

Leavenworth USD 453

AMERILIFE | Benefits
BENEFITS | Direct



2025-2026 BENEFIT GUIDE

PICK THE BEST BENEFIT FOR YOU AND YOUR FAMILY

Leavenworth USD is dedicated to offering a comprehensive and valuable benefits package for you and your family. During the Open Enrollment period, you have the opportunity to make changes to your benefits. This guide will provide an overview of the various benefits offered by Leavenworth USD, allowing you to determine the options that best suit your and your family's needs. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Benefits Direct.

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OUR BENEFITS PARTNER



For over 50 years, Benefits Direct has serviced the insurance needs of public school systems, employees, and retirees. The primary focus of the agency is serving the needs of school system employees. The name “Benefits Direct” has become an icon within public school systems across the state. We have built the respect of our clients and the carriers we represent, as well as our competition in our market.

Our objective at Benefits Direct is to be recognized as the best, in each and every area in which we do business, and to provide our best advice, products, and services. We continue to be sensitive to our clients’ needs and make the satisfaction of those needs our most important job. We inform our clients of developments in our constantly changing marketplace. Service is our main priority each and every day. Our administrative office staff and field professionals are well-trained, experienced, competent, and courteous.

Benefits Direct strives to provide cost-effective programs for a diverse group of businesses, professionals, educators, and individuals. Our mission is to effectively meet each client’s financial and insurance goals through our firm’s relationship with major carriers.

For help or assistance, we are always just a phone call or email away!

Telephone: (833) 623-2672

Email: CustomerSupport@AmerilifeBenefits.com

Website: <https://account.mybenefitsportal.com/usd453/>

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 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 any questions about the guide, please contact us.

ENROLLMENT FAQ



Who is eligible?

If you are a full-time employee at Leavenworth USD, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, your legal dependents are eligible for supplemental benefits.

How to Enroll

*This year is an active enrollment which means ALL employees MUST enroll even if they wish to waive all products. You will have two methods of enrollment this year.

Benefits Counselor Enrollment:

- Please visit the benefits portal at <https://account.mybenefitsportal.com/usd453/>
- Explore the portal and its pages to learn more about the benefits offered to you!
- Click the link to book an appointment - You can meet face-to-face with your counselor or schedule a call center appointment.

Online Self-Enroll:

- Please visit the benefits portal at <https://account.mybenefitsportal.com/usd453/>
- Explore the portal and its pages to learn more about the benefits offered to you!
 - Click the link to complete online self-enroll.

Making Changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things such as:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

NEW EMPLOYEE BENEFITS ELIGIBILITY

Benefit eligible full-time employees who work 30 or more hours per week are qualified to register for the benefits outlined in this benefit guide.

New hires and their qualified dependents must complete enrollment within 30 days of their start date.

- Your dependents may be included provided they satisfy the criteria of being an eligible dependent.
- Eligible children are covered until the conclusion of the month in which they reach the age of 26, regardless of their student, marital, or employment condition. However, the spouse and/or children of your dependent children are not eligible.

What is Open Enrollment?

Open Enrollment refers to a designated period during which all employees have the future opportunity to:

- Modify their existing benefits
- Add new benefits
- Choose to enroll or waive benefits as necessary.

Remember, as a new employee, you have 30 days from your hire date to enroll in benefits. If you miss this deadline, you will have to wait for Open Enrollment to make any further decisions regarding your benefits.

Benefits Portal

The benefits portal houses all the necessary information about the benefits we offer, which includes:

- Comprehensive descriptions of the benefits we provide
- Procedures for enrolling in the benefits we offer
- Access to a benefits counselor for inquiries or enrollment support

Remember to bookmark the benefits portal and keep your login credentials secure for future access to your benefits information.

Get Started Today!

Please take some time to review the contents of our Benefits Guide so that you can take full advantage of the fantastic benefits we have made available to you. Should you have any queries or concerns regarding this information, please don't hesitate to contact our

Monthly Employee Rates

MEDICAL INSURANCE - Blue Cross Blue Shield of Kansas

Option 1 \$1,500 Deductible	Employee Cost	Fringe Benefit	Total Cost
Employee Only	\$29.07	\$905.00	\$934.07
Employee + 1 Dependent	\$398.55	\$1,190.00	\$1,588.55
Employee + 2 or more Dependents	\$956.72	\$1,560.00	\$2,516.72
Option 2 \$3,300 Deductible HDHP/HSA	Employee Cost	Fringe Benefit	Total Cost
Employee Only	\$0.00	\$904.74	\$904.74
Employee + 1 Dependent	\$347.82	\$1,190.00	\$1,537.82
Employee + 2 or more Dependents	\$875.59	\$1,560.00	\$2,435.59

DENTAL INSURANCE - Delta Dental of Kansas

Employee Only	Employee + 1 Dependent	Employee +2 Dependents
\$39.16	\$74.33	\$123.15

VISION INSURANCE - Aetna Vision

Employee Only	Employee + 1 Dependent	Employee +2 Dependents
\$8.43	\$16.02	\$23.39

FLEXIBLE SPENDING ACCOUNT - Flex Made Easy

FSA Service Fee	\$3.50
HSA Service Fee	\$2.50

12 Month Employee Bi-Weekly Rates

MEDICAL INSURANCE - Blue Cross Blue Shield of Kansas

Option 1 \$1,500 Deductible	Employee Cost	Fringe Benefit	Total Cost
Employee Only	\$14.54	\$452.50	\$467.04
Employee + 1 Dependent	\$199.28	\$595.00	\$794.28
Employee + 2 or more Dependents	\$478.36	\$780.00	\$1,258.36
Option 2 \$3,300 Deductible HDHP/HSA	Employee Cost	Fringe Benefit	Total Cost
Employee Only	\$0.00	\$452.38	\$452.37
Employee + 1 Dependent	\$173.91	\$595.00	\$768.91
Employee + 2 or more Dependents	\$437.80	\$780.00	\$1,217.80

DENTAL INSURANCE - Delta Dental of Kansas

Employee Only	Employee + 1 Dependent	Employee +2 Dependents
\$19.58	\$37.17	\$61.58

VISION INSURANCE - Aetna Vision

Employee Only	Employee + 1 Dependent	Employee +2 Dependents
\$4.22	\$8.01	\$11.70

FLEXIBLE SPENDING ACCOUNT - Flex Made Easy

FSA Service Fee	\$1.75
HSA Service Fee	\$1.25

9 Month Employee Bi-Weekly Rate

MEDICAL INSURANCE - Blue Cross Blue Shield of Kansas

Option 1 \$1,500 Deductible			
	Employee Cost	Fringe Benefit	Total Cost
Employee Only	\$19.38	\$603.33	\$622.71
Employee + 1 Dependent	\$265.70	\$793.33	\$1,059.03
Employee + 2 or more Dependents	\$637.81	\$1,040.00	\$1,677.81
Option 2 \$3,300 Deductible HDHP/HSA			
	Employee Cost	Fringe Benefit	Total Cost
Employee Only	\$0.00	\$603.16	\$603.16
Employee + 1 Dependent	\$231.88	\$793.33	\$1,025.21
Employee + 2 or more Dependents	\$583.73	\$1,040.00	\$1,623.73

DENTAL INSURANCE - Delta Dental of Kansas

DENTAL INSURANCE - Delta Dental of Kansas		
Employee Only	Employee + 1 Dependent	Employee +2 Dependents
\$26.11	\$49.55	\$82.10

