

A ANDOVER PUBLIC SCHOOLS



2026 EMPLOYEE BENEFITS GUIDE

Welcome

We know your health is important to you, and it is important to us, too. That's why we are committed to providing you and your family a strong benefits package. The information in this booklet provides an overview of your 2026 benefits package to help you in making the choices that best meet your individual and family's needs. You have the power - take your health into your own hands through the offerings available to you. We encourage you to read this guide carefully and go online to complete enrollment through [KBS Employee Benefit Solutions](#).

New this year: USD 385's plans with Gravie – There will be new plan designs being offered through Gravie. Please review the plan offerings to elect the plan that suits your health care needs best. Gravie offers many enhancements to your experience, which you will find in the following pages. The Board of Education has agreed to increase the contribution to the medical plans this year. The medicals plans will see an increase to payroll deductions. The dental plan payroll deductions increased slightly. Please continue to take a more thoughtful approach to how you utilize your benefits in effort to keep our costs low and benefits high.

An annual open enrollment period is announced each fall, in which eligible employees can make certain coverage elections and/or changes.

New Employees: If you're enrolling mid-year, the benefits you selected during new employee processing will remain in effect until December 31st. Be sure to participate in the district-wide open enrollment for the next year's benefits when it is held in October.

2026 Open Enrollment is October 1, 2025 - October 13, 2026

How to Enroll



Instructions for online enrollment through KBS Employee Benefit Solutions

How to Access the Employee Benefit Solutions Login Portal

- Open the following URL <https://kbsbenefits.com/>
- You have now accessed Employee Benefit Solution's homepage
- Your username will be your social security number
- Your PIN will be the last four of your social security number and the last two of your birth year.

Once you have logged in, our Virtual Assistant, Alec, will guide you through each step of the enrollment process.

Eligibility

Who is Eligible?

Employees - Regularly scheduled to work at least 30 hours per week. Coverage is effective first of the month following the first 30 days of employment.

Dependents - As an employee eligible to enroll in the group insurance plans, you may elect certain options for your dependents. Eligible dependents include:

- Your legal spouse
- Your dependent child or step child up to age 26
- Any child placed with you for adoption or for whom you have legal guardianship
- Any unmarried, disabled child of any age who resides with you, medically certified as disabled prior to his/her 26th birthday and primarily dependent upon you for support
- Any eligible child for whom health care coverage is required through a qualified Medical Child Support Order (QMCSO) or other court or administrative order – even if the child does not reside with you.

Qualifying events as defined by law:

After your initial eligibility date and other than the annual open enrollment period, you may only change your benefit elections and covered dependents within 30 days following a qualifying event such as:

- Birth or adoption of a child
- Marriage, legal separation, annulment, or divorce
- Death of spouse and/or dependent
- Dependent's loss of eligibility
- Termination or loss of coverage due to a reduction in hours

You must notify HR within 30 days of the event.

Healthcare Reform Exchanges:

- If you are eligible for benefits at Andover Public Schools and buy coverage through a Federal or State Exchange — you and your family will not qualify for a subsidy through the Exchange.
- Federal and State Medicaid programs offer low cost or free medical coverage to individuals and families with limited incomes. Your eligibility will depend on your state, income, and family size.

For more info visit: www.healthcare.gov.

IMPORTANT:

Classified employees working less than 12 months per year will be required to remain on the plan during the summer months and you will pre-pay for these months of coverage through payroll deduction.

The district will continue to contribute to all tiers during months when they are not scheduled to work. You will only be responsible for the employee portion of the premiums.

For classified employees taking the \$120-month salary in lieu of health insurance, please note that due to the health care reform, proof of employer-sponsored group health insurance will be required during open enrollment in order for your salary in lieu payments to continue. Aid provided by the State of Kansas (KanCare), Medicare, and Medicaid are considered individual plans and are not eligible for the salary in lieu benefit.

While you may request a paper copy of important legal notices about your benefits, rights, and responsibilities, you can also access these electronically on our website. Please contact Human Resources if you have any questions.

Medical/Rx

Gravie – Aetna Network - Aetna Signature Administrators (ASA)

In-Network Coverage Only – Network Provider Search: [Provider Search](#)

855.451.8365 | www.gravie.com

Medical Coverage	Option A	Option B	Option C	Option D - HSA Eligible
In Network Benefit Period	January 1 - December 31			
Deductible (Individual Family)	\$2,000 \$4,000	\$3,500 \$7,000	\$5,000 \$10,000	\$5,000 \$10,000
Coinsurance (Plan Member)	70% 30%	70% 30%	70% 30%	100% 0%
Maximum Out-of-Pocket (Individual Family)	\$6,350 \$12,700	\$6,350 \$12,700	\$6,350 \$12,700	\$5,000 \$10,000
HSA Qualified Plan	No	No	No	Yes
Referrals Required	No	No	No	No
Office Visit (Primary Specialist)	\$35 \$75	\$35 \$75	\$35 \$75	No Cost after Deductible
Telehealth (Teladoc) Visit	\$0	\$0	\$0	No Cost after Deductible
Preventive Care	Covered 100%, no Deductible			
Urgent Care	\$50 Copay	\$50 Copay	\$50 Copay	No Cost after Deductible
Emergency Room	\$250 Copay , then 30% after Deductible	\$250 Copay , then 30% after Deductible	\$250 Copay , then 30% after Deductible	No Cost after Deductible
Outpatient Diagnostic Lab	30% after Deductible	30% after Deductible	30% after Deductible	No Cost after Deductible
Outpatient Diagnostic X-Ray & Advanced Imaging	30% after Deductible	30% after Deductible	30% after Deductible	No Cost after Deductible
Routine Vision Exam 1 visit every 12 months	Covered 100% no Deductible			No Cost after Deductible
Inpatient Hospital & Outpatient Facility	30% after Deductible	30% after Deductible	No Cost after Deductible	No Cost after Deductible
Outpatient Mental Health & Substance Abuse	\$35 copay	\$35 copay	\$35 copay	No Cost after Deductible
Inpatient Mental Health & Substance Abuse	30% after Deductible	30% after Deductible	No Cost after Deductible	No Cost after Deductible
Drug (Rx) Coverage	Option A Rx	Option B Rx	Option C Rx	Option D Rx
Rx Deductible	No Deductible	No Deductible	No Deductible	Medical Deductible
Tier 1 (Retail Mail Order)	\$20 \$40	\$20 \$40	\$20 \$40	No Cost after Deductible
Tier 2 (Retail Mail Order)	\$40 \$80	\$40 \$80	\$40 \$800	No Cost after Deductible
Tier 3 (Retail Mail Order)	\$70 \$140	\$70 \$140	\$70 \$140	No Cost after Deductible
Specialty	20% up to \$80	20% up to \$80	20% up to \$80	No Cost after Deductible

IMPORTANT NOTE—Option D requires all services to be paid by the member up to the Deductible amount before the plan begins to pay for services. Please review page 10 for information on the Health Savings Account (HSA) that can help save for these costs in a tax free account.

