

2026 Benefits Guide

for USD 259 Retirees



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

IMPORTANT BENEFIT INFORMATION FOR RETIREES CURRENTLY ENROLLED

You **MUST** complete enrollment for 2026: If you are claiming the wellness discount for you and/or your covered spouse for 2026 or you need to make plan changes.

Have questions? Email us at employeebenefits@usd259.net

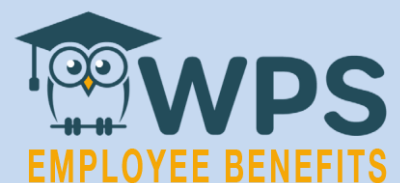


Table of Contents

3	VENDOR CONTACTS
4	NOTICE TO ENROLLEES
5	IMPORTANT INFORMATION
7	WHAT YOU NEED TO KNOW
8	MEDICAL & PRESCRIPTION BENEFITS & RATES
12	ADDITIONAL RETIREE PAID PREMIUMS
13	UMR TOOLS
17	TELADOC WITH UMR
18	UMR & SUREST TALKSPACE
19	UMR & SUREST VISANA
20	SUREST TOOLS
21	SUREST DOCTOR ON DEMAND
22	WELLNESS CERTIFICATION
23	DENTAL
24	VISION
25	bswift ENROLLMENT INFORMATION
28	HELPFUL INFORMATION



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



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

OPEN ENROLLMENT

2026 Annual Open Enrollment:

October 24 – November 7, 2025

The 2026 benefit year is **01/01/2026 - 12/31/2026**

WELCOME TO YOUR BENEFITS!

As a retiree of USD 259, we are committed to providing you a competitive benefit plan. The information in this booklet provides an overview of your 2026 retiree benefits to help you in making the choices that best meet your needs. Your benefit elections are some of the most important decisions you will make all year. We encourage you to read this guide carefully to understand any enrollment requirements or benefit changes that could impact you.

Who is Eligible for Benefits?

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

For purposes of these benefits, eligible family members include:

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

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

2026 Benefits

We encourage you to read this guide carefully. Enrollment is mandatory if you are claiming the wellness discount for you and/or your spouse. If you fail to enroll for 2026 benefits, you will be defaulted to the coverage and dependents you had for 2025 but without any wellness discount for you or your spouse. You will need to go online at <https://USD259.bswift.com> to complete your benefit enrollment.

Retirees Currently Enrolled

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

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

2026 BENEFITS

Qualifying Life Events

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

- Marriage, divorce or legal separation
- Birth, adoption, legal guardianship, or medical child support order
- Death of your spouse or dependent
- Eligibility/Ineligibility for Medicare/Medicaid
- Covered dependent is no longer eligible (reaching age 26)
- Covered retiree's spouse or dependent gains or loses coverage due to his or her employment status or own employer's open enrollment

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

(User ID is the 5-digit employee id#)
(Password: last 4 SSN)

Dependent Verification Requirement

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

To upload documents click on "update my Profile" / "Manage Documents" / "View All Documents".

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

Need a New Social Security Card?

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

Need a New Birth Certificate?

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

Important Plan Information

We are happy to announce there are no plan changes or rate increases for 2026.

Enrollment

- Enrollment is mandatory for all retirees currently enrolled if a wellness discount will be claimed for a retiree and/or spouse for 2026
- If the retiree fails to enroll for 2026, the retiree will remain enrolled in the same plans as enrolled in during 2025; however, you will not be eligible for the wellness discount for yourself or your covered spouse for 2026

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

Premium Option 1 (UMR)

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

Premium Option 2 (Surest)

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

Wellness Discount

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

Retiree Dental & Vision

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

Insurance Cards

- Surest- Will issue new cards to all members
- VytlOne (formerly Maxor)- Due to recent name change, new cards will be issued to all members
- UMR/Delta/Surency- New cards will only be issued to new enrollees or those making plan changes
- To request additional cards, contact the carrier directly at the number on page 3

