

2024 EMPLOYEE BENEFITS GUIDE



Welcome

We know your health is important to you, and it is important to us, too. That's why we are committed to providing you and your family a strong benefits package. The information in this booklet provides an overview of your 2024 benefits package to help you in making the choices that best meet your individual and family's needs. You have the power - take your health into your own hands through the offerings available to you. We encourage you to read this guide carefully and go online to complete enrollment through [KASB Employee Benefit Solutions](#).

New this year – USD 385 will be making a move to Gravie as our medical carrier. The Gravie plans utilize the Aetna ASA Network. This change to Gravie will come with many enhancements to your experience, which you will find in the following pages. The School Board has agreed to keep the contribution to the medical plans the same this year. Most plans will see a slight decrease to payroll deductions. The dental plan payroll deductions increased slightly. Please continue to take a more thoughtful approach to how you utilize your benefits in effort to keep our costs low and benefits high.

An annual open enrollment period is announced each fall, in which eligible employees can make certain coverage elections and/or changes. **New Employees:** If you're enrolling mid-year, the benefits you selected during new employee processing will remain in effect until December 31st. Be sure to participate in the district-wide open enrollment for the next year's benefits when it is held in October.

2024 Open Enrollment is October 2, 2023 - October 13, 2023

How to Enroll



Instructions for online enrollment through KASB Employee Benefit Solutions

How to Access the Employee Benefit Solutions Login Portal

- Open the following URL <https://www.kasbebs.org>
- You have now accessed Employee Benefit Solution's homepage
- Your username will be your social security number
- Your PIN will be the last four of your social security number and the last two of your birth year.

Once you have logged in, our Virtual Assistant, Alec, will guide you through each step of the enrollment process.

Eligibility

Who is Eligible?

Employees - Regularly scheduled to work at least 30 hours per week. Coverage is effective first of the month following the first 30 days of employment.

Dependents - As an employee eligible to enroll in the group insurance plans, you may elect certain options for your dependents. Eligible dependents include:

- Your legal spouse
- Your dependent child or step child up to age 26
- Any child placed with you for adoption or for whom you have legal guardianship
- Any unmarried, disabled child of any age who resides with you, medically certified as disabled prior to his/her 26th birthday and primarily dependent upon you for support
- Any eligible child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO) or other court or administrative order – even if the child does not reside with you

Qualifying events as defined by law:

After your initial eligibility date and other than the annual open enrollment period, you may only change your benefit elections and covered dependents within 30 days following a qualifying event such as:

- Birth or adoption of a child
- Marriage, legal separation, annulment, or divorce
- Death of spouse and/or dependent
- Dependent's loss of eligibility
- Termination or loss of coverage due to a reduction in hours

You must notify HR within 30 days of the event.

Healthcare Reform Exchanges:

- If you are eligible for benefits at Andover Public Schools and buy coverage through a Federal or State Exchange — you and your family will not qualify for a subsidy through the Exchange.
- Federal and State Medicaid programs offer low cost or free medical coverage to individuals and families with limited incomes. Your eligibility will depend on your state, income, and family size. For more info visit: www.healthcare.gov.

IMPORTANT:

Classified employees working less than 12 months per year will be required to remain on the plan during the summer months and you will pre-pay for these months of coverage through payroll deduction.

The district will continue to contribute to all tiers during months when they are not scheduled to work. You will only be responsible for the employee portion of the premiums.

For classified employees taking the \$120-month salary in lieu of health insurance, please note that due to the health care reform, proof of employer-sponsored group health insurance will be required during open enrollment in order for your salary in lieu payments to continue. Aid provided by the State of Kansas (KanCare), Medicare, and Medicaid are considered individual plans and are not eligible for the salary in lieu benefit.

While you may request a paper copy of important legal notices about your benefits, rights, and responsibilities, you can also access these electronically on our website. Please contact Human Resources if you have any questions.

Medical/Rx

Gravie – Aetna Network - Aetna Signature Administrators (ASA)

855.451.8365 | www.gravie.com

Medical Coverage	Option A	Option B	Option C	Option D - HSA Eligible
Network Benefit Period	BlueChoice January 1 - December 31			
Deductible (Individual Family)	\$1,500 \$3,000	\$3,000 \$6,000	\$5,000 \$10,000	\$5,000 \$10,000
Coinsurance (Plan Member)	80% 20%	80% 20%	100% 0%	100% 0%
Maximum Out-of-Pocket (Individual Family)	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000
HSA Qualified Plan	No	No	No	Yes
Referrals Required	No	No	No	No
Office Visit (Primary Specialist)	\$10 \$50	\$10 \$50	\$10 \$50	No Cost after Deductible
Telehealth (Teladoc) Visit	\$0	\$0	\$0	No Cost after Deductible
Preventive Care	Covered 100%, no Deductible			
Urgent Care	\$40, then 20%	\$40, then 20%	\$40	No Cost after Deductible
Emergency Room	\$200, then 20%	\$200, then 20%	\$200	No Cost after Deductible
Outpatient Diagnostic Lab	20% after Deductible	20% after Deductible	No Cost after Deductible	No Cost after Deductible
Outpatient Diagnostic X-Ray & Advanced Imaging	20% after Deductible	20% after Deductible	No Cost after Deductible	No Cost after Deductible
Routine Vision Exam 1 visit every 12 months	Covered 100% no Deductible			No Cost after Deductible
Inpatient Hospital & Outpatient Facility	20% after Deductible	20% after Deductible	No Cost after Deductible	No Cost after Deductible
Outpatient Mental Health & Substance Abuse	\$10 copay	\$10 copay	\$10 copay	No Cost after Deductible
Inpatient Mental Health & Substance Abuse	20% after Deductible	20% after Deductible	No Cost after Deductible	No Cost after Deductible
Drug (Rx) Coverage	Option A Rx	Option B Rx	Option C Rx	Option D Rx
ResultsRx Formulary	Mandatory generic and Designated Pharmacy use required			
Rx Deductible (Individual Family)	No Deductible	No Deductible	No Deductible	Medical Deductible Applies
Tier 1 (Retail Mail Order)	\$20 \$50	\$20 \$50	\$20 \$50	No Cost after Deductible
Tier 2 (Retail Mail Order)	\$40 \$100	\$40 \$100	\$40 \$100	No Cost after Deductible
Tier 3 (Retail Mail Order)	\$70 \$175	\$70 \$175	\$70 \$175	No Cost after Deductible
Specialty	20% up to \$80	20% up to \$80	20% up to \$80	No Cost after Deductible

IMPORTANT NOTE—Option D requires all services to be paid by the member up to the Deductible amount before the plan begins to pay for services. Please review page 11 for information on the Health Savings Account (HSA) that can help save for these costs in a tax free account.

