



ST. JOSEPH
SCHOOL DISTRICT

2025

BENEFITS GUIDE

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St. Joseph School District offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family during open enrollment.

Elections you make during open enrollment are effective July 1, 2025-June 30, 2026.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have questions about your benefits, contact HR Benefits Department.

A few notes about enrolling in benefits

Who is eligible?

If you are a St. Joseph School District full-time employee (working 25 or more hours per week), you and your eligible dependents are able to enroll in the benefits described in this guide.

How to enroll

You will complete your enrollment through the BenXpress Portal: benxpress.com/sjsdbenefits. Your Employee ID is your User ID, and your password is the last 6 digits of your SSN + 4-digit Birth Year (YYYY). A BenXpress Tutorial Guide is available to assist you with enrollment. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified life event.

What is an Active Enrollment?

- You will have access to the BenXpress Enrollment Site to enroll in your benefits.
- Your current elections WILL NOT roll over.
- You must Choose/Enroll in your 2025-2026 benefit elections.
- If you do not enroll in benefits:
 - Current benefit elections will end 06/30/2025.
 - You will NOT have coverage effective 07/01/2025.
- Please note: If you are a full-time 9-, 10- or 11-month employee who is retiring or resigning at the end of the current school year, you are eligible for benefits through July 31. If you do not enroll, any current benefit coverage will end June 30 and you will not have coverage in July, which also means you will not have any eligible Retiree/COBRA benefits (health, dental, vision).

When to enroll

The open enrollment period runs from April 24 through May 7, 2025. The benefits you elect during open enrollment will be effective from July 1, 2025, through June 30, 2026.

How to make changes

Unless you have a qualified life event, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified life events include marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, change in employment status, or change in coverage under another employer-sponsored plan. Changes must be submitted within 31 days of the qualifying event.

IMPORTANT REMINDER — Active Enrollment

Once open enrollment closes, you will be unable to make any benefit changes, including dropping or adding coverage, unless you experience a qualifying life event. Any benefit you enroll in is effective July 1, 2025, through June 30, 2026.



Health plan and prescription drugs

Blue Cross Blue Shield

For 2025, St. Joseph School District will continue to offer three plan options with coverage through Blue KC — the EPO, PPO, and HDHP plans. Below is a summary of SJSD's medical plan options.

Go to mybluekc.com to search for providers in-network, review the prescription formulary, or track your claims and healthcare costs. You can also download the MyBlueKC mobile app.

Services	EPO Preferred Care Blue	PPO Preferred Care Blue	Blue Saver HDHP (HSA eligible)
Primary care/specialist	\$40/\$80 copay	\$40/\$80 copay	Deductible, then 10%
Deductible			
Individual	N/A	\$1,500 (ind.)	\$3,300 (ind.)
Family		\$3,000 (fam.)	\$6,600 (fam.)
Coinsurance	N/A	20%	10%
Hospitalization	\$400 copay per day up to \$1,200 per calendar year	Deductible, then 20%	Deductible, then 10%
Preventive care	\$0 member cost	\$0 member cost	\$0 member cost
Emergency room	\$200 copay	\$150 copay then 20% coinsurance	Deductible, then 10%
Urgent care	\$50 copay	\$25 copay	Deductible, then 10%
Out-of-pocket max			
Individual	\$7,900 (ind.)	\$3,500 (ind.)	\$4,200 (ind.)
Family	\$15,800 (fam.)	\$7,000 (fam.)	\$8,400 (fam.)
Prescription drugs			
Generic	\$8	\$8	Deductible, then \$8
Preferred	\$35	\$35	Deductible, then \$35
Non-preferred	\$55	\$55	Deductible, then \$55
Specialty	\$150	\$150	Deductible, then \$150

Benefits included in this benefit chart are for in-network services only. Please refer to the benefit summaries for more specific information for both in-network and out-of-network services.

Your cost in 2025

Below are the monthly premiums that will be effective July 1, 2025.

All employee costs are based on completing the wellness requirements (biometric screening).

Coverage level	EPO		PPO		HDHP/HSA	
	Employee cost	SJSD cost	Employee cost	SJSD cost	Employee cost	SJSD cost
Employee	\$174.98	\$820.43	\$51.53	\$887.53	\$0.00*	\$664.32
Employee + spouse	\$1,166.80	\$820.43	\$916.71	\$958.07	\$612.40*	\$728.07
Employee + child(ren)	\$819.01	\$820.43	\$641.55	\$905.08	\$390.57*	\$676.77
Family	\$1,465.30	\$820.43	\$1,056.19	\$1,100.17	\$706.17*	\$868.69

*\$199.85 per month District contribution to employee HSA. For details and important information, see Health Savings Account Information (page 11 and 12)

