



2025

Benefits Guide

For USD 259 Employees

OPEN ENROLLMENT FOR 2025 PLAN YEAR
October 25 - November 8, 2024

IMPORTANT BENEFIT INFORMATION

FOR ALL CURRENT BENEFIT ELIGIBLE EMPLOYEES (including recent New Hires)

For recent new hires who just completed 2024 enrollment, you will need to complete a new enrollment for 2025 if you are making plan changes for 2025, adding or dropping dependents for 2025, or making flexible spending elections for health or dependent care for 2025.

Have questions?

Email us at employeebenefits@usd259.net



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Open Enrollment is your once-a-year opportunity to enroll in or change your benefits for the upcoming calendar year. Please take the time to understand your benefit options.





WELCOME TO YOUR 2025 BENEFITS!

It's important for you to understand how your benefits work. The information and tools in this brochure are intended to help you make the best benefit choices for you and your family.

Who is Eligible for Benefits?

Employees who are regularly scheduled to work at least 30 hours per week or at least .75 FTE are eligible for the benefits listed in this guide.

For purposes of these benefits, eligible family members include:

- **Your legal spouse**
- **Your dependent child or step child up to age 26. Coverage terminates at the end of the month in which they turn 26.**
- **Any child you have legally adopted or for whom you have legal guardianship. Coverage terminates at the end of the month they turn 26.**
- **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.**

You can add or drop dependents during your enrollment period or within 31 days of a qualifying life event.

Qualifying Life Events

After your initial eligibility date, and other than the annual open enrollment period, you may only change your benefit election and covered dependents within 31 days following a Qualifying Life Event, such as:

- **Marriage, divorce or legal separation**
- **Birth, adoption, legal guardianship, or medical child support order**
- **Death of your spouse or dependent**
- **Eligibility/Ineligibility for Medicare/Medicaid**
- **Covered dependent is no longer eligible (reaching age 26). COBRA continuation of coverage paperwork mailed out once coverage terminates at the end of the month they turn 26**
- **Covered employee's spouse or dependent gains or loses coverage due to his or her employment status or own employer's open enrollment**

If you experience one of these qualifying life events during the year you can make plan changes through the benefit portal at <https://USD259.bswift.com> within 31 days of the life event.

Important Information

2025 BENEFITS

Current Employees

Open Enrollment is your once-a-year opportunity to enroll in or change your benefits for the upcoming calendar year. Please take the time to understand your benefit options.

You will need to complete your enrollment for 2025 if you plan on claiming the wellness discount for 2025 for you and/or your spouse, if you will be making plan changes, if you will be adding or dropping dependents, or if you plan to make flexible spending account elections for health or dependent care. You can enroll online at <https://USD259.bswift.com>. **The wellness discount will not be applied until your final confirmation statement is prepared after open enrollment has closed and all post enrollment audits have been completed.**

If you fail to complete the enrollment process for 2025, you will be defaulted to the current plans you are enrolled in for 2024. This includes the same plan option along with current dependents enrolled. You will however **not be eligible** for the employee and/or spouse wellness discount since the wellness certification that is included in the enrollment process will not be completed. In addition, you **will not** be enrolled in the health or dependent care flexible spending accounts for 2025 if you fail to go online and enroll as the IRS does require new enrollments each year into those plans.

Recent New Hires

Benefit elections made during your New Hire Enrollment in 2024 were for the current 2024 plan year.

You will only need to go online at <https://USD259.bswift.com> to complete your benefit elections for 2025 if you are selecting a different plan for 2025, adding or dropping dependents, or making flexible spending account elections for 2025. If you do not go online to make 2025 elections, you will be defaulted into the current elections and dependents you have for 2024 but will not have options for flexible spending accounts for health or dependent care for 2025. **New hires or transfers into benefitted positions as of 4/1/24 will automatically get the wellness discount for 2025.**

If you have questions about your benefits after reading this guide or visiting the online benefits portal at <https://USD259.bswift.com> please contact Employee Benefits at **316-973-4581** or by email at employeebenefits@usd259.net.

OPEN ENROLLMENT

2025 Annual Open Enrollment:

October 25 – November 8, 2024.

The 2025 benefit year is **01/01/2025 - 12/31/2025**



OFFERED BENEFIT	IF YOU FAIL TO COMPLETE THE ENROLLMENT PROCESS ON OR BEFORE NOVEMBER 8, 2024:
Medical Plan Benefits	You will be defaulted into what you were enrolled in for 2024: the same plans and the same dependents covered. You will not be able to claim the wellness discount for you and/or your spouse.
Dental Plan Benefits	You will be defaulted into what you were enrolled in for 2024: the same plan and the same dependents covered.
Vision Plan Benefits	You will be defaulted into what you were enrolled in for 2024: the same plan and the same dependents covered.
Cash Option	If you are a new enrollee to the Cash Option plan for 2025 and fail to provide proof of other coverage on or before November 8, 2024, you will be defaulted into the Employee Only Base Health plan. Your dental and vision elections will remain as you elected them. If you were enrolled in Cash Option in 2024 and failed to enroll, you will remain in Cash Option. You will only need to provide proof of other coverage if your coverage has changed.
Flexible Spending Accounts (FSA)	You will not be able to contribute to an FSA or a Dependent Care Account for 2025.

2025 BENEFITS

Newborn Coverage

Newborns must be enrolled within 31 days of the date of birth. You must go online to <https://USD259.bswift.com> to enroll your newborn as a dependent on your health plan. Once enrolled, you must provide a copy of the birth confirmation letter or birth certificate **AND** a copy of the social security card within 31 days of birth. Failure to enroll your new baby within the 31 day period and provide dependent verification documents will result in no coverage under the plan.

Dependent Verification Requirement

Dependent eligibility documentation is required for any new dependents added to the medical, dental or vision plans. This information must be submitted within 31 days of your hire date or qualifying life event date or by the close of open enrollment.

You will be able to upload your documents during online enrollment by clicking on "profile" then "employee file."

Dependent Being Added	Document(s) Needed
Spouse	Copy of Legal Marriage Certificate or notarized USD 259 common law affidavit AND copy of Social Security Card
Dependent (0-25 yrs.)	Copy of Birth Certificate (with parental information), or hospital birth confirmation letter AND copy of Social Security Card
Adopted Children	Legal adoption or placement for adoption paperwork AND a copy of Social Security Card
Legal Guardianship (Court Appointed)	Legal guardianship paperwork AND copy of Social Security Card

Need a New Social Security Card?

Visit <https://www.ssa.gov/ssnumber>
or call **1-800-772-1213**

Need a New Birth Certificate?

Access www.vitalchek.com any time
or call **1-877-305-8315**



Important Plan Information

We are happy to announce there are no plan changes or rate increases for 2025

Enrollment

- Current cash option enrollees remaining in cash option for 2025 will not need to re-enroll unless other changes are needed or you wish to enroll in flexible spending accounts for health or dependent care for 2025
- Proof of other coverage only needs to be uploaded to bswift if coverage has changed since last year

Medical Plans

UMR will continue to be our third party administrator for the Base Plan and Premium Option 1

- Includes deductible + copay + coinsurance
- UnitedHealthcare Choice Plus network of doctors and hospitals which includes both Wesley & Via Christi
- Telemedicine offered by Teladoc for \$15 copay
- Free Text and virtual therapy through TalkSpace
- Real Appeal weight management program for eligible employees and covered spouses
- Maternity Care support program

Surest will continue to be our third party administrator for Premium Option 2

- Copay only plan
- UnitedHealthcare Choice Plus network of doctors and hospitals which includes both Wesley & Via Christi
- Telemedicine offered by Doctor on Demand. \$0 copay for Primary/Urgent Care/\$15-\$60 copay for Specialist
- Free Text and virtual therapy through TalkSpace
- Real Appeal weight management program for eligible employees and covered spouses
- Pacify Maternity support program

Wellness Points

- Only applies if you are enrolled in one of the medical plans (Base Plan, Premium Option 1, Option 2)
- New hires or transfers as of 4/1/24 will automatically get the wellness discount for 2025
- To qualify for the 2025 wellness discount, you and your covered spouse would each need an annual physical with lab work or an annual eye exam completed between 9/1/23- 08/31/24
- The wellness discount will not be applied until your final confirmation statement is prepared once open enrollment closes and all post enrollment audits have been completed
- Wellness documentation should not be provided unless you are contacted directly for wellness audit

Dental & Vision

- Delta Dental and Surency Vision will remain our dental and vision providers with no changes for 2025

Insurance Cards

- New cards on all plans will only be issued to new enrollees or those making plan changes
- To request additional cards, contact the carrier directly at the number listed on page 42 of this Benefit Guide

Flexible Spending Accounts

- Healthcare Flexible Spending Account annual maximum is \$3,200 with up to \$640 carryover limit
- Dependent Care Flexible Spending Account annual maximum is \$5,000 per family
- Flex Debit Card not issued automatically
- Complete debit card order form at www.asiflex.com to apply
- Flex Debit Card for health care flex only

Medical Plans At A Glance

	Base Plan (UMR)		Premium Option 1 (UMR)		Premium Option 2 (Surest)	
	UHC Choice Plus Network		UHC Choice Plus Network		UHC Choice Plus Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Individual Family	\$4,500 \$9,000	\$9,000 \$18,000	\$1,500 \$3,000	\$3,000 \$6,000	\$0 \$0	\$0 \$0
Co-Insurance Plan Member	70% 30%	50% 50%	70% 30%	50% 50%	0%	0%
Max Out-of-Pocket (Includes Deductible, Coinsurance, and Med Copays)	\$6,150 \$12,300	\$12,300 \$24,600	\$4,500 \$9,000	\$9,000 \$18,000	\$6,000 \$12,000	\$12,000 \$24,000
Benefits						
Preventive Care	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered	Plan pays 100%	\$150
Office Visit Primary Specialist	\$30 Copay \$50 Copay	Deductible & 50% Coinsurance	\$30 Copay \$50 Copay	Deductible & 50% Coinsurance	\$15 to \$100 Copay	\$300
Telemedicine	\$15 Copay (Teladoc)	Not Covered	\$15 Copay (Teladoc)	Not Covered	\$0 Copay- Primary Care \$15-\$60 Specialty \$0 Doctor on Demand	Not Covered
Urgent Care Visit	\$50 Copay	Deductible & 50% Coinsurance	\$50 Copay	Deductible & 50% Coinsurance	\$50 Copay	\$150
Emergency Room Visits	\$100 copay, then Deductible & 30% Coinsurance		\$100 copay, then Deductible & 30% Coinsurance		\$500 Copay	\$500
Diagnostic Lab (X-Ray, Bloodwork)	\$30 Copay	Deductible & 50% Coinsurance	\$30 Copay	Deductible & 50% Coinsurance	\$0 Copay	\$0
Advanced Imaging	\$100 Copay then Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$100 Copay then Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$100 to \$725	\$2,175
Inpatient Hospital & Outpatient Facility	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$2,000 (Inpatient) \$850 to \$3,000 (Outpatient)	\$6,000 (Inpatient) Up to \$9,000 (Outpatient)
Inpatient Mental Health	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$2,000	\$6,000
Outpatient Mental Health	\$30 Copay	Deductible & 50% Coinsurance	\$30 Copay	Deductible & 50% Coinsurance	\$15 Copay	\$150
Maternity Care Prenatal visits Childbirth Global fees (Dr) Childbirth Facility fees	No Charge \$50 Copay Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	No Charge \$50 Copay Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$0 Included in facility fees \$900 to \$1,700	\$150 \$5,100
Rehabilitation Services	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$1,500 (Inpatient) \$10 to \$85 (Outpatient)	
Physical Therapy Clinic	\$50 Copay	Deductible & 50% Coinsurance	\$50 Copay	Deductible & 50% Coinsurance	\$10 to \$70	\$210
Durable Medical Equipment	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	Up to \$1,000	Up to \$2,000

This guide is a summary of the employee benefits provided by Wichita Public Schools. If there is a discrepancy between the benefits illustrated in this guide and the official plan document, the plan document will always govern.

