



# 2025

## Benefits Guide

For USD 259 Retirees

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

### **IMPORTANT BENEFIT INFORMATION FOR RETIREES CURRENTLY ENROLLED**

You **MUST** complete enrollment for 2025: If you are claiming the wellness discount for you and/or your covered spouse for 2025 or you need to make plan changes.

**Have questions?**

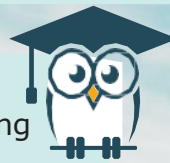
Email us at [employeebenefits@usd259.net](mailto:employeebenefits@usd259.net)



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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.



# Notice to Enrollees



## WELCOME TO YOUR BENEFITS!

As a retiree of USD 259, we are committed to providing you a competitive benefit plan. The information in this booklet provides an overview of your 2025 retiree benefits to help you in making the choices that best meet your needs. Your benefit elections are some of the most important decisions you will make all year. We encourage you to read this guide carefully to understand any enrollment requirements or benefit changes that could impact you.

### Who is Eligible for Benefits?

You may elect retiree only coverage, or you may elect to cover your eligible dependents under the district's medical, dental or vision plans if there has been a qualifying life event.

For purposes of these benefits, eligible family members include:

- Your legal spouse under age 65
- Your children under age 26 by birth, adoption, or legal guardianship, including eligible children of your spouse

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

### 2025 Benefits

We encourage you to read this guide carefully. Enrollment is mandatory if you are claiming the wellness discount for you and/or your spouse. If you fail to enroll for 2025 benefits, you will be defaulted to the coverage and dependents you had for 2024 but without any wellness discount for you or your spouse. You will need to go online to <https://USD259.bswift.com> to complete your benefit enrollment if you want your coverage to continue for 2025 with the wellness discount.

### Retirees Currently Enrolled

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

If you have questions about your benefits after reading this guide and visiting the online benefits portal at <https://USD259.bswift.com> please contact Gina Wiedemann in Employee Benefits at **316-973-4564** or by email at [gwiedemann@usd259.net](mailto:gwiedemann@usd259.net).

## OPEN ENROLLMENT

2025 Annual Open Enrollment:

**October 25 – November 8, 2024**

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



# Important Information

## 2025 BENEFITS

### 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)
- Covered retiree'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. (User ID is the 5 digit employee id#)

### 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 a qualifying life event date.

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

- Enrollment is mandatory for all retirees currently enrolled if a wellness discount will be claimed for a retiree and/or spouse for 2025
- If the retiree fails to enroll for 2025, the retiree will remain enrolled in the same plans as enrolled in during 2024; however, you will not be eligible for the wellness discount for yourself or your covered spouse for 2025

## Retiree Medical

### Premium Option 1 (UMR)

- Includes deductible + copay+ coinsurance
- UnitedHealthcare Choice Plus network of doctors and hospitals which includes both Wesley and Via Christi
- Telemedicine offered by Teladoc for \$15 copay
- Free Text and virtual therapy through TalkSpace

### Premium Option 2 (Surest)

- Co-pay only plan
- UnitedHealthcare Choice Plus network of doctors and hospitals which includes both Wesley and Via Christi
- Free Text and virtual therapy through TalkSpace
- Telemedicine offered by Doctor on Demand. \$0 copay for Primary/Urgent Care and \$15-\$60 Copay for Specialist

## Wellness Points

- Wellness points only apply if you are enrolled in one of the retiree medical plans
- 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

## Retiree 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 29 of this Benefit Guide

# What You Need to Know

- Retirees are eligible to re-enroll in only those plans you are currently enrolled in.
- You do have the option of declining coverage in medical, dental, or vision coverage separately but once you decline coverage under that plan, you forfeit future enrollment rights.
- If you or your spouse become eligible for Medicare due to disability for those plans in the future, you must sign up for Medicare Part A and B to continue coverage under the retiree medical plan. A copy of your Medicare card must be provided to Employee Benefits.
- Coverage terminates for medical, dental and vision the end of the month prior to retiree or spouse's 65th birthday since Medicare becomes effective on the 1st day of the month of your birth month. Employee Benefits will take care of adjusting your premium deduction when removing your spouse or stopping the automatic bank deduction when your coverage is terminated.
- For a younger spouse, coverage terminates the end of month prior to retiree's 65th birthday for both the retiree and covered spouse. COBRA continuation would then be offered to your spouse for up to 36 months or upon reaching age 65, whichever comes first. Bswift, our COBRA administrator, will mail out the COBRA packet to your spouse with enrollment and payment information once the coverage is terminated. If COBRA is elected, the coverage would be retroactive to the 1st day of coverage lost.
- As you approach age 65 and need assistance with selecting a Medicare Part D Drug Plan, Senior Health Insurance Counseling for Kansas (SHICK) is an excellent resource. SHICK is a free program offering Kansans an opportunity to talk with trained, community volunteers and get answers to questions about Medicare and other insurance issues. Call the SHICK office to set up an appointment at (316) 660-0126.