VISION INSURANCE - Aetna Vision

VISION INSURANCE - Aetna Vision		
Employee Only	Employee + 1 Dependent	Employee +2 Dependents
\$5.62	\$10.68	\$15.59

FLEXIBLE SPENDING ACCOUNT - Flex Made Easy

FSA Service Fee	\$2.33
HSA Service Fee	\$1.67

** Deduction amounts may vary based on hire date and number of pay period remaining in the year.

9 Month Employee Bi-Weekly Rate

Hired between January 1, 2025 - February 9, 2025

(9 pay periods remaining)

MEDICAL INSURANCE - Blue Cross Blue Shield of Kansas

	Employee Only	Employee + 1 Dependent	Employee +2 Dependents
\$1,500 PPO	\$25.84	\$354.27	\$850.42
\$3,300 HDHP	\$0.00	\$309.17	\$778.30

DENTAL INSURANCE - Delta Dental of Kansas

Employee Only	Employee + 1 Dependent	Employee +2 Dependents
\$34.81	\$66.07	\$109.47

VISION INSURANCE - Aetna Vision

Employee Only	Employee + 1 Dependent	Employee +2 Dependents
\$7.49	\$14.24	\$20.79

FLEXIBLE SPENDING ACCOUNT - Flex Made Easy

FSA Service Fee	\$3.11
HSA Service Fee	\$2.22

** Deduction amounts may vary based on hire date and number of pay period remaining in the year.

9 Month Employee Bi-Weekly Rate

Hired After February 10, 2025

(6 pay periods remaining)

MEDICAL INSURANCE - Blue Cross Blue Shield of Kansas

	Employee Only	Employee + 1 Dependent	Employee +2 Dependents
\$1,500 PPO	\$16.96	\$232.49	\$558.09
\$3,300 HDHP	\$0.00	\$202.90	\$510.76

DENTAL INSURANCE - Delta Dental of Kansas

Employee Only	Employee + 1 Dependent	Employee +2 Dependents
\$22.84	\$43.36	\$71.84

VISION INSURANCE - Aetna Vision

Employee Only	Employee + 1 Dependent	Employee +2 Dependents
\$4.92	\$9.35	\$13.64

FLEXIBLE SPENDING ACCOUNT - Flex Made Easy

FSA Service Fee	\$2.04
HSA Service Fee	\$1.46

** Deduction amounts may vary based on hire date and number of pay period remaining in the year.

CARRIER CONTACT INFORMATION

If you have any questions regarding your benefits, please review your benefit portal here <https://account.mybenefitsportal.com/usd453/> or reach out to the appropriate carrier listed below.

Medical

Blue Cross Blue Shield of KS
Website: www.bcbsks.com
Phone: +1(800) 432-3990

Health Savings Accounts

Flex Made Easy
Website: www.flexmadeeasy.com
Phone: +1(855) 615-3679

Emergency Medical Transport

MASA
Website: www.masamts.com
Phone: (877) 503-0585

Dental

Delta Dental
Website: www.deltadentalks.com
Phone: +1(800) 234-3375

Vision

Aetna
Website: www.aetnavision.com
Phone: +1(877) 973-3238

Flexible Spending Account

Flex Made Easy
Website: www.flexmadeeasy.com
Phone: +1(855) 615-3679

Voluntary Life

One America
Website: www.oneamerica.com
Phone: +1(800) 553-5318

IMA Insurance Broker: Lisa Clark

Email: Lisa.Clark@imacorp.com
Phone: (913) 453-1033

Cancer Coverage

SunLife
Website: <https://www.sunlife.com/us/en/>
Phone: (800) 247-6875

Accident

MetLife
Website: www.metlife.com
Phone: +1(800) 438-6388

Critical Illness

MetLife
Website: www.metlife.com
Phone: +1(800) 438-6388

Hospital Indemnity

MetLife
Website: www.metlife.com
Phone: +1(800) 438-6388

Permanent Life

Trustmark ULE
Website: www.trustmarkbenefits.com
Phone: +1(800) 918-8877

ID Protection

ID Force
Website: www.identityforce.com
Phone: +1(855)441-0270

Legal Protection

MetLife
Website: info.legalplans.com
Phone: (800) 821-6400

IMA Account Manager: Vanessa Ball

Email: Vanessa.Ball@imacorp.com
Phone: (303) 615-7738

MEDICAL INSURANCE



Provider: BCBS of Kansas

Network: Blue Choice

As an employee of Leavenworth USD you have the choice between two medical plan options through Blue Cross Blue Shield of KS. BCBS works to empower their members and help them live active and rewarding lives. You can cover yourself and eligible dependents with a health plan through your employer. Eligible children can be covered until they turn 26 years old.

Find a Doctor or Hospital

www.bcbsks.com

With 99% of doctors and 100% of hospitals within our service area in Kansas, you have the flexibility to choose the doctor, hospital and pharmacy you want. Plus, you'll have access to our discounted medical costs with all participating providers.

MEDICAL INSURANCE

\$1,500 Deductible PPO	In-Network Benefits
Deductible (Single / Family)	\$1,500 / \$3,000
Coinsurance	40%
Out of Pocket Max (Single / Family)	\$6,350 / \$12,700
Network Benefits	
Preventative Care	Plan pays 100%
Office Visits	\$30 Copay Primary Care Physician \$60 Copay Specialist
Facility Services	
In Patient Care	40% after Deductible
Outpatient Surgery	40% after Deductible
Emergency Room Services	\$300 Copay + Deductible + Coinsurance
Urgent Care	\$30 Copay
Pharmacy Copays	
Retail: Blue Rx Card	\$15 / \$40 / \$60 / \$150 Preferred Specialty / 20% to \$250 Non-Preferred Specialty
Mail Order	2.5x Retail Rx Copay

- CVS/Target pharmacies are excluded from the Blue Cross Blue Shield Network.
- In-Network facilities may have Out-of-Pocket providers. Balance billing may apply to any Out-of-Network providers.
- Out-of-Network Disclaimer: once the out-of-pocket maximum has been satisfied then the member is responsible for the penalty and the difference from the negotiated fee. See full plan summary for additional details.
- Dependent age limit for children is up to the end of the month when they turn age 26.

Blue Cross Blue Shield of Kansas Online Services www.bcbsks.com To access the member website simply go to www.bcbsks.com for a variety of forms and information. You can tour the BlueAccess secure area and sign up to review details of your specific coverage, find the status of submitted claims for you and any family members on your plan, browse the HealthyOptions section for information on improving your health and links to related sources Sign up for emails that alert you when claims have been processed and are ready to be viewed online Check out the enhanced provider directory to search for doctors or health care facilities by address, county, specialty and more!

