

2026 Benefits Guide



OPEN ENROLLMENT FOR 2026 CALENDAR YEAR
October 24 - November 7, 2025

IMPORTANT BENEFIT INFORMATION

FOR ALL CURRENT BENEFIT ELIGIBLE EMPLOYEES (including recent new hires)

For recent new hires who just completed the 2025 enrollment, you will need to complete a new enrollment for 2026 if you are making plan changes, adding or dropping dependents, or making flexible spending elections for health or dependent care for 2026.

Have questions? Email: employeebenefits@usd259.net

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Welcome to your 2026 Benefits

Dear USD 259 Team,

We take great pride in offering our employees a comprehensive and competitive benefits package - one that reflects our commitment to your health, financial security, and overall, well being.

You are Wichita Public Schools' greatest asset. Whether you are in a classroom or supporting students behind the scenes your dedication directly impacts thousands of Wichita students. In return, we remain committed to providing you and your families with exceptional benefits that offer value, flexibility, and peace of mind.

We're excited to share that many of our most valued benefits will continue in 2026 with no rate increases. Our plans include robust medical options through UMR and Surest, affordable dental and vision coverage, voluntary life insurance, and flexible spending accounts to help you save on everyday healthcare and dependent care expenses. Plus, our employee wellness incentive remains in place, rewarding those who complete annual health screenings with significant savings on premiums.

In recent years we've enhanced mental health and emotional well-being resources, including 24/7 access to virtual therapy through TalkSpace, counseling services via ComPsych, and compassionate bereavement support through Empathy. Our benefits go far beyond traditional insurance—they are designed to support you through every stage of life.

We encourage you to take the time to review your options during Open Enrollment, ask questions, and take advantage of the support provided through our Employee Benefits team. This is your opportunity to ensure your selections meet your personal and family needs for the year ahead.

Thank you for your continued service and commitment to Wichita Public Schools. Your health, security, and peace of mind matter deeply to us. We hope this guide reflects our appreciation for everything you do.

Warm regards,



Kelly Bielefeld
Superintendent

Employee Benefit Contacts



EMPLOYEE BENEFITS & INSURANCE MANAGEMENT

Email: employeebenefits@usd259.net

Website: <https://www.usd259.org/employeebenefits>

Location: 903 S Edgemoor Street, Wichita, KS 67218

Phone: 316-973-4581

Gina Wiedemann, Manager of Health, Life & Retirement Benefits- 316-973-4564, gwiedemann@usd259.net

Health Plan (Medical + Prescription, Dental and Vision)

- Gina Wiedemann - 316-973-4564, gwiedemann@usd259.net
- Terry Fields - 316-973-4522, tfields@usd259.net

Flexible Spending Accounts

- Gina Wiedemann - 316-973-4564, gwiedemann@usd259.net

Life Insurance

- Terry Fields - 316-973-4522, tfields@usd259.net

Retirement

- Nicole Heizelman - 316-973-4590, nheizelman@usd259.net

Boni Burkhart, Manager of Disability Programs & Risk Compliance - 316-973-4737, bburkhart@usd259.net

Workers' Compensation

- Sandra Cruz - 316-973-4579, scruz@usd259.net
- Nathan Werner - 316-973-4504, nwerner2@usd259.net

Medical Leave (including FMLA, Maternity/Parental/Adoptive Leave)

- Jeana Melton (Certified Staff) - 316-973-4632, jmelton@usd259.net
- Tracy Anderson (Classified Staff) - 316-973-4458, tanderson6@usd259.net

Employee Assistance Program

- Boni Burkhart - 316-973-4737, bburkhart@usd259.net

Catastrophic Leave Pool

- Boni Burkhart - 316-973-4737, bburkhart@usd259.net

General Liability & Injury (Student Accidents/Auto Liability/Personal Property Damage)

- Patrick Greene - 316-973-4566, pgreene@usd259.net

Vendor Contacts



Online enrollment issues or problems
logging in:

1-866-524-5063

Representatives are available

M - F 8:00AM - 6:00 PM CST



employeebenefits@usd259.net

(316) 973-4581



Surest Member Services

(866) 683-6440

www.surest.com



A UnitedHealthcare Company

Call 1-866-683-6438 for:

ID Cards, UMR Plan Advisor, UMR
Care, 24-Hour Nurse Line, Enroll in
Maternity Care

Call 1-800-TELADOC for: Teladoc

Call 1-855-523-9335 for:

United Healthcare Hearing



Pharmacy Benefit Questions

1-(800)-687-0707 Customer Service

1-(800)-687-8629 Mail Order

1-(800)-629-6779 Specialty Pharmacy

<https://vytlone.com>



Phone: 844-853-9400

(handle prescription prior
authorizations)



Customer Services

1 (800) 234-3375

(316) 264-4511

www.deltadentalks.com



Customer Services

1 (800) 234-3375

(316) 264-4511

www.surency.com

Vendor Contacts



Phone Number: 1(800)659-3035
Claims Fax Number: 1(877)879-9038
Email Address: www.asi@asiflex.com
Online Claims Submission: <https://my.asiflex.com>

Customer Service: M-F 5:00 AM-5:00PM
Sat 7:00 AM-11:00 AM



Comprehensive Women's Virtual
Health Benefit

Phone: (612) 217-4967

Visanahealth.com/united



The comprehensive support system for loss

Contact the Empathy Care Team via

Phone or Email on-demand at:

201-350-1881

support@empathy.com

For more information, visit:

www.empathy.com

To register, visit:

join.empathy.com/wps-team

LifeVault

through



Secure your future with LifeVault by
Empathy



Access your complimentary
LifeVault benefit by scanning the
QR code or visit

join.empathy.com/wps-vault



GuidanceResources® Worldwide

Call: 866-517-1254 / TRS: Dial 711

Online: guidanceresources.com

App: GuidanceNow

Web ID: usd259



Email: kpers@kspers.org

(888) 275-5737 or (785) 296-6166

Fax: (785) 296-6638

Weekdays: 8:00 AM – 4:00 PM CST

<https://www.kspers.gov>



RETIREMENT PARTNER ADVISORS

457(b) Deferred Compensation Plan

Deb Anton, MBA

Financial Advisor

(316) 210-5049

danton@retirementplanadvisors.com



403(b) Tax-Sheltered Annuity Plans

List of providers can be found on the
Omni website at

www.omni403b.com

2026 BENEFITS

Current Employees

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

You will need to complete your enrollment for 2026 if you plan on claiming the wellness discount for you and/or your spouse, if you will be making plan changes, if you will be adding or dropping dependents, or if you plan to make flexible spending account elections for health or dependent care. You can enroll online at <https://USD259.bswift.com>. The wellness discount will not be applied until your final confirmation statement is prepared after open enrollment has closed and all post enrollment audits have been completed.

If you fail to complete the enrollment process for 2026, you will be defaulted to the plans you are currently enrolled in. This includes the same plan option along with current dependents enrolled. You will however not be eligible for the employee and/or spouse wellness discount since the wellness certification that is included in the enrollment process will not be completed. In addition, you will not be enrolled in the health or dependent care flexible spending accounts for 2026.

Recent New Hires

Benefit elections made during your New Hire Enrollment in 2025 were for the current 2025 plan year. You will only need to go online at <https://USD259.bswift.com> to complete your benefit elections for 2026 if you are selecting a different plan for 2026, adding or dropping dependents, or making flexible spending account elections for 2026. If you do not go online to make 2026 elections, you will be defaulted to the plans you are currently enrolled in but will not have options for flexible spending accounts for health or dependent care for 2026. New hires or transfers into benefitted positions as of April 1, 2025, will automatically get the wellness discount for 2026.

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

OFFERED BENEFIT	IF YOU FAIL TO COMPLETE THE ENROLLMENT PROCESS ON OR BEFORE NOVEMBER 7, 2025
Medical/RX Plan Benefits	You will be defaulted into what you were enrolled in for 2025: the same plans and the same dependents covered. You will not be able to claim the wellness discount for you and/or your spouse.
Dental Plan Benefits	You will be defaulted into what you were enrolled in for 2025: the same plan and the same dependents covered.
Vision Plan Benefits	You will be defaulted into what you were enrolled in for 2025: the same plan and the same dependents covered.
Cash Option	If you are a new enrollee to the Cash Option plan for 2026 and fail to provide proof of other coverage on or before November 7, 2025, you will be defaulted into the Employee Only Base medical plan. Your dental and vision elections will remain as you elected them. If you were enrolled in Cash Option in 2025 and failed to enroll, you will remain in Cash Option. You will only need to provide proof of other coverage if your coverage has changed.
Flexible Spending Accounts (FSA)	You will not be able to contribute to an FSA or a Dependent Care Account for 2026.

