

2026-2027

**EMPLOYEE
BENEFITS
GUIDE**



**THRIVE
IN 375**
CIRCLE PUBLIC SCHOOLS

Eligibility

Eligible employees must login to **Ignite** to enroll or decline coverage. Scan or click on the QR code to access the **Ignite** Employee Benefits Portal.

Benefits	Eligibility
Medical Health Care FSA Dependent Care FSA	Any active employee working 30 or more hours per week and District bus/van drivers
Dental Vision Disability Income Protection Voluntary Life and AD&D Accident Plan Cancer Plan Freshbenies Employee Assistance Program LegalShield/IDShield	All active employees working 17.5 or more hours per week

Eligible Dependents: Family members who are eligible for benefits outlined in this guide are those defined as your **Legal Spouse**; and/or your **Children to age 26**, including step, adopted and foster children, and any child you have legal guardianship or court-ordered custody. A child who is incapable of self-support due to handicap resulting from a physical condition or mental illness may be approved over the allowed age limit of 26.

Effective date of coverage: You must make your benefit elections within 30-days from your date of hire/eligibility, or you will not be eligible to elect benefits until the next annual enrollment period. Once you have made your elections you may not be able to change them until the next open enrollment period unless you have a qualifying event.

- **New Hires:** Benefits are effective the first day of the month following or coincident from 30-days of hire/eligibility.

Qualified Life Events: IRS regulations require that, once enrolled, you may not change your benefit elections until the next open enrollment period unless you have certain qualified life event/change in status events. You may be asked to provide proof of the event. Common qualified life events/changes in status events include the following . If you have questions regarding a specific situation, please contact Kari Killman at the District Office.

- marriage, divorce, legal separation
- birth, adoption, legal guardianship or medical child-support order
- change in child's dependent status (i.e. reaching age 26)
- death of spouse, child or other qualified dependent
- change in spouse's benefits or employment status that affects their eligibility status
- change in child's benefits or employment status that impacts their eligibility status
- loss of group coverage at another group health plan or loss of eligibility through the Marketplace (loss of coverage due to failure to pay premiums does not constitute a mid-year election change)
- individual becomes eligible/ineligible for Medicaid/Medicare

PLEASE NOTE: You must notify the District Office of any qualified life event within 30-days of the date of the qualified event if you are requesting a change to your benefits (or 60-days if the election change event is a special enrollment right related to eligibility for a State premium assistance subsidy or related to a loss of eligibility for Medicaid or SCHIP). Changes requested due to a qualified life event must be consistent with the event.

2026 Plan Summary

Medical / R_x

- New ID cards will be issued to all medical plan enrollees. You may use your current card until the new ID card is received.

Dental

- Coverage will continue to be offered through Delta Dental of Kansas. There have been no plan changes.

Vision

- USD 375 will continue to offer two plan options with no coverage changes through Surency.

Flexible Spending Account (FSA)

- Health Care FSA IRS limits have increased to \$3,400.
- Dependent Care FSA IRS limits have increased to \$7,500.

Voluntary Life

- Voluntary Life and AD&D insurance continue to be offered through Standard. If you elected the minimum \$10,000 Life Insurance coverage when you were first eligible, you may increase your coverage by up to \$100,000 during Open Enrollment (and future enrollment opportunities) without completing medical questions.
- The same opportunity is available for spouse life insurance, which can be elected in \$5,000 increments up to \$30,000, provided the employee maintains at least the minimum amount of life insurance coverage.
- Child Life Insurance may also be elected during Open Enrollment without medical questions, provided the employee has active life insurance coverage in force.

Short-Term Disability

- Disability insurance continue to be offered through Standard. During Open Enrollment, you may:
 - Enroll in coverage
 - Increase your benefit amount (up to 60% of monthly earnings)
 - Change plan options
- No Evidence of Insurability (medical questions) is required for these changes. However, the pre-existing condition limitation will apply to benefit increases greater than \$300 per month and/or if you change your benefit waiting period from Option 2 to Option 1.

Worksite

- The Cancer and Accident plan will continue to be offered through Allstate.

LegalShield & ID Shield

- Coverage will continue to be offered with no plan changes.

403b

- The maximum contribution amount increased to \$24,500.
- The catch-up contribution (age 50 and older): \$8,000.
- Total employee contribution with catch-up (age 50+): \$32,500.
- Special catch-up for ages 60–63: Up to \$11,250 (if your plan allows), bringing the total to \$35,750.

Enrollment

- Enrollment must be completed through Ignite August 3rd – August 14th.

Premium Contributions

Medical Premium			
	Full Monthly Premium	District Paid Portion	Employee Monthly Cost
Employee	\$670.76	\$600.00	\$70.76
Employee + Spouse	\$1,440.29	\$600.00	\$840.29
Employee + Child(ren)	\$1,357.52	\$600.00	\$757.52
Family	\$2,127.03	\$600.00	\$1,527.03

Dental Premium	
	Employee Monthly Cost
Employee	\$28.51
Employee + Spouse	\$56.58
Employee + Child(ren)	\$57.55
Family	\$96.99

Please note, classified employees who work 10-months and receive less than 12 paychecks in a year will have an additional amount deducted from each paycheck to collect the premiums to pay for August and September coverage. Any premiums stated in this benefit guide, and on the enrollment portal, reflect a monthly premium (based on 12 months) and does not calculate the extra amount that will be deducted each month to collect premiums for August and September.

Vision Premium	
	Employee Monthly Cost
EXAM & MATERIALS PLAN	
Employee	\$10.01
Employee + Spouse	\$21.02
Employee + Child(ren)	\$18.00
Family	\$33.71
MATERIALS ONLY PLAN	
Employee	\$6.30
Employee + Spouse	\$13.21
Employee + Child(ren)	\$11.33
Family	\$22.04

Contribution Information

The district paid monthly medical benefit is used to help offset the cost of the medical plan. Please remember that the district paid contributions are defined medical benefits and you must participate in the medical insurance to receive the benefit.

Paying for your Benefits

If you choose to enroll in the medical, dental, vision or FSA coverage, your payroll deductions will be deducted on a pre-tax basis. This allows USD 375 to deduct these premiums from your paycheck before taxes are calculated. This means you will not pay FICA tax, federal income tax, and state income tax on the amount of your medical, dental, vision and/or FSA deductions. Because this plan is governed by Internal Revenue Services regulations, your elections are an annual election, and you may not change your election during the plan year unless you experience a qualifying life event that falls in the definition of a status change. All other benefits you elect will be deducted on a post-tax basis.