**Please note these pages are a brief overview of coverage. It does not list all benefits, nor does it list exclusions and limitations. Please refer to your benefit portal for more information.*

MEDICAL INSURANCE

\$3,300 HDHP Deductible	In-Network Benefits
Deductible (Single / Family)	\$3,300 / \$6,600
Coinsurance	10%
Out of Pocket Max (Single / Family)	\$5,000 / \$10,000
Network Benefits	
Preventative Care	Plan pays 100%
Office Visits	10% after Deductible PCP Visit 10% after Deductible Specialist Visit
Facility Services	
In Patient Care	10% after Deductible
Outpatient Surgery	10% after Deductible
Emergency Room Services	10% after Deductible
Urgent Care	10% after Deductible
Pharmacy Copays	
Retail: Blue Rx Card	\$15 / \$50 / \$85; %50 Preferred Specialty / \$80 Non-Preferred Specialty
Mail Order	2.5x Retail Rx Copay

- CVS/Target pharmacies are excluded from the Blue Cross Blue Shield Network.
- In-Network facilities may have Out-of-Pocket providers. Balance billing may apply to any Out-of-Network providers.
- Out-of-Network Disclaimer: once the out-of-pocket maximum has been satisfied then the member is responsible for the penalty and the difference from the negotiated fee. See full plan summary for additional details.
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Blue Cross Blue Shield of Kansas Online Services www.bcbsks.com To access the member website simply go to www.bcbsks.com for a variety of forms and information. You can tour the BlueAccess secure area and sign up to review details of your specific coverage, find the status of submitted claims for you and any family members on your plan, browse the HealthyOptions section for information on improving your health and links to related sources Sign up for emails that alert you when claims have been processed and are ready to be viewed online Check out the enhanced provider directory to search for doctors or health care facilities by address, county, specialty and more!

MEDICAL INSURANCE

Decision Support

Examples of minor and major procedures performed by In-Network Providers.

Example One	Example Two
<p>Outpatient Procedure: \$1,500 PPO Procedure Costs: \$2,200 Deductible: \$1,500 Co-Insurance: \$280 (40% of balance) Member Responsibility: \$1,780 REMAINING OUT OF POCKET: \$4,750</p>	<p>Outpatient Procedure: \$1,500 PPO Procedure Costs: \$20,000 Deductible: \$1,500 Co-Insurance: \$4,850 (40% of balance to OOP Max) Member Responsibility: \$6,350 REMAINING OUT OF POCKET: \$0</p>
<p>Outpatient Procedure: \$3,300 QHDHP Procedure Costs: \$2,200 Deductible: \$2,200 Co-Insurance: Not Applicable Member Responsibility: \$2,200 REMAINING OUT OF POCKET: \$1,100</p>	<p>Outpatient Procedure: \$3,300 QHDHP Procedure Costs: \$20,000 Deductible: \$3,300 Co-Insurance: \$1,670 (10% of balance) Member Responsibility: \$4,970 REMAINING OUT OF POCKET: \$1630</p>

Decision Support

Deciding which **Leavenworth USD 453** medical plan best suits you doesn't have to be confusing. Walk through the scenarios below to determine which **Leavenworth USD 453** plan will best fit your needs.

DO YOU WANT TO BE ABLE TO SET ASIDE PRE-TAX DOLLARS FOR FUTURE MEDICAL EXPENSES, WHICH YOU CAN ALSO INVEST?	
<p>YES</p> <p>You may want to consider the HDHP. This plan is qualified to be used with a Health Savings Account, which allows you to contribute pre-tax dollars to be saved for current medical expenses or future investment.</p>	<p>NO</p> <p>Consider enrolling in the PPO Plan, which can be used alongside a Flexible Spending Account for current health or medical expenses but cannot be fully rolled over or invested.</p>
DO YOU PREFER MODERATE COVERAGE BECAUSE YOU EXPECT FEW MEDICAL EXPENSES, BUT STILL WANT PROTECTION FROM COSTS OF MORE SIGNIFICANT CARE?	
<p>YES</p> <p>Consider enrolling in the HSA Plan. This offers a more moderate coverage option with lower deductibles and out-of-pocket expenses to protect you, should your medical needs be costlier.</p>	<p>NO</p> <p>Consider enrolling in the PPO Plan, which can be used alongside a Flexible Spending Account for current health or medical expenses but cannot be fully rolled over or invested.</p>
DO YOU PREFER PAYING A COPAY AT THE TIME OF CARE, WHILE PAYING A HIGHER PREMIUM FOR COVERAGE YOU MAY NOT USE?	
<p>YES</p> <p>Consider enrolling in the Traditional PPO Plan, which offers copays for office visits and prescriptions at a higher premium.</p>	<p>NO</p> <p>You may consider the HSA Plans - while they do not offer copays for lower cost services, they are available for a much lower premium cost.</p>
DO YOU PREFER PAYING FOR CARE WHEN YOU ACTUALLY NEED IT, INSTEAD OF PAYING HIGH PERMIUM FOR COVEARGE YOU MAY NOT USES - EVEN IF COSTS OR TIMING OF CARE NEEDED MAY BE UNPREDICTABLE?	
<p>YES</p> <p>Consider enrolling in the HSA Plan. These plans provide you the flexibility of paying only for the coverage that you need when you need it, at a reduced premium cost.</p>	<p>NO</p> <p>If you prefer to have the protection of copays for office visits and prescription drugs, and are willing to pay a bit more premium, consider enrolling in the Traditional PPO Plan.</p>

HEALTH SAVINGS ACCOUNT



Provider: Flex Made Easy

Overview:

A Health Savings Account (HSA) is a savings account that offers tax benefits and can be used to pay for medical expenses. It is typically linked to a High Deductible Health Plan (HDHP), which is a type of insurance that has lower monthly premiums but requires you to pay more out of pocket before coverage begins.

HDHP Medical Plan Enrollees are the only employees eligible for an HSA

A health savings account (HSA) is a tax-advantaged savings account that you can use for medical expenses. It is paired with a qualifying health insurance plan; typically, a high deductible health plan (HDHP).

More flexibility and control

In a traditional health plan, the insurer sets limits for what is covered under the premium. The HSA, in contrast, can be used for a wide range of expenses, limited only by legislation and IRS guidelines. However, it is your responsibility to:

- Ensure that you use your funds for eligible expenses.
- Retain documentation (receipts, prescriptions, etc) about your purchases. These will be necessary in the event that you are audited by the IRS.

Why an HSA?

There are several benefits of an HSA, including:

- Your payroll contributions are made with pretax dollars, which may help lower your tax bill.
- The funds in your account do not expire at the end of the year. You can keep them as long as you want to.
- The funds in your account are yours to keep even if you change jobs.
- Using the account is easy. Most HSAs will issue a debit card to you. If you use the debit card to immediately pay for your eligible medical expenses, you won't have to go through a reimbursement process.

Health care costs have escalated at a rapid rate over the past decade. The combination of a lower monthly premium payment and an HSA account--designed to help people pay for health care expenses with significant tax savings--is an ideal way to save and pay for health care needs now and in the future.

Contribution Limits

Please keep in mind that the federal government sets limits on how much you can contribute to an HSA in a tax calendar year.

The table below displays the current HSA contribution limits. Current contribution information can be found on the U.S. Department of Treasury website at [treas.gov](https://www.treas.gov).

Tax Year	Individual Coverage Limits	Family Coverage Limits
2025	\$4,300	\$8,550
2026	\$4,400	\$8,750



DID YOU KNOW?

25 MILLION PEOPLE

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

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

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



\$14/MONTH

New Benefit

EMERGENT PLUS MEMBERSHIP BENEFITS

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

Emergency Air Ambulance Coverage¹

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

Emergency Ground Ambulance Coverage¹

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

Hospital to Hospital Ambulance Coverage¹

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

Repatriation to Hospital Near Home Coverage¹

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

Visit your [portal](#) to learn more!