# Medical Plans At A Glance

|  | Premium Option 1 (UMR)                                     |                                 | Premium Option 2 (Surest)  |  |
|--|--|---------------------------------|--|--|
|  | UHC Choice Plus Network                                    |                                 | UHC Choice Plus Network  |  |
|  | In-Network   | Out-of-Network                  | In-Network   | Out-of-Network                                       |
| <b>Deductible</b><br>Individual   Family   | \$1,500   \$3,000  | \$3,000   \$6,000               | \$0   \$0  | \$0   \$0  |
| <b>Co-Insurance</b><br>Plan   Member   | 70%   30%  | 50%   50%                       | 0%   | 0%   |
| <b>Max Out-of-Pocket</b><br>(Includes Deductible, Coinsurance, and Med & Rx Copays)              | \$4,500   \$9,000  | \$9,000   \$18,000              | \$6,000   \$12,000   | \$12,000   \$24,000                                  |
| Benefits   |  |                                 |  |  |
| <b>Preventive Care</b>   | Plan pays 100%   | Not Covered                     | Plan pays 100%   | \$150  |
| <b>Office Visit</b><br>Primary   Specialist  | \$30 Copay   \$50 Copay                                    | Deductible & 50%<br>Coinsurance | \$15 to \$100 Copay  | \$300  |
| <b>Telemedicine</b>  | \$15 Copay (Teladoc)                                       | Not Covered                     | \$0 Copay- Primary Care<br>\$15-\$60 Specialty<br>\$0 Doctor on Demand | Not Covered  |
| <b>Urgent Care Visit</b>   | \$50 Copay   | Deductible & 50%<br>Coinsurance | \$50 Copay   | \$150  |
| <b>Emergency Room Visits</b>   | \$100 copay, then Deductible & 30% Coinsurance             |                                 | \$500 Copay  | \$500  |
| <b>Diagnostic Lab</b><br>(X-Ray, Bloodwork)  | \$30 Copay   | Deductible & 50%<br>Coinsurance | \$0 Copay  | \$0  |
| <b>Advanced Imaging</b>  | \$100 Copay then<br>Deductible & 30%<br>Coinsurance        | Deductible & 50%<br>Coinsurance | \$100 to \$725   | \$2,175  |
| <b>Inpatient Hospital &amp; Outpatient Facility</b>  | Deductible & 30%<br>Coinsurance                            | Deductible & 50%<br>Coinsurance | \$2,000 (Inpatient)<br>\$850 to \$3,000<br>(Outpatient)                | \$6,000 (Inpatient)<br>Up to \$9,000<br>(Outpatient) |
| <b>Inpatient Mental Health</b>   | Deductible & 30%<br>Coinsurance                            | Deductible & 50%<br>Coinsurance | \$2,000  | \$6,000  |
| <b>Outpatient Mental Health</b>  | \$30 Copay   | Deductible & 50%<br>Coinsurance | \$15 Copay   | \$150  |
| <b>Maternity Care</b><br>Prenatal visits<br>Childbirth Global fees (Dr) Childbirth Facility fees | No Charge<br>\$50 Copay<br>Deductible & 30%<br>Coinsurance | Deductible & 50%<br>Coinsurance | \$0<br>Included in facility fees<br>\$900 to \$1,700                   | \$150<br>\$5,100                                     |
| <b>Rehabilitation Services</b>   | Deductible & 30%<br>Coinsurance                            | Deductible & 50%<br>Coinsurance | \$1,500 (Inpatient)<br>\$10 to \$85 (Outpatient)                       |  |
| <b>Physical Therapy Clinic</b>   | \$50 Copay   | Deductible & 50%<br>Coinsurance | \$10 to \$70   | \$210  |
| <b>Durable Medical Equipment</b>   | Deductible & 30%<br>Coinsurance                            | Deductible & 50%<br>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. New cards will only be issued to new enrollees or those making 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                          | Option 1 (UMR)                    | Option 2 (Surest)                 |
|---|-----------------------------------|-----------------------------------|
| Rx Max Out-of-Pocket<br>Individual   Family | \$2,650   \$5,300                 | \$1,150   \$2,300                 |
| Generic Drugs                               | \$10 Copay                        | \$10 Copay                        |
| Preferred Brand Drugs                       | \$30 Copay                        | \$30 Copay                        |
| Non-Preferred Brand Drugs                   | \$55 Copay                        | \$55 Copay                        |
| Specialty Drugs                             | 10% Coinsurance up to \$100 Copay | 10% Coinsurance up to \$100 Copay |

## MAXORPLUS – MAIL ORDER (93 DAY SUPPLY)

| Prescription Drugs                          | Option 1 (UMR)    | Option 2 (Surest) |
|---|-------------------|-------------------|
| Rx Max Out-of-Pocket<br>Individual   Family | \$2,650   \$5,300 | \$1,150   \$2,300 |
| Generic Drugs                               | \$20 Copay        | \$20 Copay        |
| Preferred Brand Drugs                       | \$60 Copay        | \$60 Copay        |
| Non-Preferred Brand Drugs                   | \$110 Copay       | \$110 Copay       |
| Specialty Drugs                             | 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 retirees 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, Wichita Public continues to partner with **RxGuidance** (an innovative service provided by RxResults).