Medical/Rx Rates

Medical Monthly Cost January 1, 2026 - December 31, 2026

	Enrollment Tier	Total Premium	Employer Contribution (What the District Pays)	Employee Contribution (What YOU Pay)
\$2,000 Ded. Option A	Employee Only	\$757.87	\$515.00	\$242.87
	Employee + Spouse	\$1,652.15	\$685.00	\$967.15
	Employee + Child(ren)	\$1,515.73	\$685.00	\$830.73
	Employee + Family	\$2,349.39	\$865.00	\$1,484.39
\$3,500 Ded. Option B	Employee Only	\$717.44	\$515.00	\$202.44
	Employee + Spouse	\$1,564.02	\$685.00	\$879.02
	Employee + Child(ren)	\$1,434.88	\$685.00	\$749.88
	Employee + Family	\$2,224.06	\$865.00	\$1,359.06
\$5,000 Ded. Option C	Employee Only	\$698.17	\$515.00	\$183.17
	Employee + Spouse	\$1,522.00	\$685.00	\$837.00
	Employee + Child(ren)	\$1,396.33	\$685.00	\$711.33
	Employee + Family	\$2,164.32	\$865.00	\$1,299.32
\$5,000 Ded. Option D (HSA)	Employee Only	\$672.51	\$515.00	\$157.51
	Employee + Spouse	\$1,466.07	\$685.00	\$781.07
	Employee + Child(ren)	\$1,345.02	\$685.00	\$660.02
	Employee + Family	\$2,084.78	\$865.00	\$1,219.78

IMPORTANT NOTE—Option D requires all services to be paid by the member up to the Deductible amount before the plan begins to pay for services. Please review page 10 for information on the Health Savings Account (HSA) that can help save for these costs in a tax free account.

REMINDERS:

Classified employees who work less than 12 months are required to remain on all elected benefit plans during the summer months and pre-pay for the months of coverage through payroll deduction. The district will continue to contribute to all tiers during months when they are not scheduled to work. You will only be responsible for the employee portion of the premiums.

For classified employees taking the \$120 per month salary in lieu of health insurance, please note that due to the health care reform, proof of employer-sponsored group health insurance will be required during open enrollment in order for your salary in lieu payments to continue. Aid provided by the State of Kansas (KanCare), Medicare, and Medicaid are considered individual plans and are not eligible for the salary in lieu benefit.



Just another way we're improving how people purchase and access healthcare.

Gravie Pay improves access to healthcare by allowing you to pay for out-of-pocket medical expenses [at your own pace](#).



Simple, streamlined, flexible

- No cost to you
- No interest
- No credit check
- Available through Gravie's member site
- Powered by Paytient
- Supported by Gravie Care™



Get care

Get the care you need, including medical procedures and prescriptions that are subject to your out-of-pocket responsibility.



Initiate Gravie Pay

Access Gravie Pay through your member account and use Gravie Pay to pay your portion of bills you receive from your provider.



Repayment

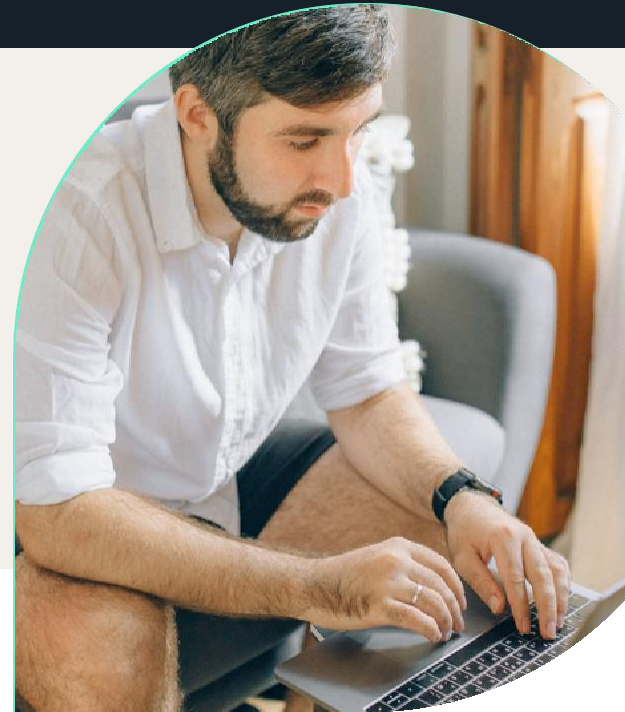
Select a monthly repayment plan that works for you, paying at your own pace without fees or interest.

Questions? Call [866.863.6232](tel:866.863.6232) or send a secure message at member.gravie.com/contact



Gravie health plan members have access to virtual care — including general medical, dermatology, and mental health — through Teladoc Health, the world leader in whole person virtual care.

For many Gravie health plan members, these services are included at no additional cost. Check your benefits summary for more information.



General Medical

24/7 access to virtual care for a broad range of everyday health issues. With access to board-certified doctors anytime, anywhere, you can avoid unnecessary trips to the doctor’s office and costly visits to the ER. Schedule an appointment or choose to talk to a provider right away.