Carrier Contacts



District Benefit Office

Kari Killman

kkillman@usd375.org

(316) 541-2577

Carrier	Carrier Contact
Employee Assistance Program Lucet Health	eap.lucethealth.com 800-624-5544 EAP Company Code: usd375
Medical & Prescription Drug Coverage AmWell Telehealth Blue Cross Blue Shield of Kansas	www.bcbsks.com www.bcbsks.com/telemed Member Services: 800-432-3990 Specialty Pharmacy: 833-721-1620 AmWell: 844-733-3627
Dental Coverage Delta Dental of Kansas	www.deltadentalks.com 800-234-3375
Vision Coverage Flexible Spending Account Surency Life & Health	www.surency.com 866-818-8805
Disability Income Protection Benefits Voluntary Life Insurance Standard	www.surency.com 888-937-4783
Accident Plan Cancer Plan AllState	www.allstateatwork.com Customer Service: 800-521-3535 Claims Customer Service: 800-348-4489
Telehealth Advocacy Freshbenies	www.freshbenies.com www.Teladoc.com/feelbetter 855-647-6762
Legal Services ID Theft Protection LegalShield / IDShield	www.shieldbenefits.com/circleunifiedschool Bob Pilcher bobpilcher58@gmail.com
State Benefits KPERS	www.kpers.com 888-275-5737
403(b) Bay Bridge Administrators	www.bbadmin.com/retirement/ 800-845-7519

Employee Navigator



ENROLL IN YOUR BENEFITS: *A step by step guide*

Rates and benefits are available once you log in and start your enrollment

NOTE: Depending on the benefits offered by your employer, you may have additional steps that are not included in these instructions

1 Log In

Go to

<https://www.employeenavigator.com/benefits/Account/Login>

click **Login**

First time users: Click **Register as a new user**. Enter the information to identify yourself and create an account. (You only need to do this once.)

**The company identifier is
USD375Circle**

Create a Username and Password for future logins.

Returning users: Log in with the Username and Password you selected. Click **Reset a forgotten password** if you forget it.

The login screen features the Employee Navigator logo at the top. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

2 Welcome!

You will click through a few screens to begin your enrollment/plan selection(s).

First Screen

Continue

Second Screen

Let's Begin

3 Start Enrollment

On this next screen, click

Start Enrollment



4 Enrollment

On the next screen, click

Get Started

5 Confirm Your Details

Confirm the details about yourself in the system are accurate. If correct, click **Save & Continue to advance to the dependent screen**. You can add your dependent(s) by clicking

add dependent +

The 'Dependent Information' screen has an 'add dependent +' button circled in blue. Below it is a table with columns: Name, DOB, SSN, and Relationship.

	Name	DOB	SSN	Relationship
Edit	Spouse Test	01/01/1981	***-**-0001	Spouse
Edit	Child 1 Test	01/01/2000	***-**-0002	Child

6 Review Your Options

To enroll dependents in a benefit, make sure you click the box next to the dependent's name under **Who am I enrolling?**

The 'Who am I enrolling?' screen shows a list of options with checkboxes:

- ☐ Myself
- ☒ Spouse Test (Spouse)
- ☐ Child 1 Test (Child)
- ☐ Child 2 Test (Child)

The cost shown is the cost per pay period. To elect a benefit, click **Select** underneath the plan cost.

Employee Navigator



TIP Underneath each plan option, click **compare** to see a side-by-side comparison of your benefit options. Click **details** to see details for a specific plan.

7 Review & Confirm Elections
After you've selected the benefits and coverage levels you want, you will be at the Enrollment Summary screen. Review your elections and choose to sign and complete your enrollment

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select from the drop down box the most accurate reason for not wanting the benefit.

Clicking **Save & Continue** at the bottom of each screen will save your selection and advance to the next screen and the next benefit. Please be aware that if you click **Save & Continue** for any benefit you will be enrolled in that benefit. Do not click **Save & Continue** if you are unsure about whether you want the benefit.

Save & Continue

TIP You can toggle between benefits by clicking on the benefit name in the menu on the right.

Missed a required step? You'll see an unchecked circle to the left of the benefit and an **Enrollment Not Complete** warning—you must fix this before logging out. —

* Forms (if applicable)

If you have elected benefits that require Evidence of Insurability form or a Primary Care Physician (PCP), or beneficiary designation, you will be prompted to either enter the information or print and complete a form after each benefit that requires this additional information.

Medical Benefits

USD 375 offers medical insurance through **Blue Cross Blue Shield of Kansas** utilizing the **Blue Choice Preferred-Care Blue Network**.

The medical plans include in- and out-of-network benefits, which means you can choose any provider that you would like. However, you will pay less out of your pocket when you choose an in-network provider. Locate an in-network provider at www.bcbsks.com or call **800-432-3990**.

	Plan 1
	In-Network
Plan Year	October 1 – September 30
Deductible Individual Family	\$1,500 \$3,000
Co-Insurance Plan Member	50% 50%
Out-of-Pocket Max Individual Family (Includes Deductible, Coinsurance, and Med & Rx Copays)	\$6,350 \$12,700
Benefits	
Preventive Care	Plan pays 100%
Office Visit Primary Care Physician	\$25 Copay
Office Visit Specialist	\$50 Copay
Telemedicine	Plan Pays 100%
Emergency Room Visits	\$250 copay, then Ded & Coin
Diagnostic Testing (X-Ray, Bloodwork)	100% to a combined max of \$300 per covered person each benefit period, then subject to Ded & Coins
Advanced Imaging	
Inpatient Hospital & Outpatient Facility	Ded & Coin
Outpatient Mental Health	\$25 Copay
Inpatient Mental Health ³	Ded & Coin
Prescriptions	
Generic / Tier 1	\$15 Copay
Name Brand Formulary / Tier 2	\$50 Copay
Name Brand Non-Formulary / Tier 3	\$70 Copay
Name Brand Specialty Formulary / Tier 4	\$150 Copay
Name Brand Specialty Non-Formulary / Tier 5	20% up to \$250
Mail Order	2.5x Retail Copay

Telemedicine

Get care 24/7

Telemedicine services allow you to get care whenever you need it.

With Amwell, you can have a virtual doctor's visit from your smartphone or computer – right when you need it.

See a doctor from the comfort of your own home – or anywhere else for that matter. Safe and secure, it's the quality care you need, made easier.

What is telemedicine?

Telemedicine is an **alternative to in-person visits**. It allows health care professionals to evaluate, diagnose and treat patients at a distance via secure video/audio connections.

With Blue Cross and Blue Shield of Kansas coverage, you can **visit live with a doctor** on your computer or mobile device when it's **convenient for you**.

Patient benefits:

- Less time away from work
- No travel expenses or time
- Easier if you have a child or elder in your care
- Privacy
- No exposure to other potentially contagious patients

Behavioral health services

Licensed therapists can provide advice and counseling for depression, anxiety, stress, relationship issues and more. Private and secure appointments are available seven days a week, 6:00 a.m. to 10:00 p.m. CST.

Can my family use telemedicine?

Yes, if your spouse and/or children are covered under your Blue Cross plan.

