax dollars to pay for out-of-pocket health and dependent care expenses. The result is you pay less in taxes and increase your take home pay.

Link to Flex Account Rules & Regulations

Medical Flexible Spending Account

HSA participants are NOT eligible

The Medical FSA helps members pay for eligible health care expenses not paid by insurance. Money in this account can be used to pay for eligible expenses for you, your spouse, and your eligible dependents, even if they are not enrolled on your medical plan.

The contribution amount you elect at the beginning of the plan year cannot change throughout the year unless you have a qualifying event allowing you to do so. All the money will be available on the first day of the plan year even though it has not yet been withheld from your pay. Contributions will continue to be deducted from your paychecks over the entire year.

With a medical flex, you are either required to use all of your funds by the end of the plan year, or you may be allowed to roll over a small portion if unused. Please reference your district's specific plan details in the Options+ Private Exchange Enrollment System.

2026 Maximum Contributions

Medical/Limited FSA	$3,400 max
Dependent Care FSA	$7,500 max ($3,750 if married filing separately)

Limited Flexible Spending Account

ONLY HSA participants are eligible

The Limited FSA allows you, your spouse, and your eligible children reimbursement of qualified dental and vision expenses. You may choose to open a Limited FSA in order to maximize the savings potential of your HSA, or if you or your dependents have dental and/or vision expenses which exceed the amount you are allowed to contribute to an HSA. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. Like the regular Medical FSA, the IRS limits how much you can contribute each year and unused funds may be forfeited if unused.

Dependent Care Flexible Spending Account

The dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. The IRS limits how much you can contribute each year into a Dependent Care FSA. The "use it or lose it" rule also applies to Dependent Care FSA. You can be enrolled in both a Dependent Care FSA and HSA. Unlike the Medical and Limited FSAs, your contributions are not available until they have been deducted from your paycheck.

Helpful Links...

- FSA Resources
- Dependent Care Resources
- National Benefit Services Usefull Tools
- mynbsbenefits.com

NOTES

OSBA

OZARKS SCHOOLS BENEFITS ASSOCIATION

THANK YOU FOR YOUR BUSINESS!!

ACRISURE®

© Copyright 2026. Ozarks Schools Benefits Association OSBA. All rights reserved.

©2026

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