Treatment for a wide range of everyday conditions:

- Flu
- Sinus problems
- Upper respiratory infection
- Pink eye
- Bronchitis
- Nasal congestion
- Sore throat
- Seasonal allergies
- Cold
- Arthritis
- Rash/poison ivy

24/7

access to care by web, phone, or mobile app

90%

satisfaction rate

92%

resolution rate on first visit

How it works:

01 | Initiate

Initiate contact through Teladoc’s app, website or by phone

02 | Request

Request an immediate visit or schedule a visit at a preferred time

03 | Visit

Visit with the physician via phone or video

04 | Resolve

Physician posts a visit summary to your file and sends RX to your pharmacy if necessary

The Network

Gravie partners with Aetna Signature Administrators to provide broad access to quality coverage.



Aetna Signature Administrators offers one of the nation's leading Exclusive Provider Organization (EPO) — a network of physicians, clinics, hospitals, and other health care providers who have agreed to deliver quality, cost-effective health care services. Out of Network claims will not be covered under the plan.



Remember, staying in-network is important for avoiding any unexpected charges.

Before receiving care, you can easily search for doctors, specialists, clinics, and more. All you need to do click the link here to access the provider search now: [Provider Search - Home \(aetna.com\)](#). **It is important to utilize in network providers, as these plans do not have out of network benefits.**



Traveling? We've got you covered.

Wherever you go in the US, you'll have access to a broad EPO network. For details on your travel coverage, contact Gravie Care.



Your generic drugs are 100% covered.

For preferred brand, non-preferred brand, and specialty drugs you'll want to look up and verify how your prescriptions are classified to confirm how you'll be billed. To review the prescription list click the link below: [Prescription Search](#)

With the Aetna Signature Administrators EPO network, you'll have access to:

- Over 1.2 million participating doctors
- 8,700 hospitals
- Competitive discounts



Health benefits just got a whole lot easier.

Let's face it, the health insurance industry has a bad rap when it comes to customer service. Complicated bills, long wait times, and confusing jargon . . . we all avoid it if we can.

Gravie is changing the narrative. We believe that health benefits are only effective when members understand how to use them, which is why Gravie Care is included with every plan.

Proactive

The Gravie Care team goes beyond fielding phone calls and answering questions — anticipating members' needs, helping resolve issues before or as they arise, and closing cases in record time. Gravie equips brokers with relevant tools and reporting to help employers and their employees stay informed and supported throughout the year.

Exceptionally useful

Today's consumers expect more from their service providers. Gravie Care offers an exceptional recruitment and retention tool for employers with a service that exceeds employees' expectations about their health benefits. With licensed insurance experts on speed dial, every employee will have access to helpful support when they have questions about bills, costs, network coverage, and beyond.

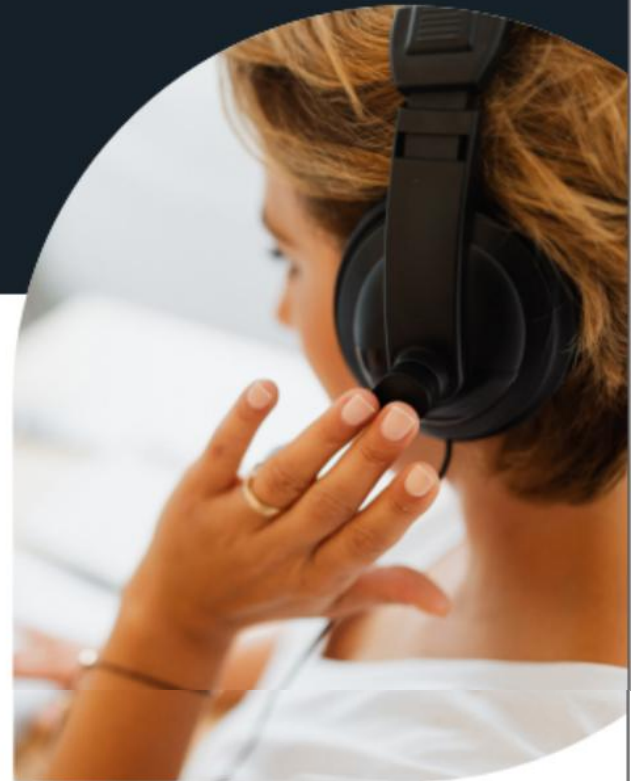
Simply, better

95% Gravie Care satisfaction

Gravie's Customer Satisfaction Score is 95% compared to the industry average of 74%.

"The customer service is definitely better with Gravie versus your mainstream carrier."

Gravie Member



Gravie Care advisors help you evaluate plan options, verify network coverage, locate providers, decipher EOBs and bills, and so much more.

You are just a phone call or secure message away from someone who's on your side, willing to go the extra mile to help you make the most of your health plan year-round.

Call:
855.451.8365

Secure message:
member.gravie.com/contact

Health Savings Account

Equity Bank – HSA Administrator

316-733-5041 | www.equitybank.com

USD 385 will continue to allow individuals to sign up for an HSA (Health Savings Account) when choosing Medical Plan D - High Deductible Plan. We have partnered with Equity Bank to be our HSA Administrator. This will allow us to payroll deduct your contribution pre-tax. During Open Enrollment, you will have the opportunity to elect your HSA contribution.

How the HSA Works:

- The Health Savings Account (HSA) allows you to save money on a pre-tax basis to cover eligible medical, dental, and vision expenses.
- You decide how much you want to contribute to your account each year (up to the maximum annual amounts), and then an equal portion of your annual election will be deducted from your gross pay before Federal, State, and Social Security taxes are taken out.

HSA Annual Contribution Maximums:

- The 2026 plan year annual maximum, per person, is \$4,400. A family's annual maximum contribution amount is \$8,750.
- Employees Age 55 or older may contribute an additional 'catch-up' amount of \$1,000 per year.

HSA FREQUENTLY ASKED QUESTIONS

1. Who can have an HSA?

The individual must:

- be covered by a QHDHP (Option D)
- not be covered under other health insurance
- not be enrolled in Medicare
- not be another person's dependent
- be without an FSA* and spouse without an FSA*
(*non-Limited Purpose)

For a full list of eligibility requirements, please go to: <https://www.irs.gov/publications/p969/ar02.html>

2. What are some examples of HSA qualifying expenses?

HSA qualifying expenses include doctor office visits, prescription drugs, eye exams, glasses, contact lenses, chiropractor visits, laser eye surgery, and orthodontia, to name a few. There are many more eligible items you can pay for with HSA money.