** Deduction amounts may vary based on hire date and number of pay period remaining in the year.

DENTAL INSURANCE



Provider: Delta Dental

Overview:

Dental insurance not only helps preserve your smile, but also covers the cost of dental treatments and typically includes routine checkups, cleanings, and X-rays. Research indicates that oral health issues like gum disease can have an impact on other parts of the body, including the heart. By getting regular dental care, you can safeguard your overall well-being.

The following pages outline some of your dental plan benefits.

Benefit % Paid			
Delta Dental Premier	Out of Network	Diagnostic & Preventive (Not subject to deductible)	
100%	100%	Diagnostic:	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <ul style="list-style-type: none"> • Oral Evaluations – 2 times each contract year • Bitewing x rays – 2 times each contract year for dependents under age 18 and once each 12 months for adults age 18 and over • Fill mouth or panoramic x-rays – once every 5 years
100%	100%	Preventative:	Provides for the following <ul style="list-style-type: none"> • Routine Cleanings – 2 times each contract year • Topical Fluoride – 2 times each Contract Year for dependent children under age 19 • Space Maintainers – for Dependent Children under age 14 and only for early loss of baby molars • Sealants – once each tooth per lifetime for dependent children under age 16 when applied only to adult molars with no decay or fillings on the chewing surface and intact
Basic (subject to deductible)			
80%	80%	Ancillary:	Provides for one emergency/limited exam per Contract Year by the Dentist for the relief of pain.
80%	80%	Oral Surgery:	Provides for removal of teeth including pre and post-operative care, preparation of the mouth for dentures, removal of the vertical band of thin tissue that connects the tongue to the bottom of the mouth, removal of the tissue that attaches the lips to the gum above the top front two teeth, removal of tissue that connects the gums to the insides of the cheeks, and removal of a piece of tissue from a lesion and sent to the lab for testing.
80%	80%	Regular Restorative:	Provides silver fillings; resin (white) fillings on all teeth; and stainless-steel crowns for Dependents under age 12.
80%	80%	Endodontics:	Includes root canal treatments. When covered, payment for the initial root canal therapy is limited to one per lifetime, per tooth; payment for the retreatment of a root canal is limited to once per 24 months, per tooth.
80%	80%	Periodontics:	a. Includes procedures for the treatment of diseases of the gums and bones. Periodontal cleaning, including evaluation, is counted toward the frequency limitation for regular cleanings. b. Surgical periodontal procedures/

DENTAL INSURANCE

Benefit % Paid		Services	
Delta Dental Premier	Out of Network	Major (subject to deductible)	
50%	50%	Special Restorative	When teeth cannot be restored with a filling, provides for individual crowns.
50%	50%	Prosthodontics	a. Includes bridges, partial and complete dentures
50%	50%		b. Repairs and adjustments of bridges and dentures
Orthodontics (subject to deductible)			
50%	50%	Orthodontics (Braces):	*Includes orthodontic appliances and treatment, interceptive and corrective, for Dependent Children under age 19.

Maximum & Deductible Information	
Maximum Benefit per person	The Maximum Benefit for all Covered Services for each Enrollee in any one Contract Year is Two Thousand Dollars (\$2,000.00).
Calendar Year Deductible	\$50 Deductible per covered person \$150 Deductible per family
Eligible Children	Children are eligible for coverage to age 26.

Please note this is a brief overview of coverage. It does not list all benefits, nor does it list exclusions and limitations. Please refer to your Evidence of Coverage or Summary Plan Description for list of benefit limitations and exclusions.

VISION INSURANCE



Provider: Aetna

OVERVIEW:

Driving to work, reading the news, and watching television are all common daily activities, but your ability to perform them is heavily dependent on the health of your eyes and vision. Vision insurance can assist in preserving your vision and identifying various health issues.

VISION INSURANCE

The following chart outlines some of your vision plan benefits.

Benefit	Description	Copay	Frequency
Wellness Exam	Focuses on your eyes and overall wellness	\$0	Every 12 months
Prescription Glasses			
Frames	<ul style="list-style-type: none"> • \$170 featured frame brands allowance • 20% savings on the amount over your allowance 	\$0 up to \$170	Every 12 months
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	\$10	Every 12 months
Lens Enhancement	<ul style="list-style-type: none"> • Standard Progressive Lenses \$0 • Premium Progressive Lenses \$20-\$45 • Custom Progressive Lenses: 20% Discount Off Retail - \$120 Plan Allowance + \$10 Copay 	\$0	Every 12 months
Covered Contact Lenses (instead of glasses)	<ul style="list-style-type: none"> • Up to \$40 Copay for Standard Fit/Follow-Up • \$170 allowance for Conventional Contact Lenses 	\$40	Every 12 months
Additional In-Network Discounts			
<ul style="list-style-type: none"> • 40% discount on additional pairs for eyeglasses or prescription sunglasses • 15% discount off retail or 5% discount off promotional pricing for Lasik Laser vision correction or PRK from U.S. Laser Network • up to \$39 Copay for retinal imaging • 20% off Non-Covered Items 			

*Please note this is a brief overview of coverage. It does not list all benefits, nor does it list exclusions and limitations. Please refer to your Evidence of Coverage or Summary Plan Description for list of benefit limitations and exclusions.

FLEXIBLE SPENDING ACCOUNTS



Provider: Flex Made Easy

OVERVIEW:

Paying for health care can be stressful. That's why Leavenworth USD offers an employer-sponsored flexible spending account (FSA).

HOW DO I ENROLL?

Fill out the FSA Enrollment Form during Open Enrollment. Even if you signed up last year, you must re-enroll for 2025. The Leavenworth USD FSA plan has a 2 1/2 month Grace Period. The Grace Period gives you additional time to spend down any remaining balance once a plan year ends.

Your plan year is from October 1 to September 30. If you have a remaining balance on September 30, 2025, any eligible expenses you incur through December 15, 2025 will be reimbursed from that remaining balance.

DEBIT CARDS:

Each participant will receive two debit cards at home in the mail. These will arrive in a white nondescript envelope on or around your initial effective date and are good for three years.

Flexible Spending Account	
Healthcare and Limited Purpose FSA	
Min/Max per Employee	
\$100	\$3,300

FLEXIBLE SPENDING ACCOUNTS

WHAT ARE THE BENEFITS OF AN FSA?

- It saves you money. The plans allow you to put aside money tax-free that can be used for qualified medical expenses.
- It is a tax-saver. Since your taxable income is decreased by your contributions, you will pay less in taxes.
- It is flexible. You can use your FSA funds at any time, even if it is the beginning of the year.

You cannot stockpile money in your FSA. If you do not use it, you lose it. You should only contribute the amount of money you expect to pay out-of-pocket that year.

FSA savings example: Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,300 for day care next plan year, they decide to direct a total of \$5,300 into their FSAs.

	Without FSAs	With FSA
Gross Income	\$30,000	\$30,000
FSA Contributions	0	-\$5,000
Gross Income	\$30,000	\$25,000
Estimated taxes		
Federal tax	-\$2,550*	-\$1776*
State tax	-\$900**	-\$750**
FICA tax	-\$2,295	-\$1913
After-tax earnings	\$24,255	\$20,314
Eligible out-of-pocket expenses		
Medical and dependent care expenses	-\$5,000	\$0
Remaning spendable income	\$19,255	\$20,561
Spendable income increase		\$1,306

Dependent Care Reimbursement Account



Provider: Flex Made Easy

OVERVIEW:

A dependent care reimbursement account is a convenient financial tool that enables employees to save money on eligible childcare expenses. By setting aside a portion of their pre-tax income into this account, employees can reduce their taxable income and increase their take-home pay.