Important Information

Enrollment

- **Enrollment is required if you wish to claim the wellness discount for 2026**
- Current cash option enrollees remaining in cash option for 2026 will not need to re-enroll unless other changes are needed, or you wish to enroll in flexible spending accounts for health or dependent care for 2026
- Proof of coverage only needs to be uploaded to bswift if coverage has changed or you are a new enrollee into the cash option benefit

Medical/Prescription (Prescription coverage through VytlOne, previously Maxor)

UMR is the third-party administrator for the Base Plan and Premium Option 1

Includes deductible + copay + coinsurance

- UnitedHealthcare Choice Plus network of doctors and hospitals which includes both Wesley & Via Christi
- Telemedicine offered by Teladoc \$15 copay
- Text and virtual therapy through TalkSpace \$0 copay
- Real Appeal weight management program for eligible employees and covered spouses \$0 copay
- Maternity Care support program
- Visana Virtual Women's Care

Surest is the third-party administrator for Premium Option 2

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

Wellness Discount

- **Enrollment is required if you wish to claim the wellness discount for 2026**
- Only applies if you and covered spouse are enrolled in one of the medical plans
- New hires or transfers as of April 1, 2025, will automatically get the wellness discount for 2026
- To qualify for the 2026 wellness discount, you and your covered spouse would each need an annual physical with labs, or an annual eye exam completed between September 1, 2024 – August 31, 2025
- Wellness documentation should not be provided unless you are contacted directly for wellness audit

Dental & Vision

- Delta Dental and Surency Vision will remain our dental and vision insurance providers with no changes for 2026

Insurance Cards

- **UMR/Delta/Surency-** new cards will only be issued to new enrollees or those making plan changes
- **VytlOne (formerly Maxor)-** Due to a recent name change new cards will be issued to all members
- **Surest** – will issue new cards to all members
- To request additional cards, contact the carrier directly at the number listed on page #5

Flexible Spending Accounts

- Healthcare Flexible Spending Account annual maximum **increasing** to \$3,300 with up to \$660 carryover limit
- Dependent Care (childcare) Flexible Spending Account annual maximum **increasing** to \$7,500 per household for single filers or married couples filing jointly, and \$3,750 for married couples filing separately
- Flex Debit Cards will be issued automatically to new enrollees in the Healthcare Flex account. For card replacements, contact ASI directly

Who is Eligible?

- Employees who are regularly scheduled to work at least 30 hours per week or at least .75 FTE
- Legal spouse of employee
- Children of employee to age 26- including step, adopted and any child you have legal guardianship or court-ordered custody

When is Coverage Effective?

- New Hires/Newly Eligible Employees- 1st of the month following hire/transfer date into a benefited position
- New Teachers with August 1 contract- Coverage effective September 1
- Election changes due to Qualified Life Event- 1st of the month following event date, unless birth of child or adoption then coverage effective the day of the event
- Open Enrollment - Open enrollment is held October/November each year. Benefits changes take effect January 1

When Does Coverage Terminate?

- Last day of month following separation of employment/retirement
- Teachers leaving at the end of the school year will have benefits through August 31
- Dependent children turning 26 will be covered through the last day of the month they turn 26
- Last day of the month following "life event" change if change results in loss of coverage

How To Enroll?

- You can access bswift one of two ways.
 - **From a district computer:** Go to PeopleSoft/My Benefits/bswift Benefit Enrollment
 - **From anywhere:** Open your internet browser and enter <https://USD259.bswift.com>
- **Username:** 5-digit employee id #
- **Password:** Last four digits of your social security number then you will be prompted to reset it
 - * Follow instructions on page #45 for step-by-step instructions

Qualifying Life Events

IRS regulations require that, once enrolled, you may not change your benefit elections until the next open enrollment period **except for within 31 days of a qualified life event** as listed below. Any change to your election must be consistent with the life event:

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

PLEASE NOTE: If you experience one of above qualifying life events during the year, you have 31 days after the life event date to make plan changes through the benefit portal at <https://USD259.bswift.com>. Documentation of the life event and any required dependent verification must also be uploaded into bswift within the 31days. **See page #11 for instructions on how to upload documents.**

Dependent Verification

2026 BENEFITS

Dependent Verification Requirement

Dependent eligibility documentation is required for any new dependents added to the medical, dental or vision plans. This information must be submitted within 31 days of your hire date or qualifying life event date or by the close of open enrollment. You will be able to upload your documents directly into bswift during the enrollment period. See page #11 for instructions on how to upload documents into bswift.

Newborn Coverage

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

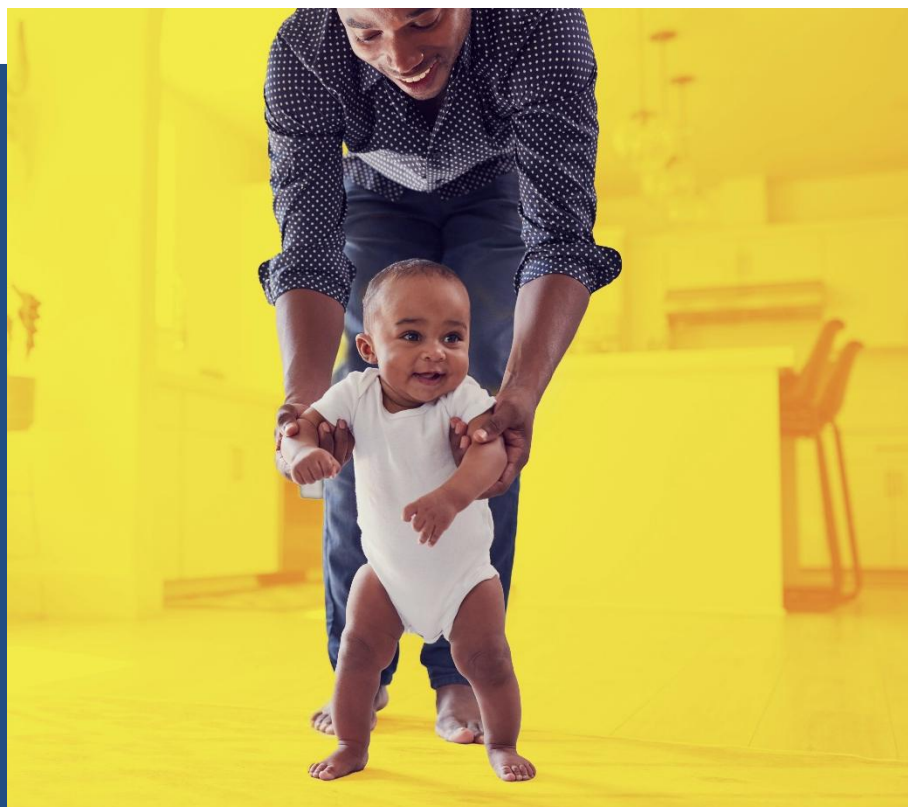
Dependent Being Added	Document(s) Needed
Spouse	Copy of Legal Marriage Certificate or notarized USD 259 common law affidavit AND copy of Social Security Card
Dependent (0-25 yrs.)	Copy of Birth Certificate (with parental information), or hospital birth confirmation letter AND copy of Social Security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

Need a New Social Security Card?

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

Need a New Birth Certificate?

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



Uploading documents into bswift

The screenshot shows the bswift homepage for a new hire. At the top, there is a navigation bar with the Wichita Public Schools logo, a search icon, a notification bell, a language selector set to 'English', a 'Help' link, and a 'New Hire Tester' link. Below the navigation bar, there is a red header with a home icon, 'My Benefits', and 'Learn'. The main content area features a large green box on the left with the text 'We are glad you are part of WPS!' and 'We have you covered! Explore your benefits here to make sure you are taking advantage of what is available to you.' Below this text is a red button labeled 'View Resource Library'. To the right of the green box is the Wichita Public Schools logo. Below the logo is a section titled 'Common Actions' with five icons and labels: 'View Benefit Guide', 'View Benefit Guide - Spanish', 'Birth, Marriage, or other Life Event', 'Update Beneficiary', and 'Update My Profile'. A red arrow points from the top right towards the 'Update My Profile' icon.

The screenshot shows the 'Manage Profile' page in bswift. At the top, there is a navigation bar with the Wichita Public Schools logo, a search icon, a notification bell, a language selector set to 'English', a 'Help' link, and a 'New Hire Tester' link. Below the navigation bar, there is a red header with a home icon, 'My Benefits', and 'Learn'. The main content area features a large green box on the left with the text 'Manage Profile' and 'Keep us up-to-date on your information and manage your family details.' To the right of the green box is a photograph of a family. Below the green box and photograph is a grid of six cards, each with a green header and a white body. The cards are: 'Personal/Family Information', 'Life Events', 'Beneficiaries', 'Manage Documents', 'Communication Preferences', and 'Change Password'. Each card contains a brief description of the function and a red button at the bottom. A red arrow points from the top right towards the 'View All Documents' button in the 'Manage Documents' card.