3. Does it cost to have a Health Savings Account?

There is an administration fee of \$2.50 that will be deducted from your account each month.

4. Do I need to keep any records when I use my HSA?

Although your HSA administrator does not request receipts to validate the use of the HSA for you, it is a good idea to keep your own records. It is your responsibility to track the use of your HSA account and you may be required to show proof of your expenditures to the IRS. We recommend you designate a place to store all your receipts so they are available when you need them.

5. What if I do not use all of the money in my HSA by the end of the plan year?

All the money deposited in your HSA, but not spent during the year, rolls over to the next year. HSAs do not have a "use or lose it" provision. You have the option of accumulating money in your HSA to pay for future eligible expenses.

Please Note:

By selecting the HDHP & Health Savings Account (HSA) you may not participate in the Flexible Spending Account.

Dental

Delta Dental of Kansas - Delta Dental Premier and PPO Networks

800-234-3375 | www.deltadentalks.com

We are excited to continue offering our dental benefits through Delta Dental of Kansas as a way to keep your health and wellness a priority. You are free to go to any dentist of your choice; however, there may be a difference in the amount of payment if the dentist is not a Delta Dental participating dentist. It is to your advantage to choose a Delta Dental PPO or Delta Dental Premier dentist.

Dental Coverage	In-network Benefit Overview
Network	Delta Dental Premier and PPO Network
Benefit Period	Calendar Year
Deductible (Individual Family)	\$50 \$150
Deductible Applies To	Type II & III
Maximum Benefit(s) Per Person	\$1,500
Type I - Diagnostic & Preventive Services	Covered 100%, no Deductible <i>Applies to annual maximum</i>
Type II - Basic Services	20% after Deductible
Type III - Major Services	50% after Deductible
Orthodontics	Not Covered
Unlimited Cleanings Program	Unlimited cleanings program allows coverage for both regular cleanings and periodontal maintenance cleanings at an unlimited frequency. Your underlying contract applies with the exception of the frequency limitations on the dental codes/services : D1110, D1120, D4910.
Right Start 4 Kids (RS4K)	Children twelve (12) and under receive their claims paid at 100%. Deductibles will not apply, but the annual maximum, frequencies, and limitations will apply. Must see a Participating Premier or PPO Dentist or the plan's underlying contract applies including waiting periods, deductibles and coinsurance levels.

Monthly Dental Cost

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$35.11	\$69.48	\$69.67	\$118.06

Vision - Comprehensive

Surency Vision

866-818-8805 | www.surency.com

Option 1 - Comprehensive Plan	In-network Benefit Overview
Network	Access E
Frequency	Once per Calendar Year
Eye Exam Copay (with Dilation as Necessary)	\$10
Retinal Imaging Copay	\$39
Contact Lens Fit & Follow-up	Standard: \$0 copay Premium: \$55 Allowance
Frames	\$130 Allowance, 20% off balance
Standard Plastic Lenses Copay	\$25
Lens Options	
Standard Polycarbonate (Adult Dependent under 19)	\$40 \$0
UV Coating	\$15
Tint (Solid & Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Anti-Reflective Coating	\$45
Standard Progressive	\$90 Copay
Premium Progressive	\$90 Copay, \$120 Allowance, 20% off balance
Non-covered items	20% off Retail Price
Contact Lenses Contact lens allowance includes materials only. Allowance not available if eyeglass lenses are elected.	
Conventional	\$130 Allowance, 15% off Balance Over \$130
Disposable	\$130 Allowance
Medically Necessary	\$0

Monthly Vision Cost - Comprehensive Plan

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$10.63	\$22.33	\$19.15	\$35.81

Vision – Materials Only

Surency Vision

866-818-8805 | www.surency.com

Option 2 - Materials Only Plan	In-network Benefit Overview
Network	Access E
Frequency	Once per Calendar Year
Frames, Lenses & Options Package	\$200 Allowance, 20% off balance over \$200
Contact Lenses (in lieu of frames, lenses & options package above)	
Conventional & Disposable	\$200 Allowance
Additional Benefits	
Additional Pairs Benefit	40% off additional pair of eyeglasses or sunglasses
Laser Vision Correction	15% off retail price or 5% off promotional price
Non-Covered Items	20% off non-covered items such as cleaning cloths and solution

Monthly Vision Cost - Materials Only Plan

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$9.79	\$20.53	\$17.60	\$34.23

Flexible Spending Accounts

Surency Flex

866-818-8805 | www.surency.com

A Flexible Spending Account (FSA) lets employees take home a larger paycheck by reducing their taxable income. Employees enrolled in the benefit contribute tax-free dollars into an account that can be used throughout the year on qualified medical, dental and vision or qualified dependent care expenses — reducing out-of-pocket costs. **We offer two different types of accounts:**

Health Care FSA is a plan designed to help you budget and save for qualified health expenses incurred over the course of the plan year. Dollars in an FSA are tax-free which makes an FSA a great tool for saving money, especially when big expenses are anticipated. Please note — you can not have a Health Care FSA if you or a spouse has a Health Savings Account (HSA).

- **Projected 2026 IRS maximum contribution limit is \$3,300**
- The amount you elect is available to you the first day of the plan year

Dependent Care FSA is a plan that lets participants save money on day care expenses for children up to age 13 or a disabled spouse or dependent of any age. Many of the same general rules that apply to a medical FSA also apply to dependent care accounts. However, there are some important differences between the two types of accounts. For dependent care FSA:

- **IRS maximum contribution limit is \$7,500 if you are a single employee or married filing jointly, or \$3,750 if married filing separately**
- The money in a dependent care FSA is not available until it has been deposited by the employee, and dependent care expenses cannot be reimbursed until they are incurred

Important things to keep in mind:

- IRS requires you to enroll annually, if you do not elect to enroll/re-enroll then you will not be able to participate until the next open enrollment opportunity.
- If you have funds in your medical FSA at the end of the year, you might consider scheduling a check-up, dental cleaning or similar appointment before the end of the year in order to use up leftover funds before they are lost.

Visit www.surency.com for:

- Eligible expense list
- Estimated savings calculator
- View account activity
- Customer service & resources
- Forms
- And much more!