In-Network Hospitals

Hospital name	Preferred-care blue
AdventHealth (Shawnee Mission, College Boulevard, South Overland Park)	Yes
Belton Regional Medical Center	Yes
Cameron Regional Medical Center	Yes
Cass Regional Medical Center	Yes
Center Point Medical Center	Yes
Children's Mercy Hospitals (Hospital Hill and South)	Yes
Lee's Summit Hospital	Yes
Liberty Hospital	Yes
Menorah Medical Center	Yes
Mosaic Life Care Hospital	Yes
North Kansas City Hospital	Yes
Olathe Health System	Yes
Overland Park Regional Medical Center	Yes
Providence Medical Center	Yes
Research Medical Center	Yes
St. Joseph Medical Center	
St. Luke's Health System	Yes
St. Mary's Medical Center	
University Health (Formerly Truman Medical Centers – Hospital Hill and Lakewood)	Yes
University of Kansas Health System	Yes
Western Missouri Medical Center	Yes



Changing medical plans at open enrollment

PPO to PPO

- Credit for any deductible or coinsurance expenses incurred.
- Calendar year deductible and out-of-pocket maximum reset every January 1.

EPO to PPO, or PPO to EPO

- Credit for any deductible or coinsurance expenses incurred.
- Responsible for the full calendar year deductible and/or out-of-pocket maximum for July 1-December 31.
- Calendar year deductible and out-of-pocket maximum reset every January 1.



SmartShopper — cash reward program

Prices for the same medical procedure or service can vary by hundreds or thousands of dollars, even in the same ZIP code. SmartShopper provides the tools you need to shop for care and make an informed decision on selecting lower-cost, quality providers. From routine care to more complex procedures, SmartShopper also provides CASH rewards to you simply for choosing the most cost-effective provider.

Incentive Overview:

- 200+ eligible procedures.
- Rewards are paid via check and are administered by SmartShopper.
- Service is FREE to all employees enrolled in one of SJSD medical plans.
- A full list of SmartShopper-eligible procedures is available on your member portal at [MyBlueKC.com](https://mybluekc.com).

Ready to Start Saving?

1. Log in to your account at mybluekc.com.
2. Select Find Care and click on Find Doctors, Specialists and Hospitals. This will take you to the SmartShopper site, where you can search for your procedure and compare providers, prices, rewards and quality of care.
3. Schedule your appointment.
4. Receive your award after your appointment. (Checks are mailed to your home and can take up to 60 days to receive.)

Employees can also call the concierge line with SmartShopper at 1.855.476.5027 for assistance in searching and scheduling your appointment.

Here's an example of how it works:

- You hurt your knee, and your doctor orders an MRI.
- You search for an MRI in Shopping for Care. You find a SmartShopper reward-eligible provider.
- You have your MRI and get your reward check in the mail.

Prescription drugs

Premium formulary

A successful pharmacy benefit effectively balances quality, medication, access, and affordability. The OptumRx Premium formulary offers an enhanced savings strategy that leverages exclusion capabilities with manufacturers to reduce costs, maintain therapeutic choices, and promote lower-cost alternatives.

Provide program options with savings

The Premium formulary is an open formulary with select exclusions to drive value that has mandatory utilization management in select drug categories.

- Tier 1 — Includes all generic medications
- Tier 2 — Commonly used brand medications
- Tier 3 — Consists of higher-cost brand medications

Specialty medications, including injectables, are tiered based on the Optum Specialty Pharmacy List and may fall within any of the above tiers.

Premium formulary highlights

Promotes medication quality and safety through a clinically driven offering

Strategic exclusions support member choice and minimize disruption

Delivers significant client savings and value



Some drugs may move up a tier, requiring higher copay.



Others will move down a tier, offering a lower copay.



Some drugs currently covered under the 2025 formulary will be excluded, with alternative drugs available for each therapeutic class.

Blue KC will send a letter to members impacted by the formulary change in advance of the July 1 effective date.





Your Medication Expert is Just a Call Away

Tria Health's Pharmacy Advocate Program is available for employees and/or dependents on SJSD's health insurance. Tria Health is a free and confidential benefit that will support you in managing your health, medications and healthcare budget. Talk to a pharmacist over the phone and receive the personalized care you deserve.

Your Tria Pharmacist Can Help:

- Make sure your medications are working as intended.
- Help you save money.
- Answer any questions you have about your health.
- Coordinate care with your doctor(s) - Over 95% of recommendations made by Tria Health were accepted by an individual's physician.¹

“

I felt the interaction was **helpful**. The pharmacist was **knowledgeable**, answering all my questions; **compassionate, understanding my concerns**; and through active listening, ensured I had a good understanding of all issues discussed.

”

See If You Qualify

Who Should Participate?