Uploading documents into bswift

WICHITA PUBLIC SCHOOLS

English Help New Hire Tester

My Benefits Learn

Employee File

New Hire Tester Employee

Name	Relationship	Date of Birth	View and Upload
New Hire Tester	Employee	12/05/1995	View and Upload Documents

Uploaded Documents

Search for Uploaded Documents

Title

Description

Document Type

- Add Adoption Decree
- Add Birth Certificate
- Add Death Certificate
- Add Divorce Decree
- Add Marriage Certificate
- Add Proof of Other Coverage
- Add Social Security Card
- Add Wellness Verification

Search Cancel Reset Fields

Specified search criteria returned no results

WICHITA PUBLIC SCHOOLS

English Help New Hire Tester

My Benefits Learn

File Upload

New Hire Tester Employee

* Fields are required

* Document Type

* File No file selected.

* Title

Description

* Document Date

Save Cancel

5 items per page

Medical Plans At A Glance

	Base Plan (UMR)		Premium Option 1 (UMR)		Premium Option 2 (Surest)	
	UHC Choice Plus Network		UHC Choice Plus Network		UHC Choice Plus Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Individual Family	\$4,500 \$9,000	\$9,000 \$18,000	\$1,500 \$3,000	\$3,000 \$6,000	\$0 \$0	\$0 \$0
Co-Insurance Plan Member	70% 30%	50% 50%	70% 30%	50% 50%	0%	0%
Max Out-of-Pocket (Includes Deductible, Coinsurance, and Med Copays)	\$6,150 \$12,300	\$12,300 \$24,600	\$4,500 \$9,000	\$9,000 \$18,000	\$6,000 \$12,000	\$12,000 \$24,000
Benefits						
Preventive Care	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered	Plan pays 100%	\$150
Office Visit Primary Specialist	\$30 Copay \$50 Copay	Deductible & 50% Coinsurance	\$30 Copay \$50 Copay	Deductible & 50% Coinsurance	\$15 to \$100 Copay	\$300
Telemedicine	\$15 Copay (Teladoc)	Not Covered	\$15 Copay (Teladoc)	Not Covered	\$0 Copay- Primary Care \$15-\$60 Specialty \$0 Doctor on Demand	Not Covered
Urgent Care Visit	\$50 Copay	Deductible & 50% Coinsurance	\$50 Copay	Deductible & 50% Coinsurance	\$50 Copay	\$150
Emergency Room Visits	\$100 copay, then Deductible & 30% Coinsurance	\$100 copay, then Deductible & 30% Coinsurance	\$100 copay, then Deductible & 30% Coinsurance	\$100 copay, then Deductible & 30% Coinsurance	\$500 Copay	\$500
Diagnostic Lab (X-Ray, Bloodwork)	\$30 Copay	Deductible & 50% Coinsurance	\$30 Copay	Deductible & 50% Coinsurance	\$0 Copay	\$0
Advanced Imaging	\$100 Copay then Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$100 Copay then Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$100 to \$1,400	Up to \$4,200
Inpatient Hospital & Outpatient Facility	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$2,000 (Inpatient) \$850 to \$3,000 (Outpatient)	\$6,000 (Inpatient) Up to \$9,000 (Outpatient)
Inpatient Mental Health	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$2,000	\$6,000
Outpat Mental Health Talkspace (virtual)	\$30 Copay \$0 Copay	Deductible & 50% Coinsurance	\$30 Copay \$0 Copay	Deductible & 50% Coinsurance	\$15 Copay \$0 Copay	\$150
Maternity Care Prenatal visits Childbirth Global fees (Dr) Childbirth Facility fees	No Charge \$50 Copay Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	No Charge \$50 Copay Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$0 Included in facility fees \$900 to \$1,700	\$150 \$5,100
Rehabilitation Services	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$1,500 (Inpatient) \$10 to \$85 (Outpatient)	\$1,500 (Inpatient) \$10 to \$85 (Outpatient)
Physical Therapy Clinic	\$50 Copay	Deductible & 50% Coinsurance	\$50 Copay	Deductible & 50% Coinsurance	\$10 to \$70	\$210
Durable Medical Equipment	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	Up to \$1,000	Up to \$2,000

Medicare and USD 259 Coverage

When you or your covered spouse reach age 65, you can remain on the district health plan if you are an active employee. You do have the option of taking Medicare Part A only and declining part B & D until you either retire or terminate your district health plan coverage. Upon retiring or terminating coverage, Employee Benefits will complete the CMS L564 form certifying you had continuous coverage, so no late enrollment penalty is assessed to you.

If you are an active employee and decide to drop your district health plan coverage upon turning 65 and enroll in Medicare, you would need to go online to bswift and do a "life event" change and upload a copy of your Medicare card within 31 days of your 65th birthday.

Prescriptions

Your prescription drug benefit is included with your medical plan enrollment and is administered by VytlOne, a pharmacy benefits manager. When you enroll in medical coverage, you will receive a medical insurance card and a separate prescription card. You will need to present your prescription card at the pharmacy when filling prescriptions.

Most major pharmacy chains accept VytlOne. You can save money on medications you take on a long-term basis by using mail order which allows you to get a 90-day supply for the cost of a 60-day supply.

VytlOne – RETAIL (30 DAY SUPPLY)

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

VytlOne – MAIL ORDER (93 DAY SUPPLY)

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

VytlOne

Pharmacy Network

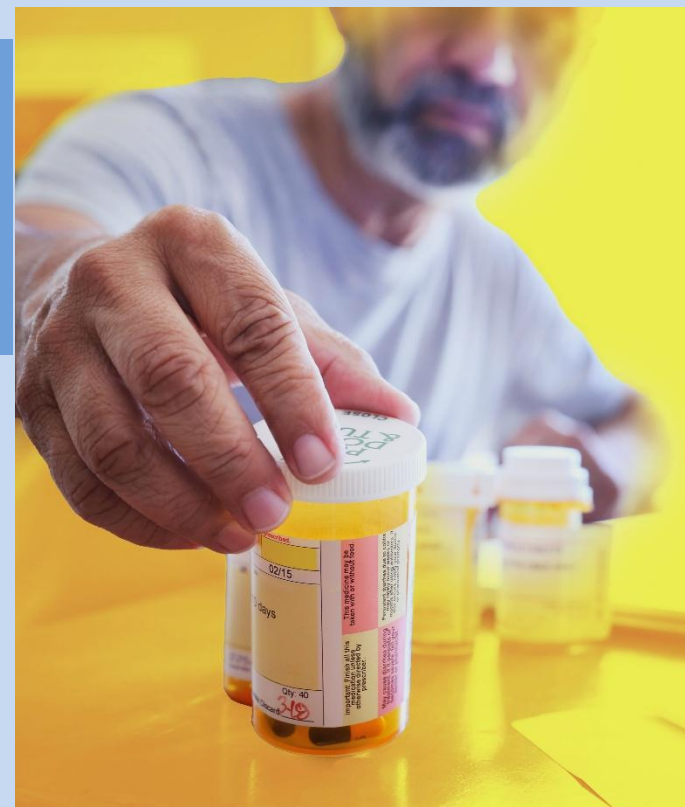
- Costco Pharmacy
- CVS Pharmacy
- Dillons Pharmacy
- Hy-Vee Pharmacy
- Medicine Shoppe
- HEB
- Price Chopper Pharmacy
- Sam's Club Pharmacy
- Shopko Pharmacy
- Walgreens
- Wal-Mart Pharmacy
- Rite Aid
- And many more!

Free Medications

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

Pay the Difference Provision

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



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

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

What is RxGuidance

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

Who is RxResults

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

What does RxResults Do

As a Pharmacy Risk Manager, RxResults:

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

How Does RxResults Work with VytlONE

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

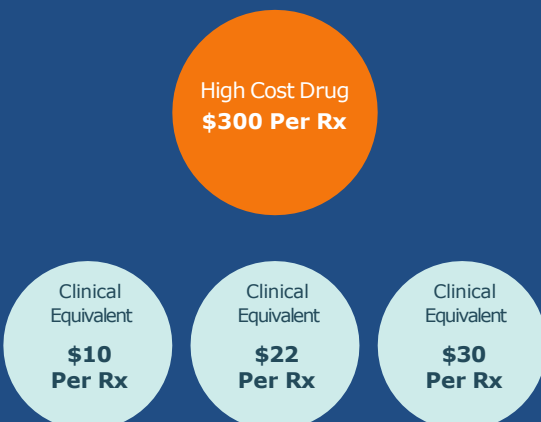
The RxResults evidence-based prescription drug program is designed to help keep healthcare costs down for both you and your healthcare plan, while conforming to national guidelines and/or best practices with respect to drugs used to treat certain medical conditions. Managing prescription costs also helps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

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

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

The Challenge

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



The Solution

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

1 Savings Opportunity

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

2 Savings Realized

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

Medical & Prescription Rates

RATES WITHOUT WELLNESS DISCOUNT

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

RATES WITH WELLNESS DISCOUNT

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

Additional Employee Paid Premiums

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

Working Spouse Premium

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

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

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

Tobacco Premium

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

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

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

Cash Option – Declining Medical Coverage

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

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

- Current 2025 Cash Option enrollees will not need to re-enroll unless other benefit changes or flexible spending elections are desired. Enrollees will only need to upload proof of other coverage if that coverage has changed since last year.
- New 2026 Cash Option enrollees will need to upload proof of other coverage into bswift by November 7, 2025, otherwise you will be defaulted to the medical Base plan, employee only coverage. Dental and vision will remain with the original election.
- Even if the new enrollee is covered by another USD 259 employee, proof of coverage (copy of insurance card or benefit confirmation under other employee) is required.