Dependent Care Reimbursement Account	
Min/Max per household	
\$100	\$5,000
Min/Max if filing separate	
\$100	\$2,500

VOLUNTARY LIFE INSURANCE



Provider: One America

OVERVIEW:

If you are the primary breadwinner for your household, and have future expenses to consider such as your child's college tuition, it may be worth considering purchasing life insurance. This will provide financial security for your loved ones in the event of your unexpected death.

VOLUNTARY LIFE INSURANCE

Leavenworth USD offers voluntary life insurance through One America to protect your family. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying life insurance. You can buy voluntary life insurance for both you and your dependents.

Amounts of Coverage Available:

Employee:

Minimum of \$10,000 to maximum of \$500,000 (not to exceed 5x earnings)

Spouse:

Minimum of \$5,000 to maximum of \$100,000 (not to exceed 100% of employee amount)

Child:

6 month – 19 or 25 years, if full time student: \$10,000 (up to 26 years if full time student)

Life Insurance amounts in excess of the Guarantee Issue amount for yourself and/or your spouse will require Evidence of Insurability (EOI). You can complete the EOI application online. If approved, your coverage in excess of the Guarantee Issue amount will go into effect the first of the month following the approval date.

Guarantee Issue:

(initial eligibility period only)

Employee:

\$200,000

Spouse:

\$30,000

Child:

\$10,000

Your Monthly Cost in 2025

Monthly Cost for Every \$1,000 of Employee and Spouse Life Insurance Coverage										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Premium	\$0.07	\$0.08	\$0.11	\$0.16	\$0.22	\$0.35	\$0.59	\$0.64	\$1.01	\$2.24
Dependent Children	\$10,000 in coverage for \$2.45 a month									

**Spouse rate is based on spouse age. Spouse coverage not available age 70+.*

SHORT TERM DISABILITY



Provider: One America

OVERVIEW:

It's a fact that bills need to be paid, even when you are unable to work due to an injury, illness or surgery. Disability income benefits are designed to provide a replacement of lost income in the event that you become disabled from a non-work-related injury or sickness. It will help you safeguard your assets and maintain some level of earnings.

SHORT TERM DISABILITY

One America Short-Term Disability Monthly Premium

With a short-term disability plan from One America you can elect a benefit amount in increments of \$100 per month, not to exceed 60% of your Covered Weekly Earnings to a monthly maximum benefit of \$4,000. The pre-existing condition is 3/12 which means benefits will not be paid if the person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.

Leavenworth USD offers three short term disability plans through One America.

Min. Annual Salary	Weekly Benefit	Plan 1	Plan 2	Plan 3
\$7,429	\$100	\$9.80	\$7.50	\$4.50
\$11,143	\$150	\$14.70	\$11.25	\$6.75
\$14,857	\$200	\$19.60	\$15.00	\$9.00
\$18,571	\$250	\$24.50	\$18.75	\$11.25
\$22,286	\$300	\$29.40	\$22.50	\$13.50
\$26,000	\$350	\$34.30	\$26.25	\$15.75
\$29,714	\$400	\$39.20	\$30.00	\$18.00
\$33,429	\$450	\$44.10	\$33.75	\$20.25
\$37,143	\$500	\$49.00	\$37.50	\$22.50
\$40,857	\$550	\$53.90	\$41.25	\$24.75
\$44,571	\$600	\$58.80	\$45.00	\$27.00
\$48,286	\$650	\$63.70	\$48.75	\$29.25
\$52,000	\$700	\$68.60	\$52.50	\$31.50
\$55,714	\$750	\$73.50	\$56.25	\$33.75
\$59,429	\$800	\$78.40	\$60.00	\$36.00
\$63,143	\$850	\$83.30	\$63.75	\$38.25
\$66,857	\$900	\$88.20	\$67.50	\$40.50
\$70,571	\$950	\$93.10	\$71.25	\$42.75
\$74,286	\$1,000	\$98.00	\$75.00	\$45.00
\$78,000	\$1,050	\$102.90	\$78.75	\$47.25
\$81,714	\$1,100	\$107.80	\$82.50	\$49.50
\$85,429	\$1,150	\$112.70	\$86.25	\$51.75
\$89,143	\$1,200	\$117.60	\$90.00	\$54.00
\$92,857	\$1,250	\$122.50	\$93.75	\$56.25
\$96,571	\$1,300	\$127.40	\$97.50	\$58.50
\$100,286	\$1,350	\$132.30	\$101.25	\$60.75
\$104,000	\$1,400	\$137.20	\$105.00	\$63.00
\$107,714	\$1,450	\$142.10	\$108.75	\$65.25
\$111,429	\$1,500	\$147.00	\$112.50	\$67.50
\$115,143	\$1,600	\$156.80	\$120.00	\$72.00
\$122,571	\$1,650	\$161.70	\$123.75	\$74.25
\$126,286	\$1,700	\$166.60	\$127.50	\$76.50
\$130,000	\$1,750	\$171.50	\$131.25	\$78.75

Plan Name	Elimination Period	Duration
Plan 1	0 days for injury / 7 days for sickness	26 weeks
Plan 2	0 days for injury / 14 days for sickness	26 weeks
Plan 3	0 days for injury / 30 days for sickness	26 weeks

*Please note this is a brief overview of coverage. It does not list all benefits, nor does it list exclusions and limitations. Please refer to your Evidence of Coverage or Summary Plan Description for list of benefit limitations and exclusions.

CANCER INSURANCE



Provider: SunLife

OVERVIEW:

Our cancer voluntary coverage provides cash benefits when it is most needed! When you enroll in the plan, you will be eligible for benefits upon a positive diagnosis of an internal cancer during the coverage term. This can bring peace of mind to you and your loved ones, as you will have protection in place to help avoid financial strain from paying for day-to-day living expenses or incurring debt.

CANCER INSURANCE

HERE'S HOW IT WORKS...

In addition to the physical and emotional effects, people who are diagnosed with cancer may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with cancer.

ACT NOW!

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones financially in the event of an unexpected cancer occurrence. To see more plan details & compare the plans please visit your benefit portal <https://account.mybenefitsportal.com/usd453/>

The chart below outlines the monthly costs of purchasing accidental coverage.

Your Monthly Cost in 2025

Employee Share of Monthly Payroll Deduction				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Low Plan	\$20.00	\$31.16	\$22.54	\$33.70
High Plan	\$25.11	\$39.13	\$28.13	\$42.15



Wellness Benefit!

This plan includes a Health Screening Benefit, meaning you can receive a once per year benefit, by taking a covered screening or test.

Low Plan: **\$75**

High Plan: **\$100**

ACCIDENT INSURANCE



Provider: MetLife

OVERVIEW:

Accidents can happen unexpectedly, and the cost of medical expenses and other indirect costs can be overwhelming. That's why Leavenworth USD offers a voluntary accident insurance plan that can be chosen for an individual or a family.

The plan provides financial assistance by giving cash benefits for initial care, specific injuries, treatment, facility care, and follow-up care visits. These benefits are paid directly to you, which can help cover deductibles, co-insurance, or other expenses incurred.

