

2026 BENEFITS OVERVIEW



Park Hill School District

PARK HILL SCHOOL DISTRICT is a premier school district located in north Kansas City. We have 12 elementary schools, four middle schools, two high schools, the LEAD Innovation Studio, Russell Jones Education Center, and Gerner Family Early Education Center.

When you work in Park Hill, you work with the top professionals in education. Whether you measure their success by the safe, caring learning environment they create for our students or by the list of top regional, state and national awards they bring home, our educators and support staff are the best around.

As one of the best school districts in the region, we're also a great place to work and live. The Park Hill family continues to grow, as families move here because of the quality of our top-ranking, high-achieving schools.

Our staff, students, families and community members rate us highly. Our strong relationship with our supportive community allows us to build new schools, maintain existing schools and serve each student's needs.

We provide strong support for both educators and support staff.

As a Park Hill employee you will have access to competitive benefits, including medical, dental, vision, life and disability insurance, as well as flexible spending and health savings accounts. You will also have access to the fitness center and wellness program.

2026 BENEFIT OFFERINGS

AT A GLANCE

- 4 Medical Plans
 - Spira BlueSelect Plus High Deductible Plan with HSA
 - Spira Preferred-Care Blue High Deductible Health Plan with HSA (Core B)
 - BlueSelect Plus PPO plan with copays for office visits and prescription drugs (Buy-Up I)
 - Preferred-Care Blue PPO plan with copays for office visits and prescription drugs (Buy-Up II)
- A choice between two comprehensive dental plans that include orthodontia for children
- A comprehensive vision plan that includes exams and materials
- Medical Flexible Spending Account and Limited Flexible Spending Account with annual maximum of \$3,400
- Dependent Care Account with annual maximum limit of \$7,500
- Life Insurance:
 - District paid \$50,000 life and AD&D benefit
 - Options to purchase additional life and AD&D for you and your family
- Voluntary Accident plans that provide 24-hour coverage
- Voluntary Critical Illness option to choose a \$10,000 or \$20,000 benefit
- Voluntary Hospital Indemnity provide a lump sum benefit should you be admitted to a hospital
- Legal Services Plan
- Short-Term Disability
- Long-Term Disability
- Opportunity to participate in a 403(b) retirement plan
- On-site fitness center
- Wellness Program

MEDICAL INSURANCE PLAN OPTIONS - PLEASE NOTE PLAN CHANGES ARE ILLUSTRATED BELOW

(In-Network shown for Comparison Purposes)

Blue Cross Blue Shield	SPIRA - HDHP with HSA*	Core B SPIRA - HDHP with HSA*	Buy-Up I (Traditional PPO)	Buy-Up II (Traditional PPO)
Network	BlueSelect Plus	Preferred-Care Blue	BlueSelect Plus	Preferred-Care Blue
HSA Eligible	Yes	Yes	No	No
Deductible Individual Family	\$3,500 \$7,000	\$3,500 \$7,000	\$1,000 \$2,000	\$1,000 \$2,000
Coinsurance	0%	0%	10% / 25%	10% / 25%
Out-of-Pocket Maximum Individual Family <i>(includes deductible, coinsurance & copay)</i>	\$3,500 \$7,000	\$3,500 \$7,000	\$6,000 \$12,000	\$6,000 \$12,000
Office Visit Primary Care Physician / Specialist	Spira Center: \$60 BSP Provider: Deductible then 0%	Spira Center: \$60 PCB Provider: Deductible then 0%	\$40/ \$80 Copay	\$40/ \$80 Copay
Preventive Care	0%	0%	0%	0%
MRI's, PET, CT Scans	Deductible then 0%	Deductible then 0%	\$500 Copay, then Deductible plus 25% (1 Copay per year)	\$500 Copay, then Deductible plus 25% (1 Copay per year)
Inpatient Hospital	Deductible then 0%	Deductible then 0%	\$500 Copay, then Deductible plus 25% (1 Copay per year)	\$500 Copay, then Deductible plus 25% (1 Copay per year)
Urgent Care	Deductible then 0%	Deductible then 0%	\$80 Copay	\$80 Copay
Emergency Room	Deductible then 0%	Deductible then 0%	\$250 Copay then Deductible, plus 10%	\$250 Copay then Deductible, plus 10%
Prescription Drug Retail (at participating pharmacies) Mail Order (90-days)	Deductible then 0%	Deductible then 0%	\$10 / \$50 / \$70 \$20 / \$100 / \$140	\$10 / \$50 / \$70 \$20 / \$100 / \$140

* You are not required to receive care at a Spira Center if you elect one of the Spira HDHP plans. The Spira Centers are an additional option for you to receive care.

Section 125 Tax Advantages (Available for any PHSD Benefit Eligible Employee)	Benefit	Annual Contribution Limit
Tax Sheltered Premium Payments	This allows your insurance premiums to be deducted from your paycheck before taxes	N/A
Medical Flexible Spending Account <i>(There is a \$2.95 Monthly Administration Fee that will be deducted from your paycheck.)</i>	Allows you to set money aside before taxes to pay for qualified medical, dental and vision expenses	\$3,400 per calendar year
Dependent Care Flexible Spending Account <i>(There is a \$2.95 Monthly Administration Fee that will be deducted from your paycheck.)</i>	Allows you to set money aside before taxes to pay for qualified dependent care expenses	\$7,500 per calendar year (\$3,750 if married filing separately)
Limited Flexible Spending Account <i>(for HDHP enrollees with HSA only)</i>	Allows you to set money aside before taxes to pay for qualified dental and vision expenses	\$3,400 per calendar year

Health Savings Accounts (HSA) (For SPIRA – Blue Select Plus HDHP and Core B – SPIRA Preferred Care Blue HDHP Medical Plan Enrollees Only)	2026 Annual Contribution Limit*
Employee-Only Enrollment	\$4,400
Family Enrollment (at least one child, spouse or family)	\$8,750
Catch-up Contributions for age 55 or older	\$1,000

UMB Bank is the bank of choice for Park Hill School District if you chose to have your HSA contributions payroll deducted.