Prescriptions

Your prescription drug benefit is included with your medical plan enrollment and is administered by MaxorPlus, a pharmacy benefits manager. When you enroll in medical coverage, you will receive a separate MaxorPlus ID card and information on locating a pharmacy near you. New cards will only be issued to new enrollees or those who made changes.

Most major pharmacy chains accept MaxorPlus. Present your MaxorPlus ID card when filling prescriptions. You can save money on medications you take on a long-term basis by using mail order with Maxor. With Maxor mail order, you are getting a 90 day supply for the cost of a 60 day supply.

MAXORPLUS – RETAIL (31 DAY SUPPLY)

Prescription Drugs	Base Plan (UMR)	Premium Option 1 (UMR)	Premium Option 2 (Surest)
Rx Max Out-of-Pocket Individual Family	\$1,000 \$2,000	\$2,650 \$5,300	\$1,150 \$2,300
Generic Drugs	\$10 Copay	\$10 Copay	\$10 Copay
Preferred Brand Drugs	\$30 Copay	\$30 Copay	\$30 Copay
Non-Preferred Brand Drugs	\$55 Copay	\$55 Copay	\$55 Copay
Specialty Drugs	10% Coinsurance up to \$100 Copay	10% Coinsurance up to \$100 Copay	10% Coinsurance up to \$100 Copay

MAXORPLUS – MAIL ORDER (93 DAY SUPPLY)

Prescription Drugs	Base Plan (UMR)	Premium Option 1 (UMR)	Premium Option 2 (Surest)
Rx Max Out-of-Pocket Individual Family	\$1,000 \$2,000	\$2,650 \$5,300	\$1,150 \$2,300
Generic Drugs	\$20 Copay	\$20 Copay	\$20 Copay
Preferred Brand Drugs	\$60 Copay	\$60 Copay	\$60 Copay
Non-Preferred Brand Drugs	\$110 Copay	\$110 Copay	\$110 Copay
Specialty Drugs	N/A	N/A	N/A

MAXORPLUS

Pharmacy Network

- Costco Pharmacy
- CVS Pharmacy
- Dillons Pharmacy
- Hy-Vee Pharmacy
- Medicine Shoppe
- HEB
- Price Chopper Pharmacy
- Sam's Club Pharmacy
- Shopko Pharmacy
- Walgreens
- Wal-Mart Pharmacy
- Rite Aid
- And many more!



Free Medications

Formulary generic blood pressure, cholesterol, and select diabetic medications and supplies are free at any in-network pharmacy. Please talk to your doctor about prescribing a generic so you can save money.

Pay the Difference Provision

If you or your physician request a brand name drug when a generic equivalent exists and you choose to fill the brand drug, you will be responsible to pay the brand copay plus the difference in cost between the brand and generic.

Wichita Public Schools is committed to providing the best care for our employees and their covered family members, while also helping to keep healthcare costs under control.

In an ongoing effort to keep prescription drug costs down for everyone, WPS continues to partner with RxResults. RxResults works in conjunction with your MaxorPlus prescription benefit and handles all prior authorization requests.

What is RxGuidance

Provided by RxResults, RxGuidance helps you and your doctor make informed decisions on your prescription drug(s) and pricing options so you can decide how much you are able to pay.

Who is RxResults

RxResults, the proven industry leader for evidence-based pharmacy risk management, directly meets the challenge of ensuring access to medications proven safe and effective while providing cost control.

What does RxResults Do

As a Pharmacy Risk Manager, RxResults:

- Provides a team of independent pharmacists and benefit industry experts
- Delivers unprecedented insights into drug costs and clinical options
- Identifies member savings opportunities
- Communicates directly with members and their prescribers

How Does RxResults Work with MaxorPlus

MaxorPlus administers the prescription benefit for Wichita Public Schools with recommendations and support from RxResults. As a team, MaxorPlus and RxResults are dedicated to giving you the best service and resources to help you and your family stay in good health.

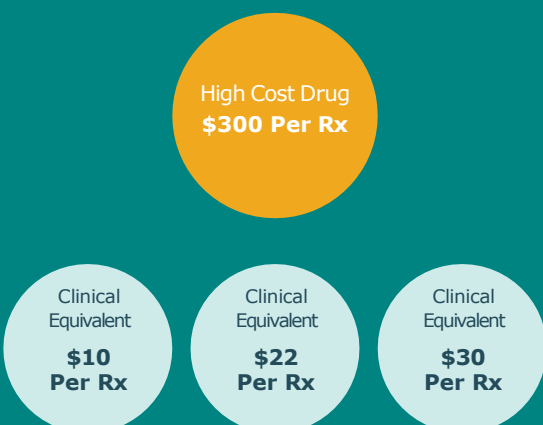
The RxResults evidence-based prescription drug program is designed to help keep healthcare costs down for both you and your healthcare plan, while conforming to national guidelines and/or best practices with respect to drugs used to treat certain medical conditions. Managing prescription costs also helps control future health premium costs for plan participants.

RxResults sends personalized letters on behalf of MaxorPlus if your current drug therapy is impacted by any future periodic changes. Letters identify the drug or drugs impacted with other related information.

An RxGuidance Overview - RxGuidance helps you and your doctor make informed decisions on your drug(s) and pricing options to help you lower your pharmacy bill.

The Challenge

Many prescription drugs have multiple options and price points within the same drug class



The Solution

Through evidence-based research for more than 1,500 drugs across 60-70 classes and sub-classes of drugs, RxResults directly meets the challenge of ensuring access to medications proven safe and effective while providing cost control. Managing prescription costs also helps control future health premium costs for all plan participants.

1 Savings Opportunity

If you are taking a drug that has a savings opportunity, you and your doctor will receive a letter in the mail identifying the drug(s) you are taking and how much money you can save by asking your doctor to change your drug(s).

2 Savings Realized

Keep filling your current drug(s) and potentially pay more or, you and your doctor can discuss writing a new prescription for what should be a more cost-effective drug. This option also goes towards your prescription out of pocket maximum to save on any future medical costs you may have.

Medical & Prescription Rates

RATES WITHOUT WELLNESS DISCOUNT

Base Plan (UMR)	Annually	Monthly	Bi-weekly 20 pays	Bi-weekly 26 pays
Employee Only	\$1,200.00	\$100.00	\$60.00	\$46.15
Employee + Spouse	\$2,400.00	\$200.00	\$120.00	\$92.31
Employee Child(ren)	\$1,200.00	\$100.00	\$60.00	\$46.15
Employee Family	\$2,400.00	\$200.00	\$120.00	\$92.31
Premium Option 1 (UMR)	Annually	Monthly	Bi-weekly 20 pays	Bi-weekly 26 pays
Employee Only	\$1,866.24	\$155.52	\$93.31	\$71.78
Employee + Spouse	\$3,798.96	\$316.58	\$189.95	\$146.11
Employee Child(ren)	\$2,465.64	\$205.47	\$123.28	\$94.83
Employee Family	\$4,465.20	\$372.10	\$223.26	\$171.74
Premium Option 2 (Surest)	Annually	Monthly	Bi-weekly 20 pays	Bi-weekly 26 pays
Employee Only	\$1,513.32	\$126.11	\$75.67	\$58.20
Employee + Spouse	\$3,065.40	\$255.45	\$153.27	\$117.90
Employee Child(ren)	\$1,795.32	\$149.61	\$89.77	\$69.05
Employee Family	\$3,371.52	\$280.96	\$168.58	\$129.67

RATES WITH WELLNESS DISCOUNT

Base Plan (UMR)	Annually	Monthly	Bi-weekly 20 pays	Bi-weekly 26 pays
Employee Only	\$0	\$0	\$0	\$0
Employee + Spouse	\$0	\$0	\$0	\$0
Employee Child(ren)	\$0	\$0	\$0	\$0
Employee Family	\$0	\$0	\$0	\$0
Premium Option 1 (UMR)	Annually	Monthly	Bi-weekly 20 pays	Bi-weekly 26 pays
Employee Only	\$666.24	\$55.52	\$33.32	\$25.62
Employee + Spouse	\$1,398.96	\$116.58	\$69.95	\$53.80
Employee Child(ren)	\$1,265.64	\$105.47	\$63.29	\$48.68
Employee Family	\$2,065.20	\$172.10	\$103.26	\$79.42
Premium Option 2 (Surest)	Annually	Monthly	Bi-weekly 20 pays	Bi-weekly 26 pays
Employee Only	\$313.32	\$26.11	\$15.67	\$12.05
Employee + Spouse	\$665.40	\$55.45	\$33.27	\$25.60
Employee Child(ren)	\$595.32	\$49.61	\$29.77	\$22.90
Employee Family	\$971.52	\$80.96	\$48.58	\$37.37

Additional Employee Paid Premiums

The premiums listed below are in addition to the premium for your selected medical plan.

Working Spouse Premium

- The working spouse premium is in addition to the premium for your selected medical plan
- If your spouse's employer offers group health insurance, regardless of cost or if they are enrolled in it or not, then you would select "YES" to pay the working spouse premium
- If your spouse's employer does not offer insurance, is self employed, unemployed or also works for USD 259, you would select "NO" to the working spouse premium
- If you select NO and then later your spouse is offered health insurance, you need to notify us within 31 days of the event as you would be required to add the spouse working premium at that point to keep the spouse on your insurance. Failing to notify us of this could result in retroactive payments due on your health insurance

	Bi-weekly (26)	Bi-weekly (20)	Monthly	Annually
Working Spouse	\$92.31	\$120.00	\$200.00	\$2,400.00

The working spouse premium will only apply if your spouse is enrolled in your medical plan

Tobacco Premium

The additional tobacco premium applies to both the employee and spouse if enrolled under one of the medical plans. The tobacco premium applies to those who have used tobacco or nicotine products 4 or more times per week within the last 6 months. This includes cigarettes, electronic cigarettes, pipes, or any form of chewing tobacco. By selecting "NO" to tobacco use when enrolling, you and/or your spouse will be subject to audit & confirmation testing.

	Bi-weekly (26)	Bi-weekly (20)	Monthly	Annually
Employee	\$46.15	\$60.00	\$100.00	\$1,200.00
Spouse	\$46.15	\$60.00	\$100.00	\$1,200.00
Employee + Spouse	\$92.30	\$120.00	\$200.00	\$2,400.00

Once you have been tobacco free for 6 months, you can enroll as a non tobacco user the following Open Enrollment period.

Cash Option – Declining Medical Coverage

Eligible employees who have medical coverage elsewhere may elect the cash option benefit in lieu of the Board provided group medical plan. The annual payout of \$1,200 will be divided by your total number of remaining paychecks in the calendar year.