Permanent Life Insurance

US Alliance

866-953-4675 | www.usalliancelife.com

When the unexpected happens, permanent life insurance will help your family stay financially stable. We are now offering Permanent Life Insurance coverage through US Alliance. You will see rates specific to you when enrolling online through KBS Employee Benefit Solutions.

What is Permanent Life Insurance?

Introducing permanent life insurance – a robust financial solution crafted to provide a guaranteed payout for your selected beneficiaries in the event of your passing. Life insurance offers vital financial security and support to your loved ones, and with whole life insurance, the coverage remains in force as long as premiums are paid, while also accumulating cash value over time.

With coverage options of \$10,000, \$25,000, and \$40,000, you have the flexibility to select the appropriate coverage for yourself, your spouse, and your children. Plus, rest assured, should you change jobs, you can carry this coverage with you, maintaining all policy benefits, and the price remains locked in.

Why Should I Be Covered?

Experience genuine peace of mind with our permanent life insurance, offering lifelong protection for you and your family. Our financial product ensures your loved ones receive a significant payout when it's needed most. You're not just buying protection; you're investing in a secure future for your nearest and dearest, empowering them to maintain the lifestyle they've grown accustomed to.

Benefits of Permanent Life Insurance

- Permanent coverage that does not expire.
- Benefit amounts of \$10,000, \$25,000, and \$40,000.
- Dependent life insurance coverage available.
- Accumulates cash value over time.
- Premiums locked in and never change.
- Option to keep life insurance if you leave job.

Did You Know?



Option to take this coverage with you should you leave your job.



No limitations on how a life insurance benefit is used.



No medical exam required for coverage.



Life and AD&D

Guardian

888-600-1600 | www.guardiananytime.com

<p>Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.</p>	<p><u>35%</u> at age 70, <u>55%</u> at age 75, <u>70%</u> at age 80, <u>80%</u> at age 85</p>
<p>Employee Benefit</p>	<p>\$10,000 increments to a maximum of \$150,000. See Cost Illustration page for details.</p>
<p>Accidental Death and Dismemberment</p>	<p>Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.</p>
<p>Spouse Benefit</p>	<p>\$5,000 increments to a maximum of \$50,000. See Cost Illustration page for details.</p>
<p>Child Benefit: Age 14 days to 23 years (25 if full time student)</p>	<p>\$1,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details</p>
<p>Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.</p>	<p>Employee \$150,000 Spouse \$50,000 Dependent children \$10,000</p>
<p>Premiums</p>	<p>Increase on plan anniversary after you enter next five-year age group</p>
<p>Portability: Allows you to take coverage with you if you terminate employment.</p>	<p>Yes, with age and other restrictions</p>
<p>Conversion: Allows you to continue your coverage after your group plan has terminated.</p>	<p>Yes, with restrictions; see certificate of benefits</p>
<p>Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.</p>	<p>Yes</p>
<p>Waiver of Premiums: Premium will not need to be paid if you are totally disabled.</p>	<p>For employees disabled prior to age 60, with premiums waived until age 65, if conditions met</p>

Short-Term Disability

Guardian

888-600-1600 | www.guardiananytime.com

Short-Term Disability Plan Monthly Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses. To help you assess your needs, you can also go to Guardian Anytime and view a video:

<https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/disability>

Coverage amount	60% of salary to maximum \$1500/week
Maximum payment period: Maximum length of time you can receive disability benefits.	24 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 1
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8
Maternity benefits begin: The length of time you must be disabled before benefits begin.	No Waiting Period
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	\$1500 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	30 hours per week
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00566110

Accident

Guardian

888-600-1600 | www.guardiananytime.com

Accident Coverage	On and Off Job
Portability: Allows you to take your Accident coverage with you if you terminate employment	Included
Accidental Death and Dismemberment	
Benefit Amount	Employee \$50,000 Spouse \$10,000 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment: Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment: Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodations to Home or Vehicle	\$2,500
Wellness Benefit: Per Year Limit	\$75
Child(ren) Age Limits	Children age birth to 26 years
Rainy Day Fund	Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800

See Benefit Summary for full list of per treatment benefits

Monthly Accident Cost

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$16.20	\$23.16	\$30.90	\$37.86

Critical Illness

Guardian

888-600-1600 | www.guardiananytime.com

	1st Occurrence	2nd Occurrence
Cancer		
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	100%
Kidney Failure	100%	100%
Spouse Benefit	May Choose a lump sum benefit up to \$20,000. Please see your cost illustration for a full list of available benefit amounts.	
Child Benefit: Children age Birth to 26 years	25% of employee's lump sum benefit	
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	50% at age 70	
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We guarantee Issue up to: \$20,000 For a Spouse: \$20,000 For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue.	
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included	
Pre-Existing Condition Limitation: A Pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 month prior, 12 months after	
Wellness Benefit: Per year limit	Employee: \$50 Spouse: \$50 Child: \$50	

Hospital Indemnity

Guardian

888-600-1600 | www.guardiananytime.com

Benefits	
Hospital/ICU Admission	\$500 per admission. Limited to 1 admission per insured and 3 admissions per covered family per benefit year.
Hospital/ICU Confinement	\$250 per day. Limited to 30 days per insured per benefit year.
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment or took prescribed drugs.	12 months prior, 12 months after
Portability: Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Child(ren) Age Limits	Children age birth to 26 years

Applicants over the age of 69 are not eligible for the Hospital Indemnity coverage.