What You Need to Know

- Retirees are eligible to re-enroll in only those plans you are currently enrolled in.
- You do have the option of declining coverage in medical, dental, or vision coverage separately but once you decline coverage under that plan, you forfeit future enrollment rights.
- If you or your spouse become eligible for Medicare due to disability, you must sign up for Medicare Part A and B to continue coverage under the retiree medical plan. A copy of your Medicare card must be provided to Employee Benefits.
- Coverage terminates for medical, dental and vision the end of the month prior to retiree or spouse's 65th birthday since Medicare becomes effective on the 1st day of the month of your birth month. Employee Benefits will take care of adjusting your premium deduction when removing your spouse or stopping the automatic bank deduction when your coverage is terminated.
- For a younger spouse, coverage terminates the end of month prior to retiree's 65th birthday for both the retiree and covered spouse. COBRA continuation would then be offered to your spouse for up to 36 months or upon reaching age 65, whichever comes first. Bswift, our COBRA administrator, will mail out the COBRA packet to your spouse with enrollment and payment information once the coverage is terminated. If COBRA is elected, the coverage would be retroactive to the 1st day of coverage lost.
- As you approach age 65 and need assistance with selecting a Medicare Part D Drug Plan, Senior Health Insurance Counseling for Kansas (SHICK) is an excellent resource. SHICK is a free program offering Kansans an opportunity to talk with trained, community volunteers and get answers to questions about Medicare and other insurance issues. Call the SHICK office to set up an appointment at (316) 660-0126.
- For assistance completing the Medicare L564 form contact Employee Benefits at 316-973-4581.



Medical Plans At A Glance

	Premium Option 1 (UMR)		Premium Option 2 (Surest)	
	UHC Choice Plus Network		UHC Choice Plus Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Individual Family	\$1,500 \$3,000	\$3,000 \$6,000	\$0 \$0	\$0 \$0
Co-Insurance Plan Member	70% 30%	50% 50%	0%	0%
Max Out-of-Pocket (Includes Deductible, Coinsurance, and Med & Rx Copays)	\$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%	\$150
Office Visit Primary Specialist	\$30 Copay \$50 Copay	Deductible & 50% Coinsurance	\$15 to \$100 Copay	\$300
Telemedicine	\$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	\$150
Emergency Room Visits	\$100 copay, then Deductible & 30% Coinsurance		\$500 Copay	\$500
Diagnostic Lab (X-Ray, Bloodwork)	\$30 Copay	Deductible & 50% Coinsurance	\$0 Copay	\$0
Advanced Imaging	\$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	\$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	\$2,000	\$6,000
Outpatient Mental Health	\$30 Copay	Deductible & 50% Coinsurance	\$15 Copay	\$150
Maternity Care Prenatal visits Childbirth Global fees (Dr) Childbirth Facility fees	No Charge \$50 Copay Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$0 Included in facility fees \$900 to \$1,700	\$150 \$5,100
Rehabilitation Services	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	\$1,500 (Inpatient) \$10 to \$85 (Outpatient)	
Physical Therapy Clinic	\$50 Copay	Deductible & 50% Coinsurance	\$10 to \$70	\$210
Durable Medical Equipment	Deductible & 30% Coinsurance	Deductible & 50% Coinsurance	Up to \$1,000	Up to \$2,000

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

Your prescription drug benefit is included with your medical plan enrollment and is administered by VytOne, a pharmacy benefits manager. You will need to present your prescription card at the pharmacy when filling prescriptions.

Most major pharmacy chains accept VytOne. 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.

VytOne – RETAIL (30 DAY SUPPLY)

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

VytOne – MAIL ORDER (93 DAY SUPPLY)

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

VytOne

Pharmacy Network

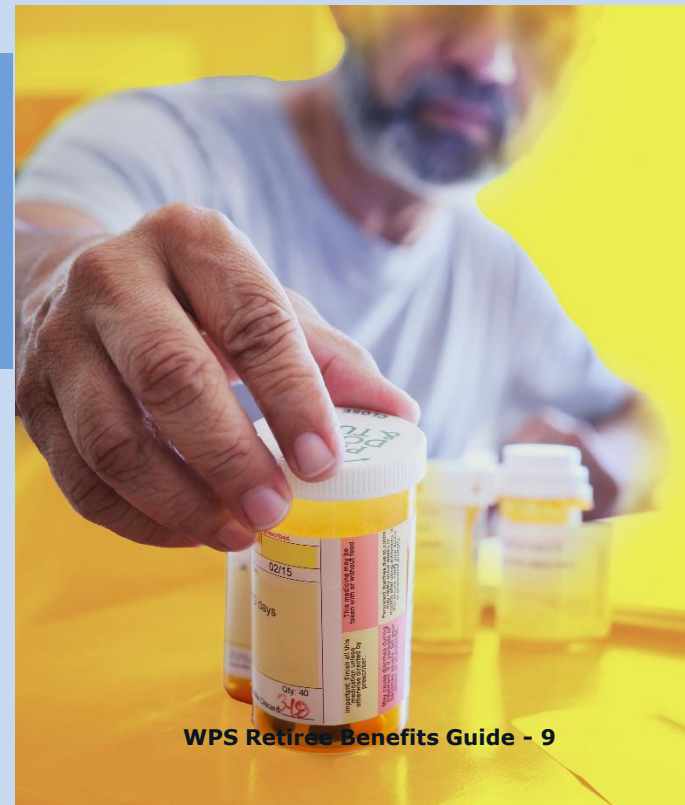
- Costco Pharmacy
- CVS Pharmacy
- Dillons Pharmacy
- Hy-Vee Pharmacy
- Medicine Shoppe
- HEB
- Price Chopper Pharmacy
- Sam's Club Pharmacy
- Shopko Pharmacy
- Walgreens
- Wal-Mart Pharmacy
- Rite Aid
- And many more!