ACCIDENT INSURANCE

Accident insurance helps you pay for those unexpected costs by providing you cash benefits for things such as:

- broken bones
- dislocated joints
- burns
- bandages, stitches and cuts
- surgery and anesthesia
- Emergency room visits, X-rays and imaging
- Emergency dental work
- Ambulance rides
- Wheelchairs, crutches and other medical supplies

Additionally, the accident coverage includes accidental death and dismemberment benefits.

Any of the benefits you receive from the policy are paid directly to you and can help you cover deductibles, co-insurance, or whatever expenses you may choose to spend it on. Best of all, your benefits will be paid to you regardless of any other insurance coverage you may have. To see more plan details & compare the plans please visit your benefit portal <https://account.mybenefitsportal.com/usd453/>

The chart below outlines the monthly costs of purchasing accidental coverage.

Your Monthly Cost in 2025

Employee Share of Monthly Payroll Deduction				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Low Plan	\$15.00	\$21.00	\$22.75	\$28.00
High Plan	\$20.00	\$28.00	\$30.00	\$37.00

Wellness Benefit!

This plan includes a Health Screening Benefit, meaning you can receive a once per year benefit, by taking a covered screening or test.

Low Plan: **\$150**

High Plan: **\$200**

CRITICAL ILLNESS INSURANCE



Provider: MetLife

OVERVIEW:

With a critical illness plan, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, or coronary artery bypass graft.

HOW IT WORKS?

In most cases, benefits payments are made directly to you, giving you more control during a difficult time when options may feel limited. Some or all of the benefits are available to you after your initial diagnosis, so you have access to them when you need it most. Additionally, obtaining coverage through your employer is typically more cost-effective than purchasing it individually, which can help you save on premiums.

CRITICAL ILLNESS INSURANCE

WHY DO I NEED CRITICAL ILLNESS COVERAGE?

A critical illness plan can assist you with a variety of expenses so you can focus on getting better.

You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training not covered by your primary health insurance
- Pay for travel to treatment facilities away from home - and for family visits

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses.

You elect an initial benefit amount between \$15,000 or \$30,000 and Prosperity will pay the initial benefit amount when a covered person is diagnosed with a covered Critical Illness while the coverage is in force. To see more details please visit your benefit portal.

Base Coverage Benefit	
Covered Critical Illness / Benefit Amount Percentage	
Heart Attack - 100% Stroke - 100% Coronary Artery Bypass Graft - 100% Major Organ Transplant - 100% Kidney Failure - 100% Paralysis - 100%	Coma - 100% Severe Burns - 100% Motor Neuron Disease/ALS - 100% Advanced Alzheimer's Disease - 100%
Named Insurance: Initial Benefit Amount	\$15,000 or \$30,000
Spouse:	50% of the Named Insured Amount
Children:	50% of the Named Insured Amount

Please note this is a brief overview of coverage. It does not list all benefits, nor does it list exclusions and limitations. Please refer to your Evidence of Coverage or Summary Plan Description for list of benefit limitations and exclusions.

Wellness Benefit!

This plan includes a Health Screening Benefit, meaning you can receive a **\$100** once per year benefit, by taking a covered screening or test

Non- Tobacco Monthly Premium Rates per \$1,000 of Coverage

Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<25	\$0.43	\$0.88	\$0.78	\$1.15
25-29	\$0.43	\$0.95	\$0.82	\$1.22
30-34	\$0.54	\$1.05	\$0.88	\$1.32
35-39	\$0.84	\$1.19	\$0.96	\$1.46
40-44	\$1.01	\$1.46	\$1.13	\$1.73
45-49	\$1.37	\$1.74	\$1.30	\$2.01
50-54	\$1.86	\$2.10	\$1.52	\$2.37
55-59	\$2.34	\$2.53	\$1.80	\$2.80
60-64	\$3.02	\$3.06	\$2.14	\$3.33
65-69	\$3.43	\$3.39	\$2.37	\$3.66
70-74	\$3.43	\$3.66	\$2.59	\$3.93
75+	\$3.43	\$5.06	\$3.55	\$5.33

Tobacco Monthly Premium Rates per \$1,000 of Coverage

Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<25	\$0.60	\$0.96	\$0.83	\$1.23
25-29	\$0.60	\$1.07	\$0.90	\$1.35
30-34	\$0.82	\$1.24	\$1.00	\$1.51
35-39	\$1.24	\$1.48	\$1.14	\$1.75
40-44	\$1.64	\$1.91	\$1.40	\$2.18
45-49	\$2.17	\$2.35	\$1.68	\$2.63
50-54	\$2.85	\$2.91	\$2.03	\$3.19
55-59	\$3.70	\$3.59	\$2.45	\$3.86
60-64	\$4.58	\$4.39	\$2.98	\$4.66
65-69	\$5.24	\$4.89	\$3.33	\$5.16
70-74	\$5.24	\$5.27	\$3.64	\$5.55
75+	\$5.24	\$7.38	\$5.08	\$7.65

HOSPITAL INDEMNITY



Provider: MetLife

OVERVIEW:

Voluntary hospital indemnity insurance offers a set of fixed, lump-sum daily benefits to help cover expenses related to a hospital stay, such as room and board. Once the policyholder meets the criteria for benefit payment and is hospitalized, the benefits are paid directly to them.

HOSPITAL INDEMNITY

Benefit Details	
Hospital Room & Board Benefits	
Room & Board Benefit per Day (180 Daily Benefits per Coverage Year)	\$100
Hospital Critical Care Unit Benefits (Paid in addition to Room & Board Benefit)	
Critical Care Unit Benefits per Day (30 Daily Benefits per coverage year)	\$100
Hospital Admission Benefit	
One Daily Benefits per Coverage Year	\$500

Your Monthly Cost in 2025

Employee Share of Monthly Payroll Deduction				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Low Plan	\$11.38	\$21.00	\$17.34	\$26.96
High Plan	\$20.95	\$38.63	\$31.91	\$49.60

PERMANENT LIFE WITH LTC



Provider: Trustmark ULE

OVERVIEW:

Protection for finances and loved ones can bring peace of mind and allow you to focus on spending time with those you care about. Permanent life insurance can provide financial support for families in the event of an emergency or unexpected death, helping them maintain their standard of living. The death benefit can secure a family's future, and the cash value can be borrowed against in case of emergencies during the policyholder's lifetime.

Example of Employee Monthly Premium*	
40 Year Old Employee with \$50,00 Coverage	
Non-Smoker/Smoker	\$31.98/\$44.22
56 Year old Employee with \$50,000 Coverage	
Non-Smoker/Smoker	\$87.24/\$150.16

PERMANENT LIFE WITH LTC

Trustmark ULE Insurance provides two important coverage's when you need them most.

1. Financial Security After a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief survivors may suddenly be faced with costly expenses and debts, and even a loss of income. Universal LifeEvents can help.

Universal LifeEvents provides a higher death benefit when your needs and responsibilities are the greatest. You can choose a plan and benefit amount that provides the right protection for you.

Universal LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the ending of one story won't stop the beginning of another.

2. Long Term Care

At any point in your life you may need to long-term care services which could cost hundreds of dollars per day.

IDENTITY PROTECTION



Provider: ID Force

OVERVIEW:

Your identity is important, so make sure you have the protection you need for your privacy and security! With the growing number of fraud and scams, it's more important than ever to take steps to safeguard what you've worked for. Your company understands the increasing risks of having sensitive personal information exposed, which is why it has included IdentityForce as part of its employee benefits. IdentityForce provides top-notch identity theft protection plans that proactively monitor, alert, and assist you in resolving any identity theft issues that may arise.