Medical/Rx Rates

Medical Monthly Cost January 1, 2024 - December 31, 2024

	Enrollment Tier	Total Premium	Employer Contribution (What the District Pays)	Employee Contribution (What YOU Pay)
\$1,500 Ded. Option A	Employee Only	\$545.05	\$450.00	\$95.05
	Employee + Spouse	\$1,019.24	\$600.00	\$419.24
	Employee + Child(ren)	\$997.44	\$600.00	\$397.44
	Employee + Family	\$1,542.50	\$750.00	\$792.50
\$3,000 Ded. Option B	Employee Only	\$521.45	\$450.00	\$71.45
	Employee + Spouse	\$975.12	\$600.00	\$375.12
	Employee + Child(ren)	\$954.25	\$600.00	\$354.25
	Employee + Family	\$1,475.70	\$750.00	\$725.70
\$5,000 Ded. Option C	Employee Only	\$509.52	\$450.00	\$59.52
	Employee + Spouse	\$952.78	\$600.00	\$352.78
	Employee + Child(ren)	\$932.40	\$600.00	\$332.40
	Employee + Family	\$1,441.91	\$750.00	\$691.91
\$5,000 Ded. Option D (HSA)	Employee Only	\$488.91	\$450.00	\$38.91
	Employee + Spouse	\$914.26	\$600.00	\$314.26
	Employee + Child(ren)	\$894.71	\$600.00	\$294.71
	Employee + Family	\$1,383.62	\$750.00	\$633.62

IMPORTANT NOTE—Option D requires all services to be paid by the member up to the Deductible amount before the plan begins to pay for services. Please review page 11 for information on the Health Savings Account (HSA) that can help save for these costs in a tax free account.

REMINDERS:

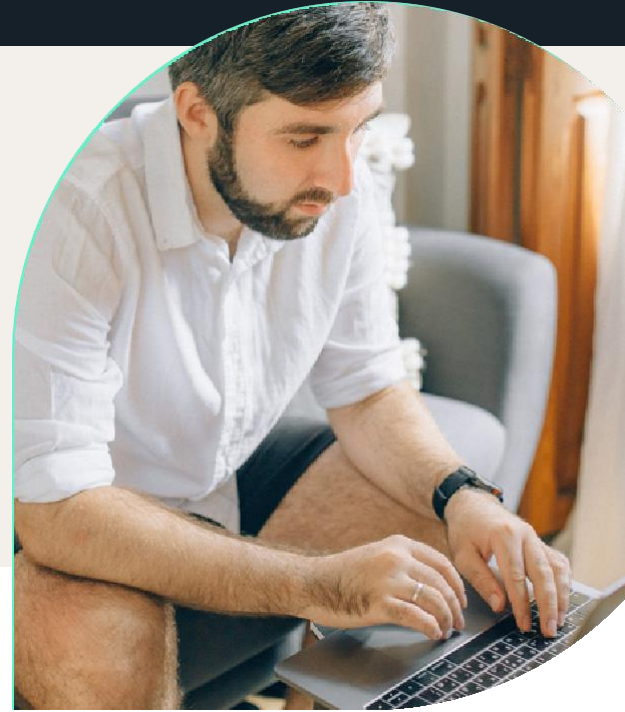
Classified employees who work less than 12 months are required to remain on all elected benefit plans during the summer months and pre-pay for the months of coverage through payroll deduction. The district will continue to contribute to all tiers during months when they are not scheduled to work. You will only be responsible for the employee portion of the premiums.

For classified employees taking the \$120-month salary in lieu of health insurance, please note that due to the health care reform, proof of employer-sponsored group health insurance will be required during open enrollment in order for your salary in lieu payments to continue. Aid provided by the State of Kansas (KanCare), Medicare, and Medicaid are considered individual plans and are not eligible for the salary in lieu benefit.



Gravie health plan members have access to virtual care — including general medical, dermatology, and mental health — through Teladoc Health, the world leader in whole person virtual care.

For many Gravie health plan members, these services are included at no additional cost. Check your benefits summary for more information.



General Medical

24/7 access to virtual care for a broad range of everyday health issues. With access to board-certified doctors anytime, anywhere, you can avoid unnecessary trips to the doctor’s office and costly visits to the ER. Schedule an appointment or choose to talk to a provider right away.

Treatment for a wide range of everyday conditions:

- Flu
- Sinus problems
- Upper respiratory infection
- Pink eye
- Bronchitis
- Nasal congestion
- Sore throat
- Seasonal allergies
- Cold
- Arthritis
- Rash/poison ivy

24/7

access to care by web, phone, or mobile app

90%

satisfaction rate

92%

resolution rate on first visit

How it works:

01 | Initiate

Initiate contact through Teladoc’s app, website or by phone

02 | Request

Request an immediate visit or schedule a visit at a preferred time

03 | Visit

Visit with the physician via phone or video

04 | Resolve

Physician posts a visit summary to your file and sends RX to your pharmacy if necessary

The Network

Gravie partners with Aetna Signature Administrators to provide broad access to quality coverage.



Aetna Signature Administrators offers one of the nation's leading Preferred Provider Organizations (PPO) — a network of physicians, clinics, hospitals, and other health care providers who have agreed to deliver quality, cost-effective health care services.



Remember, staying in-network is important for avoiding any unexpected charges.

Before receiving care, you can easily search for doctors, specialists, clinics, and more. All you need to do click the link here to access the provider search now: [Provider Search - Home \(aetna.com\)](#)



Traveling? We've got you covered.

Wherever you go in the US, you'll have access to a broad PPO network. For details on your travel coverage, contact Gravie Care.



Your generic drugs are 100% covered.

For preferred brand, non-preferred brand, and specialty drugs you'll want to look up and verify how your prescriptions are classified to confirm how you'll be billed. To review the prescription list click the link below: [Prescription Search](#)



With the Aetna Signature Administrators PPO network, you'll have access to:

- Over 1.2 million participating doctors
- 8,700 hospitals
- Competitive discounts



Health benefits just got a whole lot easier.

Let's face it, the health insurance industry has a bad rap when it comes to customer service. Complicated bills, long wait times, and confusing jargon . . . we all avoid it if we can.

Gravie is changing the narrative. We believe that health benefits are only effective when members understand how to use them, which is why Gravie Care is included with every plan.