Monthly Accident Cost

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$23.70	\$46.60	\$33.75	\$56.65

UNDERSTANDING YOUR BENEFITS—HOSPITAL INDEMNITY

- Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.
- Premium will be waived if you are hospitalized for more than 30 days.
- Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.
- Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.
- After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00566110

Cancer Insurance

Guardian

888-600-1600 | www.guardiananytime.com

Benefit Highlights	Value Plan 1	Advantage Plan 2	Premier Plan 3
Pre-Existing Condition	12 month look back period; 12 month exclusion period, continuity of coverage		
Initial Diagnosis	\$1,500	\$1,500	\$1,500
Air Ambulance	\$250/trip, limit 2 trips per hospital confinement	\$1,500/trip, limit 2 trips per hospital confinement	\$2,000/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit		
Attending Physician	\$25/day while hospital confined. Limit 75 visits		
Cancer Screening Benefit	\$50; \$50 follow-up screening	\$75 \$75 follow-up screening	\$100 \$100 follow-up screening
Experimental Treatment	No Benefit	\$100/day up to \$1,000/month	\$200/day up to \$2,400/month
Home Health Care	No Benefit	\$50/visit up to 30 visits per year	\$100/visit up to 30 visits per year
Hospice	\$50/day up to 100 days/lifetime	\$50/day up to 100 days/lifetime	\$100/day up to 100 days/lifetime
Medical Imaging	No Benefit	\$100/image up to 2 per year	\$200/image up to 2 per year
Second Surgical Opinion	\$200/surgical procedure		\$300/surgical procedure
Radiation Therapy or Chemotherapy	Actual Cost up to a \$15,000 benefit year maximum	Actual Cost up to a \$20,000 benefit year maximum	Actual Cost up to a \$25,000 benefit year maximum
Immunotherapy	\$500 per month, \$2,500 lifetime max		
Skin Cancer	Biopsy Only: \$100, Reconstructive Surgery: \$250, Excision of a skin cancer: \$375, Excision of a skin cancer with flap or graft: \$600		
Surgical Benefit	Schedule amount up to \$2,750	Schedule amount up to \$4,125	Schedule amount up to \$5,500

See Benefit Summary for full list of per treatment benefits

	Value Plan	Advantage Plan	Premier Plan
Employee	\$21.00	\$35.00	\$41.00
Employee & Spouse	\$44.00	\$56.00	\$65.00
Employee & Child(ren)	\$22.00	\$36.00	\$42.00
Family	\$45.00	\$57.00	\$66.00

Legal & IDShield

The LegalShield Membership Includes Services:



1. Legal Advice - Unlimited legal issues, personal, business & pre-existing
2. Letters/calls made on your behalf
3. Contracts and documents reviewed (up to 10 pages)
4. Attorneys prepare your Will, your Living Will and your Health Care Power of Attorney
5. Moving Traffic Violations
6. Trial defense including Pre-Trial & Trial Representation (on the job, criminal, or civil)
7. 25% Preferred Member Discount (Divorce, Bankruptcy, Criminal Charges, Other Matters)
8. 24/7/365 Emergency Access (limited matters)
9. Online Legal forms

Individual or Family Monthly Cost: **\$15.95**

The LegalShield Gun Owners Supplement Membership Includes Services:



1. Emergency Access for a Firearm Incident
2. Advice, Consultation & Trial Defense for Gun Related Matters
3. NFA Gun Trust Services - \$250 flat fee for 1 NFA Gun Trust prepared by your provider law firm per membership year
4. 25% Discount (Provider lawyer's standard hourly rate for additional trial defense services and/or grand jury investigations, related to a covered firearm incident)

Plan covers Employee & Spouse for Monthly Cost: **\$12.95 in addition to LegalShield**

The IDShield Membership Includes Services:



1. Full-Service Restoration - Complete identity recovery services by Kroll Licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.
2. Privacy Monitoring – Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.
3. Security Monitoring – SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking.
4. Consultation – Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

Monthly Cost: **Individual \$8.95 | Family \$18.95**

Both Services (LegalShield & IDShield Combined) Monthly Cost: Individual \$24.90 | Family \$30.90

Bob Pilcher bobpilcher58@gmail.com
Employee Group Benefits & Security Specialist
(620) 965-2545 office
(316) 215-5100 mobile

<https://www.shieldbenefits.com/usd385/overview>

Medical Transport Solution

The reality of emergency transportation in the U.S.

masaAccess 

\$14/Month

With the cost of transportation increasing and access to emergency care decreasing, employers and employees are feeling the impact.

Cost



\$69K

average cost for air ambulance ¹



\$2K

average cost for ground ambulance ¹



+35%

billed cost increase over past 5 years, while utilization has remained flat ²

Did you know?

All EMS bills include codes for mileage and ride severity. But bills can expand with **24+ additional codes** for things like: ³



Life support services



Disposable supplies



IVs and more

Access



100+

hospitals have closed in the last 5 years, even as the need for care increased during the pandemic ³



1 in 8

hospitals are currently at risk of closing ³



Ride time

increases as hospitals close, and facility proximity moves farther away from home ³

Impact



1 in 15

U.S. families require an ambulance each year ²



1 in 3

caregiving families require an ambulance each year ²



65+

cohort increases dramatically over next few years, leading to increase in cost and utilization, too ²

Did you know?

An ambulance ride occurs once for every 7 pairs of eyeglasses or contacts worn.



Interested in learning more?

Reach out to your MASA Sales Director.

Sources:

1. MASA claims data compiled in Jan. 2024

2. Milliman data compiled Dec. 2023

3. Cherrystone Hill Consulting, 2024

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About MASA

Founded in 1974, MASA® continues to expand on its mission to connect members with care. As an organization with 17 international locations and coverage that extends to the U.S. as well as worldwide, MASA serves 2 million+ members with emergency and non-emergency transportation benefits and so much more.

~If a member has a high deductible health plan (**Option D**) that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

Employee Assistance Program

Guardian

855-239-0743 | www.guidanceresources.com

GuidanceResources®

Your Life. Your Work. Your Best.®

Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

Services:

Confidential Emotional Support

3 face-to-face or virtual sessions per person, per issue, per year

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

Online Will Preparation

- Quickly and easily complete a will on your computer with EstateGuidance
- Specify guardians, trustees and property division
- Provide funeral and burial instructions

Wellness Support

Flexible 3-5 coaching session model

- Make positive lifestyle changes with health coaching
- Improve your nutrition, exercise habits, weight loss efforts
- Get help with smoking cessation, back care, resiliency and more

Life is challenging. We can help.
Confidential 24/7 support.

COMPSYCH®
GuidanceResources® Worldwide

 Guardian®



24/7 Live Assistance:
Call: (855) 239.0743
TRS: Dial 711



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

Retirement Plans

Omni Group

877-544-6664 | www.omni403b.com

403(b) & 457(b) Retirement Plans

Will you have enough money when you want to retire? It is important to start saving now.