## 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.

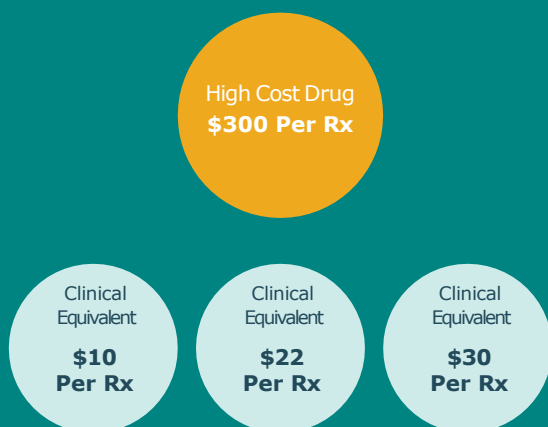
The RxResults evidence-based prescription drug program is designed to help keep healthcare costs down for both you and your healthcare plan, while conforming to national guidelines and/or best practices with respect to drugs used to treat certain medical conditions. Managing prescription costs also helps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

| Premium Option 1 (UMR)    | Monthly    |
|---------------------------|------------|
| Retiree Only              | \$559.45   |
| Retiree + Spouse          | \$1,173.62 |
| Retiree + Child(ren)      | \$1,062.43 |
| Retiree + Family          | \$1,734.27 |
| Premium Option 2 (Surest) | Monthly    |
| Retiree + Only            | \$497.75   |
| Retiree + Spouse          | \$1,047.14 |
| Retiree + Child(ren)      | \$945.20   |
| Retiree + Family          | \$1,543.00 |

**\*\* The 1st bank withdrawal for 2025 benefits will be 12/16/2024 \*\***

## RATES WITHOUT WELLNESS DISCOUNT

| Premium Option 1 (UMR)    | Monthly    |
|---------------------------|------------|
| Retiree Only              | \$659.45   |
| Retiree + Spouse          | \$1,373.62 |
| Retiree + Child(ren)      | \$1,162.43 |
| Retiree + Family          | \$1,934.27 |
| Premium Option 2 (Surest) | Monthly    |
| Retiree + Only            | \$597.75   |
| Retiree + Spouse          | \$1,247.14 |
| Retiree + Child(ren)      | \$1,045.20 |
| Retiree + Family          | \$1,743.00 |



# Additional Retiree 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

|                | Monthly  |
|----------------|----------|
| Working Spouse | \$200.00 |

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 retiree 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 given 25 wellness points once your enrollment is approved and is subject to audit & confirmation testing.

|                  | Monthly  |
|------------------|----------|
| Retiree          | \$100.00 |
| Spouse           | \$100.00 |
| Retiree + Spouse | \$200.00 |

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



# UMR Premium Option 1



A UnitedHealthcare Company

## Get all your answers quick and easy at umr.com

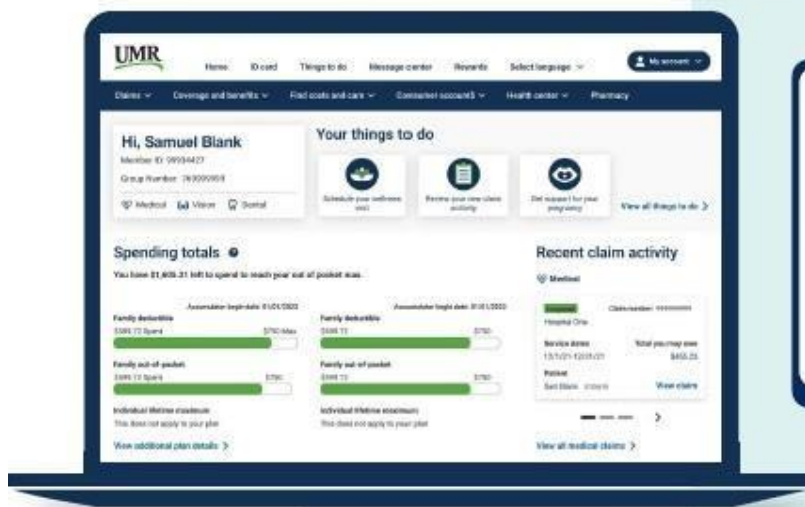
### Make umr.com your first stop

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 Premium Option 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