Get all your answers quick and easy at umr.com



A UnitedHealthcare Company

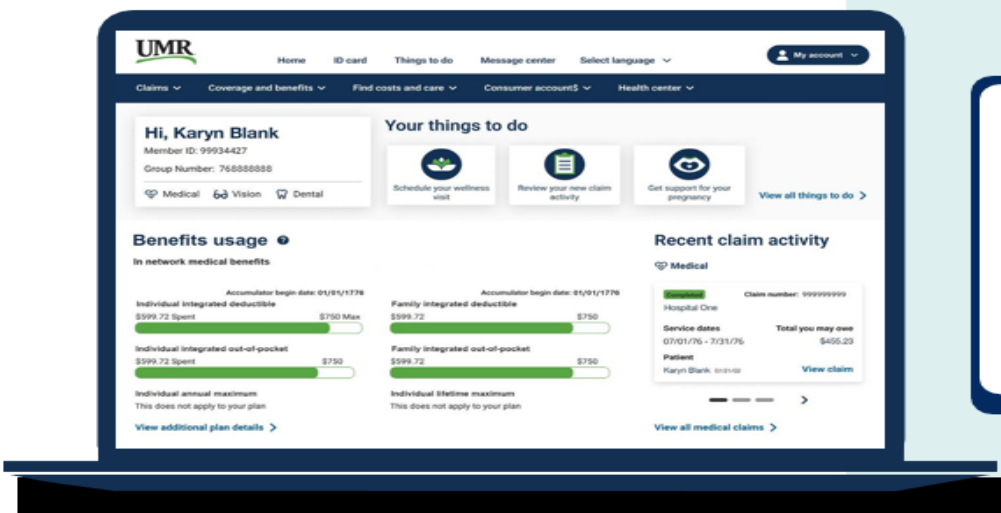
Make [umr.com](https://www.umar.com) your first stop

You want managing your health care to be fast and easy, right? You got it. At [umr.com](https://www.umar.com), you'll find everything you want to know – and need to do – as soon as you sign in.

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

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

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



Download the UMR app today!

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



Sign in now to:

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

With just a tap, you can:

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

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

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

We've made it easy to find the top things people want to know. Choose **Benefits & coverage** from myMenu to find out:

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

Did your dog eat your ID card?

No worries. It's easy to get a replacement online. Just click **ID card** from myMenu to see a copy of your card. With a couple more clicks you can have a new card mailed to your home.

Can't wait for the mailman? Print a temporary copy or use your smart phone to view your ID card or fax a copy to your doctor's office.



Claim activity					
Download Print					
Show <input type="text" value="10"/> entries Filter your results <input type="text"/>					
CLAIMS INFORMATION	SERVICE DATE	PROVIDER	BILLED AMOUNT	PLAN PAYS	YOU PAY
Patient: Karyn Blank Claim # 17055123456 View claim details View EOB	02/17/20	Valley Hospital	\$1351.00	\$1,193.00	\$25.00
Status: Completed					
Patient: Code Blank Claim # 17054123456 View claim details View EOB	02/15/20	Hem, Gregory, Dr	\$359.20	\$0.00	\$0.00
Status: Completed					
Patient: Elizabeth Blank Claim # 17051123456 View claim details View EOB	02/03/20	Hem, Gregory, Dr	\$290.00	\$0.00	\$0.00
Status: Denied - Accident info needed from pt. Action needed Click here					
Patient: Code Blank Claim # 17038123456 View claim details View EOB	01/12/20	Moore, John, Dr	\$370.00	\$0.00	\$215.95
Status: Completed					

Buried in paperwork?

A single click lets you track all your claims

Check in at your convenience to see if a claim has been processed and what you might owe. To get more details on a specific claim, click **view claim details** or **view EOB**. This will tell you the type of services provided, the amount billed, and the amount paid, if any, and whether there's any action that needs to be taken before the claim can be processed.

You can choose to receive a secure e-mail any time you have a new EOB. If you're not ready to give up paper completely, you can print out copies from our claims center.

Don't be surprised by unexpected costs

- Know the price you'll pay ahead of time.
- Search treatments or procedures in the **Health cost estimator**.
- Get your in-network discount. Use **Find a provider** to look up doctors and facilities near you.

Helpful apps, calculators, videos and health information all in one place

Choose **Health center** from the myMenu and select the tile shortcuts that interest you.

- Online health information: up-to-date and ad-free
- Our top picks for healthy eating and exercise
- Free tools, apps and calculators

YOUR PLAN ADVISOR

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



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

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

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

Connecting you to the care you need

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

Keeping it real

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

We’re in it with you

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



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



Plan Advisor

Your personal guide to all things health care

Find a provider

Finding a network provider on umr.com has never been easier

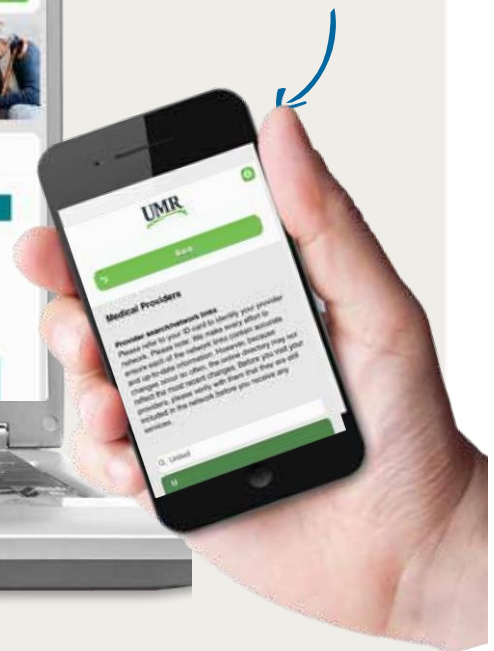
1 Go to umr.com and select "Find a provider"



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



Find a provider on-the-go using the umr.com mobile site



A UnitedHealthcare Company

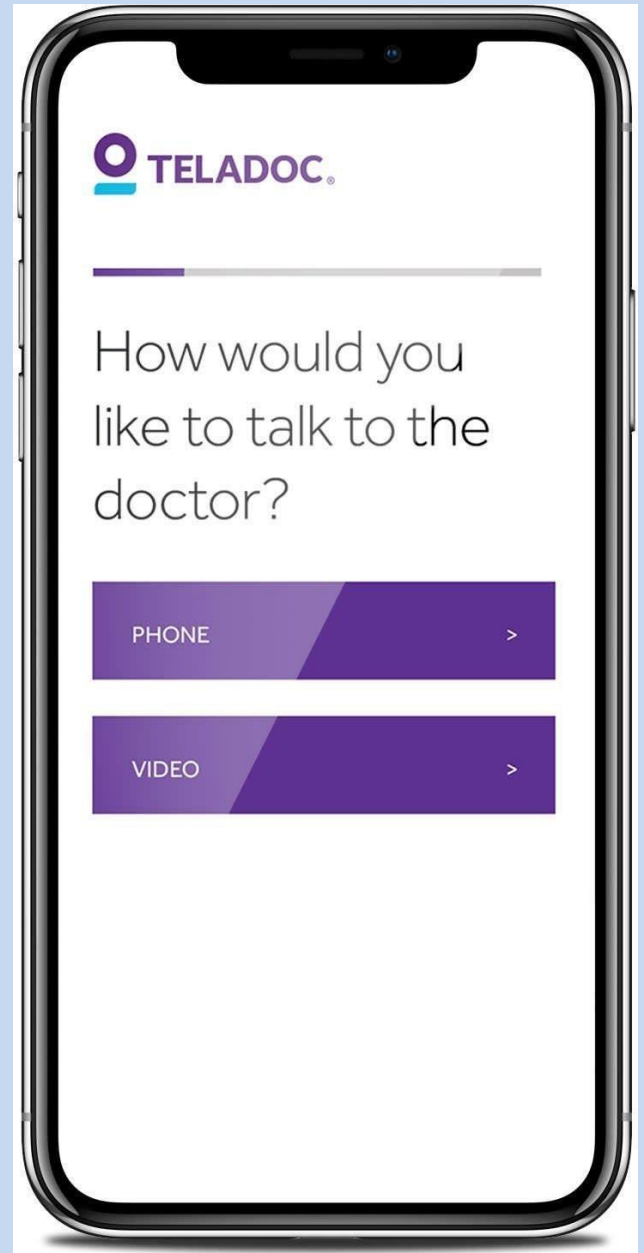
Teladoc with UMR

24/7 doctor visits via phone or mobile app

Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.