Brought to you by the Omni Group, USD 385 has adopted a 403(b) Plan that meets the regulations of Section 403(b) of the Internal Revenue Service code. The 403(b) Plan allows employees to contribute money on a pre-tax basis to approved investment companies for retirement. *You may start, stop, or change coverage elected throughout the year.*

Omni provides a Participant Website at www.omni403b.com. The website features step by step instructions to guide you through all of the features and options. **Note:** Elections are offered through the Omni website link; this plan will not be provided through the Online Employee Navigator.

Omni makes it easy for you to:

- Obtain vendor contact information
- Make changes to the amount of your deferral elections
- Make changes to your vendor(s)
- Request vouchers for hardship withdrawals
- Request vouchers for contract exchanges

The website is available 24 hours a day, 7 days a week.

If you do not have Internet access, have questions regarding the website or want to make a request, contact Omni Customer Service, or you may contact the District Business Office.

Omni Customer Service:

Customer Service **(877) 544-6664**, from 7:30 a.m. to 8 p.m. Eastern Time, Monday through Friday.

For prompt assistance, please have your social security number and date of birth available.

457(b) Retirement Plan

USD 385 has adopted a 457(b) plan. Vendors are: Fidelity Investments and Waddell & Reed.

Approved 403(b) Plan Vendor List

American Century Services, LLC	(800) 345-3533	Lincoln National	(877) 275-5462
American Fidelity Assurance Company	(800) 662-1113	National Life Group (LSW)	(800) 732-8939
Ameriprise Financial Services, Inc.	(800) 297-2012	Voya Financial (Reliastar)	(855) 663-8692
Aspire Financial Services, Inc.	(866) 634-5873	MetLife	(800) 638-5433
AXA Equitable	(800) 628-6673	Midland National Life Insurance	(866) 270-9564
Fidelity Management Trust Co.	(800) 544-4774	North American Company for Life & Health	(800) 800-3656
Franklin Templeton Investments	(800) 632-2301	Oppenheimer Funds	(800) 835-7305
Great American Financial Resources Inc.	(800) 854-3649	Security Benefit Group of Companies	(800) 888-2461
Horace Mann Companies	(800) 999-1030	Vanguard	(800) 523-1036

KPERS

KPERS - Kansas law requires that all eligible employees must become members. As an active member you contribute a percentage of your gross earnings.

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). *Kansas law does not allow you to borrow from your contributions.*

Earning Interest: If you became a member before July 1, 1993, your contributions earn 8% interest. On or after July 1, 1993, your contributions earn 4% interest. Source: https://www.kpers.org/pdf/benefitsataglace_kperstier1.pdf

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. *Kansas law does not allow you to borrow from your contributions.*

Earning Interest: Your contributions earn 4% interest. Source: https://www.kpers.org/pdf/benefitsataglace_kperstier2.pdf

KPERS 3 Benefits Members hired January 1, 2015 and after

Contribution Amount: As a KPERS 3 member you contribute 6% of your income. *Kansas law does not allow you to borrow from your contributions.*

Earning Interest: Your contributions earn 4% interest annually (paid quarterly). There is also a possibility of additional interest, depending on KPERS' 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.**

<u>Years You've Worked</u>	<u>Annual Credit Rate</u>
< 5 years	3% of your pay
5-11 years	4% of your pay
12-23 years	5% of your pay
24+ years	6% of your pay

Source: https://www.kpers.org/pdf/benefitsataglace_kpers3.pdf

Basic Life and Death Benefits for Active Members: You have basic group life insurance equal to 150 percent of your annual salary. Your employer pays for the cost of this benefit. The Retirement System also returns your contributions and interest if you die. You can name different beneficiaries for these benefits.

Long Term Disability Benefits for Active Members: If you become disabled, you may qualify for a disability benefit based on 60 percent of your annual salary. You must be disabled for 180 days and no longer receive employer compensation. You must apply for Social Security benefits and complete any appeal process.

Job Related Death Benefit: If you die from an on-the-job accident, your spouse will receive a monthly benefit based on 50 percent of your final average salary, less any Workers' Compensation. The Retirement System also returns your contributions and interest if you die. You can name different beneficiaries for these benefits.

Optional Group Life Insurance (OGLI) for Active Members, Spouse and Children: This is an addition to the coverage that is already provided to you just by being a KPERS member. The cost of the life insurance is paid by the employee. As of January 2016, your employer will offer member, spouse, and child OGLI coverage.

Coverage Amount	Cost to Employee Participant	Who is Eligible?
\$10,000	\$1/month – Covers all children in family	Children up to age 26
\$20,000	\$2/month	Children up to age 26

Contact information: (888) 275-5737 | Fax (785) 296-6638 | Email kpers@kpers.org | Website: www.kpers.org

Miscellaneous

The Foundation for Andover Schools

The Foundation for Andover Schools, formerly the Andover Advantage Foundation, is a 501(c)3 nonprofit fundraising partner of USD 385. Contributions to the Foundation through employee payroll deduction are tax-deductible and 100% of your donation goes toward the funding of teacher grants. Since inception in 1997, the Foundation has awarded over \$1 million to more than one thousand teacher grants.

Andover Education Association (AEA)

The association is the bargaining unit for teachers of USD 385 and protects the rights of educators and support personnel. Also, the AEA and the KNEA provide \$1 million in liability insurance. AEA membership is handled annually by the Association at the beginning of the year. The district will provide payroll deductions for the member dues at the direction of the Association. If you have any questions regarding association membership, please contact James Harris at 316-218-4600 ext 312302 or harrisj@usd385.org.

United Way

United Way of the Plains is a local, volunteer-driven organization. United Way brings the community together to address critical issues such as care for the elderly, youth at risk, disaster relief and more.

Direct Deposit

Direct deposit is required for all employees. Employees that do not have a bank account will be issued a pay card (debit card) for payroll purposes. Sign up for this service can be completed at the district office.

Leave

The district offers all employees who qualify, leave days. See your Classified Handbook or Negotiated Agreement for more information.