The screenshot shows the UMR website interface. The main content area is titled 'Coverage and benefits' and includes sections for 'Copays', 'Benefit percentage', and 'Benefits usage'. The 'Copays' section shows a table with columns for 'Office visit', 'Specialty', 'Hospital in', and 'Hospital out', all with a value of '\$25'. The 'Benefit percentage' section shows 'In-network' at 80% and 'Out-of-network' at 20%. The 'Benefits usage' section shows progress bars for 'Individual deductible', 'Individual out-of-pocket', 'Individual annual maximum', 'Family deductible', 'Family out-of-pocket', and 'Family annual maximum'. The 'Benefits overview' sidebar on the right lists categories like 'Medical, dental, and drug', 'Behavioral health, vision, and hearing', 'Regulated alcohol, tobacco, and drug', 'Prescription benefits', 'Dental/pediatric benefits', and 'Behavioral and tobacco control'. A note at the bottom right of the screenshot states '(Fictionalized data)'. The text '(Fictionalized data)' is also present at the bottom right of the overall image area.

## Still confused about what a deductible is?

Just go to [umr.com](http://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.

The image shows a fictionalized UMR ID card. The card includes the UMR logo and 'A UnitedHealthcare Company'. It displays the following information: Issuer (80040) 911-39026-02, Member ID: 12345685, Group Number: 76-123456, Member: JAMES A. SAMPLE (M) MED, Dependents: JOANNE SAMPLE (F) MED, JOHN SAMPLE (M) MED, JOSEPH SAMPLE (M) MED. It also features a 'Customer Logo (If Applicable)', a 'Prescription benefits logo' with details: Rx BIN: 610127, Rx PCN: 01960000, Rx GRP: 0196XXXX, and a 'Primary network logo'. A note at the bottom left says 'CO-PAYS MAY APPLY' and '07/20'. A note at the bottom center says 'Self-funded plan administered by UMR'. The text '(Fictionalized data)' is located at the bottom center of the image area.

## 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 Premium Option 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          | Service Code | Amount Billed     | Paid            |
|--------------|----------|-------------------|--------------|-------------------|-----------------|
| 0000000001   | 01/15/19 | ABC Provider Inc. | 10000        | \$100.00          | \$0.00          |
| 0000000002   | 02/15/19 | ABC Provider Inc. | 20000        | \$200.00          | \$100.00        |
| 0000000003   | 03/15/19 | ABC Provider Inc. | 30000        | \$300.00          | \$0.00          |
| 0000000004   | 04/15/19 | ABC Provider Inc. | 40000        | \$400.00          | \$0.00          |
| 0000000005   | 05/15/19 | DEF Provider Inc. | 50000        | \$500.00          | \$0.00          |
| 0000000006   | 06/15/19 | DEF Provider Inc. | 60000        | \$600.00          | \$300.00        |
| 0000000007   | 07/15/19 | ABC Provider Inc. | 70000        | \$700.00          | \$100.00        |
| 0000000008   | 08/15/19 | ABC Provider Inc. | 80000        | \$800.00          | \$0.00          |
| 0000000009   | 09/15/19 | ABC Provider Inc. | 90000        | \$900.00          | \$0.00          |
| 0000000010   | 10/15/19 | ABC Provider Inc. | 100000       | \$1000.00         | \$0.00          |
| <b>TOTAL</b> |          |                   |              | <b>\$6,000.00</b> | <b>\$400.00</b> |

(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.

## 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](https://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. UM0106 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.