Free Medications

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

Pay the Difference Provision

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



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

In an ongoing effort to keep prescription drug costs down for everyone, Wichita Public continues to partner with **RxGuidance** (an innovative service provided by RxResults).

What is RxGuidance

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

Who is RxResults

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

What does RxResults Do

As a Pharmacy Risk Manager, RxResults:

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

How Does RxResults Work with MaxorPlus

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

The RxResults evidence-based prescription drug program is designed to help keep healthcare costs down for both you and your healthcare plan, while conforming to national guidelines and/or best practices with respect to drugs used to treat certain medical conditions. Managing prescription costs also helps control future health premium costs for plan participants. RxResults sends personalized letters on behalf of MaxorPlus if your current drug therapy is impacted by any future periodic changes. Letters identify the drug or drugs impacted with other related information.

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

The Challenge

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



The Solution

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

1 Savings Opportunity

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

2 Savings Realized

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

Medical & Prescription Rates

RATES WITH WELLNESS DISCOUNT

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

** The 1st bank withdrawal for 2026 benefits will be 12/15/2025 **

RATES WITHOUT WELLNESS DISCOUNT

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

Additional Retiree Paid Premiums

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

Working Spouse Premium

- The working spouse premium is in addition to the premium for your selected medical plan.
- If your spouse's employer offers group health insurance, regardless of cost or if they are enrolled in it or not, then you would select "YES" to pay the working spouse premium
- If your spouse's employer does not offer insurance, is self employed or unemployed, you would select "NO" to the working spouse premium

	Monthly
Working Spouse	\$200.00

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

Tobacco Premium

The additional tobacco premium applies to both the retiree and spouse if enrolled under one of the medical plans. The tobacco premium applies to those who have used tobacco or nicotine products 4 or more times per week within the last 6 months. This includes cigarettes, electronic cigarettes, pipes, or any form of chewing tobacco. By selecting "NO" to tobacco use when enrolling, you and/or your spouse will be given 25 wellness points once your enrollment is approved and is subject to audit & confirmation testing.