	Bi-weekly (26)	Bi-weekly (20)	Monthly	Annually
Cash Option	(\$46.15)	(\$60.00)	(\$100.00)	(\$1,200.00)



- Current 2024 Cash Option enrollees will not need to re-enroll unless other benefit changes or flexible spending elections are desired. Enrollees will only need to upload proof of other coverage if that coverage has changed since last year.
- New 2025 Cash Option enrollees will need to upload proof of other coverage into bswift by 11/8/2024. Otherwise, you will be defaulted to the medical Base plan, employee only coverage. Dental and vision will remain with the original election.
- Even if the new enrollee is covered by another USD 259 employee, proof of coverage (copy of insurance card or benefit confirmation under other employee) is required.

UMR – Base Plan & Premium Plan 1



A UnitedHealthcare Company

Get all your answers quick and easy at umr.com

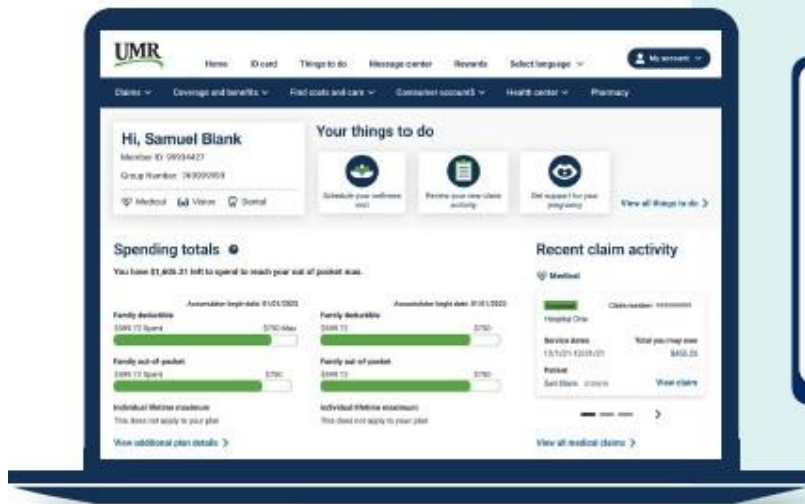
Make umr.com your first stop

You want managing your health care to be fast and easy, right? You got it. At **umr.com**, you'll find everything you want to know – and need to do – as soon as you sign in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!

The **UMR app** is another way we're reimagining health care to work for you.

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



(Fictionalized data)



Download the **UMR app** today!

Scan the QR code to the left or visit your app store to get started.



Sign in now to:

- View **Things to do**, your personalized benefits to-do list
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life

With just a tap, you can:

- Access your digital ID card
- View your plan details on-demand – anytime, anywhere
- Find out if there is a copay for your upcoming appointment
- Chat, call or message UMR's member support team

Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

UMR – Base Plan & Premium Plan 1

You don't need a Ph.D. to understand your benefits

We've made it easy to find the top things people want to know. Select **Coverage and benefits** from the blue secondary navigation to find out:

- What health care services are covered?
- What's your deductible, and are you close to reaching it?
- What's the cost difference between an in-network and out-of-network service?
- Is there a copayment for your office visit? If so, how much?

Get your answers at a glance on umr.com

(Fictionalized data)

Still confused about what a deductible is?

Just go to umr.com and scroll down to the **Highlights and resources** section. From there, select the **Glossary** shortcut to find common health care terms (including benefit terms) defined in plain, clear language.

(Fictionalized data)

Did your dog eat your ID card? No worries. It's easy to get a replacement online.

Just select **ID card** from the main navigation to see a copy of your card. With a couple more clicks, you can have a new card mailed to your home.

Can't wait for the mailman? Print a temporary copy from our desktop site. Or, use your smartphone to view your ID card or fax a copy to your doctor's office.

UMR Base Plan & Premium Plan 1

Don't be surprised by unexpected costs



Know the price you'll pay ahead of time

Under the **Find costs and care** menu option, use the **Health cost estimator** to look up a treatment or procedure in your area.



Quickly see what you spent on health care this year

Under the **Claims** menu option, see a breakdown by the types of services, so you can see where all your money went.



Make sure you get your in-network discount

Under the **Find costs and care** menu option, select **Find a provider** to do a quick search of participating doctors and facilities near you.

Buried in paperwork? A single click lets you track all your claims

Claim Number	Date	Provider	Amount Billed	Amount Paid	Plan Type
000000001	01/15/19	ABC Provider Inc.	\$12,345	\$10,000	000000001
000000002	02/20/19	DEF Provider Inc.	\$5,678	\$4,500	000000001
000000003	03/10/19	GHI Provider Inc.	\$8,901	\$7,200	000000001
000000004	04/05/19	JKL Provider Inc.	\$3,456	\$2,800	000000001
000000005	05/12/19	MNO Provider Inc.	\$6,789	\$5,500	000000001
000000006	06/01/19	PQR Provider Inc.	\$9,012	\$7,500	000000001
000000007	07/18/19	STU Provider Inc.	\$4,321	\$3,500	000000001
000000008	08/03/19	VWX Provider Inc.	\$7,654	\$6,200	000000001
000000009	09/14/19	YZA Provider Inc.	\$2,109	\$1,800	000000001
000000010	10/22/19	BCD Provider Inc.	\$5,432	\$4,500	000000001
000000011	11/05/19	EFG Provider Inc.	\$8,765	\$7,200	000000001
000000012	12/18/19	HIJ Provider Inc.	\$1,234	\$1,000	000000001
TOTAL			\$68,000	\$58,000	

(Fictionalized data)

- Saves time - no waiting!
- Keep up-to-date 24/7
- Clearly organized and easy to sort
- Get all the details in one place
- Safe and secure
- Find out what you owe
- No lost paperwork

Hassle-free access when you need it

Check in at your convenience to see if a claim has been processed and what you might owe. To get more details on a specific claim, select the **Claim #** or the **EOB** link on the same row as the claim. This will tell you the type of services provided, the amount billed and the amount paid,

if any, and whether there's any action that needs to be taken before the claim can be processed. You can choose to receive a secure email any time you have a new EOB. And if you're not ready to give up paper completely, you can print out copies from the **Claims** dashboard.

UMR – Base Plan & Premium Plan 1

Helpful health information all in one place

Discover new ways to build a healthier life with our **Health education library**.

Online health information— up-to-date and ad-free

Search your symptoms and understand your treatment options.

Get what you need to plan ahead

Find out about the different exams and procedures recommended for you.

Resources you can trust

Use free tools, calculators and videos to assess your health and learn about conditions.



Signing in is easy

Ready to pop in and take our site for a spin? Visit umr.com anytime to get started. If you already have an account, enter your username and password to sign in.

If it's your first time visiting us, create a HealthSafe ID to register your account. Make sure you have your ID card handy and follow the steps to get started.

© 2024 United HealthCare Services, Inc. UMR106 0324 UA No part of this document may be reproduced without permission. This content is provided for information only and is not to be considered medical advice. All decisions about medical care should be made by the doctor and patient. Always refer to the plan document for specific benefit coverage or call the toll-free member phone number on the back of your health plan ID card. UMR operates in accordance with medical privacy standards established by applicable federal and state laws. The screen shots shown are for illustrative purposes and use fictional data only.



YOUR PLAN ADVISOR

Ready to connect – and guide you to the answers you seek



Health care in the modern world calls for a sensitive, personal approach to service – one that’s built on real relationships and trust.

Which is why Plan Advisor delivers an experience that’s beyond traditional models of member support. Our advisors partner with you so you feel more confident in the decisions you make about your health, and comforted by the steps you’re taking to get there.

Because we all need a person we can rely on.
Let your Plan Advisor be yours.

Connecting you to the care you need

Whether your question is common or complex, we make it easier for you to get answers by ensuring you have the information you need.

Keeping it real

Your plan advisor is an actual person who’s focused on serving you, equipped with knowledge and options to support and anticipate your unique needs and goals.

We’re in it with you

If you need something that’s out of our reach, we’ll connect you to the resources you need – and we’ll even stay on the call as long as you need.



Dedicated to
YOU

To connect with your Plan Advisor, call the number on the back of your member ID card.

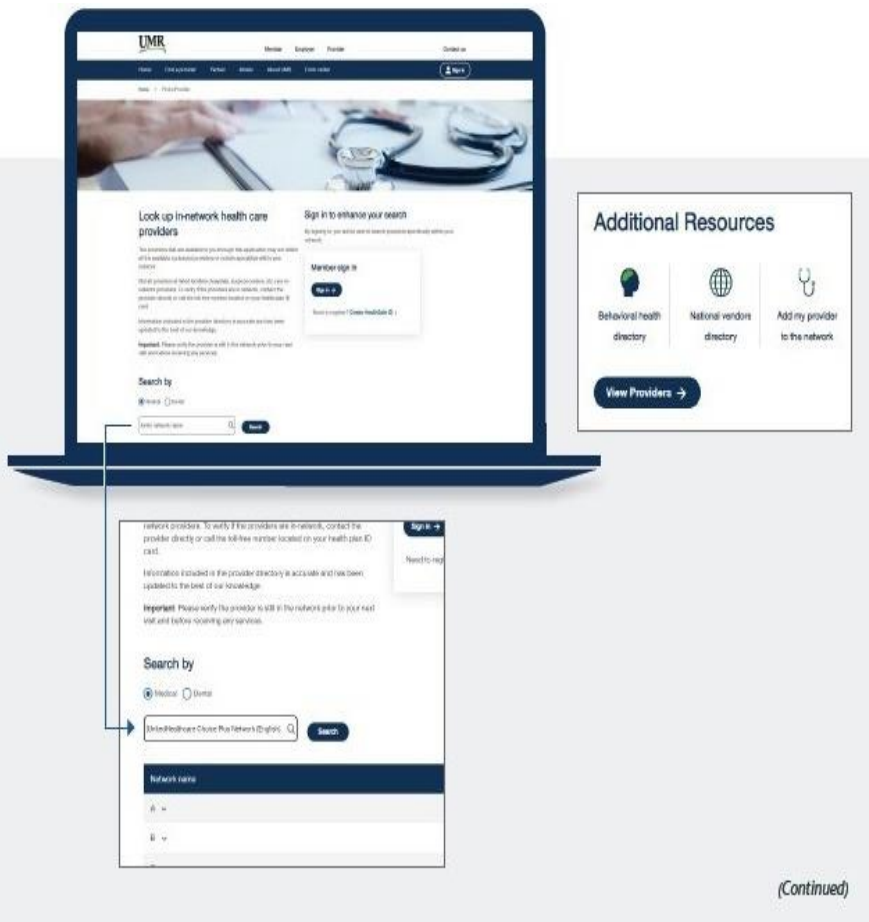


Plan Advisor

Your personal guide to all things health care

1 Go to umr.com and select “**Find a provider**”

2 Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box



UnitedHealthcare Choice Plus

The UnitedHealthcare online provider directories include network hospitals, primary physicians and specialists. The following information is available:

- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Average costs for care in your area and how different providers compare to the local average
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office

3 For medical providers, choose **View Providers**. For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**.



Teladoc with UMR

24/7 doctor visits via phone or mobile app

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.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