Tria Health is recommended for members who have any of the following conditions:

- | | |
|-----------------------|--------------------|
| ■ Asthma/COPD | ■ High Cholesterol |
| ■ Diabetes | ■ Mental Health |
| ■ Heart Disease | ■ Migraines |
| ■ High Blood Pressure | ■ Osteoporosis |

Check Out Your Savings!

Earn up to \$150 by Participating!

By completing your consultation with a Tria Health pharmacist, you will receive a \$50 Prepaid Mastercard. Members can qualify to receive up to \$150 within a 12-month period.

Free Diabetes & Blood Pressure Devices

Select participants with diabetes and/or high blood pressure will have access to a FREE blood glucose meter and testing supplies and/or a blood pressure monitor for easy monitoring at home.

All readings will be monitored by a clinician and can easily be shared with any physician.



Schedule an Appointment!

Call 1.888.799.8742 or visit www.triahealth.com

1. Tria Health BOB & Patient Satisfaction Survey

Flexible spending accounts (FSA)

TASC

A great way to plan ahead and save money over the course of a year is to participate in an FSA. An FSA lets you redirect a portion of your salary on a pretax basis into a reimbursement account, saving you money on taxes. Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute.

HEALTHCARE FSA — Allows employees to pay for certain IRS-approved healthcare expenses with pretax dollars. The maximum contribution of \$3,300 can be used for eligible healthcare-related expenses, including medical, dental, and vision expenses.

DEPENDENT CARE FSA — Dependent care FSAs allow you to set aside money pretax toward the cost of care for eligible dependents so that you or your spouse can work or attend school full time. The maximum amount you can contribute is \$5,000. DC FSA funds can typically only be used to care for children who are under 13 years old or for adults who live with you and are physically or mentally incapable of caring for themselves.

The District will contribute up to \$1,000 toward participants' Dependent Care Flexible Spending Accounts. (This will be distributed on a monthly basis in the amount of \$83.34.) This money can be used toward eligible Dependent Care FSA expenses. Reminder — the employer contribution will count toward the \$5,000 annual maximum. Eligible expenses include care for your dependent who is under age 13:

- Before- and after-school care
- Daycare, nursery school, and preschool
- Babysitting and nanny expenses
- Summer day camp

FSAs are administered by TASC. For a complete list of eligible expenses, visit tasconline.com.

The plan provides a convenient TASC debit card, which automates the process of paying for eligible expenses. You may also submit claim forms to Online Request for Reimbursement Wizard, through MyTASC Mobile App, or by mail or fax personalized paper request form. To view status for these accounts, visit tasconline.com, use the mobile app, or call Customer Care at 800.422.4661.

IRS RESTRICTIONS — Both plans are subject to a “**use it or lose it**” rule meaning any money remaining in your account at plan year end is forfeited. Additionally, contributions cannot be changed throughout the year without a qualifying life event.

You are **NOT** eligible to enroll in a healthcare FSA if your spouse or spouse's employer contributes to a health savings account (HSA).

Health savings account (HSA)

UMB Bank & Nodaway Valley Bank

An HSA is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pretax dollars. If you enroll in a high-deductible health plan, you can open an HSA.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it.

HSAs offer you the following advantages:

TAX SAVINGS: You contribute pretax dollars to the HSA. The District will also contribute to your HSA for 2025. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.

REDUCED OUT-OF-POCKET COSTS: You can use the money in your HSA to pay for eligible medical, dental, and vision expenses and prescriptions. The HSA funds you use can help you meet your plan's annual deductible.

A LONG-TERM INVESTMENT THAT STAYS WITH YOU: Unused account dollars are yours to keep even if you retire or leave the company. Also, you can invest your HSA funds, so your available healthcare dollars can grow over time.

THE OPPORTUNITY FOR LONG-TERM SAVINGS: Save unused HSA funds from year to year — you can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

IMPORTANT! How much you can deposit into an HSA in 2025

Employer contributions count toward the annual HSA contribution limits, so you need to plan carefully how much you will contribute annually to avoid excess contributions. These limits apply even for participants entering the plan midyear.* Prior-year contributions may be made through April 15 of the following year.

	Under age 55	Age 55 and older (and not enrolled in Medicare)
Individual	\$4,300	\$5,300 (includes \$1,000 "catch-up" contribution)
Family	\$8,550	\$9,550 (includes \$1,000 "catch-up" contribution)

You are eligible to open and fund an HSA if:

- You are not enrolled in any other non-HSA qualified health insurance plan.
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), flexible spending account (FSA), or health reimbursement account (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE, or TRICARE For Life.
- Care received through the VA in the preceding three calendar months was dental, vision, or preventive care, or was provided to a veteran who has a disability rating from the VA.

Important! More details about health savings accounts

- If you are eligible and want to enroll in the HSA, you must enroll for the HSA during open enrollment
- If you are eligible but waive the HSA during open enrollment, you will also be waiving the monthly SJSD contribution of \$199.85 for the 2025-2026 benefit year.
- Once open enrollment closes, you will be unable to change your HSA enrollment.