Consult with a doctor by computer, tablet or phone

- Affordable, easy and convenient – available 24/7/365
- A choice of trusted, U.S. Board-certified doctors and therapists
- Prescriptions as needed
- Easy payment – credit, debit or HSA/FSA cards accepted
- Patient records accessible

Visit us at [bcbsks.com](https://www.bcbsks.com)



When can I use it?

Consult a doctor for common conditions like:

- Cold or flu
- Fever
- Rash
- Sinus infection
- Pink eye
- Ear infection

Three ways to register:

- 1 Download the Amwell app on any mobile device.
- 2 Visit [bcbsks.com/telemed](https://www.bcbsks.com/telemed)
- 3 Call toll-free **844-733-3627**



How much does it cost?

You will have a \$0 cost to use Telemedicine through Amwell.



BCBSKS BlueAccess

Welcome to BlueAccess®

Our secure online member portal is the gateway to your health information

With BlueAccess, you can quickly and securely:

- Check claims and view plan usage
- Find in-network doctors and hospitals
- Compare quality ratings for doctors
- Access your virtual ID card
- Contact customer support

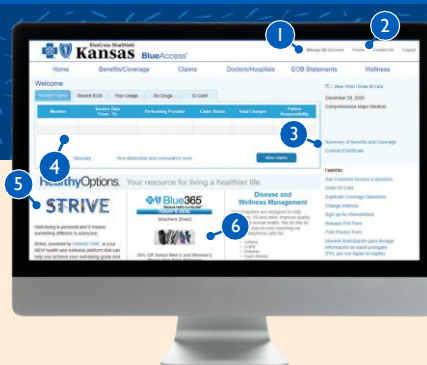
Registration is quick and simple

- 1 Go to bcbsks.com/blueaccess.
- 2 Click *Register for a BlueAccess account*.
- 3 Have your ID card handy and follow the step-by-step instructions.

Once you have registered for a BlueAccess account, download the mobile app to track claims, find doctors and view your plan benefits from anywhere.



Scan to download the BlueAccess app or visit our website.
bcbsks.com/app



For a complete look at your healthcare plan, log in to your BlueAccess account at bcbsks.com/blueaccess.

- 1 **Manage My Account** | Edit and manage your preferences and go paperless.
- 2 **Forms** | Order a new ID card, find authorization forms and other forms related to your health insurance coverage.
- 3 **Summary of Benefits and Coverage (SBC) and Contract/Certificate** | View details about your coverage and contract.
 - View your copay, deductible and coinsurance amounts
 - Common medical coverage information
 - Coverage for specific tests or treatments
- 4 **Explanation of Benefits (EOB)** | See how much we paid, what your responsibility is and what the provider write-off amount is.
- 5 **Strive, powered by WebMD ONE** | Use this health and wellness platform to take a Health Assessment and generate a personalized health plan to reach your well-being goals.
- 6 **Blue365**® | Exclusive health and fitness deals and discounts.

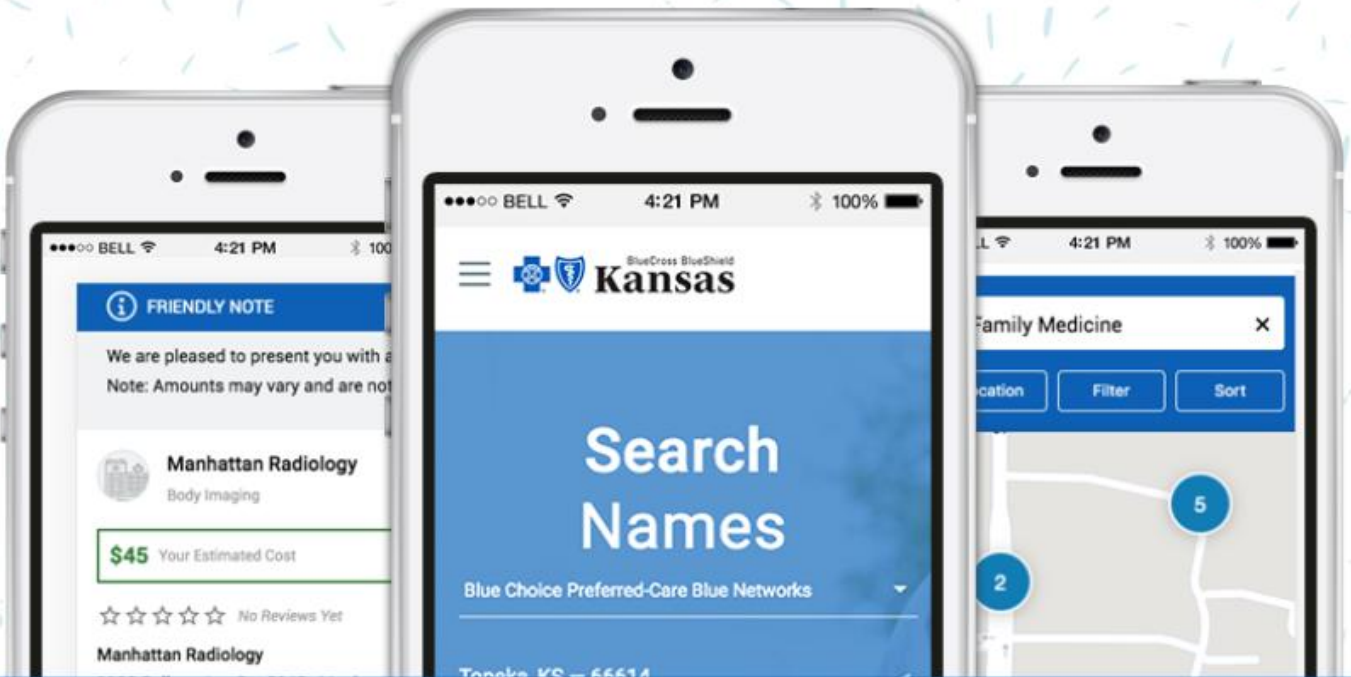


MC371 10/22



BCBSKS BlueAccess

*Know your cost
before you go.*



Get the care you need and save money! With our cost transparency tool, you can compare costs before you go to the doctor. Find out how much you could save by:

- Accessing the largest doctor and hospital network in Kansas.
- Getting an estimate for the average cost of a medical service or procedure in your area.
- Comparing doctors' costs, side-by-side.

Log in to [BlueAccess®](#) and start saving today!

- 1 Go to bcbsks.com/blueaccess. If you are the cardholder, select “Sign up for BlueAccess.”
- 2 Once logged in, select “Doctors/Hospitals” and begin your search!

Visit us at bcbsks.com



MC300 12/20



BCBSKS Find a Doctor/Hospital

Find a Doctor/Hospital

Is your doctor, hospital or urgent care center in the Blue Cross and Blue Shield of Kansas network?

