



MISSOURI AFFILIATED GOVERNMENTS INSURANCE CONSORTIUM



2025 Benefit Guide
McDonald County

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MAKING CHANGES TO YOUR BENEFITS

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent’s eligibility status
- Change in employment status for you or your dependents resulting in the loss / gain of coverage
- A significant change in the cost or coverage of your dependent’s benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the event to log on to website and make the change. Keep in mind, the changes you make must be directly related to the event.

At McDonald County, we are committed to providing a comprehensive and affordable benefits package to you and your family.

Review this guide to learn about your options so you can make the most of your McDonald County benefits. If you have any questions, feel free to reach out to Jessica Cole at [417.223.4662](tel:417.223.4662) or jcole@mcdonaldcountymissouri.gov.

BENEFITS OFFERED

- Medical

ELIGIBILITY AND ENROLLMENT

You are eligible to participate in McDonald County’s benefits if you are a full-time employee working at least 30 hours per week.

If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

You have 30 days from your hire date to log on to website and enroll. Your benefits begin on the first of the month following 60 days.

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.

MEDICAL AND PHARMACY

Administered by UMR

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 preventing screenings provide a no-cost review of your health if you use an in-network provider.

	\$4,500 PPO	\$6,000 PPO
	In-Network	In-Network
Lifetime Benefit Maximum	Unlimited	Unlimited
Annual Deductible	\$4,500 single / \$9,000 family	\$6,000 single / \$12,000 family
Annual Out-of-Pocket Maximum	\$7,000 single / \$14,000 family	\$8,150 single / \$16,300 family
Coinsurance	20%	10%
DOCTOR'S OFFICE		
Primary Care Office Visit	\$40 Copay (Under Age 19 \$0 Copay)	\$30 Copay (Under Age 19 \$0 Copay)
Specialist Office Visit	\$60 Copay	\$50 Copay
Wellness Care (screening, immunization)	0%	0%
Urgent Care	\$100 Copay	\$100 Copay
Diagnostic Test (x-ray, blood work)	Lab – Designated Network: Covered 100%; Network: 20% after deductible; X-ray: 20% after deductible	Lab – Designated Network: Covered 100%; Network: 10% after deductible; X-ray: 10% after deductible
Imaging (CT / PET scans, MRIs)	20% after deductible	10% after deductible
PRESCRIPTION DRUGS		
Retail—Tier 1 Drugs (30-day supply)	\$10 copay	\$10 copay
Retail—Tier 2 Drugs (30-day supply)	\$35 copay	\$35 copay
Retail—Tier 3 Drugs (30-day supply)	\$70 copay	\$70 copay
Retail—Tier 4 Drugs (30-day supply)	N/A	N/A
Specialty Drugs (30-day supply)	Tier 1, Tier 2, or Tier 3	Tier 1, Tier 2, or Tier 3
Mail Order—Tier 1 Drugs (90-day supply)	\$25 copay	\$25 copay
Mail Order—Tier 2 Drugs (90-day supply)	\$87.50 copay	\$87.50 copay
Mail Order—Tier 3 Drugs (90-day supply)	\$175 copay	\$175 copay
Mail Order—Tier 4 Drugs (90-day supply)	N/A	N/A
HOSPITAL SERVICES		
Emergency Room	\$300 copay and 20% coinsurance	\$300 copay and 10% coinsurance
Inpatient	20% after deductible	10% after deductible
Outpatient Surgery	20% after deductible	10% after deductible
Ambulance Service	20% after deductible	10% after deductible
MENTAL HEALTH SERVICES		
Inpatient Services	20% after deductible	10% after deductible
Outpatient Services	\$40 per visit 20% for Partial Hospitalization / Intensive Outpatient Treatment	\$30 per visit 10% for Partial Hospitalization / Intensive Outpatient Treatment
SUBSTANCE ABUSE SERVICES		
Inpatient Services	20% after deductible	10% after deductible
Outpatient Services	\$40 per visit 20% for Partial Hospitalization / Intensive Outpatient Treatment	\$30 per visit 10% for Partial Hospitalization / Intensive Outpatient Treatment
OTHER SERVICES		
Maternity Services	No Charge	No Charge
All other maternity hospital / physician services	20% after deductible	10% after deductible
Muscle Manipulation Services (20 visits per year)	100% first 3 visits then \$40 copay	100% first 3 visits then \$30 copay
Physical, Occupational and Speech Therapy Services (20 combined visits per year)	All other therapies \$40 per visit	All other therapies \$30 per visit
Skilled Nursing (60 days per year)	20% after deductible	10% after deductible

*Out-of-network emergency services are covered at the network benefit level.

MEDICAL AND PHARMACY- continued..

Administered by UMR

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 preventing screenings provide a no-cost review of your health if you use an in-network provider.