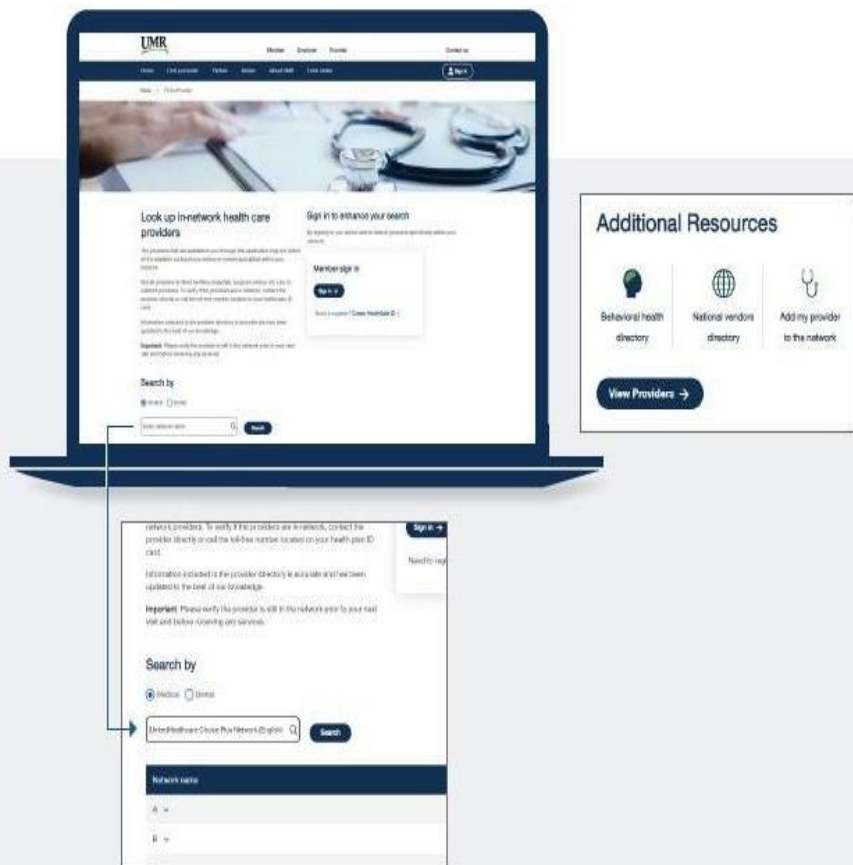


### Plan Advisor

Your personal guide to all things health care

**1** Go to [umr.com](http://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



(Continued)

## 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 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



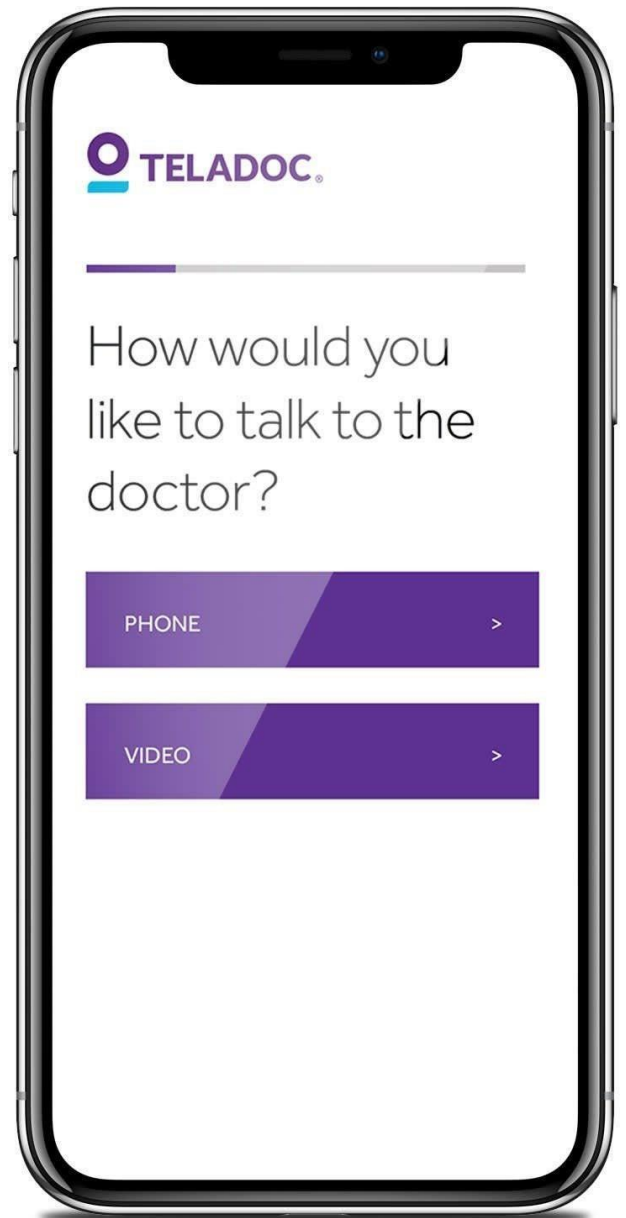
A network of doctors that can treat every member of the family



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.



## 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](https://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](mailto:partners-support@talkspace.com) or visit your benefit FAQ page

# 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](https://Join.Surest.com) to look up conditions.

1. Login screen with fields for email/mobile phone and access code.

2. Menu screen with 'Search Coverage' highlighted.

3. Search screen with 'Sore Throat' entered in the search bar.

4. Review result screen for 'Sore Throat coverage is active' with a list of providers.

**Login**  
• Provide email or mobile number  
• Enter the access code:

**Menu**  
Select Search Coverage

**Search**  
Enter condition

**Review result**  
Select any option for details

## Or confirming your doctor is in network:

1. Search costs, coverage and practitioners screen.

2. Review result and screen showing 'John T Beecher, MD is in network' with 'Continuation costs' highlighted.

3. View details screen for 'Telemedicine Visit - with in-network provider with John T Beecher, MD' showing a copay of \$5.00.

**Enter doctor's name**

**Review result and**

**View details**

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](https://doctorondemand.com/surest)

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

Brought to you by: **surest.**

## 1.

### Activate Your Free Account

Just go to [doctorondemand.com](https://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.