How to access/make contributions to your HSA

When you enroll in the HSA, you will choose either UMB or Nodaway Valley Bank

UMB — Your information will be electronically submitted to UMB, and your account will be opened on your behalf. You should receive a welcome packet from UMB.

Nodaway Valley Bank — You will need to open an HSA with Nodaway either in person or online. You will need to provide your banking information to the district for the HSA deposits via the HSA banking form, which can be found on the benefits page of the district website.

You can make individual contribution changes during the year. If wanting to make a change, you will need to fill out an HSA contribution form and submit to the benefits manager. (Contribution forms can be found on SJSD Benefits page.)

2025 St. Joseph School District employer contributions

- If enrolled into the BlueSaver plan AND enrolled in the HSA
- The District contributes **\$199.85** a month to your HSA. (This is the same for all coverage tiers.)
- **IMPORTANT:** SJSD will contribute the \$199.85 a month to your HSA only after your HSA has been established and your HSA banking information is provided to the benefits manager. Contributions are not retroactive.

Distributions

- HSA distributions are tax-free if they are used to pay for qualified medical expenses.
 - Qualified medical, dental, and vision expenses not covered by insurance.
 - Qualified long-term care services and long-term care insurance.
 - Continuation of coverage required by federal law (i.e., COBRA).
 - Health insurance for the unemployed.
 - Medicare expenses (but not Medigap).
 - Retiree health expenses for individuals age 65 or older.
- Distributions made for any other purpose are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability. The 20% penalty is also waived for distributions made by individuals age 65 or older.

*If you make the full-year contribution based upon your status as of December 1, you may be subject to an IRS testing period and could owe tax and a penalty on part of that contribution if you do not remain an eligible individual through December 31 of the following year. You may also need to prorate your contribution if you drop or reduce the level of your coverage midyear.

**You must not have any other first-dollar health insurance coverage before the deductible is met. Preventive care services are not required to be subject to the deductible. Individuals may also carry separate coverage for accidents, disability, dental, or vision care, and long-term care, not subject to the deductible. Limited-purpose flexible spending accounts are allowed for vision and dental expenses.

Blue KC resources



MYBLUEKC MOBILE APP

Access your health information anytime, wherever you go

You told us that you wanted to be able to access your health information on-the-go. And we listened. The **MyBlueKC** app makes it easy to manage your Blue KC coverage – no matter where you are. All you need is a phone or tablet and the **MyBlueKC** app.

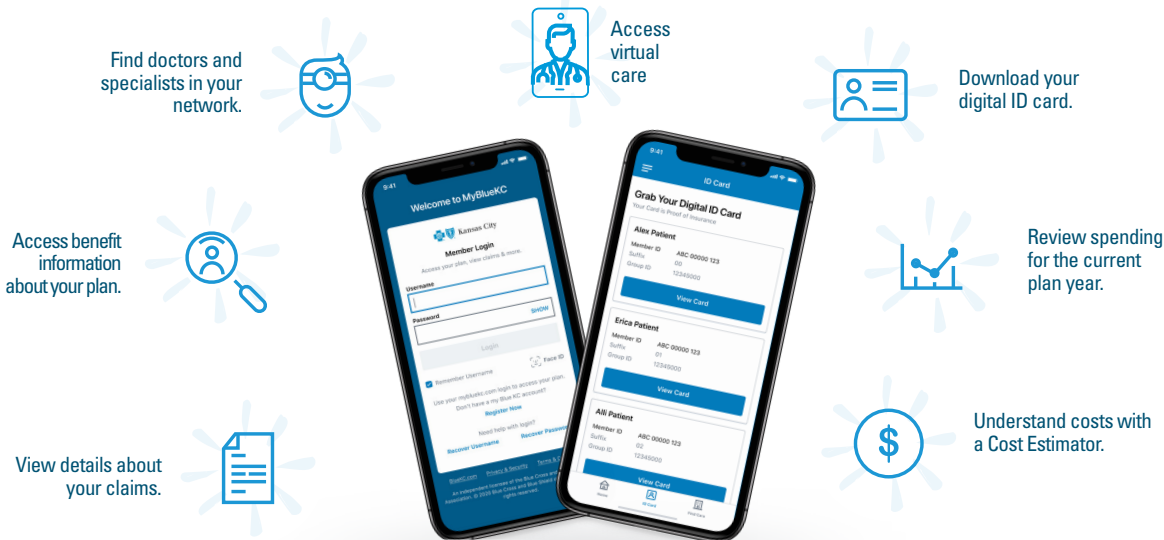
The app can make your life easier by helping you get the answers you need in just a few taps.

Registration is simple!

Once logged in, the MyBlueKC app provides a customized experience based on your plan and coverage.