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

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





A UnitedHealthcare Company

Get all your answers quick and easy at umr.com

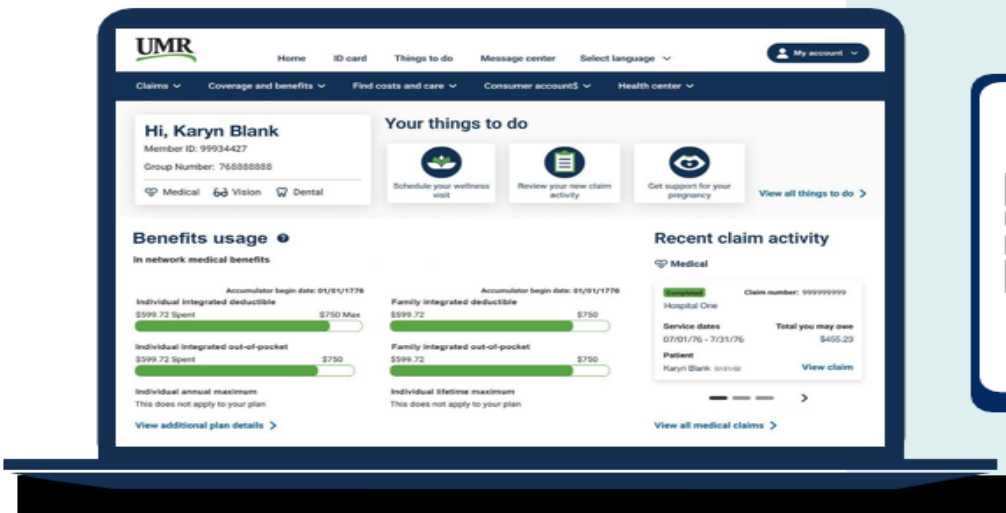
Make umr.com your first stop

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

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

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

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



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 from our desktop site. Or, use your smart phone to view your ID card or fax a copy to your doctor's office.



Claim activity					
Download Print					
Show 4 entries Filter your results					
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 advisor’s 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"

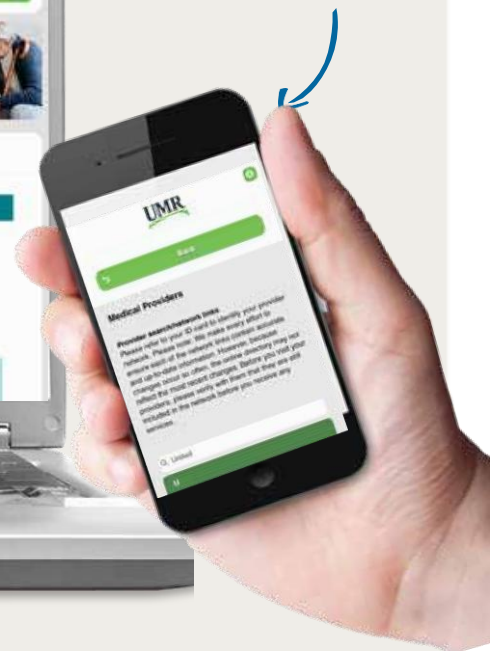


2

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



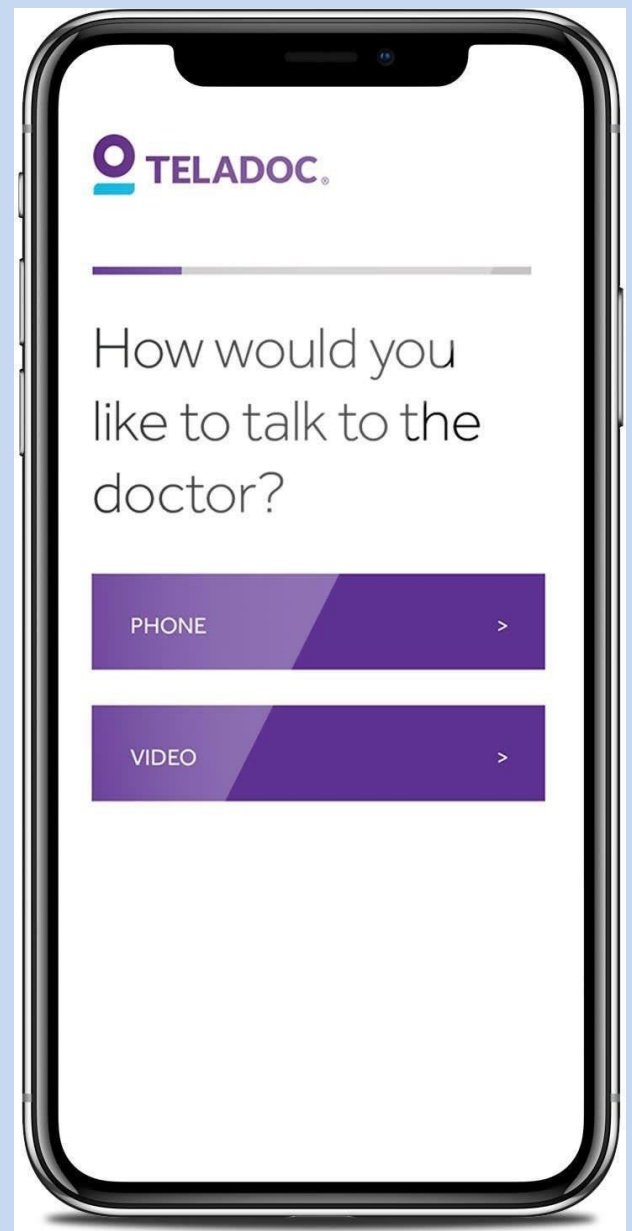
Find a provider on-the-go using the umr.com mobile site



A UnitedHealthcare Company

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.