Your Monthly Cost in 2025

Employee Only	\$9.50
Family	\$17.50

IDENTITY PROTECTION

WHY NOW

Our identities have become more than just a name, birth date, and social security number. Today it includes voice signatures and fingerprints, personal property records, health records, and even social media data. All of these details can be capitalized on by criminals to commit identity fraud, whether used directly in forms of synthetic identity theft, or used in social engineering attempts to extract money or personal details that provide additional opportunities for identity crimes.

ID THEFT IMPACT

You don't want to deal with a lifetime of damage that could result from identity theft. You most likely even know someone who has already been a victim of identity theft themselves, or you at least know someone who has had their good name compromised. Security incidents, scams, and fraud continue to grow. As our world becomes increasingly digitized, and virtual, it's even more important to have IdentityForce in your corner.

We not only proactively monitor the Dark Web, credit reports, and real-time fraud issues, but we will help you fix any compromises to your personal information. All without the hassle of making phone calls, completing paperwork, and all the heavy lifting needed to make sure your identity is restored.

LEGAL PROTECTION



Provider: MetLife Legal

OVERVIEW:

MetLife Legal offers coverage for you, your spouse, and dependents. It includes unlimited telephone and office consultations with an attorney of your choice for various personal legal matters. Additionally, it provides e-Services such as an attorney locator, an e-panel of law firms, a law guide, free downloadable legal documents, financial planning resources, insurance information, and work-life resources.

Your Monthly Cost in 2025

Employee Only	\$20.25
Family	\$20.25

LEGAL PROTECTION

Estate Planning Documents

- Simple and Complex Wills
- Trusts (Revocable and Irrevocable)
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Document Review

- Any Personal Legal Documents Family Law
- Prenuptial Agreement
- Protection from Domestic Violence
- Adoption and Legitimization
- Guardianship or Conservatorship
- Name Change

Immigration Assistance

- Advice and Consultation
- Review of Immigration Documents
- Preparation of Affidavits and Powers of Attorney

Elder Law Matters

- Consultations and Document Review for issues related to your parents including Medicare, Medicaid, Prescription Plans, Nursing Home Agreements, leases, notes, deeds, wills and powers of attorney as these affect the participant

Real Estate Matters

- Sale, Purchase or Refinancing of your Primary, Second or Vacation Home
- Eviction and Tenant Problems (Primary Residence - Tenant only)
- Home Equity Loans for your Primary, Second or Vacation Home
- Zoning Applications
- Boundary or Title Disputes
- Property Tax Assessment
- Security Deposit Assistance (For Tenant)

Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes

Traffic Offenses*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privileges Restoration (Includes License Suspension due to DUI)

Personal Property Protection

- Consultations and Document Review for Personal Property Issues
- Assistance for disputes over goods and services

Juvenile Matters

- Juvenile Court Defense, including Criminal Matters
- Parental Responsibility Matters

Financial Matters

- Negotiations with Creditors
- Debt Collection Defense
- **LifeStages – Identity Management Services
- Identity Theft Defense
- Personal Bankruptcy
- Tax Audit Representation

(Municipal, State or Federal)

- Foreclosure Defense
- Tax Collection Defense

Defense of Civil Lawsuits

- Administrative Hearings
- Civil Litigation Defense
- Incompetency Defense
- School Hearings
- Pet Liabilities

Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

Family Matters™***

- Available for an additional fee
- Separate plan for parents of participants for Estate Planning Documents
- Easy Enrollment - online or by phone

Tax Preparation and Filing

- Prepare and file one individual or joint federal and state tax return with any TurboTax "Do It Yourself" online product at no additional cost.

EMPLOYEE ASSISTANCE PROGRAM



Provider: Professional Association Multi-Specialty Mental Healthcare Services

Services for Children, Adolescents, Adults & Seniors

- ADHD/Educational Assessments
- Aging/Geriatric Issues
- Anger Management
- Anxiety, Panic Attacks, Obsessive Compulsive Disorder, Phobias
- Assistance in helping individuals deal with issues involving Separation, Divorce, Domestic Violence, Childhood Trauma, Grief and Loss
- Communication Skills Training
- Crisis Intervention and Critical Incident Debriefing
- Eye Movement Desensitization Reprocessing (EMDR)
- Gastric Bypass Evaluation
- Hypnosis for Smoking Cessation, Weight Loss and Pain Control
- Individual, Marriage, and Family Therapy
- Life Coaching
- Marriage Enrichment
- Parenting Skills Training
- Post Traumatic Stress Disorder
- Stress Management and Relaxation Training
- Substance Abuse Evaluation
- Treatment for Depression and Mood Disorders

Benefits

- Confidential short-term counseling, up to three visits per contract year
- 24/7 Emergency Call Center
- Work Related Stress
- Financial Difficulties
- Legal Issues
- Family Concerns

Professional Association Mental Healthcare Services

Established in 1982, Professional Association has been providing professional licensed counseling services with a mission to help individuals and families cope more effectively with complex demands of today's world and to provide caring, compassionate, and solution-focused counseling.

Eligibility:

Available to all employees

Two convenient Locations

3515 S. 4th Street

Leavenworth, KS 66048

(913) 651-8415 phone

(913) 772-8580 fax

101 E. Cedar Street

Olathe, KS 66061

(913) 393-3828 phone

(913) 768-1143 fax

www.professionalassociationphd.com



Stay Healthy in 2025-2026

Riverfront Community Center Fitness

Leavenworth USD 453 has a corporate membership with Riverfront Community

- All District Employees are eligible to receive a discounted membership.
- To sign up, simply take your district identification card or activities pass to the Riverfront Community Center, located at 123 S. Esplanade Street.

Basic Membership Fees:

- Six (6) Month Employee Only Membership: \$55
 - One (1) Year Employee Only Membership: \$80
- * Not available for payroll deduction.

Your basic membership includes use of the gymnasium, pool, track, and weight room

Spouse and/or children memberships, use of racquetball court and other options are available at an additional cost.

Fitness:

Hours:

Mon-Fri

6 a.m. to 8 p.m.

Saturday

9 a.m. to 5 p.m.

Sunday

1 p.m. to 5 p.m.

Closed on Major Holidays:

New Year's Day, Martin Luther King Day, Presidents Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving Day and the Friday after, and Christmas Day.

Riverfront Community Center
Location

123 S. Esplanade Street
Leavenworth, KS 66048

The Riverfront Community Center is a historic Union Depot Train Station built in 1988 and restored in 1988 as a multi-functional facility.

Approved 403b Plan Retirement Companies

Equitable Advisors

Kolby Harris / Kevin Adams
7400 West 110th Street, Suite 700
Overland Park, KS 66210
+1(913) 696-2430
403b

Metropolitan Life Insurance Co.