THE MYBLUEKC APP PUTS SO MUCH IN YOUR HANDS.



Learn about more benefits and programs that come with your Blue KC coverage.

Download the
MyBlueKC
MOBILE APP

You're just moments away from being able to manage your Blue KC coverage on-the-go. Simply download and take control.

Download on the
App Store

GET IT ON
Google Play



Questions? Please call Blue KC Customer Service at the number listed on your member ID card.

Blue KC resources

Mindful by Blue KC

Behavioral health services for the whole you

Behavioral health refers to the relationship between your behavior and overall well-being. Your behavioral health impacts your ability to function in everyday life and your concept of self. Stress, depression, anxiety, substance use, and other behavioral health issues can affect how you manage your physical health and daily living challenges. When you're in touch with your behavioral health, you can take better care of the whole you.

Mindful by Blue KC is a program that works to reduce the stigma surrounding behavioral health. It makes care more accessible and affordable, so you get the care you need.

It all starts with the Mindful Advocate. Our licensed behavioral health clinicians will match you to providers and guide your care plan.

A Mindful Advocate is your single point of contact for:

- Listening
- Navigating care
- Crisis management
- Benefits guidance
- Connecting you to care
- Follow-up

To learn more, visit mindfulbluekc.com. Talk with a Mindful Advocate 24 hours a day, 7 days a week. Call 833.302.MIND (6463), or call the behavioral health number on the back of your member ID card.

Diabetes prevention program — Solera Health

Blue KC partners with Solera Health to provide a diabetes prevention program (DPP) at no cost to all members who qualify. It's designed to help participants lose weight, adopt healthy habits, and reduce their risk of developing type 2 diabetes. Qualified members can choose from in-person or digital options, including WW® (Weight Watchers reimagined), HealthSlate, and Betr Health.

Most programs include:

- Access to a lifestyle health coach.
- Weekly lessons.
- A small group for support.
- Tools such as a wireless scale or activity tracker.

Learn more and see if you qualify

For those enrolled in the medical plan, you can find more information and take the one-minute quiz to see if you qualify by visiting solera4me.com/en/bluekc.



Diabetes self-management — Livongo

Diabetes self-management — Livongo

When you have diabetes, there's a lot to keep up with every day. The Livongo for Diabetes program makes it easier to keep track of your blood sugar. If you qualify, we'll send you a free glucose meter, plus all the strips and lancets you need.

This easy digital program helps track your glucose and provides instant support for abnormal readings.

- Personalized tips with each blood glucose check.
- Send a health summary report directly from your meter.
- Optional family alerts keep everyone in the loop.
- Reorder strips right from your meter.
- Real-time support when you're out of range.
- Automatic uploads mean no more paper logbooks.

Two ways to sign up: visit join.livongo.com/bluekc/register and use code BlueKC, or call 800.945.4355.

**Unlimited strips and
unlimited lancets, all
for free.**

Dental

Delta Dental of Missouri

Although you can choose any dental provider, when you use a Delta Dental PPO Network or Premier Network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage as a Premier Network dentist, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

To see a current provider directory, please visit deltadentalmo.com and click on “Find a Dentist.”

	Base Plan			Buy-up Plan		
	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network
Type A — Preventive	100%	100%	100%	100%	100%	100%
Type B — Basic restorative	80%	60%	60%	90%	80%	80%
Type C — Major restorative	50%	40%	40%	60%	50%	50%
Type D — Orthodontia	50%	50%	50%	50%	50%	50%
Calendar year deductible (per family member)	\$50	\$50	\$50	\$50	\$50	\$50
Annual maximum benefits: per individual	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500
Orthodontia lifetime maximum: Per individual (for dependent children under age 19)	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500

Employee dental monthly premiums

Coverage level	Base plan	Buy-up plan
Employee	\$26.45	\$31.62
Employee + spouse/DP	\$50.40	\$60.24
Employee + child(ren)	\$66.19	\$79.09
Family	\$100.10	\$119.61

- You can elect the Delta Dental dental plan regardless of whether you are enrolled in the medical or vision plan.
- You will not receive a dental ID card because you typically do not need to present one when visiting your dentist. To print an ID card, log in to deltadentalmo.com.



Delta Dental resources

Log in to view your benefits

Visit deltadentalmo.com and click on one of the Member or Sign In links. To register, follow the steps under Member Sign In.

You have access to important information

- Review and print your dental plan's coverage levels, deductibles, maximums, age limits, and limitations
- Request or download a claim form
- Order or print an ID card
- View your Explanation of Benefits (EOB)
- Get answers to frequently asked question

Customer service

We are here to help every Monday through Friday from 7 a.m. to 5 p.m. CT.

- 800.335.8266
- Service@deltadentalmo.com

Vision

VSP

VSP provides in-network and out-of-network benefits to you and your covered family members. The following chart shows an overview of benefits. A listing of participating providers can be found at vsp.com.