Talk to a doctor anytime!
Visit [Teladoc.com](https://www.teladoc.com) or call 1-800-Teladoc



Get the Care you need

Teladoc doctors can treat many medical conditions, including:

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

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



Is your family growing?

Get the support you deserve

Whether you are considering having a baby or are already expecting, UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby.

How we can help

Healthier women are more likely to have healthy babies. If you're thinking about starting a family, our experienced OB/GYN nurses will help you understand your personal health risks and empower you to take action before you become pregnant. When the time arrives, our registered nurses will support you with timely prenatal education and follow-up calls, and will refer you to case management if a serious condition arises. Your CARE nurse will call you each trimester during your pregnancy and once after your baby is born.

We also offer two types of monthly events for members who are enrolled in or have completed the program: virtual classes and a breastfeeding support group. And members have access to certified lactation consultants.

If you are pregnant and are identified as high-risk, a CARE nurse will monitor your condition and work to reduce your claims costs throughout your pregnancy and the post-delivery period.

You can self-enroll in Maternity CARE or pre-pregnancy support, or you'll be contacted and invited to participate if you're identified as pregnant through a utilization review or other program referrals.

It pays to participate

Some Maternity CARE programs may include a reward or incentive.* Check with your Maternity CARE nurse for additional details.

* To be eligible for the reward, you must enroll during your first or second trimester, complete the program, and fill out and return the program satisfaction survey.

Once enrolled, you will receive ...

One-on-one phone calls with a CARE nurse who:

- Provides comprehensive pre-pregnancy and prenatal assessments
- Shares educational information before you become pregnant and throughout your pregnancy
- Encourages you to call with any questions or concerns and continues to reach out each trimester and again after your delivery to see how you and your baby are doing
- Sends a courtesy letter informing your physician that you're in the program

Guidance for your support person:

You may also choose to identify a support person who can receive an education call and electronic educational packet. The packet includes information to help them support you through your pregnancy, labor and delivery, and postpartum.

No-cost educational materials in the mail:

You can choose from a selection of high-quality books and other materials containing helpful information about pregnancy, pre-term labor, childbirth, breastfeeding and infant care.

CARE on the go:

The CARE app allows us to meet members where they are by connecting them to CARE nurses through their mobile device. Our nurses can view individual health metrics from self-reported data or synchronized monitoring devices and are able to virtually connect with members by text or email. It's free and confidential.

No cost support:

Maternity CARE is a valuable benefit provided by your employer at no additional cost to you.

Confidential care:

UMR CARE takes confidentiality very seriously. It's important to know that we won't share any identifiable, personal health information with your employer. Your employer receives group information only. UMR CARE programs operate in compliance with all federal and state privacy laws.

GET STARTED

Your first step is to enroll in the Maternity CARE program.



Call 888-438-8105 OR
Scan the QR code to [complete the enrollment form online](#).

UMR

Message a dedicated therapist anytime, anywhere

With Talkspace online therapy, you can regularly communicate with a therapist, safely and securely from your phone or desktop. No office visit required. Therapy is available for individuals age **13 or older**. Psychiatry services are provided for those age **18 and above**.

Here's how Talkspace can fit your life

With Talkspace, you can message a licensed therapist, 24/7.

Talkspace is convenient, safe and secure

Simply register (first visit only) and choose a provider and message anywhere, anytime at talkspace.com/connect.

After you register, download the Talkspace app on your mobile phone.* Talkspace is supported by Chrome, FireFox, Safari or Edge browsers on your desktop computer.

Talkspace is one of many network providers in the UnitedHealthcare behavioral health network. Please refer to the network directory for access to other providers.

Talkspace is your space to use in your time. It's covered under your plan's behavioral health benefits.**

- Support for anxiety, depression, PTSD, substance use disorders, eating disorders, compulsive disorders and other conditions
- Specialized clinicians deliver services across all 50 states and are matched to members based on location, needs and preferences
- Find a therapist with an online matching tool
- Start therapy within hours of choosing your therapist
- Choose real-time, face-to-face video visits by appointment, when needed
- Those age 18 and older can also access Talkspace Psychiatry to schedule live video sessions with a psychiatrist who can help create a tailored treatment plan

Surest

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

Counseling and therapy

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

Medication evaluation and management

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

Additional services

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

Meditation

Journaling

Reflections

Positive thinking

Ready to get started?

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





WEIGHT MANAGEMENT SUPPORT



Helping You Build Healthier Habits

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

More Support for More Confidence

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



Supportive Coaching and Sessions

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

Making Behavior Change Possible

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

Resources to Stay Motivated

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



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

Please have your health insurance ID card handy when enrolling.

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

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Boosting your well-being starts with:

Your mindset

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

Holistic health

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

Peer support

Your online group supports you by sharing challenges and successes.

Your Success Kit

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

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



Finally, one place for all your women's health needs

Employees have access to Visana Health, a virtual women's health clinic. Whether you're looking for preventive care, help managing symptoms, or treatment for a specific condition, Visana provides personalized, expert care.

Visana is available to employees, as well as spouses, partners, and adult dependents (18+) enrolled in an eligible UnitedHealthcare medical plan.

If you already see an OB/GYN, primary care provider, or specialist, Visana will coordinate with them to ensure you receive seamless, integrated care.



To learn more or book an appointment, visit go.visanahealth.com/unitedhealthcare or scan the QR code

How does Visana's virtual clinic work?

- ✔ Book a virtual appointment in days, not months
- ✔ Meet with a clinician for up to 45 minutes
- ✔ Get medical care including prescriptions, labs, and imaging

Visana providers are expertly trained in



Menopause and perimenopause, with expert guidance and treatment options to manage your symptoms



Gynecological, sexual, and reproductive health, like endometriosis, fibroids, painful periods, UTIs, vaginal infections



Hormonal health and weight management, like irregular periods, sudden weight gain or loss, polycystic ovary syndrome (PCOS), thyroid disorders, and insulin resistance



Routine and rapid care, like well-woman visits, cancer and STI screenings, no pelvic exam needed

Surest – Premium Option 2

An overview of how the Surest plan works:

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

Other features:

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

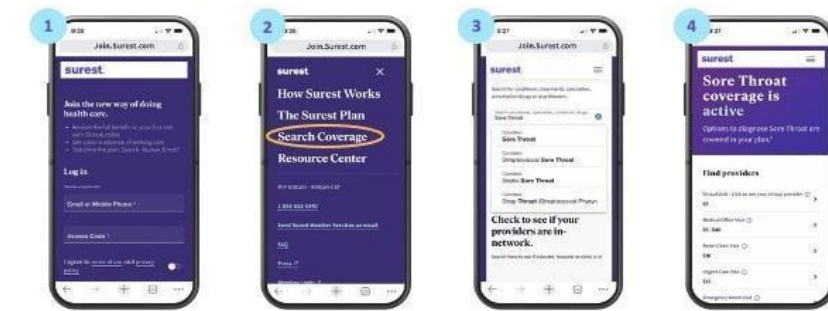
Ease of use: At Surest, there's no deductible to meet, and no coinsurance to calculate. You pay a copay for the service, which you can see ahead of time on the Surest app or website.

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

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

Using Surest is straight forward for looking up conditions:

Visit Join.Surest.com to look up conditions.



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

2. Menu screen with 'Search Coverage' highlighted.

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

4. Review result screen showing 'Sore Throat coverage is active' and a list of providers.

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

Menu
Select Search Coverage

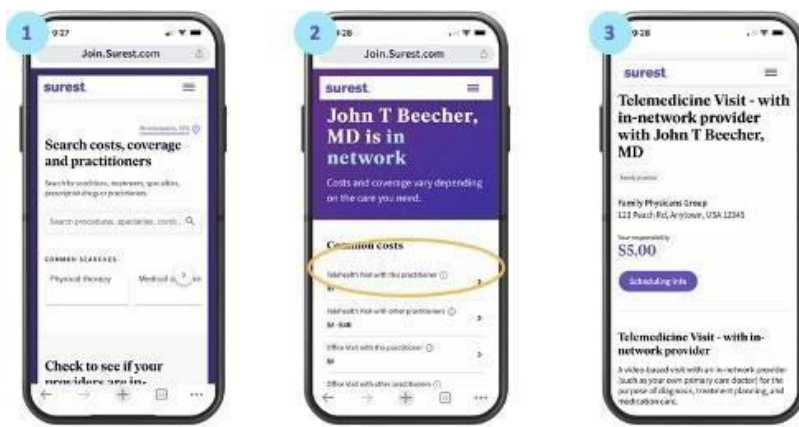
Search
Enter condition

Review result
Select any option for details

You can learn more about Surest at <https://britehr.app/WPS-2026> or scan the QR code below:



Or confirming your doctor is in network:



1. Search costs and practitioners screen.

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

3. View details screen showing telemedicine visit information for John T Beecher, MD.

Enter doctor's name

Review result and

View details





Experience a new way to get care.