	\$6,000 HSA
	In-Network
Lifetime Benefit Maximum	Unlimited
Annual Deductible	\$6,000 person / \$12,000 family
Annual Out-of-Pocket Maximum	\$6,000 person / \$12,000 family
Coinsurance	0%
DOCTOR'S OFFICE	
Primary Care Office Visit	0% after Deductible
Specialist Office Visit	0% after Deductible
Wellness Care (screening, immunization)	0% after Deductible
Urgent Care	0% after Deductible
Diagnostic Test (x-ray, blood work)	0% after Deductible
Imaging (CT / PET scans, MRIs)	0% after Deductible
PRESCRIPTION DRUGS	
Retail—Tier 1 Drugs (30-day supply)	0% after Deductible
Retail—Tier 2 Drugs (30-day supply)	0% after Deductible
Retail—Tier 3 Drugs (30-day supply)	0% after Deductible
Retail—Tier 4 Drugs (30-day supply)	0% after Deductible
Specialty Drugs (30-day supply)	0% after Deductible
Mail Order—Tier 1 Drugs (90-day supply)	0% after Deductible
Mail Order—Tier 2 Drugs (90-day supply)	0% after Deductible
Mail Order—Tier 3 Drugs (90-day supply)	0% after Deductible
Mail Order—Tier 4 Drugs (90-day supply)	0% after Deductible
HOSPITAL SERVICES	
Emergency Room	0% after Deductible
Inpatient	0% after Deductible
Outpatient Surgery	0% after Deductible
Ambulance Service	0% after Deductible
MENTAL HEALTH SERVICES	
Inpatient Services	0% after Deductible
Outpatient Services	0% after Deductible
SUBSTANCE ABUSE SERVICES	
Inpatient Services	0% after Deductible
Outpatient Services	0% after Deductible
OTHER SERVICES	
Maternity Services	No Charge
All other maternity hospital / physician services	0% after Deductible
Muscle Manipulation Services (20 visits per year)	0% after Deductible
Physical, Occupational and Speech Therapy Services (20 combined visits per year)	0% after Deductible
Skilled Nursing (60 days per year)	0% after Deductible

*Out-of-network emergency services are covered at the network benefit level.



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Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.



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Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



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Teladoc is less expensive than the ER or urgent care



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- Allergies
- Pink eye
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- Sinus problems
- Skin problems
- And more

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Switch on your benefits!

Now that you have your member ID card, you're closer to getting the care you need, when you need it.



To activate your benefits, you can do one of the following:

- ✓ Log in or register at [umar.com](https://www.umar.com) or download the **UMR app**
- ✓ or Call **1-866-868-8234**

By activating your ID card, you can:

- Access your digital ID card on the go
- Look up in-network providers
- View your benefits and claim information
- Keep up with your health account balances

When you activate your card, you may be asked to:

- 1. Provide other insurance information**
Are you or other dependents covered under other medical insurance? We'll work with your other insurance to make sure your claims are paid correctly.
- 2. Set your paperless options**
Tired of searching through piles of paper? When you switch to paperless, the health care documents you need are always within reach.

If you have any questions, simply call the member services number on your ID card.

Welcome to a
smarter, simpler, faster
way to manage your health care benefits,
right from the palm of your hand.

UMR on the go!



The UMR app has a smart fresh look, simple navigation, and faster access to your health care benefits information. View your plan details on demand - anytime, anywhere.

With a single tap, you can:

- Access your digital ID card
- Look up in-network health care providers
- Find out if there's a co-pay for your upcoming appointment
- View your recent medical and dental claims
- Chat, call or message UMR's member support team



Download the UMR app today!

Simply scan the QR code or visit your app store to get started.



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EMPLOYEE CONTRIBUTIONS

EMPLOYEE CONTRIBUTIONS PER PAY PERIOD

BENEFIT PLAN	EMPLOYEE PER MONTH COST	
\$4,500 PPO	Without Wellness	Wellness Incentive
Employee	\$268.11	\$248.11
Employee + Spouse	\$1,254.70	\$1,234.70
Employee + Child(ren)	\$925.30	\$905.30
Family	\$2,051.17	\$2,031.17

BENEFIT PLAN	EMPLOYEE PER MONTH COST	
\$6,000 PPO	Without Wellness	Wellness Incentive
Employee	\$234.19	\$214.19
Employee + Spouse	\$1,185.04	\$1,165.04
Employee + Child(ren)	\$867.57	\$847.57
Family	\$1952.70	\$1,932.70

BENEFIT PLAN	EMPLOYEE PER MONTH COST	
\$6,000 HSA	Without Wellness	Wellness Incentive
Employee	\$101.76	\$81.76
Employee + Spouse	\$913.27	\$893.27
Employee + Child(ren)	\$642.32	\$622.32
Family	\$1,568.40	\$1,548.40

*All premiums are withheld a month in advance and the HSA Employer Contribution is deposited per pay period in the current month.



IMPORTANT CONTACTS

Coverage	Carrier	Phone Number	Website
Medical	UMR	800.826.9781	www.umar.com
Jessica Cole	McDonald County	417.223.4662	jcole@mcdonaldcountymissouri.gov



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This benefit guide prepared by



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