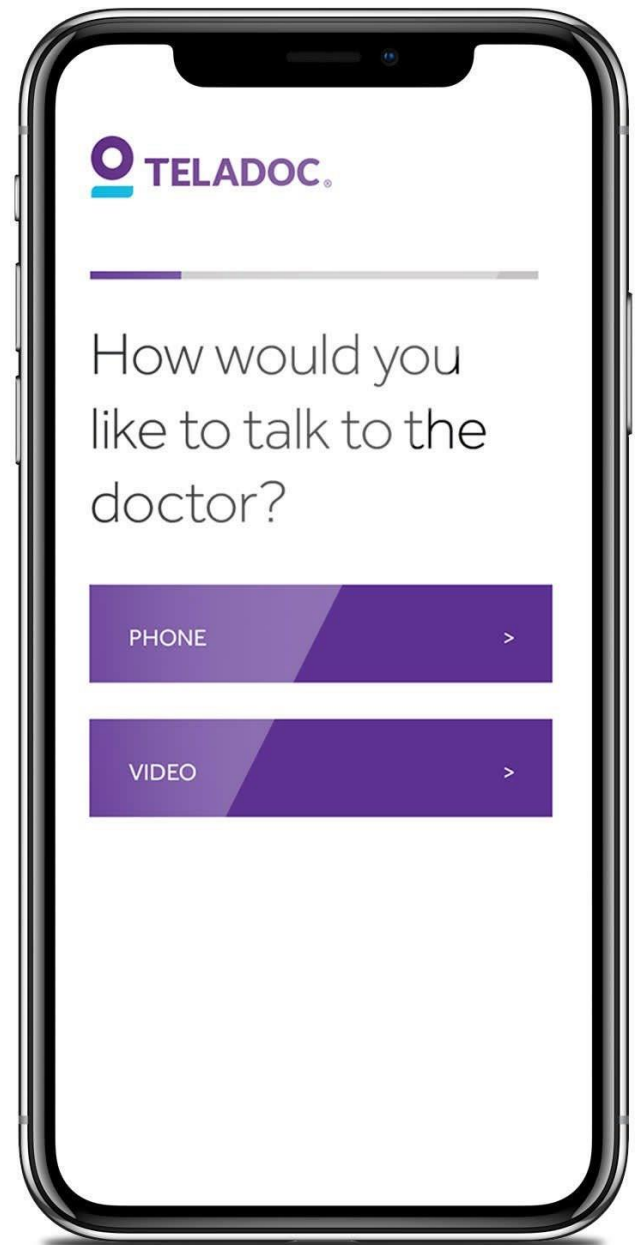
A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care



Talk to a doctor anytime!

Visit [Teladoc.com](https://www.teladoc.com) or call 1-800-Teladoc



Get the Care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & Flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



Program enrollment

Mothers enrolled in the program experience 50 percent fewer premature deliveries, and their costs for care are 50 percent lower than for those not enrolled in the program.



UMR CARE

Maternity CARE

Knowledge and support for a great start to motherhood

Healthier women are more likely to have healthy babies. That's why it's important to provide support to women before they become pregnant and throughout their pregnancy.

UMR's Maternity CARE program provides information and support to women considering having a child, prenatal education and guidance to those expecting, and high-risk pregnancy identification to help expectant mothers carry their babies to term. The result is an increased number of healthy, full-term deliveries, and a decrease in costly, extended hospital stays.

Proactive Identification and enrollment

UMR offers pre-pregnancy education to engage women while they are planning or considering a future pregnancy. Members self-enroll in the program and complete a comprehensive assessment with a CARE nurse to determine their risk level. They receive information based on their needs and are encouraged to participate in Maternity CARE when the time arrives.

We identify participants through the CARE Health Index on the CARE app, powered by Vivify, medical claims data, utilization review and other program referrals. Members may self-enroll online at umr.com, or by calling our toll-free number.

Once enrolled in the program, expectant mothers are contacted by CARE nurses who have extensive clinical backgrounds in obstetrics/gynecology.

CARE nurses connect with members by phone, email or digitally through the CARE app. The app allows them to view individual health metrics from self-reported data or synchronized monitoring devices. The nurses have the ability, when applicable, to connect face-to-face with members via streaming video.

Members will receive email reminders, or CARE Cues, that identify important health actions, including pregnancy-related tasks. These notifications are posted to umr.com under Things to do. This automated tool addresses gaps in care and reduces costs by encouraging preventative measures.

An assigned CARE nurse will assess the mother's risk level and provide her with timely education and follow-up support based on her personal situation.

The nurse repeats this process each trimester and monitors the mother's progress to determine if she has moved into a high-risk pregnancy situation. After delivery, mothers are contacted one more time to make sure there are no postpartum issues.

continued >>

UMR – Maternity Care

The mother may also choose to identify a support person who can be engaged in the program via an education call and electronic educational packet.

The packet includes information to help them support the member through their pregnancy, labor and delivery, and postpartum.

Risk-reducing Intervention

If an expectant mother is identified as high-risk, she will be placed into our Complex Condition CARE program. The Maternity CARE nurse and CARE nurse manager will work together to monitor and co-manage her condition and keep the group informed of high-cost situations. The mother will also receive educational information and support, as dictated by her specific condition. The CARE nurse manager will work to reduce claims costs throughout the high-risk pregnancy and post-delivery period.

Live events

Maternity CARE offers two types of events for members who are enrolled in or have completed the program:

– Maternity CARE Virtual Classes

Each month, Maternity CARE nurses share helpful information about a different pregnancy-related topic, from prenatal care, to labor and delivery, to postpartum. Members have a chance to learn from specialized OB-GYN nurses and ask questions so they can make the most of their pregnancy journey.

– Maternity CARE Breastfeeding Support Group

These events promote successful breastfeeding and give members an opportunity for community and connection. During each session, attendees receive expert advice and support from Maternity CARE nurses and have a chance to talk with other breastfeeding moms about what's going well and what's been challenging.

Effective Incentives

To encourage members to enroll early on, UMR offers an incentive for participation as well as successful completion of the program.

All members who join the Maternity CARE program during their first or second trimester are eligible to receive a gift of their choice.

Participants may choose from a selection of high-quality print or e-books and other materials containing helpful information about pregnancy, pre-term labor, childbirth, breastfeeding and infant care.

Members who enroll during their first or second trimester and successfully complete the program are eligible to receive a UMR-funded \$25 gift card. Members who wait until their third trimester to enroll are encouraged to join the program and receive the educational offerings, but are not eligible for the program gift card.

Additionally, UMR customers have the option of funding additional rewards directly into their consumer-driven health reimbursement account (HRA) or health reimbursement account + incentive\$ (HRA +) plans. These accounts are an ideal way to provide incentive rewards and create a seamless member experience.



For more information about the Maternity CARE program, contact your UMR representative.



A UnitedHealthcare Company



Getting started

Talkspace is your digital space for private and convenient mental health support. With Talkspace, you can receive counseling, therapy, and medication services from the convenience of your device (iOS, Android, and web).

All care is led by a behavioral health clinician or medical professional. Talkspace's network features thousands of licensed, insured, and verified therapists and specialized prescribers who can support a variety of needs—including, but not limited to:

- ✓ Stress
- ✓ Anxiety
- ✓ Depression
- ✓ Eating disorders
- ✓ Substance use
- ✓ Sleep
- ✓ Identity struggles
- ✓ Chronic issues
- ✓ Trauma & grief
- ✓ Relationships
- ✓ Healthy living
- ✓ ...and more

Counseling and therapy

On average, members can begin communications within days of matching with a licensed provider. Therapists typically engage daily during their business hours. Live sessions can take place within days of scheduling.*

Medication evaluation and management

Find an available psychiatric prescriber in minutes. With Talkspace Psychiatry, you can schedule video appointments with an in-state, licensed provider who specializes in psychiatric evaluation. You'll meet virtually over live video within two weeks of booking (on average).

Additional services

Members have access to Talkspace education and self-help tools to complement your mental health journey. Designed by clinical experts, exercises are interactive, therapeutic, and easy to use.

Meditation

Journaling

Reflections

Positive thinking

*Appointment scheduling is based on availability and preferences

Ready to get started?

- To register, visit talkspace.com/connect
- Complete our QuickMatch™ provider finder tool to review your best match
- Schedule a live session or message right away

Questions?

Contact partners-support@talkspace.com or visit your benefit FAQ page



WEIGHT MANAGEMENT SUPPORT



Helping You Build Healthier Habits

Imagine having all the support you need to create a healthy lifestyle and boost your well-being. Real Appeal® makes it possible, by helping you take small steps for lasting change.

More Support for More Confidence

Real Appeal is a practical online weight management program. It's available to you and eligible family members at no additional cost as part of your health plan benefits.



Supportive Coaching and Sessions

Get personalized guidance from a coach, who leads collaborative weekly group sessions.

Making Behavior Change Possible

Together, we'll address topics like emotional eating, mindset and motivation, and more.

Resources to Stay Motivated

Your Success Kit gives you access to online fitness classes, scales, a portion plate, and more.



Get started now at enroll.realappeal.com or scan the QR code.

Please have your health insurance ID card handy when enrolling.

Real Appeal is available to members at no additional cost as part of their benefits plan, subject to eligibility requirements. The Real Appeal program is educational in nature and is not a substitute for medical advice.

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Boosting your well-being starts with:

Your mindset

We'll dive into awareness, motivation, confidence, accountability, and more.

Holistic health

Creating a healthy mindset starts with focusing on actions, not just weight loss.

Peer support

Your online group supports you by sharing challenges and successes.

Your Success Kit

Access online fitness classes that are right for you, anytime, anywhere.
You'll also get scales, a portion plate and more.

You'll receive your Success Kit after attending your first online session.

Surest – Premium Option 2

An overview of how the Surest plan works:

- Coverage for health services, from colds to emergency heart surgery.
- No deductible. No coinsurance.
- Check copays for tests, procedures or treatments before making an appointment.
- Shop by quality—lower copays indicate higher-value care, based on quality, efficiency, cost and overall effectiveness.
- See different treatment options. You have the information to choose what makes the most sense for your health, your lifestyle and your budget. You have more control over improving your health at the lowest cost

Other features:

Options: Access the broad, national UnitedHealthcare Choice Plus network of doctors and hospitals. (One of the largest in the country.)

Ease of use: At Surest, there's no deductible to meet, and no coinsurance to calculate. You pay a copay for the service, which you can see ahead of time on the Surest app or website.

Opportunities to save: When you choose quality care that helps keep you healthy, you have the opportunity to save money.

Help team: Surest Member Services customer support is available by chat, email or phone to help answer cost or coverage questions.

Using Surest is straight forward for looking up conditions:

Visit Join.Surest.com to look up conditions.

- 1** Login: Provide email or mobile number and enter the access code.
- 2** Menu: Select Search Coverage.
- 3** Search: Enter condition.
- 4** Review result: Select any option for details.

Or confirming your doctor is in network:

- 1** Enter doctor's name: Search for conditions, coverage and practitioners.
- 2** Review result and: Common costs for John T Beecher, MD.
- 3** View details: Telemedicine Visit - with in-network provider with John T Beecher, MD.

You can learn more about Surest at <https://bitcki.app/WPS-2025> or scan the QR code below:



Surest – Doctor on Demand



Experience a new way to get care.

Built around you and with you in mind.

Doctor on Demand by Included Health isn't your normal doctor's office. Our board-certified providers are here to serve you— when it works for you.

How can we help

Some examples of how our providers and therapists can help:

- + Urinary tract infections
- + Sinus infections
- + Cold, flu, & COVID-19
- + Prescriptions & refills
- + Skin conditions & rashes
- + Ear infections
- + Headaches & migraines
- + Nausea & vomiting



Activate your free account now at doctorondemand.com/surest

Surest Member Services:
866-683-6440, Monday – Friday, 6 am – 9 pm CT.

1.

Activate Your Free Account

Just go to doctorondemand.com, or download the Doctor On Demand app.