# Wellness Verification

All retirees and spouses who wish to enroll in the retiree medical plan will be required to have their wellness items certified in order to receive the Wellness Premium Discount. Retirees 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.**

## 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

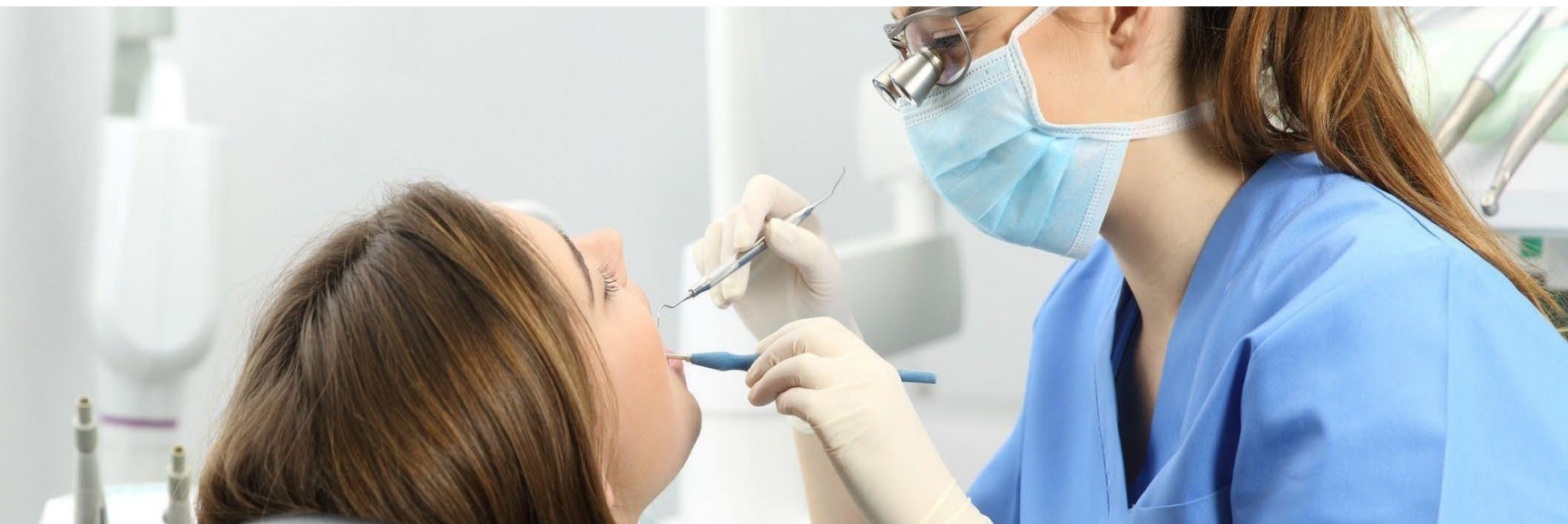
*\* You get the highest benefit with a provider in the PPO network*

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 a dental insurance plan through Delta Dental to help you maximize your oral health.

Visit [www.deltadentalks.com](http://www.deltadentalks.com) to find a provider, print ID cards, check your eligibility or claims status, and more!

| Plan Information  | Dental Plan   |                                       |
|---|---|---------------------------------------|
|   | PPO or PREMIER                                      | Out-of-Network                        |
| <b>Network</b>  |   |                                       |
| <b>Maximum Benefit(s) Per Person</b>  | <b>\$1,500 Per Calendar Year</b>                    | <b>\$1,500 Per Calendar Year</b>      |
| <b>Deductible</b><br>(Applies to Basic & Major Services)  | <b>\$50 Individual   \$150 Family</b>               | <b>\$50 Individual   \$150 Family</b> |
| <b>Preventive</b><br>(Oral Exams, X-Rays, Cleanings, Topical Fluoride, Space Maintainers, Sealants)   | <b>Plan pays 100% (PPO) Plan pays 70% (PREMIER)</b> | <b>Plan pays 60%</b>                  |
| <b>Basic Services</b><br>(Oral Surgery, Extractions, Restorative Services, Endodontics, Periodontics) | <b>Plan pays 80% (PPO) Plan pays 70% (PREMIER)</b>  | <b>Plan pays 50%</b>                  |
| <b>Major Services</b><br>(Special Restorative Services, Bridges, Dentures, Implants*, TMJ**)          | <b>Plan pays 50% (PPO) Plan pays 50% (PREMIER)</b>  | <b>Plan pays 40%</b>                  |

\*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. Annual cleanings do count towards the \$1,500 annual maximum benefit.



| Delta Dental Plan           | Monthly        |
|-----------------------------|----------------|
| <b>Retiree Only</b>         | <b>\$28.47</b> |
| <b>Retiree + Spouse</b>     | <b>\$59.78</b> |
| <b>Retiree + Child(ren)</b> | <b>\$54.09</b> |
| <b>Retiree + Family</b>     | <b>\$88.25</b> |

## Vision

### Surency

Visit [www.surency.com/vision](http://www.surency.com/vision) to find an Insight Network Provider.