UMR & Surest – TalkSpace

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





Our complete attention, up to 45 minutes

Find a provider who delivers care that connects all of the pieces of your health with a focus on:



Menopause & perimenopause



Gynecological, sexual, & reproductive health



Hormone and metabolic health



Preventive care

Access care where you are

You don't have to travel hours or sit in traffic to get to a women's health expert

Find an appointment on your schedule:

Monday - Friday 7am - 8pm CDT

& Saturday 7am - 1pm CDT



Scan to learn more or visit
visanahealth.com/united

Questions? Contact Visana's
team at **(612) 217-4967**

Your new women's health benefit is here

Available to UMR & Surest female members of the plans age 18 and older

\$30 copay per visit on UMR and \$15 per visit on Surest

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.)

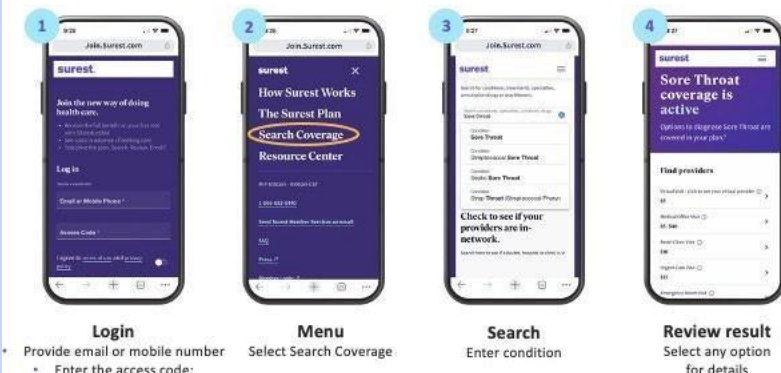
Ease of use: At Surest, there's no deductible to meet, and no coinsurance to calculate. You pay a copay for the service, which you can see ahead of time on the Surest app or website.

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:

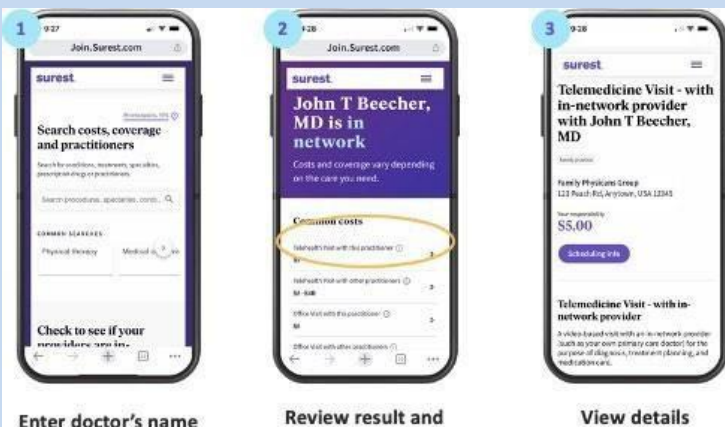
Visit Join.Surest.com to look up conditions.



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:





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.**

Wellness Verification

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

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

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.

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 annual physical exam with labs OR get an eye exam

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

REMINDER!

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



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



Delta Dental of Kansas

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

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

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

Plan Information	Dental Plan	
	PPO or PREMIER	Out-of-Network
Network		
Maximum Benefit(s) Per Person	\$1,500 Per Calendar Year	\$1,500 Per Calendar Year
Deductible (Applies to Basic & Major Services)	\$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%
Basic Services (Oral Surgery, Extractions, Restorative Services, Endodontics, Periodontics)	Plan pays 80% (PPO) Plan pays 70% (PREMIER)	Plan pays 50%
Major Services (Special Restorative Services, Bridges, Dentures, Implants*, TMJ**)	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. Annual cleanings do count towards the \$1,500 annual maximum benefit.