2.

Register

Answer a few questions and enter Surest as your health insurance.

3.

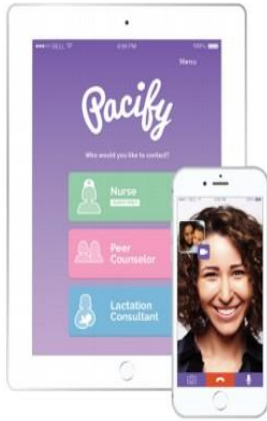
Get Care Anytime, Anywhere

Doctor On Demand provides 24/7 access to board-certified providers at your fingertips. The physician will assess your symptoms and get you on the path to feeling better.

Brought to you by: **surest.**



Pacify: maternity support



What is Pacify?

Pacify is on-demand (24/7/365) access to video consultation with maternal and pediatric experts. Pacify is available from prenatal to one year postpartum.

Who is eligible for Pacify?

All new or expectant moms

Key program features

- Unlimited video calls with maternal and pediatric experts
- 24/7 availability on demand, no appointment required
- Available for English-and Spanish-speaking members
- Push notifications to promote behaviors that support a healthy pregnancy and well-baby
- Welcome gift
- Integrated with EAP and Member Services

Why do we love it at Surest?

- We love that pregnant moms have unlimited access to support when and where they need it — because new moms never sleep!
- Surest is all about empowering health care consumers. This app puts information in the hands of pregnant moms when and where they need it most.
- Pacify sends enrolled participants a gift box of baby goodies.

Why is it better with Surest?

- We can refer members into the program through our human-led and digital channels.
- The program is available at no additional cost to the member.
- We complement this offering with our high-risk maternal case management.

Impact

- Fewer ER visits, increased breastfeeding success rate
- 4.8 out of 5 stars average consumer rating



Wellness Verification

All employees and spouses who wish to enroll in the medical plan will be required to have their wellness items certified in order to receive the Wellness Premium Discount. Employees and covered spouse's each earn \$1,200 annual wellness discount by completing the wellness criteria. To receive the wellness discount you must complete the certification process included in the online enrollment. This "certification" will be answering and attesting that you have satisfied the criteria and understand you are subject to audit.

Screenings must be completed between September 1, 2023 – August 31, 2024 to apply towards the 2025 premium discount. All wellness criterion are subject to verification and approval before the premium discount is reflected on the enrollment screen. **This will not occur until your final confirmation statement is prepared after open enrollment has closed and all post enrollment audits have been completed.**

"New hires or transfers into benefitted positions as of 4/1/24 will automatically get the wellness discount for 2025.

Wellness Credit Requirements!

Important Details from the Benefits Department & Hootie

- Please DO NOT upload any wellness documentation unless you are contacted directly during our wellness audit at the close of open enrollment!
- You will attest you have met your wellness points while completing the online open enrollment process in Bswift!

TO OBTAIN THE 2025 WELLNESS DISCOUNT

Get annual physical exam with blood work **OR** get an eye exam

Services must have occurred between 9/1/23 and 8/31/24

TO OBTAIN THE 2026 WELLNESS DISCOUNT

Get annual physical exam with blood work **OR** get an eye exam

Services must have occurred between 9/1/24 and 8/31/25

REMINDER!

Your in-network preventive care visits are covered at 100% which means they cost you nothing other than your time to complete them.



"Due to our simplified wellness points system, please do not upload any wellness documentation unless asked to do so in a post enrollment audit!"

Delta Dental of Kansas

**You get the highest benefit with a provider in the PPO network*

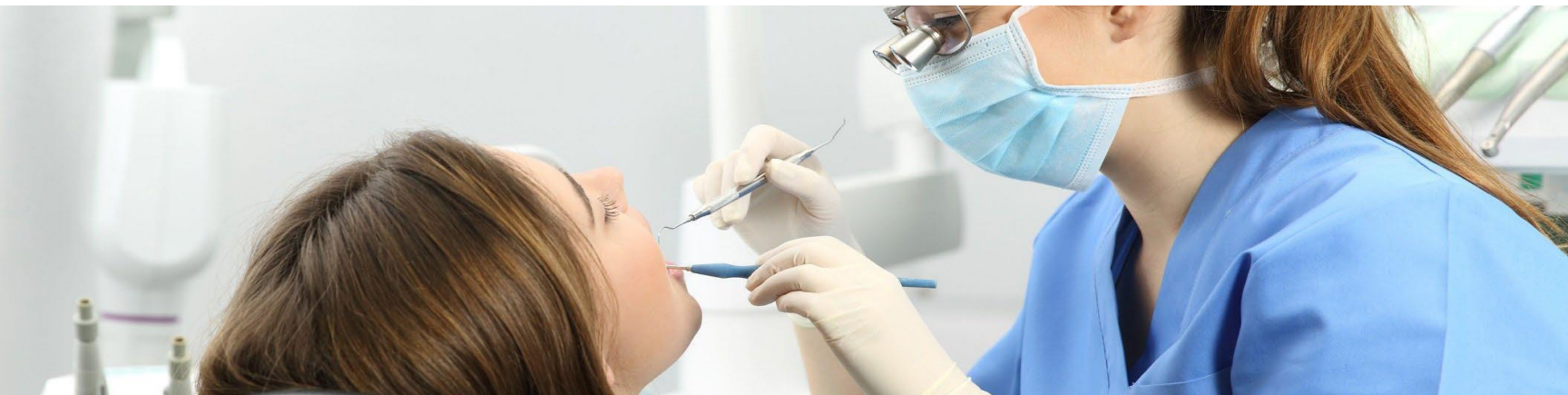
Great oral health is an essential part of a healthy lifestyle. Oral health is often overlooked, but regular oral care can help prevent common diseases and greatly influence your overall quality of life. We offer two dental insurance plans through Delta Dental to help you maximize your oral health.

Visit www.deltadentalks.com to find a provider, print ID cards, check your eligibility or claims status, and more!

Plan Information	Base Plan		Buy-Up Plan	
	PPO or PREMIER	Out-of-Network	PPO or PREMIER	Out-of-Network
Network				
Maximum Benefit(s) Per Person	\$1,500 Per Calendar Year	\$1,500 Per Calendar Year	\$1,500 Per Calendar Year	\$1,500 Per Calendar Year
Deductible (Applies to Basic & Major Services)	\$0 Individual \$0 Family	\$0	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Preventive (Oral Exams, X-Rays, Cleanings, Topical Fluoride, Space Maintainers, Sealants)	Plan pays 100% (PPO) Plan pays 70% (PREMIER)	Plan pays 60%	Plan pays 100% (PPO) Plan pays 70% (PREMIER)	Plan pays 60%
Basic Services (Oral Surgery, Extractions, Restorative Services, Endodontics, Periodontics)	Not Covered	Not Covered	Plan pays 80% (PPO) Plan pays 70% (PREMIER)	Plan pays 50%
Major Services (Special Restorative Services, Bridges, Dentures, Implants*, TMJ**)	Not Covered	Not Covered	Plan pays 50% (PPO) Plan pays 50% (PREMIER)	Plan pays 40%

*Implant services are subject to a maximum benefit of \$2,500 per lifetime, per person. Implant coverage will not be included in the annual maximum benefit.

**Temporomandibular Joint Dysfunction is subject to the annual benefit maximum of \$1,500 per person, per calendar year.



Base Plan Premiums	Annually	Monthly	Bi-weekly (20)	Bi-weekly (26)
Employee Only	\$0	\$0	\$0	\$0
Employee + Spouse	\$0	\$0	\$0	\$0
Employee Child(ren)	\$0	\$0	\$0	\$0
Employee Family	\$0	\$0	\$0	\$0
Buy-Up Plan Premiums	Annually	Monthly	Bi-weekly (20)	Bi-weekly (26)
Employee Only	\$189.84	\$15.82	\$9.49	\$7.30
Employee + Spouse	\$398.64	\$33.22	\$19.93	\$15.33
Employee Child(ren)	\$360.60	\$30.05	\$18.03	\$13.87
Employee Family	\$588.48	\$49.04	\$29.42	\$22.63

Your annual cleanings do apply towards the annual \$1500 calendar year maximum.

Vision

Surency

Visit www.surency.com/vision to find an Insight Network Provider.

In-Network Plan Information	Base Plan (Exam Only)		Buy Up Plan	
Network	Insight Network	Out-of-Network	Insight Network	Out-of-Network
Exam	\$0 Copay	\$40	\$0 Copay	\$40
Exam Frequency	Once Per Calendar Year		Once Per Calendar Year	
Lens Frequency	Unlimited		Once Per Calendar Year	
Frames Frequency	Unlimited		Once Every Other Calendar Year	
Standard Frames	35% Off Retail	N/A	\$150 Allowance, 20% Off Balance over \$150	\$105
Lenses (Single, Bifocal, Trifocal)	\$50 \$70 \$105	N/A	\$25 Copay	\$30 \$50 \$70
Conventional Contact Lenses	15% Off Retail	N/A	\$150 Allowance, 15% Off Balance over \$150	\$120
Disposable Contact Lenses	Not Covered	N/A	\$150 Allowance	\$120
Medically Necessary Contact Lenses	Not Covered	N/A	100% Covered	\$210



Base Plan (Exam Only)	Annually	Monthly	Bi-weekly (20)	Bi-weekly (26)
Employee Only	\$0	\$0	\$0	\$0
Employee + Spouse	\$0	\$0	\$0	\$0
Employee Child(ren)	\$0	\$0	\$0	\$0
Employee Family	\$0	\$0	\$0	\$0
Buy-Up Plan	Annually	Monthly	Bi-weekly (20)	Bi-weekly (26)
Employee Only	\$49.68	\$4.14	\$2.49	\$1.91
Employee + Spouse	\$94.44	\$7.87	\$4.73	\$3.64
Employee Child(ren)	\$99.48	\$8.29	\$4.98	\$3.83
Employee Family	\$146.16	\$12.18	\$7.31	\$5.63

Flexible Spending Accounts (FSA)

ASI

What is a Flexible Spending Account (FSA)?

We partner with ASI to pay for out-of-pocket medical, prescription, dental, vision, and dependent day care expenses with pre-tax dollars through Flexible Spending Accounts (FSA). You must enroll/re-enroll annually during open enrollment to participate for the following calendar year.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, social security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period.

Participants can order a debit card for the Health Care Flexible Spending Account by completing the "FSA Debit Card Application" located at www.asiflex.com, under Employee Benefits on the USD259 website, or in the library on the [bswift benefit portal](#).

The Two Types of FSAs:

Health Care FSA

You can use money set aside in your Health Care FSA for eligible medical, dental, prescription and vision expenses incurred by you, your spouse, or your taxable dependents. Great examples of this include copays and deductibles. Cosmetic surgeries, health club memberships, teeth whitening etc. are not eligible. Remember to keep your receipts and/ or other documentation in case it is needed to verify the medical expense. Some items may require additional documentation from your medical provider.

The maximum amount you can contribute is \$3,200 per year.

Dependent Day Care FSA

This account is for eligible dependent care services such as preschool, summer day camp, before or after school programs and child care. In order for dependent care services to be eligible, they must be for the care of a taxable dependent under the age of 13 who lives with you or for a taxable dependent who is incapable of caring for himself or herself. The care must be needed so that you and your spouse (if applicable) can go to work. Because of this, care must be given during normal working hours and cannot be provided by another of your dependents.