Built around you and with you in mind.



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

How can we help

Some examples of how our providers and therapists can help:

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



Activate your free account now at doctorondemand.com/surest

1.

Activate Your Free Account

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

2.

Register

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

3.

Get Care Anytime, Anywhere

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

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

Brought to you by: **surest.**



Pacify: maternity support



What is Pacify?

Pacify is on-demand 24 hours a day, 7 days a week, 365 days a year with access to video consultation with maternal and pediatric experts. Pacify is available from prenatal to one year postpartum.

Who is eligible for Pacify?

All new or expectant moms.

Key program features

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

Why do we love it at Surest?

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

Why is it better with Surest?

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

Impact

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

Wellness Certification

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

Screenings must be completed between September 1, 2024 – August 31, 2025, to apply towards the 2026 premium discount.

New hires or transfers into benefited positions as of April 1, 2025, will automatically get the wellness discount for 2026.

Wellness Credit Requirements!

Important Details from the Benefits Department & Hootie

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

TO OBTAIN THE 2026 WELLNESS DISCOUNT

Get an annual physical exam with labs **OR** get an eye exam

Services must be rendered between 9/1/24 - 8/31/25

TO OBTAIN THE 2027 WELLNESS DISCOUNT

Get an annual physical exam with labs **OR** get an eye exam

Services must be rendered between 9/1/25 - 8/31/26

REMINDER!

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



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



Dental

Delta Dental of Kansas

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

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

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

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

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

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



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

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

Surency

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

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



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

Flexible Spending Accounts (FSA)

ASI is our flexible spending accounts administrator. Flexible spending accounts (FSA) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. Putting money into an FSA before you pay taxes on it saves you money by lowering your taxable income. You must re-enroll in the FSA(s) every year during open enrollment if you wish to participate.

There are two types of FSAs:

Health Care FSA	Dependent Day Care FSA
Used to pay for out-of-pocket expenses not covered by your medical, prescription, dental or vision plan such as copays, coinsurance, and deductibles. Your full annual election is available for use on day 1 of your benefit effective date. A flex debit card will be provided that you can use to pay for covered expenses, or you can pay by another method and submit a claim form to ASI for reimbursement. You do not have to be enrolled in the district health plan to participate.	Used to pay for day care expenses associated with caring for a child (up to age 13 or a disabled tax dependent) for you and your spouse (if married) to work or attend school full-time. You cannot use your health care FSA to pay for dependent day care expenses. You may only use the funds that have been contributed to your account. A debit card is not available for this account.
Maximum amount you can contribute annually is \$3,300 with a \$660 carryover limit.	Maximum amount you can contribute annually is \$7,500 per household for single filers or married couples filing jointly, and \$3,750 for married couples filing separately.

FSA Frequently Asked Questions

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

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

When do I have access to my FSA funds?

For the healthcare flex, your annual election is available on the effective date of your plan. The election amount will be contributed through even payroll deductions throughout the plan year. For dependent care flex, only the funds you have contributed to date through payroll deduction are available.

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

FSA funds abide by the "use-it-or-lose it" rule. All unused Healthcare FSA funds in excess of a \$660 rollover amount not submitted by the filing deadline, will be forfeited to the plan. For the Dependent Care FSA, any balance not used by the deadline will be forfeited. The filing deadline is March 31st of the following calendar year.

What if I separate employment with USD 259?

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

Can I participate in a Healthcare Flex account if I or my spouse contribute to a Health Savings Account (HSA)?

No, you cannot participate in the Healthcare FSA if you are eligible and contributing to a Health Savings Account (HSA).

How do I submit a claim?

- ***Online:** Go to **ASIFlex.com** to register and setup your online account
- ***Mobile Application:** Download ASI's mobile application for easy claim submission
- ***Fax:** Submit a claim to ASI via fax 877.879.9038
- * US Mail: Submit a claim-form with documentation to ASI PO Box 6044 Columbia, MO 65205-6044

FSA Eligible Items

Qualifying Health Care Expenses

- Acupuncture
- Ambulance
- Athletic Braces & Supports
- Baby Monitors/ Thermometers
- Bandages, Gauze & Pads
- Birth Control Pills
- Blood Pressure Monitor
- Body Scan
- Breast Pumps & Supplies
- Childbirth Classes (Lamaze)
- Chiropractor
- Contact Lenses & Solution
- Crutches
- Copays, Coinsurance & Deductible (medical, dental and vision)
- Dental care (non cosmetic)
- Diabetic monitors, supplies
- Eyeglasses including reading glasses
- First Aid Kits & Supplies
- Hearing Aids & Batteries
- Heating Pads & Cold Packs
- Home Medical Equipment
- Incontinence Products
- In Vitro Fertilization
- Laser Eye Surgery
- Medical Monitors
- Medical Records
- Menstrual Care Products
- Mileage to/from Dr
- Motion Sickness Aids
- Nasal Strips for snoring
- Pill Boxes, & Sorters
- Orthodontics
- Orthotics
- Over the Counter Medication
- Oxygen
- Physical Examination
- Pregnancy Test Kit
- Prescription Medicines
- Prescription Sunglasses
- Prosthesis
- Psychiatric Care
- Psychologist
- Saline Solution
- Sterilization
- Sunscreen (SPF 15+ and "Broad Spectrum")
- Wheelchair
- Wrist Braces

Health Care Expenses Not Allowed

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

Items That Require Physician RX

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

For a complete list of eligible expenses visit:
www.irs.gov or www.fsastore.com

Orthodontia is FSA eligible and considered an ongoing service since braces or aligners remain on for an extended period of time. Orthodontic expenses can be reimbursed over the course of treatment, with a down payment reimbursed when treatment is started, and a regular monthly payment for each month of treatment thereafter. To claim ongoing orthodontic payments, you must include a copy of the treatment plan or contract along with proof of payment.

Many orthodontists offer a discount for full payment up front. Orthodontic expenses can also be reimbursed by your FSA in full at the start of treatment.

ASIFlex Self Service Mobile App

- Check your balance from the palm of your hand!
- Submit claims from anywhere, anytime.
- Go mobile with ASIFlex's free Self Service mobile app.



Life Insurance

Group Term Life Insurance (The Standard)

The Board provides group term life insurance coverage free of charge for all permanent employees who work 20 hours or more per week. This coverage will not be effective until the employee reports for work. Login to bswift to designate or update your beneficiary at any time.

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

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

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



KPERS Life Insurance

As an active member of KPERS, you are provided a life insurance policy with a face value of 1.5 times your annual base pay. The district pays for the cost of this benefit. This policy has no cash value. Remember to designate a beneficiary (or contingent beneficiary) for your retirement and life insurance benefits. Login to your KPERS account at www.kspers.gov to designate and or change your beneficiary at any time.

Voluntary Term Life Insurance (The Guardian)

To help ensure you have financial protection, the District has partnered with The Guardian Life Insurance Company to offer voluntary group term life insurance. It's important to give some thought to what expenses and income needs your dependents would have if something happened to you. Login to bswift to designate or update your beneficiary at any time.

Guaranteed Issue and Evidence of Insurability

When you are first eligible for voluntary life, you may purchase up to the Guaranteed Issue amount without Evidence of Insurability (EOI). Each year during open enrollment you have the opportunity to increase your life insurance up to the guaranteed issue amount without having to complete the EOI form. If the amount you are increasing the life insurance is over the guaranteed issue amount or you are electing it for the first time during open enrollment, you would have to complete the EOI form to be approved for the new coverage. The employee must be enrolled in optional life to be eligible to also purchase spouse and/or child life insurance. Dependent coverage cannot surpass employee coverage.

Portability and Conversion

KPERS- You may have the ability to port or convert your coverage within 60 days from the end of your employment with the District. Conversion and Portability Election forms for your KPERS group life insurance explain the benefits and costs for each option. You can download these forms at www.kspers.gov. For questions, contact KPERS at 888-275-5737.

The Standard or Guardian- Contact Employee Benefits at 316-973-4605 for conversion paperwork.

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

Employee:

Enroll up to \$500,000 (\$10,000 Increments)*
Guarantee Issue is \$150,000

Spouse:

Enroll up to \$250,000 (\$5,000 Increments)*
Guarantee Issue is \$50,000

Child(ren):

Enroll any eligible children (up to age 26)
for \$10,000 Guarantee Issue is \$10,000

* If you are enrolling for the 1st time or would like additional coverage, look for a pop-up window when selecting this benefit for completion of the Evidence of Insurability (EOI) form. The additional coverage does not take effect until approval is granted.



Employee Assistance Program

COMPSYCH

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

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

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

EAP Can Give You the Support You Need?