Turn to our convenient online provider directory to determine whether your current provider contracts with your program network or to search for a new provider located near you.

This easy-to-use directory allows you to search for doctors by:

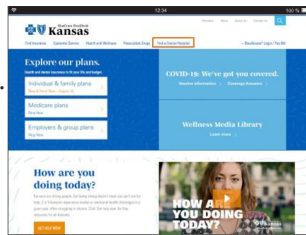
- Address
- County
- Name
- Gender
- Specialty

Members utilizing services out of state can confirm their provider is contracting by following the steps below or by contacting the provider directly to confirm they are in-network with their local Blue Cross and Blue Shield Plan.

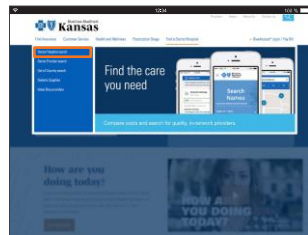
Questions? Contact Blue Cross and Blue Shield of Kansas Customer Service: **1-800-432-3990**

How to get started:

- 1 Visit the Blue Cross and Blue Shield of Kansas home page at bcbsks.com.



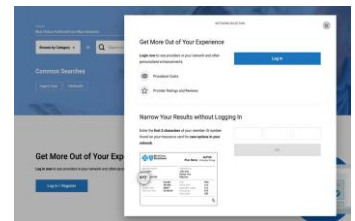
- 2 Using the top navigation, mouse over “Find a Doctor/Hospital.” Select “Doctor/Hospital search.”



- 3 From the drop-down, select your network. Your network is the one listed in the upper right-hand corner of your membership ID card. Or, when you log into BlueAccess® first, then go to the Provider Directory, the tool will automatically select the appropriate network.

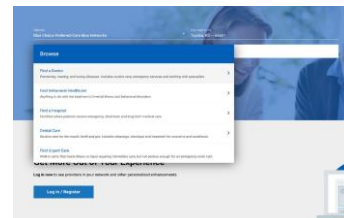


- 4 You can narrow your results by entering your prefix, or by logging in for personalized enhancements.



- 5 From there, access the Provider Finder for your benefit plan. From the menu, select the desired service. You may type into the search bar or choose a service from the drop-down menu.

Note: you have to change the “English” to “Español” in the upper right and then it changes the button from “Log In” to “Iniciar Sesión.”



BCBSKS Blue 365



■ FOR YOUR EMPLOYEES

Did you know that, as Blue Cross and Blue Shield members, your employees have access to exclusive discounts on gym memberships, wearables, weight loss programs and more? With Blue365, you can help make it easier and more economical for your employees to workout, eat healthy, and live well.

Blue365 offers the best discounts from top brands including:



■ ENHANCED PERKS AT NO-COST WITH BLUE365:

- > All members need to do is register at <https://www.blue365deals.com/user/register>
- > Share this registration link with your employees so they can start saving today

CHECK OUT:

<https://www.blue365deals.com/employer-solutions>

for more information on how Blue365 can support your organization with bulk discounts



FlexAccess™ Copay Assistance Program

Overview

Your Blue Cross and Blue Shield of Kansas (BCBSKS) prescription drug benefits are compatible with most forms of manufacturer copay assistance programs, also known as coupons. These programs help by reducing your out-of-pocket expense for certain medications. BCBSKS has partnered with FlexAccess to make it simple and easy for members to access coupons for select medications.

The amount paid by the manufacturer will not count towards your deductible and annual out-of-pocket maximum, if applicable.

Enrollment

When purchasing certain drugs, you will be contacted by a FlexAccess team member by phone to register you in the drug manufacturer's copay assistance program to minimize your out-of-pocket expense. If you choose not to register with FlexAccess, you may be responsible for your copay without assistance.

Please note that some manufacturers do not allow FlexAccess to enroll you in the manufacturer copay assistance program on your behalf. If FlexAccess is unable to complete the enrollment on your behalf, they will provide you with the information necessary for you to self-enroll in the copay assistance program. Once you have self-enrolled, you will be asked to share your copay assistance information with your pharmacy.



How it works

Claim Description	Total Cost	Plan Pays	Copay	Manufacturer Pays	Member Pay/Amount Applied to Accumulators
Enrolled members	\$4,500	\$2,700	\$1,800	\$1,795	\$5
Member opt-out	\$4,500	\$2,700	\$1,800	-	\$1,800

Examples meant to illustrate the breakdown of dollars on a FlexAccess claim/coupon. Amounts shown are hypothetical and could vary; manufacturer assistance program rules subject to change.

How to opt out

If you choose not to enroll in the copay assistance program, please contact the FlexAccess team at 888-302-3618.

If you do not enroll, or opt out of using copay assistance, you will be charged the full amount which the assistance program would have covered.

Visit us at [bcbsks.com](https://www.bcbsks.com)



BCBSKS Express Scripts®



Express Scripts® Pharmacy mobile app makes it easy to manage your prescriptions

- Refill prescriptions
- Track your order
- Make payments
- Set reminders to take medicine and more



INTRODUCING EXPRESS SCRIPTS® PHARMACY, YOUR HOME DELIVERY PHARMACY

Home delivery through Express Scripts® Pharmacy is a safe, convenient way to get your long-term medicines delivered right to your door. It may even help you save money. Plus, Express Scripts® Pharmacy offers:

- 24/7 access to a team of knowledgeable pharmacists and support staff
- Free standard delivery
- Tamper-proof, unmarked packaging
- Refill reminder notices through your phone or email, whichever you prefer
- Multiple locations across the U.S., for fast processing and dispensing

It's easy to get started

If you're already using home delivery for your medicines¹

- 1 Go to esrx.com/BCBSKS.
- 2 Register and create a profile.
- 3 See your active drugs and/or send your refill order.

If you haven't used home delivery yet, call 833.599.0511 to get started.¹

Express Scripts® Pharmacy has 30 years of experience helping members get their medicines.

¹ Home delivery through Express Scripts® Pharmacy will be available starting July 1, 2021. Until then, continue using your current pharmacy for home delivery needs.

Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Prime Therapeutics LLC is an independent company that provides pharmacy benefit management services. Blue Cross and Blue Shield of Kansas, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide home delivery pharmacy services.

Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

7062-D KS © Prime Therapeutics LLC 04/21

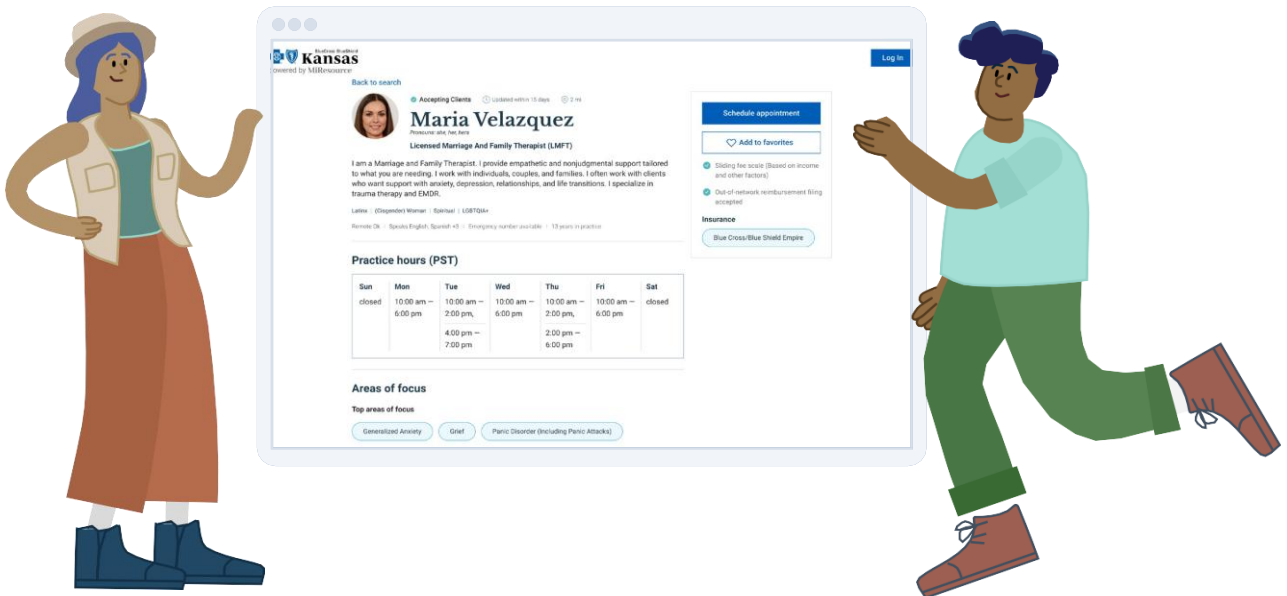
01013763

Helping you find the right mental health care.

Deciding to seek care is a brave first step. We are here to help you connect with a provider that's right for you.

Whether it's your first time looking for care, or you have something specific in mind, we can help guide you through the search process to find a mental health provider that is a perfect fit for you.

Visit bcbsks.miresource.com to find care today.



BCBSKS Virta Health



Eat your way to better health

If you struggle with diabetes or high blood sugar, your body may be carbohydrate intolerant. Virta's remote medical team and health coaches can teach you how to change the food you eat so you can naturally lower your blood sugar. Imagine less insulin, weight loss, and better sleep. This is life on Virta. Virta treatment is backed by clinical research and cited by the American Diabetes Association.

Treatment can help you

- ↓ Lose weight
- ↓ Lower blood sugar
- ↓ Decrease medications
- ↓ Reduce A1c

How is Virta different?

- ⊘ No calorie counting
- ⊘ No exercise
- ⊘ No surgery
- ⊘ No office visits

Care tailored to your needs and lifestyle

Blue Cross and Blue Shield of Kansas fully covers the cost of Virta (valued at over \$3,000) for eligible members with type 2 diabetes.

What's the cost?

Pay no extra fees if you meet the requirements. Your test supplies are covered too.

Learn more

virtahealth.com/join/bcbsks



Virta is available to Blue Cross and Blue Shield of Kansas members between the ages of 18 and 79 who are enrolled in an eligible health plan. This benefit is currently being offered to those with type 2 diabetes. There are some medical conditions that would exclude patients from the Virta treatment.

Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of Kansas contracts with Virta Health to provide a type 2 diabetes reversal program to members. Virta Health is unaffiliated with Blue Cross and Blue Shield of Kansas.

BCBSKS HealthyOptions

Disease and Wellness



When you enroll in one of our disease or wellness management programs, our registered nurses provide one-on-one support, coaching and education through regular telephone calls.

We can assist you with managing:

- Asthma
- COPD
- Diabetes
- Heart disease
- High blood pressure
- High cholesterol
- Weight loss
- Stress management
- Tobacco cessation
- Maternity (No age restrictions)

Enroll today! Visit bcbsks.com/Enroll or call **800-520-3137**

Stress

During your one-on-one calls, our registered nurses will coach and help you:

- Identify stress and its effects on health
- Develop effective coping mechanisms
- Promote positive behavior change

Our program, for ages 18 and older, is provided at no additional cost to your existing healthcare plan.

Enroll today! Visit bcbsks.com/wellness or call **800-520-3137**.



Tobacco Cessation



We can help you get and stay tobacco free.

During your one-on-one phone calls, our trained, registered nurses will help you:

- Decide when you are ready to quit
- Select a quit date
- Learn how to adopt new habits
- Find ways to overcome triggers

Enroll today! Visit bcbsks.com/BeHealthy or call **800-520-3137**

Weight Loss

Lose Weight. Increase Energy.

During your one-on-one phone calls, our trained, registered nurses will help you develop a plan to:

- Boost confidence
- Adopt regular exercise and healthier eating habits
- Make lasting changes

Enroll today! Visit bcbsks.com/BeHealthy or call **800-520-3137**



These programs, for ages 18 and older, are provided at no additional cost to your existing health care plan and will not affect your benefits.

BCBSKS SmartShopper



How To Use SmartShopper[®]

Medical procedure costs can vary greatly between locations. As a part of your health plan benefits, you have SmartShopper to help you compare locations. If you choose a cost-effective one, not only can you save money, but also earn a cash reward!

Browse locations online

bcbsks.com/mysmartshopper

1. Log in to BlueAccess[®] at bcbsks.com/mysmartshopper
2. Click on the Doctors & Hospitals tab
3. Shop for a reward eligible location for your procedure



**Scan the QR code
to get started!**

or

Call a Care Concierge

866-820-6426

A Care Concierge can help you:

- Find a location
- Compare costs
- Confirm reward amounts
- Schedule your appointment

**The Care Concierge
Team is available Monday
through Thursday from 8
a.m. to 8 p.m. and Friday
from 8 a.m. to 6 p.m. ET.***



BlueCross BlueShield
Kansas

SmartShopper[®]

BCBSKS Know Your Options

5 HEALTHCARE OPTIONS

to help you make the best decision for your medical needs

Virtual Visits – No cost

24/7/365 access to a doctor
through the convenience of phone or video consults

You can receive care for:

Cough, Cold & Flu • Allergies • Skin Problems
• Sinus Problems • Minor Fevers



Convenience Care Clinic \$

Your condition is not urgent or an emergency

You can receive care for:

Cough, Cold & Flu • Pink Eye • Urinary Tract Infections
Ear Infections • Head Lice • Insect Bites
Minor Burns, Cuts, and Scrapes • Sprains and Strains

Doctor's Office \$\$

Routine care or treatment for a current health issue

You can receive care for:

Routine Checkups • Immunizations • Preventive Services
Manage Medications



Urgent Care Center \$\$\$

You need medical care fast for a non-emergent medical issue

You can receive care for:

Migraines • Severe Back Pain • Vomiting and Diarrhea
Minor Broken Bones • Asthma Attacks • Severe Cough
Animal Bites • Wounds Requiring Stitches

Emergency Room \$\$\$\$

For a true medical emergency that results in serious jeopardy to your health, impairment of bodily functions or organs

You can receive care for:

Head Trauma or Loss of Consciousness • Chest Pain
Numbness or Difficulty Speaking • Severe Abdominal Pain
Coughing or Vomiting Blood • Severe Bleeding and Burns



Flexible Spending Account (FSA)

What is a Flexible Spending Account (FSA)?