Delta Dental Plan	Monthly
Retiree Only	\$28.47
Retiree + Spouse	\$59.78
Retiree + Child(ren)	\$54.09
Retiree + Family	\$88.25

Vision

Surency

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

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

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

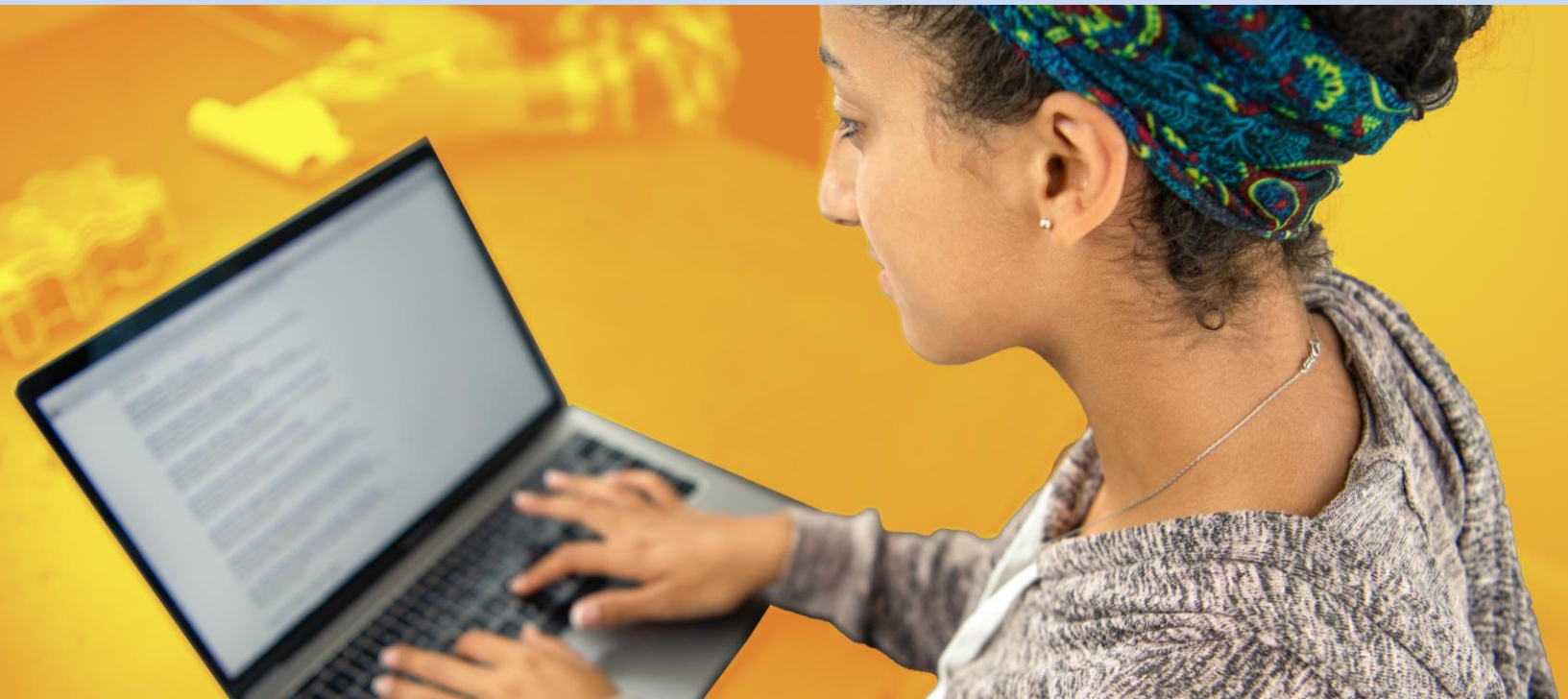


bswift

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

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

- Look up general benefits information
- Find important plan details
- Enroll in your benefits
- Make changes when you have qualifying life events
- View annual notices
- Upload dependent verification documents



How do I Access the Benefit Portal?

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

Username: 5-digit employee ID number. If you forgot your employee ID#, it is located in the address block of the Retiree Benefit Guide

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

Forgot Password?