Proactive

The Gravie Care team goes beyond fielding phone calls and answering questions — anticipating members' needs, helping resolve issues before or as they arise, and closing cases in record time. Gravie equips brokers with relevant tools and reporting to help employers and their employees stay informed and supported throughout the year.

Exceptionally useful

Today's consumers expect more from their service providers. Gravie Care offers an exceptional recruitment and retention tool for employers with a service that exceeds employees' expectations about their health benefits. With licensed insurance experts on speed dial, every employee will have access to helpful support when they have questions about bills, costs, network coverage, and beyond.

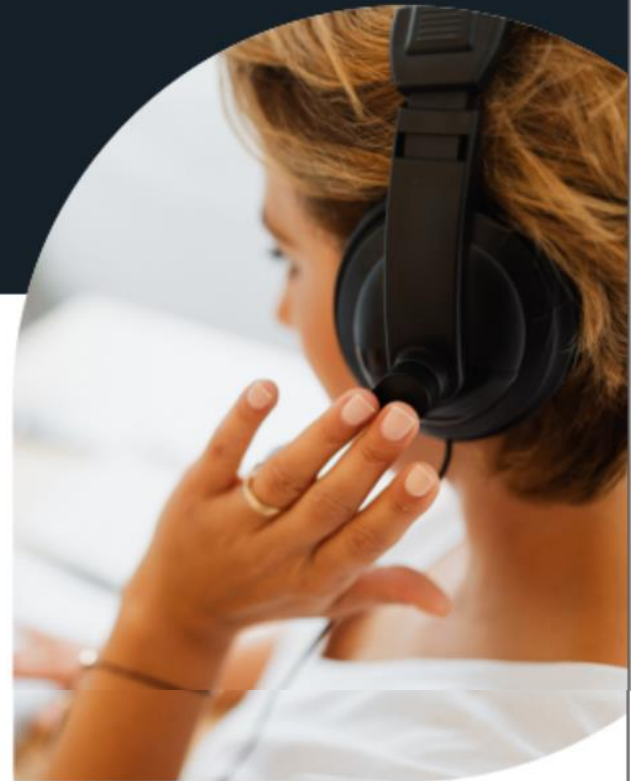
Simply, better

95% Gravie Care satisfaction

Gravie's Customer Satisfaction Score is 95% compared to the industry average of 74%.

"The customer service is definitely better with Gravie versus your mainstream carrier."

Gravie Member



Gravie Care advisors help you evaluate plan options, verify network coverage, locate providers, decipher EOBs and bills, and so much more.

You are just a phone call or secure message away from someone who's on your side, willing to go the extra mile to help you make the most of your health plan year-round.

Call:
855.451.8365

Secure message:
member.gravie.com/contact

Health Savings Account

Equity Bank – HSA Administrator

316-733-5041 | www.equitybank.com

USD 385 will continue to allow individuals signing up for HSA (Health Savings Account) when choosing Medical Plan D - High Deductible Plan. We have partnered with Equity Bank to become our HSA Administrator. This will allow us to payroll deduct your contribution pre-tax. During Open Enrollment, you will have the opportunity to elect your HSA contribution.

How the HSA Works:

- The Health Savings Account (HSA) allows you to save money on a pre-tax basis to cover eligible medical, dental, and vision expenses.
- You decide how much you want to contribute to your account each year (up to the maximum annual amounts), and then an equal portion of your annual election will be deducted from your gross pay (before Federal, State, and Social Security taxes are taken out).

HSA Annual Contribution Maximums:

- The 2024 plan year annual maximum, per person, is \$4,150. A family's annual maximum contribution amount is \$8,300.
- Employees Age 55 or older may contribute an additional 'catch-up' amount of \$1,000 per year.

HSA FREQUENTLY ASKED QUESTIONS

1. Who can have an HSA?

The individual must be:

- covered by a QHDHP (Option D)
- not covered under other health insurance
- not enrolled in Medicare
- not another person's dependent
- without an FSA* or spouse with an FSA* (*non-Limited Purpose)

For a full list of eligibility requirements, please go to:
<https://www.irs.gov/publications/p969/ar02.html>

2. What are some examples of HSA qualifying expenses?

HSA qualifying expenses include doctor office visits, prescription drugs, eye exams, glasses, contact lenses, chiropractor visits, laser eye surgery, and orthodontia, to name a few. There are many more eligible items you can pay for with HSA money.

3. Does it cost to have a Health Savings Account?

There is an administration fee of \$2.50 that will be deducted from your account each month.

4. Do I need to keep any records when I use my HSA?

Although your HSA administrator does not request receipts to validate the use of the HSA for you, it is a good idea to keep your own records. It is your responsibility to track the use of your HSA account and you may be required to show proof of your expenditures to the IRS. We recommend you designate a place to store all your receipts so they are available when you need them.

5. What if I do not use all of the money in my HSA by the end of the plan year?

All the money deposited in your HSA, but not spent during the year, rolls over to the next year. HSA's do not have a "use or lose it" provision. You have the option of accumulating money in your HSA to pay for future eligible expenses and never pay taxes on the money.

Please Note:

By selecting the HDHP & Health Savings Account (HSA) you may not participate in the Flexible Spending Account.

Dental

Delta Dental of Kansas - Delta Dental Premier and PPO Networks

800-234-3375 | www.deltadentalks.com

We are excited to continue offering our dental benefits through Delta Dental of Kansas as a way to keep your health and wellness a priority. You are free to go to any dentist of your choice; however, there may be a difference in the amount of payment if the dentist is not a Delta Dental participating dentist. It is to your advantage to choose a Delta Dental PPO or Delta Dental Premier dentist.

Dental Coverage	In-network Benefit Overview
Network	Delta Dental Premier and PPO Network
Benefit Period	Calendar Year
Deductible (Individual Family)	\$50 \$150
Deductible Applies To	Type II & III
Maximum Benefit(s) Per Person	\$1,500
Type I - Diagnostic & Preventive Services	Covered 100%, no Deductible
Type II - Basic Services	20% after Deductible
Type III - Major Services	50% after Deductible
Orthodontics	Not Covered
Unlimited Cleanings Program	Unlimited cleanings program allows coverage for both regular cleanings and periodontal maintenance cleanings at an unlimited frequency. Your underlying contract applies with the exception of the frequency limitations on the dental codes/services : D1110, D1120, D4910.
Right Start 4 Kids (RS4K)	Children, age twelve (12) and under, receive coverage at 100% for all services covered under the plan. Not subject to deductible, but plan's annual maximum and frequencies/limitations apply. Excludes orthodontics. Must see a Participating Premier or PPO Dentist or the plan's underlying contract applies including waiting periods, deductibles and coinsurance levels.