Contact Information

KBS

Phone Number:	844-763-0535
Email:	info@thekbsway.com
Web Address:	https://www.thekbsway.com/kbs-benefit-resources

MEDICAL/RX

Name:	Gravie
Phone Number:	855-451-8365
Web Address:	www.gravie.com

DENTAL

Name:	Delta Dental of Kansas
Phone Number:	800-234-3375
Web Address:	www.deltadentalks.com

VOLUNTARY VISION

Name:	Surency Vision
Phone Number:	866-818-8805
Web Address:	www.surency.com

HEALTH SAVINGS ACCOUNT

Name:	Equity Bank
Phone Number:	888-733-5041
Web Address:	www.equitybank.com

FLEXIBLE SPENDING ACCOUNTS

Name:	Surency Flex
Phone Number:	866-818-8805
Web Address:	www.surency.com

LIFE/AD&D, DISABILITY, ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY, CANCER PLANS

Name:	Guardian
Phone Number:	888-600-1600
Web Address:	www.guardiananytime.com

LEGALSHIELD/IDSHIELD

Name:	Bob Pilcher
Phone Number:	620-965-2545 office 316-215-5100 mobile
Email:	bobpilcher58@gmail.com

Notices

CMS PART D NOTICE OF CREDITABLE OR NON-CREDITABLE COVERAGE

When you or a family member becomes eligible for Part D (Medicare’s prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
Options A, B, C, and D are all Creditable	None (all plans are creditable)

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

REMEMBER: If you have creditable coverage through our plan, keep this Notice as proof. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this Notice when you join to show you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

DATE: 9/26/2026

NAME OF ENTITY/SENDER: Andover USD 385

CONTACT—POSITION/OFFICE: Donna Ray / Human Resources

ADDRESS: 1432 N Andover Rd

Andover, KS 67002

PHONE NUMBER: 316-218-4675

Notices

NOTICE: SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards the other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, see the contact information at the end of these notices.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

NOTICE: HIPAA NOTICE OF PRIVACY PRACTICE

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

Your Rights

You have the right to:

- ❖ Get a copy of your health and claims records
- ❖ Correct your health and claims records
- ❖ Request confidential communication
- ❖ Ask us to limit the information we share
- ❖ Get a list of those with whom we've shared your information
- ❖ Choose someone to act for you
- ❖ File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- ❖ Answer coverage questions from your family and friends
- ❖ Provide disaster relief
- ❖ Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- ❖ Help manage the health care treatment you receive
- ❖ Run our organization
- ❖ Pay for your health services
- ❖ Help with public health and safety issues
- ❖ Do research
- ❖ Comply with the law
- ❖ Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- ❖ Address workers' compensation, law enforcement and other government requests
- ❖ Respond to lawsuits and legal action

Notices

Your Rights	When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.
Get a copy of health and claims records	<ul style="list-style-type: none"> ❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. ❖ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	<ul style="list-style-type: none"> ❖ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. ❖ We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none"> ❖ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. ❖ We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none"> ❖ You can ask us not to use or share certain health information for treatment, payment or our operations. ❖ We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> ❖ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why. ❖ We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> ❖ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none"> ❖ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ❖ We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> ❖ You can complain if you feel we have violated your rights by contacting us using the information on page 39. ❖ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. ❖ We will not retaliate against you for filing a complaint.

Your Choices	For certain health information, you can tell us your choices about what to share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> ❖ Share information with your family, close friends, or others involved in payment for your care ❖ Share information in a disaster relief situation <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> ❖ Marketing purposes ❖ Sale of your information

Notices

Our Uses and Disclosures

How do we typically use or share your health information.

We typically use or share your health information in the following ways.

Get a copy of health and claims records	<ul style="list-style-type: none"> ❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. 	<p><i>Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</i></p>
Run our organization	<ul style="list-style-type: none"> ❖ We can use and disclose your information to run our organization and contact you when necessary. ❖ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. 	<p><i>Example: We use health information about you to develop better services for you.</i></p>
Pay for your health services	<ul style="list-style-type: none"> ❖ We can use and disclose your health information as we pay for your health services. 	<p><i>Example: We share information about you with your dental plan to coordinate payment for your dental work.</i></p>
Administer your Plan	<ul style="list-style-type: none"> ❖ We may disclose your health information to your health plan sponsor for plan administration. 	<p><i>Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.</i></p>

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [Your Rights Under HIPAA | HHS.gov](#).

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> ❖ Preventing disease ❖ Helping with product recalls ❖ Reporting adverse reactions to medications ❖ Reporting suspected abuse, neglect or domestic partner violence ❖ Preventing or reducing a serious threat to anyone’s health or safety
Do research	<ul style="list-style-type: none"> ❖ We can use or share your information for health research
Comply with the law	<ul style="list-style-type: none"> ❖ We will share information about you if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with Federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none"> ❖ We can share health information about you with organ procurement organizations. ❖ We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers’ compensation, law enforcement and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> ❖ For workers’ compensation claims ❖ For law enforcement purposes or with a law enforcement official ❖ With health oversight agencies for activities authorized by law ❖ For special government functions such as military, national security and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> ❖ We can share health information about you in response to a court or administrative order or in response to a subpoena.

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Our Responsibilities

- ❖ We are required by law to maintain the privacy and security of your protected health information.
- ❖ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ❖ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ❖ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [Your Rights Under HIPAA | HHS.gov](#).

NOTICE: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Introduction

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

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

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

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

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

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

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

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

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

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When is COBRA Continuation Coverage Available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

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

How is COBRA Continuation Coverage Provided?

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

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

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

Disability Extension of 18-Month Period of COBRA Continuation Coverage

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

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

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

Are There Other Coverage Options Besides COBRA Continuation Coverage?

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

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

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

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

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

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

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

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If You Have Questions

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

Keep Your Plan Informed of Address Changes

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

NOTICE: WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information, see the contact information at the end of these notices.

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NOTICE: PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of [July 31, 2025](#). Contact your State for more information on eligibility.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

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IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/Medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

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<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p>UTAH – Medicaid and CHIP</p> <p>Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/</p>
<p>VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhpp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p>WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and posted electronically.

For more information, contact:

NAME: Donna Ray
TITLE: Human Resources
ADDRESS: 1432 N Andover Rd
Andover, KS 67002
PHONE NUMBER: 316-218-4675
OTHER CONTACT INFORMATION: rayd@usd385.org

Effective date of this notice: 9/26/2025



This Benefit Guide was prepared by IMA, Inc. Please consult your certificates/policies for complete plan provisions and limitations. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide were taken from various summary plan descriptions and plan information. While every effort was taken to accurately report your plans, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources