

2026

# Employee Benefits Guide



McDONALD COUNTY  
MISSOURI



# Helpful Resources

## Dental

Delta Dental  
Policy no. MO01240351  
www.DeltaDentalMO.com  
800-335-8266

## Life AD&D

The Standard  
Policy no. 174896  
www.standard.com  
800-628-9797

## Vision

The Standard  
Policy no. 174896  
www.standard.com/services  
800-877-7195

## Short Term

**Disability**  
The Standard  
Policy no. 174896  
www.standard.com  
800-628-9797

## Higginbotham Benefit Specialists-

Casey Chastain- 417-973-0819  
CChastain@Higginbotham.com

Jessica Schneider- 417-973-0806  
JSchneider@Higginbotham.com

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# Dental Coverage

Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Coverage is provided through **Delta Dental**.

## DPPO Plan

Two levels of benefits are available with the DPPO plan: in-network and out-of-network. You may see any dental provider for care, but you will pay less and get the highest level of benefits with in-network providers. You could pay more if you use an out-of-network provider.

## Find an In-Network Dentist

- Visit [www.DeltaDentalMO.com](http://www.DeltaDentalMO.com)
- Call 800-335-8266

Delta Dental PPO	
	In-Network <sup>1</sup>
<b>Calendar Year Deductible</b>	
• Individual	\$50
• Family	\$150
<b>Calendar Year Benefit Maximum</b>	
Per Individual	\$1,000
	You Pay
<b>Preventive Services</b>	
Exams, cleanings, bitewing x-rays, fluoride	\$0
<b>Basic Services</b>	
Fillings, emergency exams, sealant, simple extractions	20% after deductible
<b>Major Services</b>	
Crowns, bridges, endodontics, oral surgery	50% after deductible
<b>Orthodontia</b>	
To age 19	50% \$1,000 lifetime maximum

<sup>1</sup> Refer to your plan documents for out-of-network coverage.





# Vision Coverage

Our vision plan offers quality care to help preserve your health and eyesight. Regular exams can detect certain medical issues such as diabetes and high cholesterol, in addition to vision and eye problems. You may seek care from any vision provider, but the plan will pay the highest level of benefits when you see an in-network provider. Coverage is provided through **The Standard** using the VSP Provider network.

## Find an In-Network Vision Provider

- Visit [www.standard.com/services](http://www.standard.com/services)
- Call 1-800-877-7195

Vision Plan Summary		
	In-Network You Pay	Out-of-Network Reimbursement
<b>Exam</b>	\$10 copay	Up to \$45
<b>Lenses</b>		
• Single vision	\$25 copay	Up to \$30
• Lined bifocals	\$25 copay	Up to \$50
• Lined trifocals	\$25 copay	Up to \$65
• Lenticular	\$25 copay	Up to \$100
<b>Frames</b>	20% off balance over \$150 allowance	Up to \$70
<b>Contacts</b>		
In lieu of frames and lenses		N/A
• Fit and follow-up	Deducted from allowance	Up to \$105
• Elective	\$150 allowance	Up to \$210
• Medically necessary	\$25 copay	
Benefit Frequency		
<b>Exam</b>		Once every 12 months
<b>Lenses</b>		Once every 12 months
<b>Frames</b>		Once every 12 months
<b>Contacts</b>		Once every 12 months





# Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance through **The Standard** are important to your financial security, especially if others depend on you for support or vice versa. With Life insurance, you or your beneficiary(ies) can use the coverage to pay off debts, such as credit cards, loans, and bills. AD&D coverage provides specific benefits if an accident causes bodily harm or loss (e.g., the loss of a hand, foot, or eye). If death occurs from an accident, 100% of the AD&D benefit would be paid to you or your beneficiary(ies). Life and AD&D coverage amounts reduce by 35% at age 65 and to 50% at age 70.

## Basic Life and AD&D

Basic Life and AD&D insurance are provided at no cost to you if you are enrolled in the groups medical plan. You are automatically covered at \$20,000 for each benefit.

## Voluntary Life and AD&D

You may buy more Life and AD&D insurance for you and your eligible dependents. If you do not elect Voluntary Life and AD&D insurance when first eligible or if you want to increase your benefit amount at a later date, you may need to show proof of good health. You must elect Voluntary Life and AD&D coverage for yourself before you may elect coverage for your spouse or children. If you leave the company, you may be able to take the insurance with you.

Voluntary Life and AD&D	
<b>Employee</b>	<ul style="list-style-type: none"> <li>• Increments of \$10,000 up to \$500,000 (not to exceed 5 times basic annual salary)</li> <li>• Guaranteed Issue: \$150,000</li> </ul>
<b>Spouse</b>	<ul style="list-style-type: none"> <li>• Increments of \$5,000 up to \$100,000 (up to 100% of employee's benefit)</li> <li>• Guaranteed Issue: \$25,000</li> </ul>
<b>Child(ren)</b>	<ul style="list-style-type: none"> <li>• Increments of \$1k, \$2k, \$4k, \$5k or \$10k up to \$10,000 for dependent children older than 6 months</li> </ul>

Voluntary Life and AD&D Rates per \$1,000			
Employee and Spouse <sup>1</sup>			
Age	Rate	Age	Rate
<b>Under 30</b>	\$0.098	<b>50-54</b>	\$.399
<b>30-34</b>	\$.114	<b>55-59</b>	\$.599
<b>35-39</b>	\$.127	<b>60-64</b>	\$.857
<b>40-44</b>	\$.177	<b>65-69</b>	\$1.541
<b>45-49</b>	\$.261	<b>70+</b>	\$2.457
Child(ren) Monthly Premium:			
Per \$1,000		\$0.22	

## Designating a Beneficiary

A beneficiary is the person or entity you elect to receive the death benefits of your Life and AD&D insurance policies. You can name more than one beneficiary, and you can change beneficiaries at any time. If you name more than one beneficiary, you must identify how much each beneficiary will receive (e.g., 50% or 25%).



# Disability Insurance

Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. We provide Short Term Disability (STD) for you to purchase through **The Standard**.

## Short Term Disability

STD coverage pays a percentage of your weekly salary if you are temporarily disabled and unable to work due to an illness, pregnancy or non-work related injury. STD benefits are not payable if the disability is due to a job-related injury or illness. If a medical condition is job-related, it is considered Workers' Compensation, not STD.

Voluntary Short Term Disability			
Benefits Begin		8th day	
Percentage of Earnings You Receive		60%	
Maximum Weekly Benefit		\$1,000	
Maximum Benefit Period		90 days	
Rates per \$10 of Weekly Benefit			
Age	Rate	Age	Rate
0-29	\$0.549	50-54	\$0.040
30-39	\$0.560	55-59	\$1.040
40-44	\$0.572	60-64	\$1.096
45-49	\$0.685	65-99	\$1.232





# Employee Contributions

## Your Benefit Costs

Dental		
Employee	\$27.94	\$
EE + Spouse	\$57.17	
EE + Child(ren)	\$67.17	
EE + Family	\$104.26	
Vision		
Employee	\$9.34	\$
EE + Spouse	\$18.71	\$
EE + Child(ren)	\$15.84	\$
EE + Family	\$26.12	\$
Basic Life and AD&D		
Employee Only	Paid by McDonald County	\$0
Voluntary Life and AD&D		
Employee	See page 5 for rates	\$
Spouse		
Child(ren)		
Short Term Disability		
Short Term	See page 6 for rates	\$
Your Total Monthly Benefit Cost		\$



## Notes



## Notes

This brochure highlights the main features of the McDonald County Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should

there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. McDonald County reserves the right to change or discontinue its employee benefits plans at anytime.