Larry Buessing / Julie Avery
107 North 6th
Atchison, KS 66002
+1(913) 367-2354
403b

Valic

Patrick Stobaugh
13220 Metcalf, Suite 360
Overland Park, KS 66213
+1(913) 402-5000
403b, 457, 403b Roth

Primerica

Chris Hayden
6501 Commerce Ave., Suite 203
Kansas City, MO 64120
+1(816) 241-7712
403b, 403b Roth

Modern Advisor Group, Security Benefit Life & Nea Value Builder

Terry Clark / Jon Gatz
One Township Plaza, Bldg. 2, Ste 105
120 SE 6th Ave.
Topeka, KS 66603
+1(913) 962-9911
403b, 457, 403b Roth

Waddell & Reed

Thomas Knox
4000 W 114th St, Suite 310
Leawood, KS 66211
+1(913) 491-9202
403b

Classified Employee Payroll Schedule

Leavenworth classified hourly employees will record actual work hours worked in the electronic time clock system. Employees should, on a weekly, basis, review and ensure their time and absence records are accurate. Employees' time and absence records are submitted to payroll at the end of the pay period. Any corrections made after submission may not be paid until the following pay day. For more information, please contact Classified Payroll at (913) 684-1400.

For Work Performed Between:	Paychecks are Deposited On:
8/09/2025 - 8/22/2025	9/5/2025
8/23/2025 - 9/05/2025	9/19/2025
9/06/2025 - 9/19/2025	10/3/2025
9/20/2025 - 10/03/2025	10/17/2025
10/04/2025 - 10/17/2025	10/31/2025
10/18/2025 - 10/31/2025	11/14/2025
11/01/2025 - 11/14/2025	11/26/2025
11/15/2025 - 11/28/2025	12/12/2025
11/29/2025 - 12/12/2025	12/26/2025
12/13/2025 - 12/26/2025	1/9/2026
12/27/2025 - 1/09/2026	1/23/2026
1/10/2026 - 1/23/2026	2/6/2026
1/24/2026 - 2/06/2026	2/20/2026
2/07/2026 - 2/20/2026	3/6/2026
2/21/2026 - 3/06/2026	3/20/2026
3/07/2026 - 3/20/2026	4/3/2026
3/21/2026 - 4/03/2026	4/17/2026
4/04/2026 - 4/17/2026	5/1/2026
4/18/2026 - 5/01/2026	5/15/2026
5/02/2026 - 5/15/2026	5/29/2026
5/16/2026 - 5/29/2026	6/12/2026
5/30/2026 - 6/12/2026	6/26/2026
6/13/2026 - 6/26/2026	7/10/2026
6/27/2026 - 7/10/2026	7/24/2026
7/11/2026 - 7/24/2026	8/7/2026
7/25/2026 - 8/07/2026	8/21/2026

LEGAL NOTICES

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). You must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). This Special Enrollment opportunity is available only if you indicated (or otherwise as required) information regarding your or your dependents' other coverage on your initial enrollment form/waiver.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. You must request enrollment within 30 days of the marriage, birth, adoption or placement for adoption.

You may also be eligible for a Special Enrollment Period if you and/or your dependents are determined to be eligible for premium assistance under a state Medicaid plan or state child health plan. You must request enrollment within 60 days of the date you are determined to be eligible for this premium assistance.

Newborns and Mothers Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal Law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours or (96 hours).

Notice of Availability of HIPAA Privacy Notice

Under the Health Insurance Portability and Accountability Act (HIPAA), health plans are required to provide covered individuals with a Privacy Notice that describes, among other things, the uses and disclosures of protected health information that may be received by the plans, your rights regarding that information and the plans' responsibilities.

HIPAA requires we advise you that a copy of the Privacy Notice is available by contacting Human Resources and requesting a hard copy.

LEGAL NOTICES



Fact Sheet

U.S. Department of Labor
Employee Benefits Security Administration

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the patient.

The required coverage includes:

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

Under WHCRA, mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage.

Group health plans, health insurance companies and HMOs covered by the law must provide written notification to individuals of the coverage required by WHCRA upon enrollment and annually thereafter.

Additional consumer information on WHCRA is available in the publication [Your Rights After A Mastectomy](#).

Information for group health plans and employers on WHCRA and other health benefit law requirements is available in the publication [Compliance Assistance Guide - Health Benefits Coverage Under Federal Law](#).

This fact sheet has been developed by the U.S. Department of Labor, Employee Benefits Security Administration, Washington, DC 20210. It will be made available in alternate formats upon request: Voice telephone: 202-693-8664; TTY: 202-501-3911. In addition, the information in this fact sheet constitutes a small entity compliance guide for purposes of the Small Business Regulatory Enforcement Fairness Act of 1996.

LEGAL NOTICES

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Since 2014, there is now a new way to buy health insurance: the Health Insurance Marketplace. To assist you with evaluating the options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away for coverage purchased through the Marketplace. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1st.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5%* of your household income for the year, or if the coverage your employer provides does not meet the "minimum value standard" set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is usually excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace would be made on an after-tax basis.

*The actual percentage of your income fluctuates slightly on an annual basis. Visit HealthCare.gov to check this year's actual percentage.

How Can I Get More Information on my Employer's Health Coverage?

For additional information about your employer-sponsored health coverage, please contact Human Resources. Please see below for more information you'll need if you decide to shop for coverage on the Marketplace.

How Can I Get More Information on the Marketplace?

The Marketplace consists of state-specific websites where you can compare health insurance options available where you live. Some states have created their own Marketplace, while others use sites run by the U.S. Department of Health and Human Services. Please visit HealthCare.gov or call 800-318-2596 for more information and to obtain contact information for a Health Insurance Marketplace in your state.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's some of the employer information you will be asked to provide when you visit HealthCare.gov:

- As your employer, we offer an employer-sponsored health plan to full-time employees working at least 30 hours per week.
- The coverage under the Leavenworth School District USD 453 health plan meets the minimum value standard and is considered "affordable" under the Affordable Care Act.

Employee Name: Leavenworth USD 453	Employer ID Number (EIN) 48-6034016	Employer Phone Number: (913) 684-1400
Employer Street Address: 200 N. 4th Street	City, State: Leavenworth, KS	Zip: 66048
Contact Name: Demarin Montgomery	Contact Email Address: demarin.montgomery@lvpioneers.org	Company Website: www.usd753.org

For more information about the Health Insurance Marketplace in your state, visit HealthCare.gov or call 800-318-2596.

LEGAL NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

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

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://mvalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://mvarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mvcohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

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<p>GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fsa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaida-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

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<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPPProgram.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">WISCONSIN – Medicaid and CHIP</p>	<p align="center">WYOMING – Medicaid</p>

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Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-andeligibility/ Phone: 1-800-251-1269
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To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

LEGAL NOTICES

Model COBRA Continuation Coverage General Notice Instructions

The Department of Labor has developed a model Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) continuation coverage general notice that plans may use to provide the general notice. To use this model general notice properly, the Plan Administrator must fill in the blanks with the appropriate plan information. The Department considers use of the model general notice to be good faith compliance with the general notice content requirements of COBRA. The use of the model notices isn't required. The model notices are provided to help facilitate compliance with the applicable notice requirements.

NOTE: Plans do *not* need to include this instruction page with the model general notice.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately four minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email bsa.opr@dol.gov and reference the OMB Control Number 1210-0123.

LEGAL NOTICES

Model COBRA Continuation Coverage General Notice Instructions

** Continuation Coverage Rights Under COBRA **

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information: must pay or aren't required to pay*] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

LEGAL NOTICES

Model COBRA Continuation Coverage General Notice Instructions

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: your employer.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

LEGAL NOTICES

Model COBRA Continuation Coverage General Notice Instructions

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

LEGAL NOTICES

Model COBRA Continuation Coverage General Notice Instructions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Administrator: Navia

Phone Number: (425) 452-3491