*District contribution counts towards the annual contribution limit

DENTAL & VISION INSURANCE

DENTAL INSURANCE PLAN OPTIONS

For more dental information go to myBlueKC.com

	Base Plan			Dental Buy– Up Plan		
	Blue Dental PPO	Blue Dental Choice	Out-of-Network	Blue Dental PPO	Blue Dental Choice	Out-of-Network
Deductible Individual / Family Applies to Type B & C Services	\$50 / \$100			\$50 / \$100		
Annual Maximum Applies to Type B & C Services	\$1,000 for each covered person (Charges for exams, cleanings, X-Rays, and fluoride treatments will not be deducted from the annual maximum benefit)			\$2,000 for each covered person (Charges for exams, cleanings, X-Rays, and fluoride treatments will not be deducted from the annual maximum benefit)		
Type A Preventive Services • Oral examinations • X-rays • Fluoride treatments • Sealants • Emergency palliative treatment	0%	20%	20%	0%	20%	20%
Type B Basic Services • Fillings– Composite fillings on all teeth • Periodontics • Endodontics • Simple and surgical extractions	0%	30% after Deductible	30% after Deductible	0%	30% after Deductible	30% after Deductible
Type C Major Services • Bridges and dentures • Crowns, inlays and onlays	50% after Deductible	60% after Deductible	60% after Deductible	50% after Deductible	60% after Deductible	60% after Deductible
Orthodontia Child(ren) only to age 19 Diagnostics and treatment	50%	60%	60%	50%	60%	60%
Orthodontia Lifetime Maximum	\$1,000			\$2,000		

VISION INSURANCE PLAN OPTION

VSP	In-Network	Out-of-Network
Copays Exam Materials	\$15 copay \$35 copay	<u>Up To:</u> \$45
Frequency of Service Exam Lenses Frames	Every 12 months Every 12 months Every 12 months	
Lenses Single Bifocal Trifocal Standard Progressives Blue Light Filtering Photochromic Polycarbonate Tints/Dyes (All Brands)	Copay Applies then; Covered in full	<u>Up to:</u> \$30 \$50 \$65 \$50 Not Covered Not covered Not covered \$5
Frames	\$35 copay \$150-\$200 allowance 20% off balance	<u>Up to:</u> \$70
Contacts - (allowance includes materials only) \$60 maximum copay for lens fitting Conventional and Disposable Medically Necessary	\$150 allowance for materials \$35 copay	<u>Up to:</u> \$105 \$210

In-network Providers: Provider is reimbursed based on contracted fees and cannot balance bill you.

Out-of-Network Providers: Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

For more vision information go to vsp.com

OTHER BENEFITS

BASIC LIFE AND AD&D

Park Hill School District provides \$50,000 in Basic Life and Accidental Death & Dismemberment.

VOLUNTARY LIFE AND AD&D AND DEPENDENT LIFE

● Voluntary Life and AD&D Plan for You:

minimum \$10,000 up to a maximum of \$750,000. Can be bought in \$10,000 increments. Guaranteed issue up to \$300,000.

● Optional Dependent Life and AD&D for spouse:

minimum \$5,000 up to a maximum to \$250,000. Can be bought in \$5,000 increments. Guaranteed issue up to \$50,000.

● Optional Dependent Life and AD&D for children:

A choice between a \$10,000, a \$15,000 or a \$20,000 benefit. Guarantee issue up to \$20,000.

VOLUNTARY ACCIDENT PLANS

24-hour voluntary accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment.

VOLUNTARY CRITICAL ILLNESS PLAN

Critical illness plans complement existing medical coverage and benefits are paid regardless of what is covered by medical insurance. The plan covers heart attacks, strokes, kidney failure (end-stage renal failure), major organ transplant, cancer, Alzheimer's Disease, coronary artery bypass graft and 25% of benefit amount for 22 additional conditions.

VOLUNTARY HOSPITAL INDEMNITY

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs.

IDENTITY THEFT PROTECTION

Identity theft protection plan offers a robust digital security plan to help protect you and your family from financial and identity fraud.

LEGAL SERVICES PLAN

Prepaid legal plan that offers telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice.

SHORT-TERM DISABILITY

Employees can elect to purchase short-term disability coverage that will provide a maximum weekly benefit of 60% up to \$1,500 of your covered weekly earnings. You can choose either a 7- or 14-day elimination period.

LONG-TERM DISABILITY

Employees can elect to purchase long-term disability coverage that will provide a maximum monthly benefit of 60% up to \$3,000 of your covered monthly earnings. You can choose either a 90- or 180-day elimination period.

PET INSURANCE

Pet insurance is available for cat or dog owners. The insurance provides reimbursement for accident and illness health needs for your pet. The program includes an optional wellness rider to help pay for annual exams, shots, test, and more.

403(b) RETIREMENT

Employees have the opportunity to save for retirement by participating in a 403(b) retirement plan. This is in addition to the Missouri retirement program.

EMPLOYEE ASSISTANCE PROGRAM

Provides four free, confidential counseling visits for employees and any members of their household.

WELLNESS PROGRAM

The employee wellness program includes an on-site fitness center, full-time wellness coordinator, and unlimited wellness consultations.