A Flexible Spending Account offers you a significant tax savings opportunity. They allow you to pay for eligible health care expenses using pre-tax dollars (money taken out of your paycheck before income or Social Security taxes have been calculated). There are two different types of FSA accounts

The easiest way to manage your account is online at www.surency.com or through the **Surency** smart mobile app.

You can't change your election amount during the plan year, unless you experience a change in status or qualifying event. Outside of the grace period, any unused funds that remain in your Health Care FSA account at the end of the year will be forfeited. Plan carefully and use all the money in your Dependent Care FSA by the end of the plan year, as they do not roll over.

The Two Types of FSAs:

Health Care FSA

You can use money set aside in your HealthCare FSA for eligible medical, dental, and vision expenses incurred by you, your spouse, or your taxable dependents. This includes diagnosis, treatment, and prevention of disease or treatment for any part or function of the body. Great examples of this include copays, and deductibles.

Cosmetic medical expenses, such as facelifts or hair removal, are not eligible. Expenses that benefit general health, such as vacation or health club memberships, are also not eligible.

Remember to keep your receipts and/or other documentation in case it is needed to verify the medical expense.

Some items may require additional documentation, such as a letter from your medical provider.

The maximum amount you can contribute is \$3,400 per year. Funds are available on the first day of the plan effective date.

Dependent Care FSA

In order for dependent care services to be eligible, they must be for the care of a taxable dependent under the age of 13 who lives with you or for a taxable dependent who is incapable of caring for himself or herself.

The care must be needed so that you and your spouse (if applicable) can go to work. Because of this, care must be given during normal working hours and cannot be provided by another of your dependents.

As always, it is important to consult with your tax advisor to determine if participation in this benefit is to your advantage or if filing for your childcare credit on your annual tax return may be more beneficial.

The maximum amount you can contribute is \$7,500 per year, dependent on your marital and tax-filing status.

NOTE: These accounts are separate. You cannot use money from one account to pay for expenses that are eligible under the other.



Use-it-or-lose it

FSA's have strict guidelines set by the IRS because of the tax benefit. Funds left in your account at the end of the plan year's grace period are forfeited. Additionally, all claims must be filed by the end of the run-out-period.

Flexible Spending Account (FSA)

	Healthcare Flexible Spending	Dependent Care Flexible Spending
Maximum Annual Election	\$3,400	\$7,500 <i>(\$2,500 if married filing separately)</i>
Plan Year	October 1, 2026—September 30, 2027	
Eligible Expenses must be incurred between:	October 1, 2026—November 9, 2027 <i>(Grace Period applies from October 1 —November 9, 2027)</i>	
How soon can you start spending your FSA funds?	With a healthcare FSA, your entire annual election amount is available on the first day of the plan year.	You will have access to your Dependent Care FSA funds that have been deducted from your paycheck.
What expenses are eligible for reimbursement?	Health plan co-pays, deductibles, co-insurance, vision care, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. <i>For a complete list of eligible expenses please visit:</i> http://www.irs.gov/pub/irs-pdf/p502.pdf	You can use your DCA to pay for children under age 13 that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support). Eligible expenses must be for the purpose of allowing you to work or look for work.
Can you change your election amount mid-plan year?	Generally, no, you may not change your FSA elections during the year. There are limited reasons an election can be changed for qualified family status changes.	
What happens to unused funds?	If any balance remains in the participant's Health Care FSA and/or Dependent Care FSA account after the Grace Period, and subsequent Run-out Period, then any such balance shall be forfeited.	
What is a Run-out-Period	The Run-out-Period means the period following the end of the Plan Year during which the prior plan year claims may be submitted for reimbursement. The Run-out-Period ends November 29, 2027.	
What happens if I become an ineligible participant during the plan year?	If you terminate employment or no longer meet the plan eligibility requirements, your participation in the FSA plan will end. FSA Plan participants (for terminated or ineligible participants) may incur claim expenses up to the date of termination/ineligibility. Participants who were active in the FSA plan have 30 days after termination to file claims. If any balance remains in the Participant's FSA account after the 30-day claim filing limit, then any such balance shall be forfeited.	
How do you submit a claim?	Claim Submission Guidelines: There are 4 options for you to submit your claims to Surency Life & Health: <ul style="list-style-type: none"> • Online: Visit www.surency.com and login to the secure Member Login site. • Mobile Application: Download Surency's mobile application for easy claims submission • Fax: Submit claim to (316) 462-3392; Attn: Surency AdvantagePlus Claims • US Mail: Surency AdvantagePlus, P.O. Box 789773, Wichita, KS 67278-9773 	

Flexible Spending Account (FSA)

QUALIFYING HEALTH CARE EXPENSES

- Alcoholism / Drug / Substance Abuse Treatment
- Allergy and Sinus Medications
- Allergy Medications and Testing
- Chiropractor
- Contact Lenses
- Copays
- Dental Treatment
- Diabetic Monitors, Test Kits, Strips, and Supplies
- Flu Shots
- Hearing Aids
- Hospital Services
- Laboratory Fees
- Over-the-counter meds
- Oxygen
- Physical Examination
- Prescription Eyeglasses & Sunglasses
- Prescription Medications
- Psychiatric Care / Psychologist
- Surgery
- Vision Correction Surgery
- X-Ray

HEALTH CARE EXPENSES NOT ALLOWED

- Baby Sitting
- Baby Wipes
- Cosmetics
- Cosmetic Surgery
- Dancing Lessons
- Deodorants
- Diaper Service
- Electrolysis or Hair Removal
- Field Trips
- Finance Charges
- Food
- Funeral Expenses
- Future Medical Care
- Hair Transplant
- Health Club Dues
- Household Help
- Insurance Premiums
- Illegal Operations and Treatments
- Maternity Clothes
- Medicine and Drugs from Other Countries
- Pedicures
- Perfume
- Physical Exams for Caregivers
- Shampoo and Conditioner
- Skin Care
- Sun-tanning Products
- Swimming Lessons
- Teeth Whitening
- Toothbrushes
- Veterinary Fees
- Weight-Loss Program

For a complete listing of Qualified Health Care Expenses visit:

www.surency.com

If you have extra FSA dollars to spend at the end of the year visit

WWW.FSASTORE.COM

Dental Benefits

USD 375 offers dental insurance through **Delta Dental** utilizing the **Delta Dental Preier/PPO network**. The dental plan includes in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose an in-network dentist. Locate a in-network dentist at www.deltadentalks.com or call **800-234-3375**.