Monthly Dental Cost

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$33.21	\$65.72	\$65.95	\$111.72

Vision - Comprehensive

Surency Vision

866-818-8805 | www.surency.com

Option 1 - Comprehensive Plan	In-network Benefit Overview
Network	Access E
Frequency	Once per Calendar Year
Eye Exam Copay (with Dilation as Necessary)	\$10
Retinal Imaging Copay	\$39
Contact Lens Fit & Follow-up	Standard: \$0 copay Premium: \$55 Allowance
Frames	\$130 Allowance, 20% off balance
Standard Plastic Lenses Copay	\$25

Lens Options

Standard Polycarbonate (Adult Dependent under 19)	\$40 \$0
UV Coating	\$15
Tint (Solid & Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Anti-Reflective Coating	\$45
Standard Progressive	\$90 Copay
Premium Progressive	\$90 Copay, \$120 Allowance, 20% off balance
Non-covered items	20% off Retail Price

Contact Lenses

Contact lens allowance includes materials only. Allowance not available if eyeglass lenses are elected.

Conventional	\$130 Allowance, 15% off Balance Over \$130
Disposable	\$130 Allowance
Medically Necessary	\$0

Monthly Vision Cost - Comprehensive Plan

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$10.63	\$22.33	\$19.15	\$35.81

Vision - Materials Only

Surency Vision

866-818-8805 | www.surency.com

Option 2 - Materials Only Plan	In-network Benefit Overview
Network	Access E
Frequency	Once per Calendar Year
Frames, Lenses & Options Package	\$200 Allowance, 20% off balance over \$200
Contact Lenses (in lieu of frames, lenses & options package above)	
Conventional & Disposable	\$200 Allowance
Medically Necessary	\$0
Additional Pairs Benefit	40% off additional pair of eyeglasses or sunglasses
Laser Vision Correction	15% off retail price or 5% off promotional price

Monthly Vision Cost - Materials Only Plan

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$9.79	\$20.53	\$17.60	\$34.23

Flexible Spending Accounts

Surency Flex

866-818-8805 | www.surency.com

A Flexible Spending Account (FSA) lets employees take home a larger paycheck by reducing their taxable income. Employees enrolled contribute tax-free dollars into an account that can be used throughout the year on qualified medical, dental and vision or qualified dependent care expenses — reducing out-of-pocket costs. **We offer two different types of accounts:**

Health Care FSA is a plan designed to help you budget and save for qualified health expenses incurred over the course of the plan year. Dollars in an FSA are tax-free which makes an FSA a great tool for saving money, especially when big expenses are anticipated. Please note – you can not have a Health Care FSA if you or a spouse has a Health Savings Account (HSA).

- **Projected 2024 IRS maximum contribution limit is \$3,300**
- The amount you elect is available to you the first day of the plan year

Dependent Care FSA is a plan that lets participants save money on day care expenses for children up to age 13 or a disabled spouse or dependent of any age. Many of the same general rules that apply to a medical FSA also apply to dependent care accounts. However, there are some important differences between the two types of accounts. For dependent care FSA:

- **IRS maximum contribution limit is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if married filing separately**
- The money in a dependent care FSA is not available until it has been deposited by the employee, and dependent care expenses cannot be reimbursed until they are incurred

Important things to keep in mind:

- IRS requires you to enroll annually, if you do not elect to enroll/re-enroll then you will not be able to participate until the next open enrollment opportunity.
- If you have funds in your medical FSA at the end of the year, you might consider scheduling a check-up, dental cleaning or similar appointment before the end of the year in order to use up leftover funds before they are lost.

Visit www.surency.com for:

- Eligible expense list
- Estimated savings calculator
- View account activity
- Customer service & resources
- Forms
- And much more!

Permanent Life Insurance

US Alliance

866-953-4675 | www.usalliancelife.com

When the unexpected happens, permanent life insurance will help your family stay financially stable. We are now offering Permanent Life Insurance coverage through US Alliance. You will see rates specific to you when enrolling online through KASB Employee Benefit Solutions.

The loss of a loved one is always emotionally draining. Permanent life coverage ensures it is not financially draining as well.

Permanent life insurance coverage allows you to:

- Retain life long insurance
- Retain fixed premiums and death benefits
- Retain coverage when you leave work
- Coverage available for your entire family
- Three coverage amounts to select from

Employer sponsored life insurance is the quickest and most convenient way to secure coverage.

Permanent life insurance coverage is easy:

- Simple application
- Minimal underwriting
- Convenient payroll deduction
- Rate based on age
- Peace of mind for everyone in your family

**The Value
of
Being Prepared**



**Safeguarding your family's future should be as uncomplicated
as our Midwestern way of life!**

Life and AD&D

Guardian

888-600-1600 | www.guardiananytime.com

Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	<u>35%</u> at age 70, <u>55%</u> at age 75, <u>70%</u> at age 80, <u>80%</u> at age 85
Employee Benefit	\$10,000 increments to a maximum of \$150,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse Benefit	\$5,000 increment to a maximum of \$50,000. See Cost Illustration page for details.
Child Benefit: Age 14 days to 23 years (25 if full time student)	\$1,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Employee \$150,000 Spouse \$50,000 Dependent children \$10,000
Premiums	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met

Short-Term Disability

Guardian

888-600-1600 | www.guardiananytime.com

Short-Term Disability Plan Monthly Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses. To help you assess your needs, you can also go to Guardian Anytime and view a video:

<https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/disability>

Coverage amount	60% of salary to maximum \$1500/week
Maximum payment period: Maximum length of time you can receive disability benefits.	24 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 15
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 15
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	\$1500 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	30 hours per week
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00566110

Accident

Guardian

888-600-1600 | www.guardiananytime.com

Accident Coverage	On and Off Job
Portability: Allows you to take your Accident coverage with you if you terminate employment	Included
Accidental Death and Dismemberment	
Benefit Amount	Employee \$50,000 Spouse \$10,000 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment: Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment: Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodations to Home or Vehicle	\$2,500
Wellness Benefit: Per Year Limit	\$75
Child(ren) Age Limits	Children age birth to 26 years
Rainy Day Fund	Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800

See Benefit Summary for full list of per treatment benefits

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$16.20	\$23.16	\$30.90	\$37.86

Critical Illness

Guardian

888-600-1600 | www.guardiananytime.com

	1st Occurrence	2nd Occurrence
Cancer		
Invasive Cancer Carcinoma	100%	100%
In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	100%
Kidney Failure	100%	100%
Spouse Benefit	May Choose a lump sum benefit up to \$20,000. Please see your cost illustration for a full list of available benefit amounts.	
Child Benefit: Children age Birth to 26 years	25% of employee's lump sum benefit	
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	50% at age 70	
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We guarantee Issue up to: \$20,000 For a Spouse: \$20,000 For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue.	
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included	
Pre-Existing Condition Limitation: A Pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 month prior, 12 months after	
Wellness Benefit: Per year limit	Employee: \$50 Spouse: \$50 Child: \$50	

Hospital Indemnity

Guardian

888-600-1600 | www.guardiananytime.com

Benefits	
Hospital/ICU Admission	\$500 per admission. Limited to 1 admission per insured and 3 admissions per covered family per benefit year.
Hospital/ICU Confinement	\$250 per day. Limited to 30 days per insured per benefit year.
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment or took prescribed drugs.	12 months prior, 12 months after
Portability: Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Child(ren) Age Limits	Children age birth to 26 years

Applicants over the age of 69 are not eligible in the Hospital Indemnity coverage.

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$23.70	\$46.60	\$33.75	\$56.65

UNDERSTANDING YOUR BENEFITS—HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00566110

Cancer Insurance

Guardian

888-600-1600 | www.guardiananytime.com

Benefit Highlights	Value Plan 1	Advantage Plan 2	Premier Plan 3
Pre-existing condition	12 month look back period; 12 month exclusion period, continuity of coverage		
Air Ambulance	\$2,000/trip, limit 2 trips per hospital confinement		
Anesthesia	25% of surgery benefit		
Attending Physician	\$40/day while hospital confined. Limit 75 visits	\$50/day while hospital confined. Limit 75 visits	\$60/day while hospital confined. Limit 75 visits
Cancer Screening Benefit	\$50; \$50 follow-up screening	\$75 \$75 follow-up screening	\$100 \$100 follow-up screening
Experimental Treatment	\$200/day up to \$1,000/month		\$200/day up to \$2,400/month
Home Health Care	\$75/visit up to 30 visits per year		\$125/visit up to 30 visits per year
Hospice	\$75/day up to 180 days/lifetime	\$100/day up to 180 days/lifetime	\$125/day up to 180 days/lifetime
Medical Imaging	\$200/image up to 2 per year	\$300/image up to 2 per year	\$400/image up to 2 per year
Second Surgical Opinion	\$200/surgical procedure		\$300/surgical procedure
Radiation Therapy or Chemotherapy	Actual Cost up to a \$15,000 benefit year maximum	Actual Cost up to a \$20,000 benefit year maximum	Actual Cost up to a \$25,000 benefit year maximum
Immunotherapy	\$500 per month, \$2,500 lifetime max		
Skin Cancer	Biopsy Only: \$100, Reconstructive Surgery: \$250, Excision of a skin cancer: \$375, Excision of a skin cancer with flap or graft: \$600		
Surgical Benefit	Schedule amount up to \$4,125		Schedule amount up to \$5,500
See Benefit Summary for full list of per treatment benefits			

Cancer Plan Cost

Cancer Insurance Monthly Rates - Value Plan 1				
Issue Age	Employee	Employee & Spouse	Employee & Child	Family
< 40	\$16.30	\$31.79	\$16.31	\$31.80
41-50	\$23.60	\$45.69	\$23.61	\$45.70
51-60	\$32.60	\$63.29	\$32.61	\$63.30
61+	\$44.20	\$85.79	\$44.21	\$85.80

Cancer Insurance Monthly Rates - Advantage Plan 2				
Issue Age	Employee	Employee & Spouse	Employee & Child	Family
< 40	\$21.00	\$40.79	\$21.01	\$40.80
41-50	\$30.80	\$59.49	\$30.81	\$59.50
51-60	\$42.40	\$82.29	\$42.41	\$82.30
61+	\$57.30	\$111.29	\$57.31	\$111.30

Cancer Insurance Monthly Rates - Premier Plan 3				
Issue Age	Employee	Employee & Spouse	Employee & Child	Family
< 40	\$25.80	\$50.09	\$25.81	\$50.10
41-50	\$38.10	\$73.79	\$38.11	\$73.80
51-60	\$52.70	\$102.19	\$52.71	\$102.20
61+	\$71.00	\$137.89	\$71.01	\$137.90

Legal & IDShield

The LegalShield Membership Includes Services:

1. Legal Advice - Unlimited legal issues, personal, business & pre-existing
2. Letters/calls made on your behalf
3. Contracts and documents reviewed (up to 10 pages)
4. Attorneys prepare your Will, your Living Will and your Health Care Power of Attorney
5. Moving Traffic Violations
6. Trial defense including Pre-Trial & Trial Representation (on the job, criminal, or civil)
7. 25% Preferred Member Discount (Divorce, Bankruptcy, Criminal Charges, Other Matters,)
8. 24/7/365 Emergency Access (limited matters)
9. Online Legal forms



Individual or Family Monthly Cost: \$15.95

The LegalShield Gun Owners Supplement Membership Includes Services:

1. Emergency Access for a Firearm Incident
2. Advice, Consultation & Trial Defense for Gun Related Matters
3. NFA Gun Trust Services - \$250 flat fee for 1 NFA Gun Trust prepared by your provider law firm per membership year
4. 25% Discount (Provider lawyer's standard hourly rate for additional trial defense services and/or grand jury investigations, related to a covered firearm incident)



Plan covers Employee & Spouse for Monthly Cost: \$12.95 in addition to LegalShield

The IDShield Membership Includes Services:

1. Full Service Restoration - Complete identity recovery services by Kroll Licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.
2. Privacy Monitoring – Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.
3. Security Monitoring – SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking.
4. Consultation – Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.



Monthly Cost:

Individual \$8.95 | Family \$18.95

Bob Pilcher bobpilcher58@gmail.com
Employee Group Benefits & Security Specialist
(620) 965-2545 office | (316) 215-5100 mobile

Both Services (LegalShield & IDShield Combined) Monthly Cost:

Individual: \$24.90 Family: \$30.90

<https://www.pilcher.lsenrollment.com/group/ANDOVER-UNIFIED-SCHOOL-DISTRICT-385>

Medical Transport Solution



\$14/MONTH

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

Insurance companies may not cover all air and ground ambulance expenses which can result in in-network out-of-pocket costs.**

Ground ambulance out-of-network transportation costs may be even higher than in-network.

EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefit network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

~If a member has a high deductible health plan (**Option D**) that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

Employee Assistance Program

Guardian Integrated Behavioral Health

800-386-7055 | worklife.uprisehealth.com

Employee Assistance (EAP) Consultative Services

Face-to-face counseling— Up to 3 visits per employee/ household member per year

Telephonic counseling— Unlimited, 24/7 consultations with master's —and doctoral-level counselors

Bereavement— Support available through telephonic or face-to-face sessions; online resources available on EAP website

EAP website resources— Comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant or email an EAP counselor through the website.

Work/Life Assistance & Resources

WorkLife services— Unlimited 24/7 access to WorkLife specialists (subject matter experts) in the areas of : family and care giving, health and wellness, emotional wellbeing, daily living, balancing work and life responsibilities

Child and elder care referral— Unlimited telephonic consultation with a WorkLife specialist (part of WorkLife services)

Employee discounts— Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more

Legal/Financial Assistance & Resources

Legal consultation— Unlimited telephonic support free initial 30 minute face-to-face consultation with an attorney, with a 25% discount on attorney services thereafter; online legal forms; extensive online law library

Financial consultation— Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators



ID theft— Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online

Will prep— Online self-service documents available on EAP website; 30 minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation

Legal document preparation— Online self-service documents available on EAP website

Tax consultation— Tax questions only can be answered as part of the Financial Consultation offering

Connect to a counselor for free support services, available 24/7

Web: worklife.uprisehealth.com

Access code: worklife

Retirement Plans

403(b) & 457(b) Retirement Plans

Will you have enough money when you want to retire? It is important to start saving now.

Brought to you by the Omni Group, USD 385 has adopted a 403(b) Plan that meets the regulations of Section 403(b) of the Internal Revenue Service code. The 403(b) Plan allows employees to contribute money on a pre-tax basis to approved investment companies for retirement. *You may start, stop, or change coverage elected throughout the year.*

Omni provides a Participant Website at www.omni403b.com. The website features step by step instructions to guide you through all of the features and options. **Note:** Elections are offered through the Omni website link; this plan will not be provided through the Online Employee Navigator.

Omni makes it easy for you to:

- Obtain vendor contact information
- Make changes to the amount of your deferral elections
- Make changes to your vendor(s)
- Request vouchers for hardship withdrawals
- Request vouchers for contract exchanges

The website is available 24 hours a day, 7 days a week.

If you do not have Internet access, have questions regarding the website or want to make a request, contact Omni Customer Service, or you may contact the District Business Office.

Omni Customer Service:

Customer Service **(877) 544-6664**, from 7:30 a.m. to 8 p.m. Eastern Time, Monday through Friday.

For prompt assistance, please have your social security number and date of birth available.

457(b) Retirement Plan

USD 385 has adopted a 457(b) plan. Vendors are: Fidelity Investments and Waddell & Reed.

Approved 403(b) Plan Vendor List

American Century Services, LLC	(800) 345-3533	Lincoln National	(877) 275-5462
American Fidelity Assurance Company	(800) 662-1113	National Life Group (LSW)	(800) 732-8939
Ameriprise Financial Services, Inc.	(800) 297-2012	Voya Financial (Reliastar)	(855) 663-8692
Aspire Financial Services, Inc.	(866) 634-5873	MetLife	(800) 638-5433
AXA Equitable	(800) 628-6673	Midland National Life Insurance	(866) 270-9564
Fidelity Management Trust Co.	(800) 544-4774	North American Company for Life & Health	(800) 800-3656
Franklin Templeton Investments	(800) 632-2301	Oppenheimer Funds	(800) 835-7305
Great American Financial Resources Inc.	(800) 854-3649	Security Benefit Group of Companies	(800) 888-2461
Horace Mann Companies	(800) 999-1030	Vanguard	(800)523-1036

KPERS

KPERS - Kansas law requires that all eligible employees must become members. As an active member you contribute a percentage of your gross earnings.

KPERS 1 Benefits Members hired before July 1, 2009

Contribution Amount: As a KPERS 1 member you contribute 6% of your income (5% for 2014 and 4% for 2013 and before). *Kansas law does not allow you to borrow from your contributions.*

Earning Interest: If you became a member before July 1, 1993, your contributions earn 8% interest. On or after July 1, 1993, your contributions earn 4% interest. Source: https://www.kpers.org/pdf/benefitsataglace_kperstier1.pdf

KPERS 2 Benefits Members hired July 1, 2009 through December 31, 2014

Contribution Amount: As a KPERS 2 member you contribute 6% of your income. *Kansas law does not allow you to borrow from your contributions.*

Earning Interest: Your contributions earn 4% interest. Source: https://www.kpers.org/pdf/benefitsataglace_kperstier2.pdf

KPERS 3 Benefits Members hired January 1, 2015 and after

Contribution Amount: As a KPERS 3 member you contribute 6% of your income. *Kansas law does not allow you to borrow from your contributions.*

Earning Interest: Your contributions earn 4% interest annually (paid quarterly). There is also a possibility of additional interest, depending on KPERS' investment returns.

Your Retirement Credits: You earn retirement credits while working. They are based on a percentage of your pay and the number of years you've worked. You receive these credits quarterly and your annual credit rate increases the longer you work. **They can only be used at retirement.**

<u>Years You've Worked</u>	<u>Annual Credit Rate</u>
< 5 years	3% of your pay
5-11 years	4% of your pay
12-23 years	5% of your pay
24+ years	6% of your pay

Source: https://www.kpers.org/pdf/benefitsataglace_kpers3.pdf

Basic Life and Death Benefits for Active Members: You have basic group life insurance equal to 150 percent of your annual salary. Your employer pays for the cost of this benefit. The Retirement System also returns your contributions and interest if you die. You can name different beneficiaries for these benefits.

Long Term Disability Benefits for Active Members: If you become disabled, you may qualify for a disability benefit based on 60 percent of your annual salary. You must be disabled for 180 days and no longer receive employer compensation. You must apply for Social Security benefits and complete any appeal process.

Job Related Death Benefit: If you die from an on-the-job accident, your spouse will receive a monthly benefit based on 50 percent of your final average salary, less any Workers' Compensation. The Retirement System also returns your contributions and interest if you die. You can name different beneficiaries for these benefits.

Optional Group Life Insurance (OGLI) for Active Members, Spouse and Children: This is an addition to the coverage that is already provided to you just by being a KPERS member. The cost of the life insurance is paid by the employee. As of January 2016, your employer will offer member, spouse, and child OGLI coverage.

Coverage Amount	Cost to Employee Participant	Who is Eligible?
\$10,000	\$1/month – Covers all children in family	Children up to age 26
\$20,000	\$2/month	Children up to age 26

Contact information: (888) 275-5737 | Fax (785) 296-6638 | Email kpers@kpers.org | Website: www.kpers.org

Miscellaneous

The Foundation for Andover Schools

The Foundation for Andover Schools, formerly the Andover Advantage Foundation, is a 501(c)3 non profit fundraising partner of USD 385. Contributions to the Foundation through employee payroll deduction are tax-deductible and 100% of your donation goes toward the funding of teacher grants. Since inception in 1997, the Foundation has awarded over \$1 million to more than one thousand teacher grants.

Andover Education Association (AEA)

The association is the bargaining unit for teachers of USD 385 and protects the rights of educators and support personnel. Also, the AEA and the KNEA provide \$1 million in liability insurance. AEA membership is handled annually by the Association at the beginning of the year. The district will provide payroll deductions for the member dues at the direction of the Association. If you have any questions regarding association membership, please contact James Harris at 316-218-4600 ext 312302 or harrisj@usd385.org.

United Way

United Way of the Plains is a local, volunteer-driven organization. United Way brings the community together to address critical issues such as care for the elderly, youth at risk, disaster relief and more.

Direct Deposit

Direct deposit is required for all employees. Employees that do not have a bank account will be issued a pay card (debit card) for payroll purposes. Sign up for this service can be completed at the district office.

Leave

The district offers all employees who qualify, leave days. See your Classified Handbook or Negotiated Agreement for more information.

Contact Information

KASB RISK MANAGEMENT

Phone Number:	844-763-0535
Email:	EmployeeBenefits@kasb.org
Web Address:	Kasb.org/krm

MEDICAL/RX

Name:	Gravie
Phone Number:	855-451-8365
Web Address:	www.gravie.com

DENTAL

Name:	Delta Dental of Kansas
Phone Number:	800-234-3375
Web Address:	www.deltadentalks.com

VOLUNTARY VISION

Name:	Surency Vision
Phone Number:	866-818-8805
Web Address:	www.surency.com

HEALTH SAVINGS ACCOUNT

Name:	Equity Bank
Phone Number:	888-733-5041
Web Address:	www.equitybank.com

FLEXIBLE SPENDING ACCOUNTS

Name:	Surency Flex
Phone Number:	866-818-8805
Web Address:	www.surency.com

LIFE/AD&D, DISABILITY, ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY, CANCER PLANS

Name:	Guardian
Phone Number:	888-600-1600
Web Address:	www.guardiananytime.com

LEGALSHIELD/IDSHIELD

Name:	Bob Pilcher
Phone Number:	620-965-2545 office 316-215-5100 mobile
Email:	bobpilcher58@gmail.com

Notices

MEDICARE PART D PRESCRIPTION DRUG CREDITABILITY/NON-CREDITABILITY

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
Options A, B, C, and D are all Creditable	None (all plans are creditable)

NON-GRANDFATHERED MEDICAL PLAN APPEALS PROCESSES

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Enrolled individuals may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the medical plan. If you would like more information on WHCRA benefits, please contact HR.

Notices

PUBLIC HEALTH INSURANCE MARKETPLACE

For individuals needing to purchase health insurance on their own, the Affordable Care Act (ACA) created a new public health insurance Marketplace. This website and call center helps individuals shop for private health insurance, helps individuals enroll in Medicaid or the Children's Health Insurance Program (CHIP), and evaluates eligibility for new tax credits. Open enrollment for public Marketplace coverage occurs each fall for coverage starting January 1, but special enrollment periods may be available for certain life events. Learn more or request assistance at www.healthcare.gov.

Please note that insurance companies are not required to participate in the public Marketplace, so you are unlikely to see all plans available in the community when shopping the public Marketplace.

The public Marketplace can help you determine whether you may be eligible for tax credits under section 36B of the Internal Revenue Code for Marketplace coverage. One tax credit can lower your monthly premium, and the other can lower your cost sharing (such as your deductible). Since tax credits are based on your projected household income and typically paid in advance to the insurance company, there is a chance you may have to repay some or all tax credits on your tax return if your income for the year ends up higher than anticipated.

Tax credits are not available to those eligible for "affordable, minimum value" medical coverage. "Minimum value" means our plan is intended to pay, on average, at least 60% of the costs of medical care received. "Affordable" means our lowest-cost minimum value plan costs you no more than 9.5% (indexed annually) of your household income to be enrolled in single (not family) coverage.

Our plan is intended to be affordable and minimum value. As a result, if you or someone in your family wanted to compare your health insurance options in the public Marketplace to the insurance offered through us, you'll need to remember that:

- You might pay full retail price for public Marketplace insurance (without the new tax credits)
 - a) You would no longer be paying for insurance on a pre-tax basis
 - b) You would no longer have an employer contribution toward your insurance (note that employer contributions are typically excludable from income for federal income tax)
- You would navigate any questions you have directly with the insurance company you choose...HR will not be able to assist you with your public Marketplace plan
- Should you desire to come back to our plan in the future, you will either need to:
 - a) experience a "qualifying event" recognized by our plan as a mid-year election change, or
 - b) wait until our next annual open enrollment

Notices

SPECIAL MEDICAL ENROLLMENT RIGHTS AND RESPONSIBILITIES UNDER HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

SPECIAL ENROLLMENT PROVISION

- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost for the other coverage**. However, **you must request enrollment within 60 days** after the other coverage ends.
- **Loss of Eligibility for Other Coverage.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost** for the other coverage (or if the employer stops contributing toward it). However, **you must request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement with you for adoption, you may be able to enroll yourself and your new dependents. However, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **Eligibility for Medicaid or CHIP State Premium Assistance Subsidy.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, **you must request enrollment within 60 days** after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

Notices

PREMIUM ASSISTANCE UNDER MEDICAID OR THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your State may have a **premium assistance program that can help pay for coverage with us**, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace at www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW (1-877-543-7669)** or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a HIPAA "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact us at 316-218-4675 or the Department of Labor at www.askebsa.dol.gov or **1-866-444-EBSA (1-866-444-3272)**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – MEDICAID	ALASKA – MEDICAID
Web: myALhipp.com Phone: 1-855-MyALHIPP (1-855-692-5447)	Web: myAKhipp.com Eligibility: health.alaska.gov/dpa/Pages/medicaid/ Email: CustomerService@myAKhipp.com Phone: 1-866-251-4861
ARKANSAS – MEDICAID	CALIFORNIA – MEDICAID
Web: myARhipp.com Phone: 1-855-myARhipp (1-855-692-7447)	Web: dhcs.ca.gov/hipp/ Email: hipp@dhcs.ca.gov Phone: 1-916-445-8322
COLORADO – MEDICAID (HEALTH FIRST COLORADO) AND CHIP (CHILD HEALTH PLAN PLUS, OR CHP+)	FLORIDA – MEDICAID
Web: healthfirstcolorado.com and mycohibi.com Phone: 1-800-221-3943, State Relay 711, or HIBI 855-692-6442 CHIP Web: colorado.gov/HCPF/Child-Health-Plan-Plus CHIP Phone: 1-800-359-1991 or State Relay 711	Web: FLmedicaidTPLrecovery.com/FLmedicaidTPLrecovery.com/hipp/ Phone: 1-877-357-3268

GEORGIA – MEDICAID	INDIANA – MEDICAID
<p>Web: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</p> <p>Phone: 1-678-564-1162, press 1</p> <p>CHIP Web: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</p> <p>CHIP Phone: 1-678-564-1162, press 2</p>	<p>Web: in.gov/fssa/hip (Healthy Indiana Plan for low-income adults aged 19-64)</p> <p>Phone: 1-877-GET-HIP9 (1-877-438-4479)</p> <p>All Other Medicaid: in.gov/medicaid/</p> <p>Phone: 1-800-457-4584</p>
IOWA – MEDICAID AND CHIP (HAWKI)	KANSAS – MEDICAID
<p>Web: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</p> <p>Phone: 1-888-346-9562</p> <p>CHIP Web: dhs.iowa.gov/hawki</p> <p>CHIP Phone: 1-800-257-8563</p>	<p>Web: kancare.ks.gov</p> <p>HIPP: http://content.dcf.ks.gov/ees/KEESM/Miscform/MS-2504HEALTH INSURANCE PREMIUM PAYMENT INFORMATION FORM 1-05.pdf</p> <p>Phone: 1-500-792-4884</p>
KENTUCKY – MEDICAID	LOUISIANA – MEDICAID
<p>Web: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p> <p>Email: kihipp.program@ky.gov</p> <p>Phone: 1-855-459-6328</p> <p>CHIP Web: kidshealth.ky.gov</p> <p>CHIP Phone: 1-877-524-4718</p>	<p>Web: dh.la.gov/lahipp</p> <p>Phone: 1-855-618-5488</p>
MAINE – MEDICAID	MASSACHUSETTS – MEDICAID AND CHIP
<p>Web: maine.gov/dhhs/ofi/applications-forms (PHIP application)</p> <p>Phone: 1-800-977-6740 or TTY: Maine Relay 711</p>	<p>Web: mass.gov/masshealth/pa</p> <p>Phone: 1-800-862-4840 or TTY: 1-617-886-8102</p> <p>CHIP Web: same as Medicaid website</p> <p>CHIP Phone: same as Medicaid phone</p>
MINNESOTA – MEDICAID	MISSOURI – MEDICAID
<p>Web: mn.gov/dhs/people-we-serve/children-and-families/health-care/healthcare-programs/programs-and-services/other-insurance.jsp</p> <p>Phone: 1-800-657-3739 or 651-431-2670</p>	<p>Web: dss.mo.gov/mhd/participants/pages/hipp.htm</p> <p>Phone: 1-573-751-2005</p>
MONTANA – MEDICAID	NEBRASKA – MEDICAID
<p>Web: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</p> <p>Phone: 1-800-694-3084</p>	<p>Web: AccessNebraska.ne.gov/</p> <p>Phone: 1-855-632-7633; Lincoln 1-402-473-7000; Omaha 1-402-595-1178</p>
NEVADA – MEDICAID	NEW HAMPSHIRE – MEDICAID
<p>Web: dhcnp.nv.gov/Pqms/CPT/HIPP</p> <p>Phone: 1-800-992-0900</p>	<p>Web: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</p> <p>Phone: 1-603-271-5218 or 1-800-852-3345 ext 5218</p>
NEW JERSEY – MEDICAID AND CHIP	NEW YORK – MEDICAID
<p>Web: state.nj.us/humanservices/dmahs/clients/medicaid</p> <p>Phone: 1-609-631-2392</p> <p>CHIP Web: njfamilycare.org</p> <p>CHIP Phone: 1-800-701-0710</p>	<p>Web: health.ny.gov/health_care/medicaid</p> <p>Phone: 1-800-541-2831</p>
NORTH CAROLINA – MEDICAID	NORTH DAKOTA – MEDICAID
<p>Web: https://medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services/health-insurance-premium-payment-program</p> <p>Phone: 1-855-696-2447 or 1-919-855-4100</p>	<p>Web: nd.gov/dhs/services/medicalserv/medicaid</p> <p>Phone: 1-844-854-4825</p>

OKLAHOMA – MEDICAID AND CHIP	OREGON – MEDICAID
Web: insureoklahoma.org Phone: 1-888-365-3742 CHIP Web: same as Medicaid website CHIP Phone: same as Medicaid phone	Web: healthcare.oregon.gov or oregonhealthcare.gov (same website) Phone: 1-800-699-9075
PENNSYLVANIA – MEDICAID	RHODE ISLAND – MEDICAID AND CHIP
Web: dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Web: eohhs.ri.gov Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line) CHIP Web: same as Medicaid website CHIP Phone: same as Medicaid phone
SOUTH CAROLINA – MEDICAID	SOUTH DAKOTA – MEDICAID
Web: scdhhs.gov Phone: 1-888-549-0820	Web: dss.sd.gov Phone: 1-888-828-0059
TEXAS – MEDICAID	UTAH – MEDICAID AND CHIP
Web: health.utah.gov/chip Phone: 1-800-440-0493	Web: medicaid.utah.gov Phone: 1-877-543-7669 CHIP Web: chip.health.utah.gov CHIP Phone: same as Medicaid phone
VERMONT – MEDICAID	VIRGINIA – MEDICAID AND CHIP
Web: greenmountaincare.org Phone: 1-800-250-8427	Web: coverva.org/hipp Phone: 1-800-432-5924 CHIP Web: same as Medicaid website CHIP Phone: 1-855-242-8282
WASHINGTON – MEDICAID	WEST VIRGINIA – MEDICAID
Web: hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473	Web: myWVhipp.com Phone: 1-855-myWVhipp (1-855-699-8447); TTY 1-855-888-3003
WISCONSIN – MEDICAID AND CHIP	WYOMING – MEDICAID
Web: dhs.wisconsin.gov/badqercareplus/p-10095.htm Phone: 1-800-362-3002 CHIP Web: same as Medicaid website CHIP Phone: same as Medicaid phone	Web: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility Phone: 1-800-251-1269 or 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (1-866-444-3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



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