	In-network	Out-of-network
Eye exam (every 12 months)	\$25 copay	Up to \$45
Standard plastic lenses (every 12 months)	Included with exam copay	
Single vision		\$30 allowance
Bifocal		\$50 allowance
Trifocal		\$65 allowance
Lens enhancements		
UV protection	\$0	
Standard progressive lenses	\$0	Up to \$30
Premium progressive lenses	\$95-\$105	Up to \$50
Custom progressive lenses	\$150-\$175	
Average savings of \$30 on other lens enhancements		
Frames (every 24 months)	\$195 featured frame brands allowance \$175 allowance 20% off anything over \$95 Walmart/Costco frame allowance	Up to \$70 allowance
Contact lenses (every 12 months)	\$175 allowance up to \$60 copay	Up to \$105
Medical necessity allowance	\$25 copay	N/A

Employee vision monthly premiums

	Employee premium
Employee	\$6.57
Employee + spouse	\$13.12
Employee + child(ren)	\$14.03
Family	\$22.42

You can elect the VSP vision plan regardless of whether you are enrolled in the medical or dental plan.

You will not receive a vision ID card. However, you can print an ID card on vsp.com.

To find a provider in the VSP Network:

You may log in to vsp.com or call the Customer Service Line at 800.877.7195.

Hearing

TruHearing

Employees have the option to enroll themselves and their family members in hearing aid benefits through TruHearing.

TruHearing provides access to all major brand hearing aid devices and related professional services at lower prices, so you can significantly reduce or even eliminate any out-of-pocket costs for hearing treatment with this benefit.

Coverage	Benefit amount	Frequency
Hearing exam	\$50*	Adults: every 2 years Children: every 12 months
Hearing aid (device)	\$500 allowance per ear (max \$1,000 benefit)	Adult: every 5 years Children: every 2 years

*Exam covered in full (\$0 co-pay) in TruHearing Network

Coverage level	Employee monthly premium
Employee	\$1.20
Employee + spouse	\$2.41
Employee + child(ren)	\$1.78
Family	\$2.98

How it works

1. Call TruHearing at 800.334.1807
2. Schedule an appointment
3. Go to your exam
4. Order hearing aids
5. Return to your provider for fitting, fine-tuning, and follow up

To learn more, visit the TruHearing website at truhearing.com.

Basic life and AD&D

The Hartford

SJSD will continue to provide full-time employees with basic life and AD&D insurance and pay the full cost of this coverage.

Life and AD&D insurance	
Employee classification	Amount
Active full-time employees	\$50,000

Supplemental life insurance

Additional life insurance is available for you to elect on yourself, your spouse, and your dependent children. You pay the cost for this coverage, but it is made available to you at discounted group rates.

Coverage	Benefit maximum	Guaranteed amount	Supplemental life and AD&D premiums
Employee \$10,000 Increments	\$500,000	\$200,000	Monthly life rate per \$1,000 of coverage \$0.14 Monthly AD&D rate per \$1,000 of coverage \$0.02
Spouse	\$10,000	\$10,000	\$3.50 per dependent unit
Child	\$5,000	\$5,000	



Voluntary benefits

The Hartford

The following voluntary benefits are available through The Hartford:

- Short term disability
- Accident
- Critical illness
- Hospital indemnity

Short term disability

Your ability to earn income is a valuable asset. Having short term disability insurance can help cover your essential living expenses and protect your savings when you are unable to work due to an off-the-job disability.

With this plan, you choose your benefit amount: \$150, \$250, \$500, or \$750 a week, up to 65% of your weekly earnings.

Generally, you are considered disabled and eligible for benefits if, due to sickness, pregnancy, or accidental injury, you are receiving appropriate care and treatment, complying with the requirements of the treatment, are not gainfully employed, and, due to an impairment, you are prevented from performing the material and substantial duties of your regular occupation.

For a complete description of the plan and rates, please refer to the Hartford Plan Summary and other plan materials.

Age	Monthly rates per \$100 of weekly benefit
Under 49	\$2.208
50-59	\$5.520
60+	\$7.176

Accident

With the high cost of medical care today, a trip down the stairs can hurt your bank account as much as your body. Accident insurance pays you money based on the injury and the treatment you receive, whether it's a simple sprain or something more serious like a broken bone.

Your plan pays benefits for emergency care, injury-related surgery and a list of other accident-related expenses. The money is paid directly to you and you decide how to spend it. You may also purchase coverage for your spouse and dependent children. This plan also provides an annual benefit per calendar year for completing eligible health screenings/prevention measures. Benefit amount is \$75 once per year for each covered person.

Please review The Hartford accident plan materials for full details about the plan.