The maximum amount you can contribute is \$5,000 per year, depending on your marital and tax-filing status.

FSA Frequently Asked Questions

Do I need to keep any records when I use my FSA?

To be compliant with the IRS guidelines, your FSA administrator may ask for an itemized receipt or Explanation of Benefits to validate claims.

When is the FSA money deposited?

Your entire election is available on the first day beginning the plan. The election amount will be contributed through even payroll deductions throughout the plan year.

What if I do not use all of the FSA money by the end of the year?

FSA funds abide by the "use-it-or-lose it" rule. All unused FSA money in excess of a \$640 rollover amount will be forfeited for the Health Care FSA. For the Dependent Care FSA, any balance not used by the deadline will be forfeited.

What if I separate employment with USD 259?

Your FSA will terminate at the end of the month that your other health plan benefits terminate. You will have 90 days beyond that date to file any outstanding claims incurred prior to your benefit termination. If you have spent more than you contributed, you will not owe any money back.

FSA Eligible Items

Qualifying Health Care Expenses

- Acupuncture
- Alcoholism
- Ambulance
- Annual Physical
- Exam
- Artificial Limb
- Artificial Teeth
- Bandages
- Birth Control Pills
- Blood Pressure Monitor
- Body Scan
- Breast Pumps & Supplies
- Chiropractor
- Contact Lenses
- Crutches
- Dental Treatment
- Diabetic monitors, test kits, strips and supplies
- Diagnostic Devices
- Disabled Dependent Care
- Drug Addiction
- Eyeglasses
- Eye Surgery
- Fertility Enhancement
- First Aid Kits
- Flu Shots
- Hearing Aids
- Home Care
- Hospital Services
- Laboratory Fees
- Lactation Expenses
- Menstrual products
- Plan Mileage (for travel to/ from eligible healthcare)
- Nursing Services
- Optometrist
- Osteopath
- Over-the-counter drugs and medications
- Oxygen
- Physical Examination
- Pregnancy Test Kit
- Prescription Medicines
- Prosthesis
- Psychiatric Care
- Psychologist
- Saline Solution
- Sterilization
- Sunscreen (SPF 15+ and "Broad Spectrum")
- Surgery Telephone (Hearing Impaired)

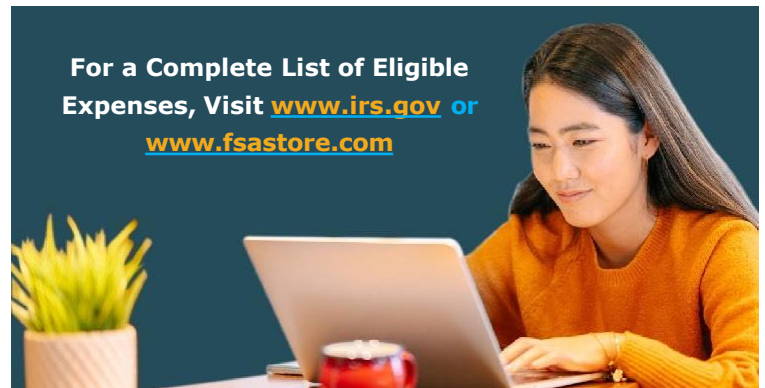
Health Care Expenses Not Allowed

- Baby Sitting
- Cosmetic Surgery
- Dancing Lessons
- Diaper Service
- Electrolysis or Hair Removal
- Funeral Expenses
- Future Medical Care
- Hair Transplant
- Health Club Dues
- Household Help
- Maternity Clothes
- Medicine (from Outside U.S.)
- Non-prescription Medicines
- Nutritional Supplements
- Swimming Lessons
- Teeth Whitening
- Veterinary Fees
- Weight-Loss Program
- Food

Items That Require Physician RX

- Allergy Medication
- Diaper Rash Ointments & Creams
- Over-the-counter drugs
- Weight Loss Drugs (for purpose of medical condition)

For a Complete List of Eligible Expenses, Visit www.irs.gov or www.fsastore.com




Group Term Life Insurance

The Board provides group term life insurance coverage free of charge for all permanent employees who work 20 hours or more per week. This coverage will not be effective until the employee reports for work.

The face value of your personal term life policy is based upon your position.

- Certified employees - \$30,000
- Classified / Hourly employees - \$30,000
- Supervisory and technical employees - \$40,000
- Administrators - \$50,000



Please make sure your beneficiaries are up-to-date, this will ensure that those funds go to who you intend to have them. You can update these any time through the year as life situations change.

KPERS Life Insurance

As an active member of KPERS, you are provided a life insurance policy with a face value of 1.5 times your annual base pay. The effective date of coverage is your date of hire. New employees and employees who become KPERS benefit eligible will complete the KPERS designation of beneficiaries form to assign beneficiaries. To update your beneficiary at any time, you would go to www.kpers.org.

Voluntary Term Life Insurance

Wichita Public Schools understands that having a comprehensive benefits plan is important to our employees and their families. Life insurance can provide an additional layer of financial protection for you and your loved ones. This voluntary benefit would be in addition to the district provided life insurance benefit.

What do you need to know?

During your enrollment period, you will have a special opportunity to enroll in Voluntary Term Life insurance coverage. You can also take advantage of the special opportunity to increase your current coverage amount and/or enroll in spouse or child coverage. The employee must be enrolled in optional life to be eligible to also purchase spouse and/or child life insurance. Dependent coverage cannot surpass employee coverage.

Why enroll now?

The Term Life insurance plan through Guardian provides a guaranteed benefit you can count on. Policy proceeds are usually distributed income-tax free so you can help protect those who depend on you. It also offers flexibility to update your coverage as your life changes or take it with you if you change jobs or retire. Additionally, when you enroll for coverage, you also receive an equal amount of Accidental Death & Dismemberment insurance, which provides a layer of financial protection in the event of a serious injury or death as a result of an accident.

During this enrollment period, you can enroll for the following amounts of Voluntary Term Life insurance:

Employee:

Enroll up to \$500,000 (\$10,000 Increments)*

Guarantee Issue is \$150,000

Spouse:

Enroll up to \$250,000 (\$5,000 Increments)*

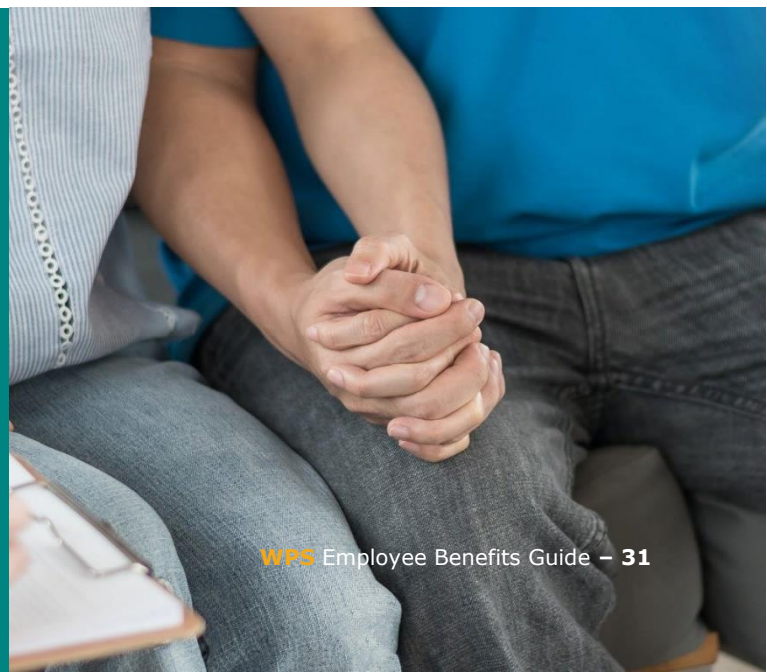
Guarantee Issue is \$50,000

Child(ren):

Enroll any eligible children (up to age 26)

for \$10,000 Guarantee Issue is \$10,000

* If you would like additional coverage, a brief application and a few health questions will be required. The additional coverage does not take effect until approval is granted.



Employee Assistance Program

COMPSYCH

USD 259 has partnered with ComPsych to offer an extensive Employee Assistance Program (designed to assist employees and members of their household address an array of life challenges before they become distractions that affect home life as well as work performance).

ComPsych's GuidanceResources also includes a host of useful materials regarding fitness and nutrition, career and personal development, legal resources, work-life balance, parenting, and many other topics. These resources are free to you and all members of your household and can be accessed from home and at your own pace.

In an effort to support employees' mental health, the expanded EAP benefit now provides up to 10 counseling visits per issue and referral services for employees and all household members. These services are provided in strict confidentiality and there is no cost to the employee.

EAP Can Give You the Support You Need?

- Relationship challenges
- Excessive worry or stress
- Life changing events
- Substance dependence
- Legal or financial issues
- Workplace challenges

Better Help Online Therapy

Online, real time, anytime: confidential care for you and your household members to help you live with balance, health and happiness.

ComPsych's text therapy partner, Better Help, is another great way to access support without having to leave your home, and you can talk to a therapist on your own time. This option makes support more convenient than ever.

What's in it for you:

- Easy access to 2,000+ licensed therapists with a mobile device or computer
- Can text your counselor directly on a 24/7 basis
- Includes household members who are at least 18 years of age
- No cost or insurance required
- No commutes or appointments
- Confidential and provided through a secure portal
- Immediate access to emotional support
- 1:1 relationship with licensed professional
- Easy access with a mobile device or computer
- 1 week of texting therapy is equal to 1 in-person session

Services Included Free with your EAP Program with ComPsych

Wichita Public Schools Teacher Resource Guide

- Work-life, financial, emotional and stress management resources
- Designed for teachers but a beneficial resource for other positions as well

Work-Life Balance Resources - research by guidance resource experts for you

- Child care and elder care research
- Housing, vacation planning, scholarships, and other consumer matters
- Money, debt, or personal finance
- The law or legal issues

KOA Care 360:

Recharge, Refresh and Improve Your Mood - KOA Care 360 is an on-line, behavioral self-care program designed to help you live your best life. You'll find help for stress, anxiety, chronic pain, and more. It's safe, secure and personalized – just for you. Track your health, enjoy activities, and become inspired. Start today!

HOW DO I GET STARTED?

Log on to www.guidanceresources.com with passcode: **usd259**

Request counseling by contacting a Guidance Consultant through USD259's dedicated number: **1-866-517-1254**

EAP: Additional Services Free to You

GuidanceResources®



WellthSourceSM Financial Wellness for the Digital AgeSM

Money management easily ranks among the most stressful aspects of daily life. That's why your GuidanceResources Program offers WellthSource, a cutting-edge interactive financial wellness platform that helps you and your family adopt a lifestyle of healthy financial habits.

Available on desktop, tablet and mobile platforms, this engaging, user-friendly digital platform addresses all of the most common financial issues and topics. That way, no matter what your goal or stage in life is, you have the tools you need to create and sustain financial well-being. WellthSource programs cover a variety of financial topics, including:

- Banking, budgeting and saving
- Homeownership and mortgages
- Debt, credit and loans
- Investing and retirement
- Taxes, charity and government
- Child, family, pet and health
- Identity, security, scams and fraud
- Financial and estate planning

How It Works

The WellthSource program guides you through an interactive assessment about yourself and your comfort level with financial matters. The program then processes those results to produce a personalized financial quotient, or "Fi-Q" score.

Using that Fi-Q score, the WellthSource platform designs a customized financial wellness curriculum featuring webinars, articles, podcasts, quizzes, slideshows, and on-demand trainings — all designed to address your unique needs.

Simply complete the curriculum at your own pace and watch your Fi-Q score rise along with your financial knowledge and confidence. It's that easy.

Additional Resources, Services and Tools

The WellthSource platform includes numerous additional resources, such as the FinancialPoint® digital financial planning tool, EstateGuidance® online will preparation, budget calculators, a resource library with thousands of helpful assets, and a financial news and live markets section. Stuck on a problem? Live help is available around-the-clock to assist with anything from finding resources and tools to scheduling a consultation with a certified financial professional.

Here when you need us.

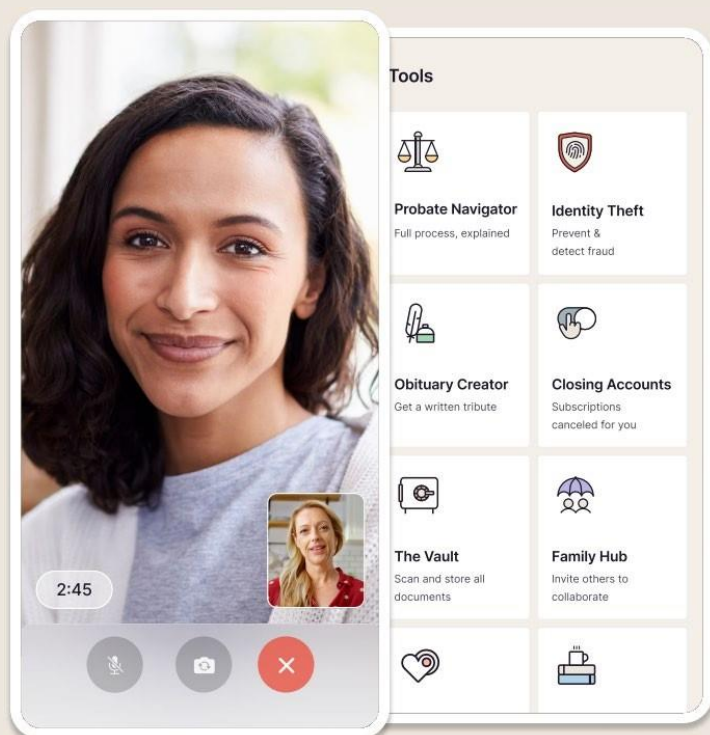
Call: (866)517-1254 TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceNow™

Web ID: [usd259](#)

Full-circle care for your journey through loss



Empathy gives you the resources to handle any practical or emotional challenge that follows the loss of a loved one.

From settling the estate to dealing with grief, Empathy's tech-enabled assistance and real-time human support helps you and your family save hours of time and thousands of dollars as you deal with every challenge that loss brings.

On-demand assistance from our Care Managers

Guidance for probate and estate settlement processes

Automated tools that take care of tasks on your behalf

Emotional support and help for dealing with grief

Access your complimentary account



To register online scan the QR code or visit join.empathy.com/register
Use access code EMP-WPS

Or call (201) 350-1881 to be connected with our Care Team

KPERS

Kansas Public Employees Retirement System (KPERS) Pension Plan

All district employees who work in KPERS covered positions are members of the Kansas Public Employees Retirement System (KPERS). Kansas law requires that all eligible employees must become members. As an active member you contribute a percentage of your gross earnings. The KPERS website has valuable information regarding your KPERS membership. Links to all KPERS publications and forms are online for members and retirees. You can review your benefits as a member of KPERS and the retirement benefits you are accruing. KPERS also has an online "Retirement Estimate Calculator" you can use to calculate your retirement benefits. To get the best possible estimate results, have your latest KPERS Annual Statement available to enter years of service and salary information.

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).

Earning Interest: If you became a member before July 1, 1993, your contributions earn 7.75% interest. On or after July 1, 1993, your contributions earn 4% interest.

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.

Earning Interest: Your contributions earn 4% interest.

KPERS 3

Benefits Members hired January 1, 2015 and after

Contribution Amount: As a KPERS 3 member, you contribute 6% of your income.

Earning Interest: Your contributions earn 4% interest (quarterly). There is also a possibility of additional interest, depending on KPER's 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.**



Years You've Worked

< 5 years

5-11 years

12-23 years

24+ years

Annual Credit Rate

3% of your pay

4% of your pay

5% of your pay

6% of your pay

NOTE: Kansas law does not allow you to borrow from your contributions

Voluntary Retirement Program

USD 259 employees have the opportunity to set up contributions to their personal investment programs through payroll deductions. There are two options available: the USD 259 endorsed 457 Deferred Compensation program with Empower, and 403(b) tax-sheltered annuity plans. Employees interested in setting up personal accounts must work with an investment counselor to determine an investment program and begin a payroll deduction.

457 (B) Deferred Compensation Plan

457(b) deferred compensation plans are employer-sponsored retirement savings plans, offered by municipalities and governmental entities, which allow employees to defer a portion of their current compensation on a tax-advantaged basis for retirement.

With a 457(b) plan, employees put a portion of their earnings into an employer-sponsored plan on a tax-advantaged basis. Employees may choose between a traditional pre-tax contribution and a Roth contribution.

Roth contributions - Contributions are made on an after-tax basis. Earnings accumulate on a tax-deferred basis, and distributions are tax-free if made five years after the initial contribution to the plan and the employee is over 59½.

Traditional pre-tax contributions - Contributions are made on a pre-tax basis, reducing the employee's taxable income. Earnings accumulate on a tax-deferred basis. All distributions are taxed as ordinary income.

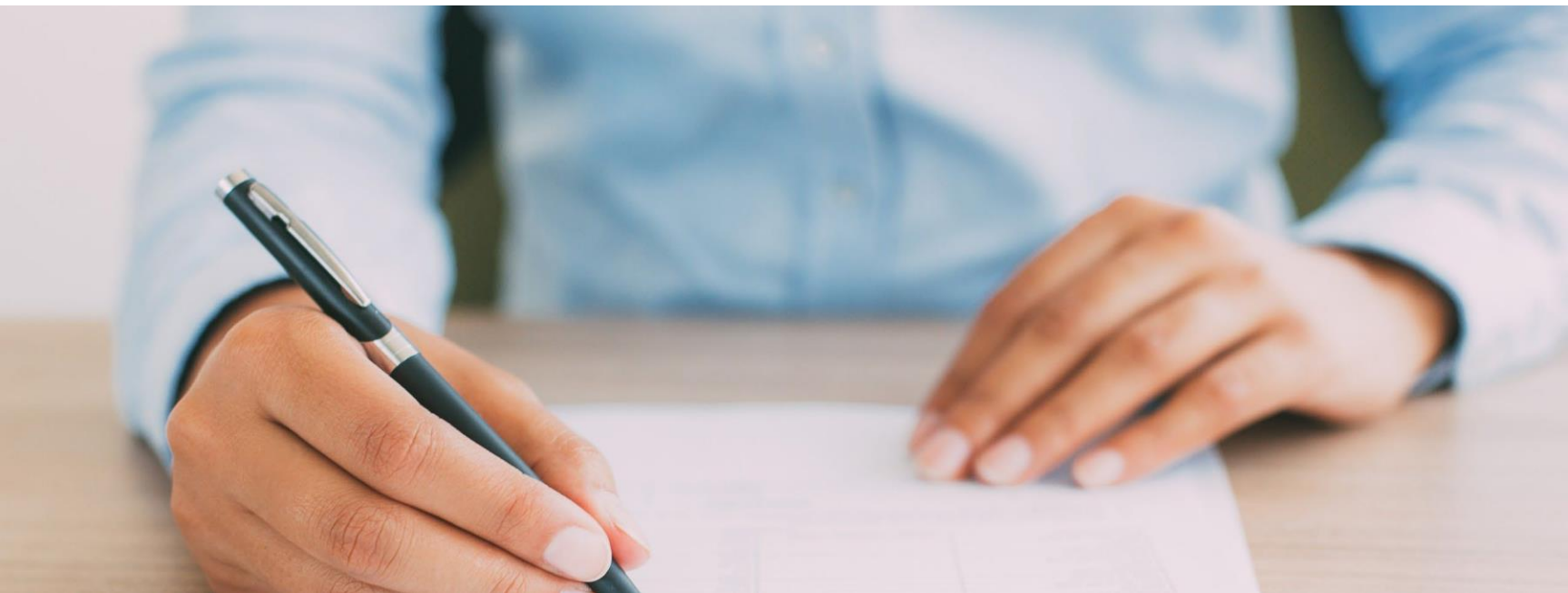
Please contact Deb Anton with Retirement Plan Advisors for assistance with setting up a 457(b).

(316)210-5049 or danton@retirementplanadvisors.com

403(B) Tax Sheltered Annuity Plans

The Omni Group is our 403(b) plan administrator. The list of providers can be found on the Omni website www.omni403b.com.

You can also contact Omni at 1-877-544-6664 to work with an investment advisor from one of our approved participating service providers.



Employees planning to retire from USD 259 must contact the Retirement office at least six months in advance to complete paperwork and ensure all steps for a successful retirement have been taken.

USD 259 Retirement Specialist & KPERS Designated Agent

Nicole Heizelman Business:

(316) 973-4590

Email: nheizelman@usd259.net

Disability and Leave Programs

Workers Compensation

The Board provides Worker's Compensation coverage under the Kansas Workers Compensation Law for all employees. Workers Compensation covers injury and disease arising out of and in the course of one's employment. Benefits include medical expenses and disability payments when applicable.

Job related accidents must be reported immediately to the worker's supervisor and the Workers Compensation office at 316-973-4579. The Employee Report of Incident (EROI) and the Supervisor's Report need to be completed and forwarded to the Employee Benefits and Insurance Management office as soon as possible, but no more than 24 hours after the occurrence.

Short Term Disability (STD)

The Board provides Short Term Disability benefits to eligible employees for disabilities resulting from non-occupational illness or injury, as outlined in the STD plan summary. STD replaces a portion of pay once an employee temporary leave balance has been exhausted. Disability benefits must be approved by the district's leave administrator.

Under no circumstances will short term disability benefits be paid in excess of 180 calendar days from the date of disability.

Contact Employee Benefits at employeebenefits@usd259.net for more information about FMLA, maternity leave, or medical leave.

KPERS Long Term Disability (LTD)

Membership in KPERS also includes Long Term Disability benefits. The KPERS long term disability plan provides financial protection by replacing a portion of the member's income if he or she is disabled for a prolonged period as the result of an injury or sickness. KPERS also provides an insured death benefit to the member's beneficiary should the member die while receiving long term disability benefits. The death benefit amount is based on the member's salary at the time of disability.

Catastrophic Benefit Donation Pool

This pool was established for USD 259 employees in 1995 to help participants recover pay for work days that have gone into deduct pay due to an FMLA eligible, catastrophic medical event.

To become a member of this pool, benefited employees voluntarily make a one time donation of one day of their temporary leave to the pool on PeopleSoft anytime throughout the year.

Once their donation has processed, employees are eligible to apply for assistance, as long as they are actively employed in a benefited position. To participate in the Catastrophic Benefit Pool, you may go online to PeopleSoft to make this donation.

From the Employee Self Service page, click on the Tile "**My Benefits**". Then select the option at the left "**WPS Catastrophic Benefit Pool**".

Before applying: temporary leave must already be exhausted, deduct days must show on PeopleSoft, and the donation day needs to have been processed. The Catastrophic Benefit Pool is not an option on days an employee is receiving compensation under Disability or Workers' Compensation.

