



Your Benefits

Effective January - December 2025

Getting started

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least **30 hours** per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse

You may cover your legal spouse.

Your children

Dependent children are eligible:

- **Medical, dental and vision:** until age 26 regardless of student or marital status
- **Child life insurance:** until age 26

Elections for 2025 will be captured in Employee Navigator. You can enroll through the online portal.

[Enroll now](#)



Enrolling in coverage

Your benefit plans are in effect January 1 – December 31 each year. In general, there are **three times** you can make benefit selections:

① When you're first eligible

Your benefits begin on the first day of the month following 30 days of employment; this is your **effective date**. Be sure to submit your selections within your first 30 days of employment. Your benefit selections will be in effect through December 31.

② At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from January – December of the following year unless you have a qualifying life event.

③ If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within 30 days of your life event (60 days for changes involving Medicaid eligibility). Documentation may be required.

Getting started

Helpful terms & resources



We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: *balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Referral/pre-authorization

Some specialty medical providers and services require a referral from a primary doctor. These may include – but are not limited to – cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).

Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Webster County, MO.

You can request a paper copy at no charge from:

County Clerk's Office
(417) 468-2223
clerk@webstercountymo.gov



How to handle medical bills (4:46)



[Download now](#)

Getting started

Contact information

Your advocate Julie Moore, is here to help you with claims, ID cards, coverage questions, and more!

1-417-414-6779
julie.moore@onedigital.com

Monday - Friday, 8am-4pm CST



Medical insurance	Cigna Group: TBD	1-866-494-2111 my.cigna.com
Emotional Health Support	Principal through Magellan Healthcare	1-800-424-4612
Dental insurance	Principal Group: 1181508	1-800-986-3343 www.principal.com
Vision insurance	Principal Group: 1181508	1-800-986-3343 www.principal.com
Life and AD&D insurance	Principal Group: 1181508	1-800-986-3343 www.principal.com
Enrollment Portal	Employee Navigator Group: Webster County	www.employeenavigator.com

Medical insurance

Mental health support

Select from three medical options through UnitedHealthCare (UHC).

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your **annual maximum cost for care** (out-of-pocket maximum).



	Base - \$5,000 HSA	Mid - \$2,500 PPO	Buy Up - \$1,500 PPO
In-network care	See plan details	See plan details	See plan details
Network name:	Core Essential (Cox & Mercy)	Choice Plus (Cox & Mercy)	Choice Plus (Cox & Mercy)
Annual Deductible (DED)	\$5,000 per person \$10,000 family max	\$2,500 per person \$5,000 family max	\$1,500 single coverage \$3,000 with dependents
Out-of-pocket maximum	\$6,050 per person \$12,100 family max	\$6,500 per person \$13,000 family max	\$4,000 per person \$8,000 family max
Pre-tax account availability	Health Savings Account (HSA)	Does Not Apply	Does Not Apply
Preventive care	100% covered	100% covered	100% covered
Primary care visit	DED then you pay 0%	\$25 copay	\$15 copay
Specialist visit	DED then you pay 0%	\$100 copay	\$75 copay
Telehealth visit	DED then you pay 0%	Same as office copay	Same as office copay
Virtual Visits*	DED then you pay 0%	Same as office copay	Same as office copay
Urgent care	DED then you pay 0%	\$50 copay	\$25 copay
Emergency room	DED then you pay 0%	\$250 copay	\$300 + DED then you pay 20%
Inpatient hospital care	DED then you pay 0%	DED then you pay 20%	DED then you pay 20%
Prescription drugs	(30 days 90 days)	(30 days 90 days)	(30 days 90 days)
RX Deductible	Medical Deductible Applies	Deductible Does Not Apply	Deductible Does Not Apply
Generic	\$10 copay \$25 copay	\$5 copay \$13 copay	\$15 copay [^] \$38 copay [^]
Preferred brand	\$35 copay \$88 copay	\$50 copay \$125 copay	\$40 copay [^] \$100 copay [^]
Non-preferred brand	\$60 copay \$150 copay	\$100 copay \$250 copay	\$75 copay [^] \$188 copay [^]
Speciality	DED then you pay 0%	\$250 copay Not Covered	DED then you pay 20%
Out-of-network care		Balance billing applies	Balance billing applies
Annual deductible	Not covered	\$5,000 / \$10,000	\$5,000 / \$10,000
Out-of-pocket maximum		\$10,000 / \$20,000	\$10,000 / \$20,000
Your cost for coverage	Per paycheck	Per paycheck	Per paycheck
Employee only	\$15.00	\$23.19	\$38.93
Employee + Spouse	\$219.08	\$312.87	\$344.35
Employee + Child(ren)	\$157.85	\$225.97	\$252.72
Employee + Family	\$402.74	\$573.59	\$619.24

*Available when delivered through a UHC Designated Virtual Network Provider.

[See your plan documents for out-of-network benefits.](#)

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Health Savings Account (HSA)

An HSA through vendor is paired with a High Deductible Health Plan (HDHP).

Save pre-tax money for health care expenses – or retirement!

Contributions

Webster County contributes to your Health Savings Account (HSA) when you elect the HDHP medical plan and meet IRS eligibility requirements.

You may also contribute tax-free funds to save for current and future health expenses:

	If you cover yourself only	If you cover dependents
Webster County contributes up to:	\$154.85	\$154.85
You may also contribute:	\$2,441.80	\$6,691.80
2025 IRS maximum contribution	\$4,300	\$8,550

55 or older? You can contribute an extra **\$1,000** per year in catch-up contributions.

Eligibility

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- be enrolled in the Base – \$5,000 HSA plan,
- not be covered under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- not be anyone else's tax dependent, and
- not be eligible for or enrolled in Medicare A or B, Medicaid, Tricare, or VA benefits.



HSA funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is **always yours** and available for qualified health care expenses – even if you change jobs or health plans. Before retirement, any funds used for non-healthcare expenses are subject to tax penalties. **Keep your receipts!**

Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free, and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties.



Learn how HSAs can help you save for today and tomorrow.



Total wellbeing: caring for all of you

Support for your health, finances, and life.

Telehealth: virtual health care that fits your schedule

[See plan details](#)

Access quality care in the convenience of your own home, on your lunch break, or on the way to your child's soccer game!

Whether it's a nagging cough, middle-of-the-night fever, or a suspicious-looking mole or rash — telehealth through VENDOR is here when you need it. Connect with a board-certified physician 24 hours a day, 7 days a week.

Your cost per visit depends on your medical plan:

Base - \$5,000 HSA	Mid - \$2,500 PPO	Buy Up - \$1,500 PPO
\$55 office visit	\$25 copay	\$15 copay

The recipe to living well

There are **five** ingredients to wellbeing — each is just as important as the others:



Social & Emotional

Healthy, supportive relationships with family, friends, and most importantly, yourself. Effectively managing feelings and emotions and practicing healthy ways to manage stress and adapt to challenges



Physical

Having good health and the energy to perform your job life outside of work, such as spending time with family and friends, or participating in activities you enjoy. Think of physical wellbeing as nutrition, staying hydrated, getting rest, avoiding illness through vaccines, preventive screenings, and following doctors' orders!



Financial

The ability to effectively understand and plan for day-to-day expenses, short-term, and long-term goals, like paying back student loans, saving for a house, sending children to college, retirement, or caring for aging family members



Purpose

Connection to your passion, the reason you get out of bed every day.



Community

Feeling connected to where you live, work and play through activities such as volunteering and mentoring.



Mental health care is essential health care.

Managing work, family, relationships, and finances can be tough.

Our Emotional Health Support (EHS) provides you and your family with no-cost, confidential assistance with all things related to your life. 24/7/365.

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Emotional Health Support (EHS)

Care for your mind – and your life – with support through Principal in partnership with Magellan Healthcare.

Confidential care designed for all that life brings.

Everyone needs support sometimes (even superheroes)

Our Emotional Health Support (EHS) is a confidential service with access to guidance and resources **at no cost** for:

- Connect with a licensed mental health professional,
- resources for a child struggling with loneliness or difficult situations,
- access to resources to promote healthy coping,
- resources for burnout, stress, grief/loss, or parenting

Essentially, our EHS is here for you.

Access support over the phone. 24/7/365.



24/7/365 access to care.

1-800-424-4612

[See plan details](#)

EHS features:

- **Confidential.** No one at Webster County will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EHS is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EHS services at no cost.

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Dental insurance

Your dental coverage is through Principal.

You'll get in-network preventive care at 100% along with coverage for basic and major dental services.

Orthodontic care is not covered.



[Learn about dental care categories](#)

	Base plan	
	See plan details	
Network name:	National PPO	
	In-network	Out-of-network
Annual Deductible (DED)	\$50 per person \$150 family max	\$50 per person \$150 family max
Annual maximum benefit	\$1,000 per person	\$1,000 per person
Preventive care	100% covered	
Basic care	DED then you pay 20%	DED then you pay 20%
Major care	DED then you pay 50%	DED then you pay 50%
Orthodontic care	Not covered	
Coverage	Not covered	
Lifetime max benefit	N/A	
Your cost for coverage	Per paycheck	
Employee only	\$14.59	
Employee + Spouse	\$29.77	
Employee + Child(ren)	\$31.38	
Employee + Family	\$47.69	



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

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Vision insurance

Your vision coverage is through Principal.

You'll get an annual exam with coverage for lenses and frames, or **contacts in lieu of glasses**.



	Vision plan See plan details	
Network name:	VSP Choice	
	In-network	Non-network (reimbursement)
Annual eye exam (every 12 months)	\$10 copay	Up to \$45
Materials copay (lenses & frames)	\$25 copay	N/A
Lenses (every 12 months)	Included in materials copay for single, bifocal, trifocal, and lenticular	Up to \$30 / \$50 / \$65 / \$100
Frames (every 24 months)	\$200 allowance; 20% off remaining balance	Up to \$70
Contact lenses (every 12 months)	Elective: \$200 allowance with up to \$60 copay on fitting and evaluation Med. nec: 100% covered after \$25 copay	Elective: Up to \$105 Med. nec: up to \$210
Your cost for coverage	Per paycheck	
Employee only	\$3.66	
Employee + Spouse	\$6.40	
Employee + Child(ren)	\$6.95	
Employee + Family	\$10.61	

Your vision plan covers either glasses (lenses and frames) **or** contact lenses each year. If you receive contact lenses, they will be instead of your glasses benefit.

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Life and AD&D insurance

Financial peace of mind through Principal.

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.



Basic life and AD&D insurance

[See plan details](#)

Webster County provides life and AD&D insurance at no cost to you.

	Basic life	Basic AD&D
Webster County provides	\$25,000	\$25,000

Life and AD&D amount will reduce by 35% at age 65 and 50% at age 70.

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

Additional life and AD&D insurance

[See plan details](#)

[See rate details](#)

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For child(ren)
Coverage increments	\$10,000	\$5,000	\$2,000, \$3,000, \$4,000, \$5,000, or \$10,000
Coverage maximum	\$500,000	\$200,000	\$10,000
Medical question limit	Unger age 70: \$150,000 Age 70+: \$10,000	Unger age 70: \$30,000 Age 70+: \$10,000	Does not apply

What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

You can increase coverage for yourself and dependents annually during open enrollment by two increments to the policy maximum without medical questions.

Medical questions and approval will be required for all future increase and purchase requests.

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2025 benefits