| In-Network Plan Information        | Vision Plan                                 |                    |
|------------------------------------|---|--------------------|
|                                    | Insight Network                             | Out-of-Network     |
| Network                            | Insight Network                             | Out-of-Network     |
| Exam                               | \$0 Copay                                   | \$40               |
| Exam Frequency                     | Once Per Calendar Year                      |                    |
| Lens Frequency                     | Once Per Calendar Year                      |                    |
| Frames Frequency                   | Once Every Other Calendar Year              |                    |
| Standard Frames                    | \$150 Allowance, 20% Off Balance over \$150 | \$105              |
| Lenses (Single, Bifocal, Trifocal) | \$25 Copay                                  | \$30   \$50   \$70 |
| Conventional Contact Lenses        | \$150 Allowance, 15% Off Balance over \$150 | \$120              |
| Disposable Contact Lenses          | \$150 Allowance                             | \$120              |
| Medically Necessary Contact Lenses | 100% Covered                                | \$210              |



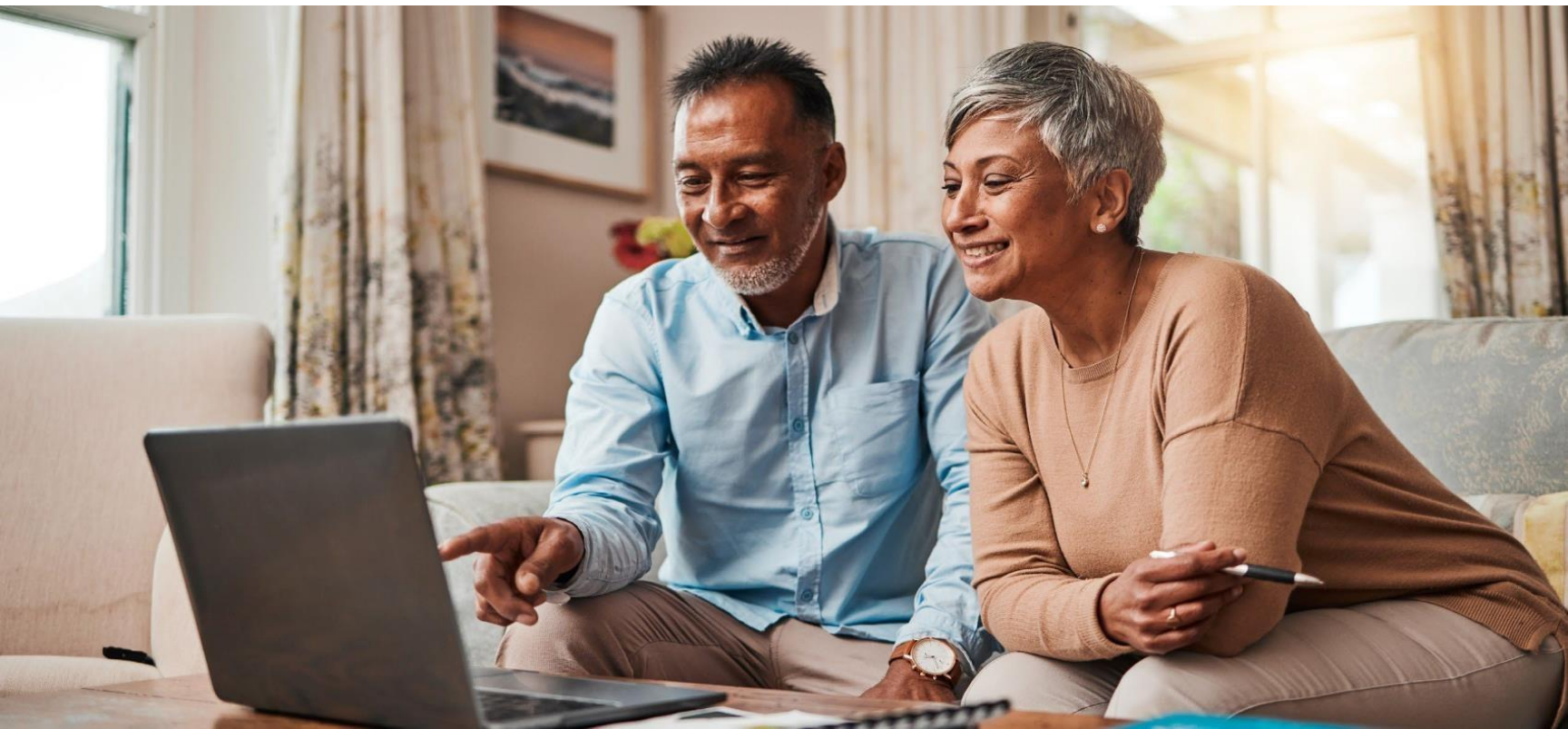
| Buy-Up Plan Premiums | Monthly |
|----------------------|---------|
| Retiree Only         | \$5.18  |
| Retiree + Spouse     | \$9.84  |
| Retiree + Child(ren) | \$10.36 |
| Retiree + Family     | \$15.23 |

## bswift

Your benefit decisions are important, and a lot goes into making the right choice.