Employee are eligible to apply for up to 20 work days during the period of July through June. Application forms can be found on the Employee Benefit website or through contacting Employee Benefits. All received applications are reviewed on the last Tuesday of each month.

Enrollment Portal

bswift

Your benefit decisions are important, and a lot goes into making the right choice. We have partnered with bswift, an easy to use, online benefits tool which provides a smart, simple and personalized enrollment experience to help you choose the plan that's right for you.

You'll find everything you need on bswift's online portal. You can go there during enrollment and throughout the year to:

- Look up general benefits information
- Find important plan details
- Enroll in your benefits
- Make changes when you have qualifying life events
- Update life insurance beneficiaries for district life insurance and supplemental life insurance with Guardian – (please note that KPERS life must be updated at www.kpers.org)
- View annual notices
- Upload dependent verification documents

Note: Benefit portal does not support internet explorer



How do I Access the Benefit Portal?

Open your internet browser and enter <https://USD259.bswift.com>

Username: 5 digit Employee ID number

Password: Last 4 of your ssn. You will then be prompted to re-enter the last 4 of your ssn before changing your password.

Forgot Password?

If you have forgotten your password or are having trouble logging in, please click on the Forgot Password link to reset, using the security question you have already provided.

If you are still unable to log in, contact bswift at 1-866-524-5063. Representatives are available Monday through Friday from 8:00 a.m. to 6:00 p.m. CST. Do not contact the 259 Help Desk as they will not be able to assist you.

bswift

1 Once you have logged in to the benefit enrollment website, you will reach a landing page. Once the annual open enrollment period has started, you will see a button to click on that tells you to start your annual enrollment.

2 View your personal information
Make sure all your personal information, including your address and telephone number are correct. You are able to change your e-mail here however, if you need to change your address or phone number, you will need to make those changes within PeopleSoft Self Service. Bswift will pick up the changes made so you receive future mailings. You can continue with your enrollment.

3 Enter and/or review your family information
Enter and/or review your spouse's information, along with your eligible dependent children, whom you would like to enroll in your benefits.

**This is only necessary if you want to add them to your health plan (medical, dental, and or vision)*

4 Certification Questions
You will be asked to make certifications as you move along. This will include certifying if you and/or your covered spouse have met the wellness criteria, You will be asked about tobacco use for you and your spouse if applicable. If adding a spouse, you will also be asked if your spouse is offered insurance elsewhere since a working spouse premium may apply.

5 Start selecting your benefits
From this screen you can select which benefits to enroll in or to enroll in the cash option. As you progress through each benefit you will see your selections. Your current plan elections for 2024 will be displayed. You must select Keep My Selection, Select A Different Plan, or Waive Coverage, in order to move further. You would choose Waive Coverage on the medical plan if you are selecting Cash Option.

6 Step Through Each Plan Option
You will need to step through each plan option choosing Keep My Selection, Select A Different Plan, or Waive Coverage in order to move on. Otherwise, you will be defaulted to the 2024 option except you will not be enrolled in the health or dependent care accounts for 2025 if you do not complete enrollment.

7 Selecting Dependents As You Move Along.After you click on the green buttons, ensure that there are check marks in front of the dependents you intend to have covered. The check mark must be in front of each person you want covered in order for them to be enrolled in that plan.

8 Review and confirm your selections. You cannot complete your enrollment without reviewing all benefits.

There are nine benefit options for you to review:

- Medical Plans
- Dental Plans
- Vision Plans
- Health Care Spending Account
- Dependent Care Spending Account (childcare)
- Supplemental Employee Life
- Basic Employee Life
 - You will only be able to edit and view information (e.g. beneficiaries) here.
 - You cannot select different options or opt out. This benefit is provided by the district to you at no cost.
- KPERS Life
 - You will not be able to edit KPERS Life insurance through bswift, you will only be able to view your current beneficiaries.
 - Go to www.KPERS.org to change your beneficiaries.
- Employee Assistance
 - You will only be able to view information here. You cannot select different options or opt out. This benefit is provided by the district to you at no cost.

9 Select "Complete Your Enrollment".

You're finished – view your confirmation statement carefully to ensure your enrollment is correct and print or email a copy to yourself for your records.

Reminder:

Pay special attention to the dependents you enrolled and verify they show as covered under your plans. "X" waived means they are not enrolled in that plan. If changes need to be made, you can go back into your enrollment anytime during the enrollment period to make and save those changes.

After You Enroll

Benefits Confirmation Statement

You have the option to email or print your confirmation statement from the online benefits portal once you have completed your enrollment. Review your elections carefully as changes will not be allowed once your enrollment window closes unless you have a qualifying life event.

If you choose to email a copy of your statement to yourself, it will be sent to the preferred email you have listed in bswift. If you have your personal email listed, be sure to check your email account frequently through Open Enrollment.

We recommend you save a copy of your final benefit confirmation statement for your records. Please keep in mind that if you have outstanding documentation due, this benefit statement is pending until that documentation is received. All documentation for dependent verification and proof of coverage for new cash option enrollees is due by Nov 8, 2024.

ID Cards and Flex Debit Cards

Here is what you need to know about ID cards and flex debit cards.

Medical:

You will only receive new cards if you made changes or are a new enrollee. Your ID card will list all covered dependents. If you did not make changes, you may continue to use your current ID card.

Prescription:

You will only receive new cards if you made changes or are a new enrollee. The Maxor cards will have all covered dependents listed.

Dental:

You will only receive new cards if you made changes or are a new enrollee. Your dental card will only have the employee's name listed.

Vision:

You will only receive new cards if you made changes or are a new enrollee. Your vision card will only have the employee's name listed.

Flexible Spending Debit Card:

(For health FSA only) The debit card is not sent automatically. You must complete the debit card application located in the bswift library or at www.asiflex.com and submit to ASI for processing.

Making Life Event Changes

If you experience a qualifying life event during the year you can make plan changes through the benefit portal within 31 days of the life event. To make a change, follow the steps below:

1. Once you are logged into bswift, you would select "All Other Life Events" under the Life Event Section.
2. The system will then walk you through step by step.
3. Once your changes are completed, click on "My Profile" then "Employee File" to upload the appropriate documentation.
4. The benefit change will not be approved until the appropriate documentation is submitted.



Insurance Terms

Copay or Copayment is an amount you pay for a covered medical service. Copays are usually paid at the time you receive the service.

Deductible is the amount you pay 100% before the insurance company begins to pay.

Out-of-pocket Maximum is the total amount you pay for covered services during a benefit year. These are the amounts you pay for copays, deductibles and coinsurance.

In-Network Providers contract with the insurance company and charge discounted fees. In-network providers or contracting providers apply to HMO, POS and PPO organizations.

Out-of-Network Providers do not contract with the insurance company. Non-contracting providers will probably bill you for the difference between the out-of-network provider's charge and the insurance company's "allowed" amount. You are responsible for the difference and this amount can be significant.

Primary Care Provider (PCP) are usually family practice physicians or pediatricians who are responsible for monitoring and coordinating all your medical care. If you are insured on a POS plan, you must coordinate all care through your PCP. If you need to see a Specialist, the PCP will provide you with a written referral before seeing the Specialist.

Specialists are physicians who have additional education and training for a specific condition. Examples of specialists are dermatologist, urologist, cardiologist, orthopedic surgeon, endocrinologist, ophthalmologist, thoracic surgeon, and pulmonologist, to name a few.

Generic Prescriptions

What are generic drugs? Generic drugs are identical to brand-name prescription drugs in dosage, safety, strength, quality and performance. Generics have the same active ingredients.

In-active ingredients such as color or flavor may be different. This means you can save money without sacrificing quality

What are brand-name drugs? Name-brand drugs are medications protected by a patent. This means the manufacturer who created the drug, has the sole right to sell it for a period of time. When the patent expires, other manufacturers can then apply to the FDA to sell generic versions of the drug.

What's the difference? The cost of Generic drugs are usually much less than brand-name drugs. Generic drugs cost less for one reason: drug manufacturers spend a lot of money on researching, developing, marketing and advertising brand-name drugs. Manufacturers of generic equivalents do not have these expenses and the savings are passed on to you.

Generic Drug Programs — Several stores offer discount prescription programs offering a variety of generic drugs at a low price (usually \$4). The prescriptions included on each store's list may vary. Check it out. You may be able you to save some money.

Generic Insurance Tips to Saving Money

Be Smart - If your employer offers two or more medical plans, learn what your out of pocket cost will be for each plan and how much each plan will cost you. Then choose the plan best meeting your needs. You might be throwing money away by choosing the wrong medical plan.

Prevention - An annual routine physical might save your life and a bunch of money. An annual checkup allows your doctor to run lab tests to see if you have any health issues.

Over There - If medical coverage is available where your spouse works, you might save money by splitting your coverage between both employers. Many employers pay a higher percentage of the premium for single coverage.

Free Advice - Pharmacists know a lot about prescription drugs, so talk to yours about the drugs you take. Your pharmacist might be able to suggest a less expensive alternative you can ask your physician about and save money.

Urgent vs. Emergency - Consider going to an Urgent Care Center instead of the Emergency Room. Urgent Care Centers are similar to doctors offices and are much less expensive.



Contact Information



Online enrollment issues or problems logging in:
1-866-524-5063.

Representatives are available
M - F 8:00 AM - 6:00 PM CST



Call 1-866-683-6438 for:
ID Cards, UMR Plan Advisor, UMR Care, .24-Hour Nurse Line, Enroll in Maternity Care

Call 1-800-TELADOC for: Teladoc
Call 1-855-523-9335 for:
United Healthcare Hearing



Pharmacy Benefit Management Services

Pharmacy Benefit Questions:
1 (800) 687-0707 Customer Service
1 (800) 687-8629 Mail Order Specialty
1 (800) 629-6779 Pharmacy
<http://www.maxor.com/maxorplus/members>



Surest Member Services
(866) 683-6440
www.surest.com



Customer Service
1 (800) 234-3375
(316) 264-4511
www.deltadentalks.com



Vision
Customer Service
(866)818-8805
www.surency.com



Phone Number 1 (800) 659-3035
Claims Fax Number 1 (877) 879-9038
Email Address asi@asiflex.com
Online Claims Submission <https://my.asiflex.com>
Customer Service: M-F 5:00 AM - 5:00 PM
Sat 7:00 AM - 11:00 AM



employeebenefits@usd259.net
(316)973-4581



GuidanceResources™ Worldwide

Call: 866-617-1254 / TTY: 800-697-0353
Online: guidanceresources.com
App: GuidanceNow™ / myStrength
Web/App ID: usd259



Email: kpers@kpers.org
(888) 275-5737 or (785) 296-6166
Fax: (785) 296-6638
Weekdays: 8:00 AM - 4:00 PM CST



403(b) Tax-Sheltered Annuity Plans
List of providers can be found on the Omni website at
www.omni403b.com



RETIREMENT PARTNER ADVISORS

457(b) Deferred Compensation Plan
Deb Anton, MBA
Financial Advisor
(316) 210-5049
danton@retirementplanadvisors.com



The comprehensive support system for loss

Contact the Empathy Care Team via Phone or Email on-demand at:
201-350-1881
support@empathy.com

For more information, visit:
www.empathy.com

To Register, visit:
join.empathy.com/register
Enter Code: EMP-WPS



Phone:
844-853-9400



BENEFITS ENROLLMENT GUIDE

This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.