Please refer to the official plan documents for additional information on coverage and exclusions.

	Plan 1
	In-Network
Plan Year	October 1, 2026 – September 30, 2027
Maximum Benefit(s) Per Person	\$1,500
Deductible Individual Family (Applies to Basic & Major Services)	\$50 \$150
Diagnostic & Preventive (Cleanings – Unlimited to plan max, Oral Exams – 2 times per contract year, X-Rays, Topical Fluoride, Space Maintainers, Sealants)	100%
Basic Services (Ancillary, Oral Surgery, Fillings (except gold), Endodontics, Periodontics) Covered 100% for dependents age 12 and under!	50% after deductible
Major Services (Bridges, crowns, Dentures) Covered 100% for dependents age 12 and under!	50% after deductible
Dental Implant Services Lifetime max per insured, per arch	Covered after deductible up to max of \$1,000
Orthodontia For Dependent children under age 19	Covered after deductible up to max of \$1,000
Dependents Eligible Until Age 26	

Right Start 4 Kids Program

The Right Start 4 kids program removes the cost barriers for dental care by providing children 12 and under 100% coverage, with no deductible, for all services covered under the plan when an in-network dentist (Delta Dental Premier or Delta Dental PPO) is seen. If an out-of-network dentist is seen, the underlying contract applies including deductibles and coinsurance levels. *(Annual plan maximum benefit applies.)*

Find a Dentist

How to find a network dentist:

1. Go to www.deltadentalks.com
2. Select “I’m a member”
3. Select “Find a Dentist”
4. Select Specialty in drop down menu
5. Select Network in drop down menu
6. Fill in Dentist’s last name (Optional)
7. Select “Yes” to search current location or “No” to add a different location
8. Click on “Find Dentist”

Vision Benefits

USD 375 offers vision insurance through **Surency** utilizing the **Access Network**. This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate an **Access Network** network provider at www.surency.com or call **866-818-8805**.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Plan Year	October 1, 2026 – September 30, 2027			
	Comprehensive Plan		Materials Only Plan	
Benefit	In-Network Cost	Frequency	In-Network Cost	Frequency
Exam	\$10 Copay	1 per 12 months	N/A	N/A
Contact Lense Fit and Follow-Up	Standard: \$0 Premium: 10% off Retail, then apply \$55 Allowance		Included in Contact Lense Allowance	
Lenses (Single, Bifocal, Trifocal, Lenticular)	\$25 Copay	1 per 12 months	\$200 Allowance for frame, lenses and lens options 20% off balance over \$200	1 per 12 months
Frames	\$130 Allowance	1 per 12 months		
Elective Contact Lenses <i>In lieu of lenses and frame.</i>	\$130 allowance, 15% off balance over allowance	1 per 12 months	\$200 Allowance <i>Declining Balance Allowed</i>	1 per 12 months
Conventional				
Disposable	\$130 Allowance			
Dependents Eligible Until Age 26				



Member Perks and Savings: Surency Vision members receive a number of perks and saving including discounts on vision products and vision correction all year long. Visit the **Member Perks and Savings** section on the Surency Vision website for additional information.

Online Vision Solutions: Eyesight changes. How you buy eyewear is changing, too. That's why you have several in-network online shopping options to go with the thousands of in-network store locations. Shop and buy glasses, contacts and prescription sunglasses just like you would in the store - but from your computer, smartphone, or tablet. It's fast, easy and seamless with your benefits. Use your benefits at Glasses.com, Contacts Direct, Ray-Ban, Target Optical and Lenscrafters.

Mobile App: Accessing information about your vision plan is easy and convenient through Surency's mobile app. The Surency Vision Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for "Surency Vision".

Voluntary Life and AD&D Benefits

As an employee of **USD 375**, you have the option of purchasing additional life insurance for yourself, a spouse and/or children. This benefit provides valuable income protection if you suffer a severe accident or loss of life. Any amounts over the Guarantee Issue amount will require an Evidence of Insurability form to be completed and sent to **The Standard Insurance Company** for underwriting approval.

	Voluntary Life and AD&D Coverage		
	Employee	Spouse	Child(ren)
Maximum Amount	\$300,000	\$150,000, not to exceed 100% of employee elected amount	\$10,000
Purchase Increments	\$10,000	\$5,000	\$10,000
Guarantee Issue Amount	\$100,000	\$30,000	\$10,000
Age Based Benefit Amount	65% at age 65 50% at age 70 35% at age 75	65% at age 65 50% at age 70 35% at age 75 <i>Reduction based on Employee's Age</i>	Unmarried child(ren) covered to age 26
Other Provisions	At each subsequent Open Enrollment, employee can increase coverage amount up to the Guarantee Issue, provided employee is already participating and has not been previously declined coverage. Accelerated Benefit – if you become terminally ill you may be eligible to receive up to 75% of your life benefit.	The eligible Employee must be insured for Voluntary Life Insurance in order to elect spouse and/or child(ren) coverage. One premium covers all children; child coverage does not include AD&D.	
	If a married couple are both employed at the district, an individual cannot be insured as both an individual employee and as a dependent spouse.		Child(ren) cannot be insured by more than one employee

Guarantee issue is the opportunity to purchase life insurance with no medical questions asked. **Guarantee issue is offered at your initial opportunity only.** If you wish to enroll at a later date, you will need to complete Evidence of Insurability (medical questionnaire). Additional amounts approved through the EOI underwriting process, as well as any new premiums, will begin the 1st day of the month following approval.

Life & AD&D Insurance Portability/Conversion: If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage or convert your existing life insurance to an individual life policy.

Voluntary Life and AD&D Benefits

Annual Increase Option

If you have at least the minimum coverage in-force (\$10,000), you will be able to increase your coverage up to the Guarantee Issue Amount during the open enrollment period with no medical questions, provided you have not been previously declined coverage. This option is also available for spouse coverage, in \$5,000 increments to \$30,000, so long as at least the minimum coverage is in-force. Child life coverage can be elected during Open Enrollment with no medical questions, provided employee has in-force coverage.