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
- View annual notices
- Upload dependent verification documents



## How do I Access the Benefit Portal?

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

**Username:** 5 digit Employee ID number. IF you forgot your Employee ID#, it is located in the address block of the Retiree Benefit Guide

**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.

# How to Enroll

## 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 Enter 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. If you need to change your address or phone number, you will need to contact Employee Benefits at [employeebenefits@usd259.net](mailto:employeebenefits@usd259.net) to make those changes. You can still 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.

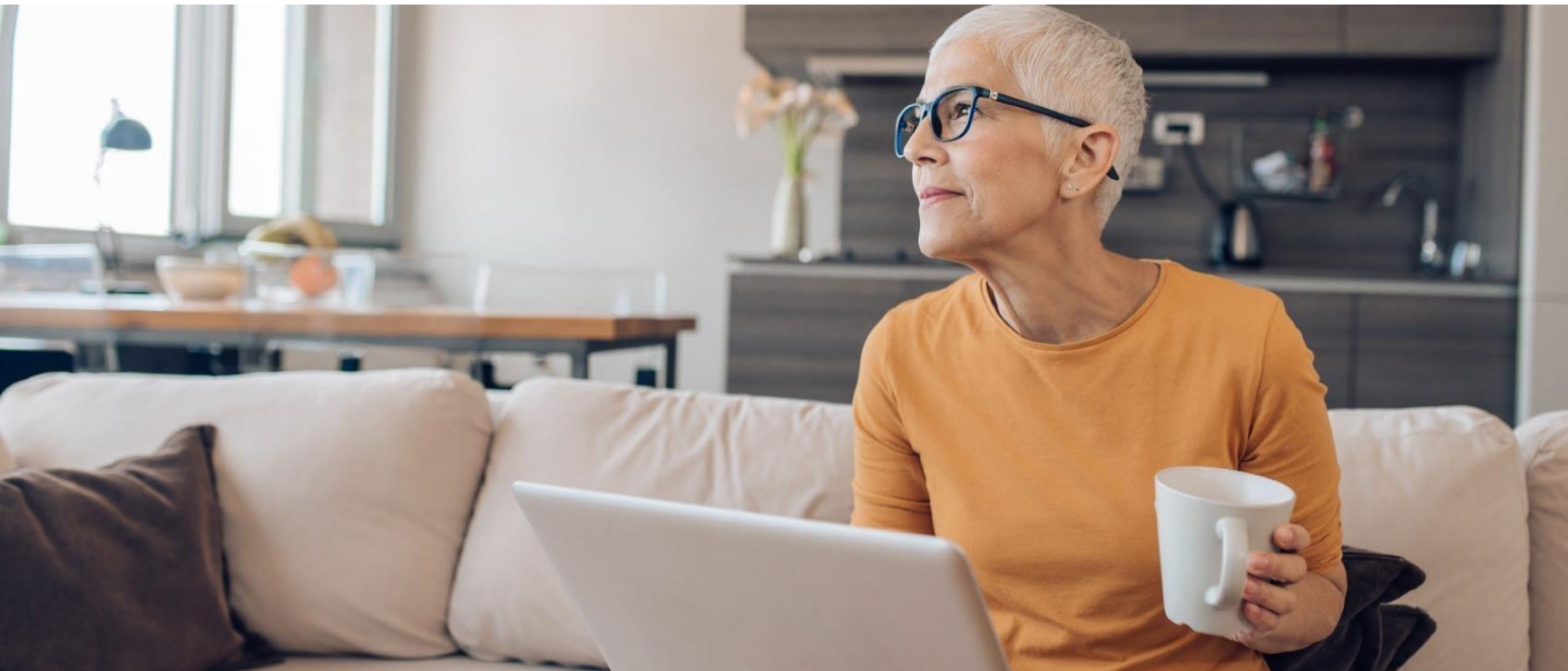
*\*Retirees are only eligible to add new dependents within 31 days of a qualifying life event.*

**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 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. Once you Waive Coverage under that plan, you lose future enrollment rights for that coverage. Step through each plan option available to you selecting the dependents you wish to continue covering as you move along.

**6 Review and confirm your selections**  
**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.

## 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.

**We recommend you save a copy of your final benefit confirmation statement for your records.**



## 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.

# Helpful Information

## 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 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](http://www.surest.com)



Customer Service  
1 (800) 234-3375  
(316) 264-4511  
[www.deltadentalks.com](http://www.deltadentalks.com)



Customer Service  
(866)818-8805  
[www.surency.com](http://www.surency.com)



[employeebenefits@usd259.net](mailto:employeebenefits@usd259.net)  
(316)973-4581



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.