Age	Monthly rates per \$100 of weekly benefit
Employee	\$7.61
Employee + spouse	\$11.92
Employee + child(ren)	\$12.02
Family	\$19.21

Example: How to calculate your STD premium

Age: 40

Benefit coverage election: \$500

Rate: \$3.635/\$100 of benefit coverage

$\$500/\$100 = 5$

Then $5 \times 3.635 = \$18.78$ per month

The Hartford

Critical illness

Family expenses will continue if or when a critical illness occurs. The Hartford's critical illness insurance provides a lump-sum payment if you or a covered family member is diagnosed with one of the covered medical conditions and meets the policy and certificate requirements.

The Hartford offers 3 levels of coverage with a guaranteed issue up to \$30,000.

- \$10,000
- \$20,000
- \$30,000

Covered conditions are: Full benefit cancer, partial benefit cancer, heart attack, stroke, kidney failure, major organ transplant, and other additional conditions. The plan also provides an annual benefit per calendar year for eligible health screenings/prevention measures. Benefit amount is \$75 once per year for each covered person.

Please review The Hartford's plan summary and other materials for full details about the covered conditions and benefit paid per covered condition.

Monthly critical illness rates per \$1,000 of benefit

Age	Employee	Employee & spouse	Employee & child(ren)	Family
18-29	\$0.72	\$1.39	\$1.29	\$2.05
30-39	\$0.92	\$1.81	\$1.49	\$2.47
40-49	\$1.74	\$3.51	\$2.30	\$4.17
50-59	\$3.31	\$6.86	\$3.87	\$7.52
60-69	\$6.51	\$13.61	\$7.07	\$14.27
70-79	\$11.35	\$23.60	\$11.91	\$24.26
80+	\$14.79	\$30.65	\$15.36	\$31.31

Hospital indemnity

Hospital indemnity insurance can help you pay out-of-pocket costs or other household expenses due to a hospital stay. Typically, a flat amount is paid for a hospital admission, and a per-day amount is paid for each day of a covered hospital stay. This plan also provides an annual benefit per calendar year for completing eligible health screenings/prevention measures. Benefit amount is \$75 once per year for each covered person.

The Hartford offers two plan options:

- Low Plan
- High Plan

Provides income protection that is:

- Portable — you can take it with you.
- Does not coordinate with other insurance benefits, so you can receive this payment in addition to what your medical plan pays.
- You are paid a lump-sum benefit that you can use as you feel necessary.

Monthly hospital indemnity rates

Tier	Low plan	High plan
Employee	\$10.96	\$21.92
Employee + spouse	\$20.61	\$41.21
Employee + child(ren)	\$19.96	\$39.92
Family	\$31.12	\$62.24

Please review The Hartford plan summary for definitions and detailed information on covered benefits.



Norton LifeLock

Monthly premiums:

- Employee only \$9.99
- Family \$18.98



Opt-in to Cyber Safety

No one intends to be unsafe online. Help protect your identity and devices with Norton LifeLock Benefit Plans. Let us help empower you and your family to live your digital lives safely.



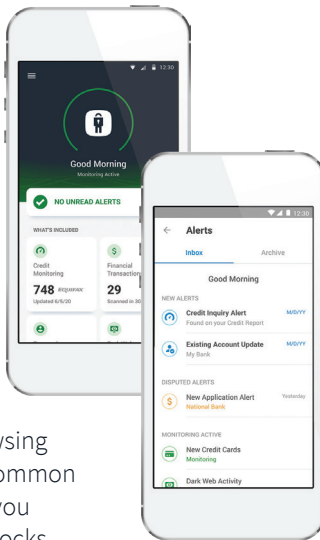
Device Security

Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.



Online Privacy

Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.¹



Screen modified for demonstration purposes.
Features may differ depending on plan.



Identity

We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.[†]



Home & Family

Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.

Work/life employee assistance program (EAP)

Lucet

We all know that life can be challenging at times. Issues like illness, debt, and family problems can leave us feeling worried or anxious and not able to be at our best. The EAP, sponsored by Lucet (previously New Directions), provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your well-being.

Here's what the program offers:

- EAP: Up to six face-to-face sessions per incident at no cost to you.
- Legal resources: Referral for face-to-face or phone consultation and extensive online resources.
- Financial resources: Unlimited phone access to financial professionals for information regarding personal finance and related issues.
- Work/life resources: Information and referrals on child care, elder care, adoption, relocation, and other personal convenience matters.
- Health risk assessments: Online access to a health risk assessment survey and a variety of health management tools and information.

The EAP provides counseling on all aspects of life, including:

- Difficulties in relationships.
- Emotional/psychological issues.
- Stress and anxiety issues with work or family.
- Alcohol and drug abuse.
- Personal and life improvement.
- Legal or financial issues.
- Depression.
- Child care and elder care issues.
- Grief issues.