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

Better Help Online Therapy

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

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

What's in it for you:

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

Services Included Free with your EAP Program with ComPsych

Wichita Public Schools Teacher Resource Guide

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

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

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

A New GuidanceResources Digital Experience: Your Personalized Care Journey

Designed with you and your personal well-being journey in mind, the new GuidanceResources digital experience offers access to the same support and resources you have always valued, but now you can choose the platform which works best for you:

- **Connect Me:** the quickest path to care; with as little as two clicks, you can connect immediately with an expert * **Guide Me:** quickly assesses your area of need and directs you to applicable care options, tools and resources * **Assess Me:** this more extensive option assesses your needs in multiple areas then benchmarks your results to provide a series of personalized Well-Being Plans, tailored just for you!

HOW DO I GET STARTED?

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

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

WellthSourceSM Financial Wellness for the Digital AgeSM

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

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

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

How It Works

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

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

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

Additional Resources, Services and Tools

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



COMPSYCH[®]
GuidanceResources Worldwide



24/7 Live Assistance:
Call: 866-517-1254
TRS: Dial 711



Online: guidanceresources.com
App: GuidanceNowSM
Web ID: Usd259



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Get access to support

Support through loss with Empathy




Access your complimentary Empathy benefit by scanning the QR code or visit www.empathy.com/partner/wps-team






Talk to a Care Manager

Review your Care Plan and talk through the biggest challenges you are facing.

 Join the meeting

From your Care Plan

This week

-  Contact a funeral home
Done
-  Prepare the house
Done
-  Write an obituary
Next up

Breathing
Find Balance

1:45

What is Empathy?

Empathy is a complimentary benefit available to you as a WPS employee. Combining technology and human care, Empathy helps families navigate the emotional and practical challenges associated with loss of a loved one.

With an on-demand team of Care Managers and an award-winning app, Empathy's comprehensive service is by your side to support you and your family leading up to or following a loss. We're here to lessen the burden for you and your family, so you can focus on what matters most.

What is included

- ✓ Dedicated Care Manager
- ✓ Personalized Care Plan
- ✓ Grief support resources
- ✓ Probate & estate guidance
- ✓ Recommended professionals
- ✓ Empowering grief Community
- ✓ Family collaboration
- ✓ Secure document vault
- ✓ ID theft prevention
- ✓ Custom funeral assistance

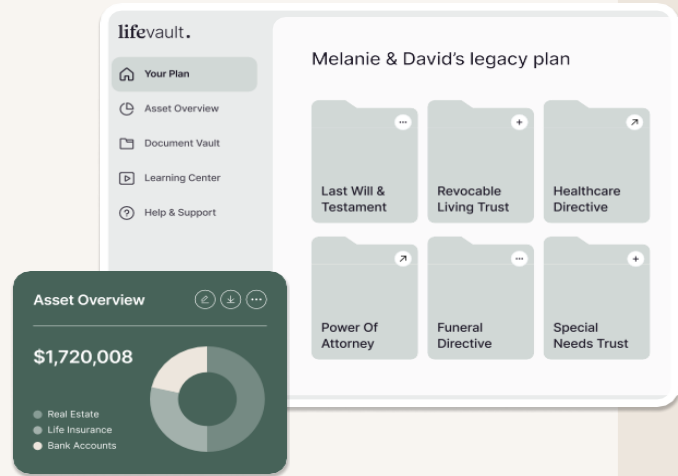
Available January 2026

Legacy planning

Secure your future with LifeVault by Empathy



Access your complimentary LifeVault benefit by scanning the QR code or visit join.empathy.com/wps-vault



What is LifeVault?

LifeVault is a complimentary service included in your benefits package as a WPS employee. It's a secure, legally compliant digital solution for legacy planning.

The future is uncertain—so it's wise and caring to prepare for anything, ensuring your family is always protected. Developed with top estate attorneys, it simplifies creating and managing documents like a Last Will and Testament, a Power of Attorney, and more.

What is included

- ✓ Document creation & revision
- ✓ Document Vault
- ✓ Collaboration & sharing options
- ✓ Real-time support
- ✓ Asset Overview
- ✓ Guides and resources
- ✓ Educational video library
- ✓ Single or couple plans

KPERS www.kspers.gov

Kansas Public Employees Retirement System (KPERS) Pension Plan

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

KPERS 1

Benefits Members hired before July 1, 2009

Contribution Amount: As a KPERS 1 member, you contribute 6% of your income (5% for 2014 and 4% for 2013 and before).

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

KPERS 2

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

Contribution Amount: As a KPERS 2 member, you contribute 6% of your income.

Earning Interest: Your contributions earn 4% interest.

KPERS 3

Benefits Members hired January 1, 2015 and after

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

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

Your Retirement Credits

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



Years You've Worked

< 5 years

5-11 years

12-23 years

24+ years

Annual Credit Rate

3% of your pay

4% of your pay

5% of your pay

6% of your pay

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

Voluntary Retirement Programs

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

457 (B) Deferred Compensation Plan

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

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

Roth contributions - Contributions are made on an after-tax basis. Earnings accumulate on a tax-deferred basis, and distributions are tax-free if made five years after the initial contribution to the plan and the employee is over 59^{1/2}.

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

Please contact Deb Anton with Retirement Plan Advisors for assistance with setting up a 457(b). (316)210-5049 or danton@retirementplanadvisors.com

403(B) Tax Sheltered Annuity Plans

The Omni Group is our 403(b)-plan administrator. The list of providers can be found on the Omni website www.omni403b.com. You can also contact Omni at 1-877-544-6664 to work with an investment advisor from one of our approved participating service providers.



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

USD 259 Retirement Specialist & KPERS Designated Agent

Nicole Heizelman

Phone: (316) 973-4590

Email: nheizelman@usd259.net

Disability and Leave Programs

Workers' Compensation

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

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

Medical Leave and Short-Term Disability (STD)

The Board provides medical leave benefits to eligible employees for disabilities resulting from non-occupational illnesses or injuries, as outlined in the STD plan summary. Medical leave is paid first through the temporary leave an employee has available. Short-Term Disability (STD) replaces a portion of pay once an employee's temporary leave balance has been exhausted. These disability benefits must be approved by the district's leave administrator.

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

Contact Employee Benefits at employeebenefits@usd259.net for more information about FMLA, maternity leave, medical leave and short-term disability benefits.

KPERS Long Term Disability (LTD)

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

Catastrophic Benefit Donation Pool

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

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

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

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

- Before applying, temporary leave must already be exhausted, deduct days must show on PeopleSoft, and the donation day needs to have been processed. The Catastrophic Benefit Pool is not an option on days an employee is receiving compensation under Disability or Workers' Compensation.
- Employees are eligible to apply for up to 20 workdays during the period of July through June. Application forms can be found on the Employee Benefit website or through contacting Employee Benefits. All received applications are reviewed on the last Tuesday of each month.

Enrollment Portal

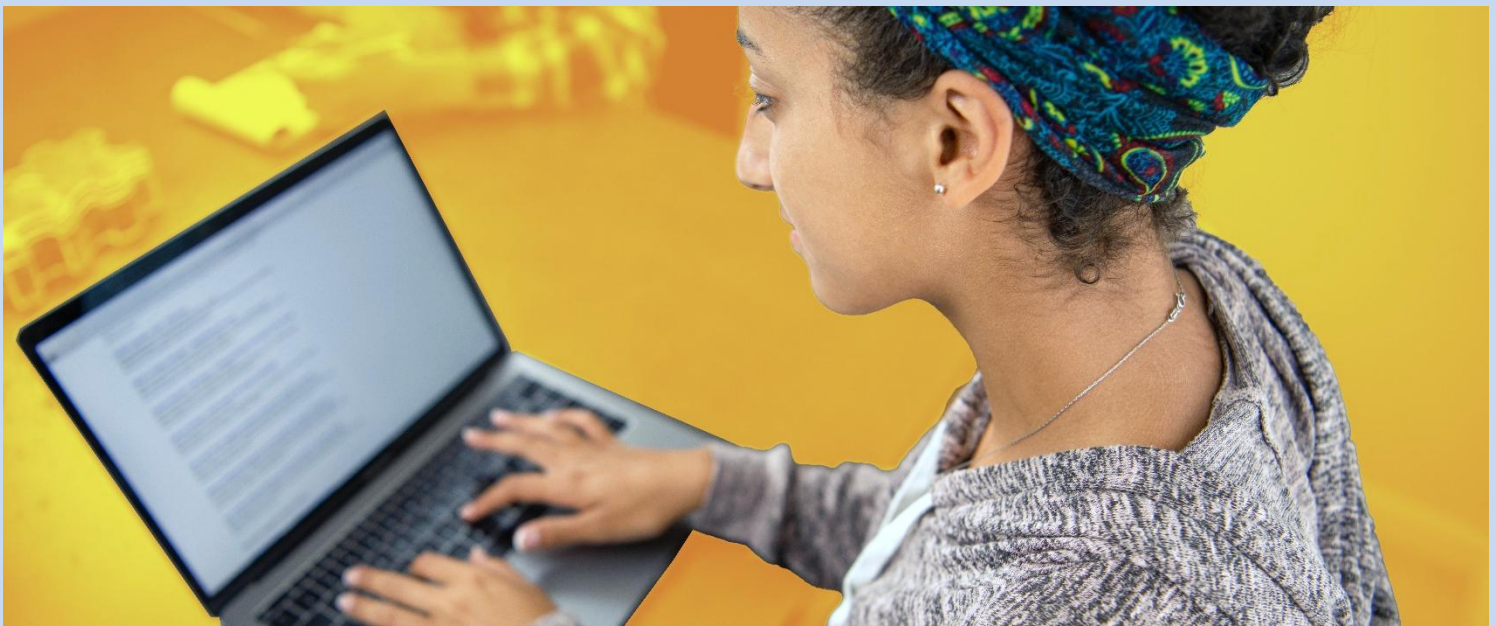
bswift

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

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

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

Note: Benefit portal does not support internet explorer



How do I Access the Benefit Portal?