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

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

How to Enroll

bswift

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

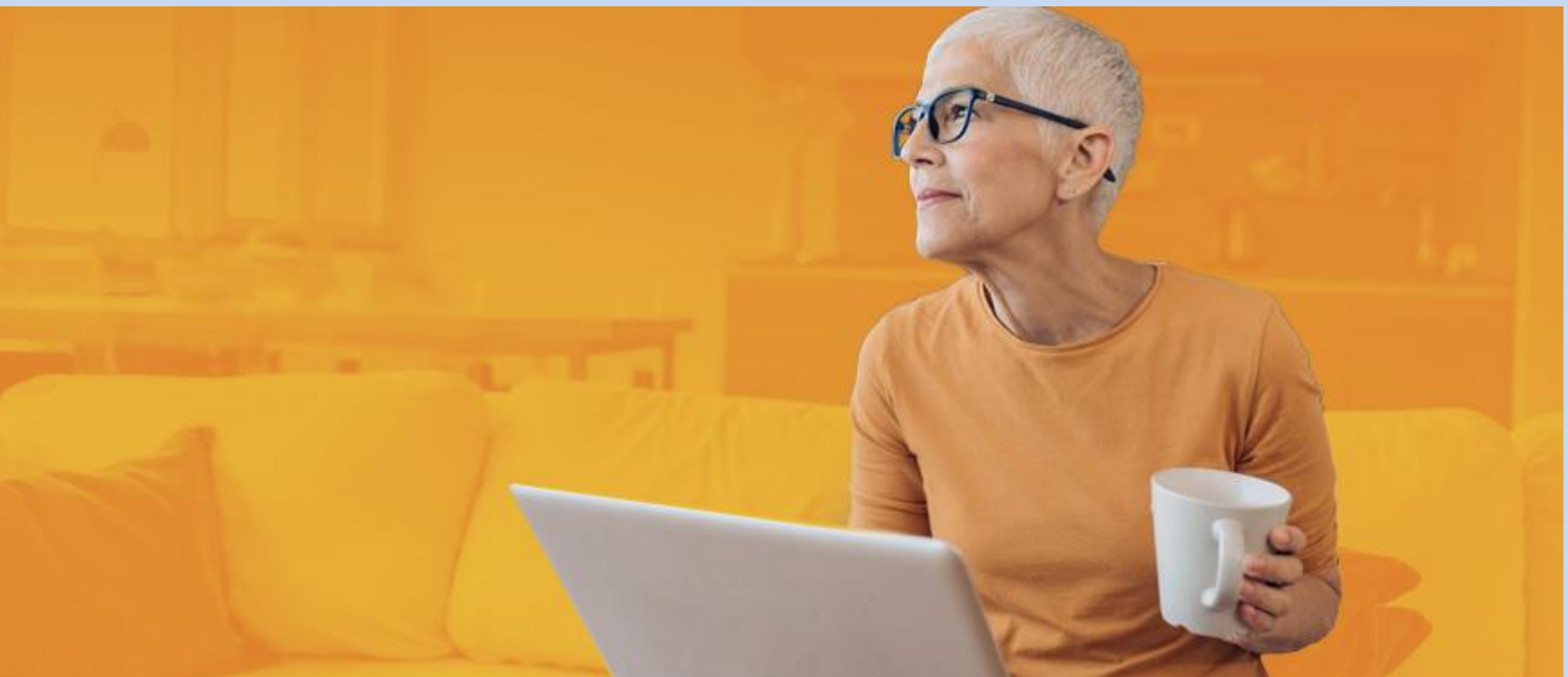
2 Enter your personal information
Make sure all your personal information, including your address and telephone number are correct. You are able to change your e-mail here. If you need to change your address or phone number, you will need to contact Employee Benefits at employeebenefits@usd259.net to make those changes. 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.
**Retirees are only eligible to add new dependents within 31 days of a qualifying life event.*

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

5 Start selecting your benefits
From this screen your current plan elections for 2025 will be displayed. You must select Keep My Selection, Select A Different Plan, or Waive Coverage, in order to move further. Once you Waive Coverage under that plan, you lose future enrollment rights for that coverage. Step through each plan option available to you selecting the dependents you wish to continue covering as you move along.

6 Review and confirm your selections Select "Complete Your Enrollment"
You're finished - view your confirmation statement carefully to ensure your enrollment is correct and print or email a copy to yourself for your records.



Reminder:

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

Benefits Confirmation Statement

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.

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

Making Life Event Changes

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

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



Helpful Information

Insurance Terms

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

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

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

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

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

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

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

Generic Prescriptions

What are generic drugs? Generic drugs are identical to brand-name prescription drugs in dosage, safety, strength, quality and performance. Generics have the same active ingredients. In-active ingredients such as color or flavor may be different. This means you can save money without sacrificing quality.

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

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

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

Generic Insurance Tips to Saving Money

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

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

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

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

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



BENEFITS ENROLLMENT GUIDE

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