Assistance around the clock

Whenever you need assistance with a work/life issue, the EAP is there for you, 24 hours a day. Specialists are available for confidential 24/7 assistance and support.

Lucet Behavioral Health

For more information and resources:

Call: 800.624.5544

Go online: eap.lucethealth.com

Your company web ID: SJSD

Mobile App — search Lucet EAP; company code: SJSD



Contacts

Health plans

Blue Cross Blue Shield of Kansas City

Group number: 29748000
Member services: 816.395.3558
Member portal: mybluekc.com
or download the MyBlueKC mobile app
SmartShopper Personal Assistance: 855.476.5027

Mindful by Blue KC

833.302.MIND(6463)
Website: mindfulbluekc.com

Employee assistance program

Lucet (previously New Directions)

Inpatient mental health, substance dependency, and counseling services: 800.624.5544
Website: eap.lucethealth.com
Company code: SJSD

Dental

Delta Dental

Customer service: 800.335.8266
Website: deltadentalmo.com

Flexible spending accounts (FSA)

TASC

Customer care: 800.422.4661
Website: tasconline.com

Health savings account (HSA)

UMB

Customer service: 866.520.4HSA (4472)
Website: hsa.umb.com

Nodaway Valley Bank

Customer service: 877.217.4682
Website: nvb.com

Additional HSA information

IRS HSA information:
irs.gov/publications/p969

Dept. of Treasury information:
treasury.gov/resource-center/faqs/taxes/pages/health-savings-accounts.aspx

Identity protection

Norton LifeLock

Customer service: 800.607.9174
Website: my.norton.com

Life & AD&D, optional life/AD&D

The Hartford

Customer service: 800.523.2233
Website: thehartford.com

Vision

VSP

Customer service: 800.877.7195
Website: vsp.com

Voluntary insurance plans

The Hartford

Customer service: 800.523.2233
Website: thehartford.com

- Short-term disability (STD)
- Accident
- Critical illness
- Hospital indemnity

Pharmacy Advocate Program

Tria Health

Customer Service: 888.799.8742
Website: triahealth.com
If you have questions or concerns about your medications. This is a free service to employees.

Hearing aid coverage

TruHearing

Customer service: 800.334.1807
Website: truhearing.com

Questions and answers

This is an active enrollment.

You MUST log in to BenXpress and make benefit elections to be enrolled into any benefits. Previous year choices will not roll over into the new year.

Important enrollment notes

- Your current elections WILL NOT roll over.
- You must choose/enroll in your 2025-2026 benefit elections.
- If you do not enroll in benefits:
 - Current benefit elections will end 06/30/2025.
 - You will NOT have coverage effective 07/01/2025.
- Once OE closes, you will be unable to enroll and/or make any changes to your benefits.

How do I enroll?

You will need to complete your enrollment through the BenXpress Site. Please see the BenXpress Tutorial Guide for assistance in enrolling benxpress.com/sjsdbenefits.

*Important — You must sign and submit your enrollment in order for you elections to be completed.

Forms to be completed

You will need to complete an evidence of insurability form if electing life insurance in excess of the guaranteed issue amount. You will also complete it if enrolling for the first time in supplemental life, and it is no longer your initial enrollment.

Where do I find EOI forms?

If you need to provide Evidence of Insurability (EOI), follow these steps:

- Log in to BenXpress and navigate to the section titled “Outstanding Action Items for 2025-2026.”
- Click on “Click here for your application.” This will redirect you to The Hartford website.
- Complete your EOI application on The Hartford website.

Where do I go to find benefit information?

- Review this benefit guide
- Review the OE presentation
- SJSD website/staff page/departments/Human Resources/Benefits (find plan summaries, etc.)
- Contact Nicole Reboulet in HR for further questions

Final notes

- Open enrollment closes May 7, 2025. Make sure your enrollment is complete prior to that date.
- This is an ACTIVE ENROLLMENT, meaning we are requiring that each person log in and enroll in their benefits, update contact information, and review their beneficiaries.
- You can access BenXpress throughout the year to review your current benefits.
- You can also review your current benefits in Employee Access Center.

Basic insurance terms

COINSURANCE: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

COPAY: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$3,300, your plan won't pay anything until you've met your \$3,300 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

EMBEDDED DEDUCTIBLE: If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

EXPLANATION OF BENEFITS (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

INDIVIDUAL MANDATE: Federal health reform mandates most U.S. citizens have health insurance for themselves and their dependents. St. Joseph School District helps you stay insured by offering affordable healthcare for all employees who work at least 30 hours each week. Coverage is effective the first of the month following 60 days of full-time employment and allows you to cover your spouse and children.

IN-NETWORK VS. OUT-OF-NETWORK: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests, and smoking cessation.

REASONABLE AND CUSTOMARY: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.



All changes must be made by May 7!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