You can access bswift one of two ways.

From a district computer: **Go to PeopleSoft/My Benefits/bswift Benefit Enrollment**
From anywhere: **Open your internet browser and enter <https://USD259.bswift.com>**

Username: 5 digit Employee ID number

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

Forgot Password?

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

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

bswift

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

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

3 Enter and/or review your family information
Enter and/or review your spouse's information, along with your eligible dependent children, whom you would like to enroll in your benefits.
**This is only necessary if you want to add them to your health plan (medical, dental, and or vision)*

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

5 Start selecting your benefits
From this screen you can select which benefits to enroll in or to enroll in the cash option. As you progress through each benefit you will see your selections. Your current plan elections for 2025 will be displayed. You must select Keep My Selection, Select A Different Plan, or Waive Coverage, in order to move further. You would choose Waive Coverage on the medical plan if you are selecting Cash Option.

6 Step Through Each Plan Option
You will need to step through each plan option choosing Keep My Selection, Select A Different Plan, or Waive Coverage in order to move on. Otherwise, you will be defaulted to the 2025 option except you will not be enrolled in the health or dependent care accounts for 2026 if you do not complete enrollment.

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

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

There are ten benefit options for you to review:

- Medical Plans
- Dental Plans
- Vision Plans
- Health Care Spending Account
- Dependent Care Spending Account (childcare)
- Supplemental Employee Life
- Basic Employee Life
 - You will only be able to edit and view information (e.g. beneficiaries). You cannot select different options or opt out. District provided benefit.
- KPERs Life
 - You will not be able to edit KPERs Life insurance through bswift, you will only be able to view your current beneficiaries.
 - Go to www.KSPERS.gov to change your beneficiaries.
- Employee Assistance
 - You will only be able to view information. You cannot select different options or opt out. District provided benefit
- Empathy- District provided benefit
- LifeVault- District provided benefit

9 Select "Complete Your Enrollment"

You're finished – view your confirmation statement carefully to ensure your enrollment is correct and print or email a copy to yourself for your records. **IF you select to have it emailed make sure you receive it, otherwise your enrollment may not be complete.**

Reminder:

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

After You Enroll

Benefits Confirmation Statement

Once you complete your enrollment in bswift and click "submit" a pop-up window will appear giving you the option to email or print a copy of your confirmation statement. This allows you to review your elections carefully as changes will not be allowed once your enrollment window closes unless you have a qualifying life event.

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

We recommend you save a copy of your final benefit confirmation statement for your records. Please keep in mind that if you have outstanding documentation due, this benefit statement is pending until that documentation is received. All documentation for dependent verification and proof of coverage for new cash option enrollees is due by November 7, 2025.

ID Cards and Flex Debit Cards

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

Medical:

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

Surest- You will receive a new cards for 2026

Prescription:

You will receive new cards due to Maxor changing their name to VytlOne . Prescription cards will have all covered dependents listed.

Dental:

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

Vision:

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

Flexible Spending Debit Card:

(For health FSA only) The debit card will be issued automatically to new enrollees

Making Life Event Changes

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

- Once you are logged into bswift, you would select "All Other Life Events" under the Life Event Section.
- The life event date will be your event date or the last day of your prior coverage.
- The system will then walk you through step by step.
- Once your changes are completed upload appropriate documents into bswift. See page 11 for further instructions on how to upload documents.
- The benefit change will not be approved until the appropriate documents are submitted.



Insurance Terms

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

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

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

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

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

Primary Care Provider (PCP) are usually family practice physicians or pediatricians who are responsible for monitoring and coordinating all your medical care.

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

Generic Prescriptions

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

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

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

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

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

Generic Insurance Tips to Saving Money

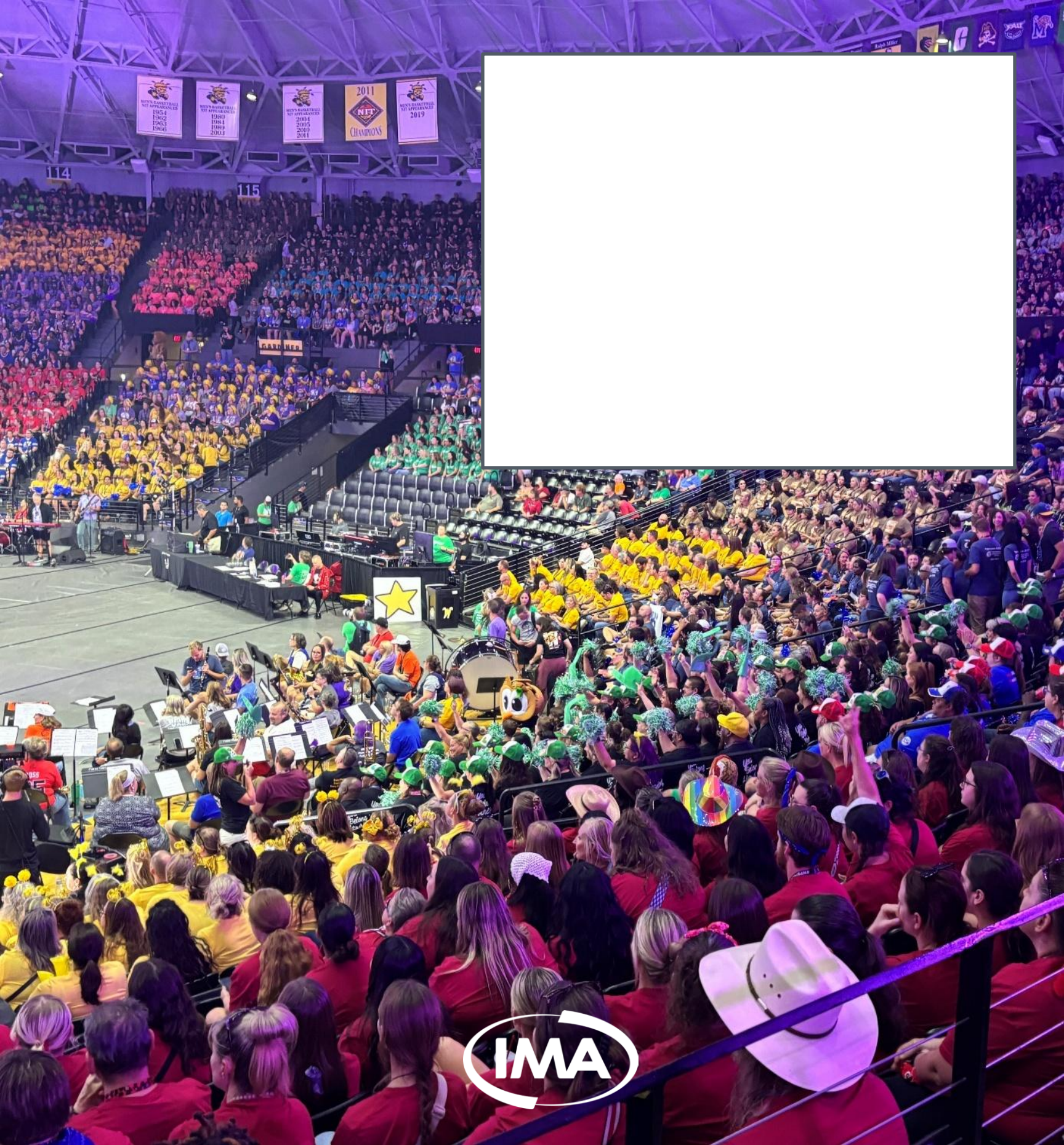
Be Smart - If your employer offers two or more medical plans, learn what your out-of-pocket cost will be for each plan and how much each plan will cost you. Then choose the plan best meeting your needs. You might be throwing money away by choosing the wrong medical plan.

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

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

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

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



BENEFITS ENROLLMENT GUIDE

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