EMPLOYEE Life and AD&D Monthly Premiums

Coverage Amount	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
Rate per \$1,000	0.07	0.08	0.09	0.12	0.19	0.27	0.47	0.59	1.03	2.23	2.23
\$10,000	\$0.70	\$0.80	\$0.90	\$1.20	\$1.90	\$2.70	\$4.70	\$5.90	Benefit Reduction applies - See the Benefits Administrator for details		
\$20,000	\$1.40	\$1.60	\$1.80	\$2.40	\$3.80	\$5.40	\$9.40	\$11.80			
\$30,000	\$2.10	\$2.40	\$2.70	\$3.60	\$5.70	\$8.10	\$14.10	\$17.70			
\$40,000	\$2.80	\$3.20	\$3.60	\$4.80	\$7.60	\$10.80	\$18.80	\$23.60			
\$50,000	\$3.50	\$4.00	\$4.50	\$6.00	\$9.50	\$13.50	\$23.50	\$29.50			

Sample of coverage amounts and cost. Additional benefit amounts are available through the online enrollment portal.

*Age Reductions apply

SPOUSE Life and AD&D Monthly Premiums

Coverage Amount	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
Rate per \$1,000	0.07	0.08	0.09	0.12	0.19	0.27	0.47	0.59	1.03	2.23	2.23
\$5,000	\$0.35	\$0.40	\$0.45	\$0.60	\$0.95	\$1.35	\$2.35	\$2.95	Benefit Reduction applies - See the Benefits Administrator for details		
\$10,000	\$0.70	\$0.80	\$0.90	\$1.20	\$1.90	\$2.70	\$4.70	\$5.90			
\$15,000	\$1.05	\$1.20	\$1.35	\$1.80	\$2.85	\$4.05	\$7.05	\$8.85			
\$20,000	\$1.40	\$1.60	\$1.80	\$2.40	\$3.80	\$5.40	\$9.40	\$11.80			

Spouse rate is based on employee's age. Sample of coverage amounts and cost. Additional benefit amounts are available through the online enrollment portal.

*Age Reductions apply.

CHILD(REN) Life Monthly Premiums

Coverage Amount	Unmarried Children to age 26
\$10,000	\$0.60

The benefit amount(s) and premium you are eligible for will be customized for you when you make your elections through **Ignite**



Travel Assistance: Available 24 hours a day, this service connects you to resources when you're traveling at least 100 miles from home or in a foreign country for up to 180 days. For more information scan the QR code or visit www.standard.com/travel-info



Life Services Toolkit: This service allows you and your beneficiaries access to online content for will preparation, identify theft support and other tools and calculators, and provides your beneficiaries with services for grief, and legal and financial matters.

Voluntary Disability Benefit

USD 375 provides eligible employees with the option to purchase income protection benefits through **The Standard Insurance Company**. Disability insurance is designed to replace a portion of your income if you are unable to work due a covered injury or illness.

	Income Protection Benefits	
	Option 1	Option 2
Benefits Begin	1st day accident/8th day illness	31st day accident/illness
Benefits Payable	Up to 2 Years	
Maximum Percentage of Income Replaced	The amount you elect, reduced by Deductible Income*. You may elect an amount in multiples of \$100, from \$200 to \$8,000. You may not elect an amount in excess of 60% of your Pre-disability Earnings.	
Minimum Benefit	\$200	
Maximum Benefit	60% of monthly earnings, not to exceed \$8,000	

Other Plan Features

For the first 90 days of disability, Standard will pay benefits even if your disability is related to a pre-existing condition. After 90 days, benefits will continue only for conditions that are not subject to the pre-existing condition limitation.

Pre-existing Condition Exclusion: A pre-existing condition is a condition for which you received treatment, advice, diagnosis, care, or prescription medication during the 180 days before your coverage became effective. If a pre-existing condition exists, disability benefits are not payable during the first 12 months of coverage for that condition.

The Pre-existing Condition Exclusion will be applied:

- To benefit increases greater than \$300
- When the benefit waiting period is reduced or the maximum benefit period is increased by more than one level

***Deductible Income:** Disability benefits may be reduced by certain other sources of income, known as deductible income or offsets. However, under the USD 375 disability plan, benefits will not be reduced during the first 12 months due to sick leave, annual leave, personal leave, or other employer-paid salary continuation.

The benefit amount(s) and premium you are eligible for will be customized for you when you make your elections through **Ignite**

Voluntary Disability Benefits

Disability Benefits Monthly Premium		
Benefit	Option 1	Option 2
Rate per \$100	\$1.58	\$0.77
\$200	\$3.16	\$1.54
\$300	\$4.74	\$2.31
\$400	\$6.32	\$3.08
\$500	\$7.90	\$3.85
\$600	\$9.48	\$4.62
\$700	\$11.06	\$5.39
\$800	\$12.64	\$6.16
\$900	\$14.22	\$6.93
\$1,000	\$15.80	\$7.70
\$1,100	\$17.38	\$8.47
\$1,200	\$18.96	\$9.24
\$1,300	\$20.54	\$10.01
\$1,400	\$22.12	\$10.78
\$1,500	\$23.70	\$11.55
\$2,000	\$31.60	\$15.40
\$2,500	\$39.50	\$19.25
\$3,000	\$47.40	\$23.10
\$3,500	\$55.30	\$26.95
\$4,000	\$63.20	\$30.80
\$4,500	\$71.10	\$34.65
\$5,000	\$79.00	\$38.50
\$5,500	\$86.90	\$42.35
\$6,000	\$94.80	\$46.20
\$6,500	\$102.70	\$50.05
\$7,000	\$110.60	\$53.90
\$7,500	\$118.50	\$57.75
\$8,000	\$126.40	\$61.60

Voluntary Cancer Benefits

Cancer insurance provides financial help to enhance your current coverage.

Your health insurance plan may pay only a portion of the total expenses of what medical treatment requires. As a result, you could incur significant out-of-pocket expenses if you or your family member were diagnosed with cancer.

View the [Allstate Cancer Brochure](#) for a details of benefits.

	Option 1—Basic	Option 2—Enhanced
Hospital and Related Benefits		
Continuous Hospital Confinement (daily) including Government/Charity Hospital	\$200	\$300
Intensive Care Confinement (daily)	\$600	\$600
Private Duty Nursing Services (daily)	\$200	\$300
Extended Care Facility (daily)	\$200	\$300
At Home Nursing (daily)	\$200	\$300
Freestanding Hospice Care Center (daily) or Hospice Care Team (per visit)	\$200	\$300
Radiation, Chemotherapy and related benefits		
Radiation/Chemotherapy for Cancer (every 12 months)	\$15,000	\$20,000
Blood, Plasma, and Platelets (every 12 months)	\$15,000	\$20,000
Hematological Drugs (yearly)	\$300	\$400
Medical Imaging (yearly)	\$750	\$1,000
Surgery and Related Benefits		
Surgery (maximum, depending on surgery)	\$3,000	\$4,500
Anesthesia (% of Surgery Benefit)	25%	25%
Ambulatory Surgical Center (daily)	\$500	\$750
Second Opinion	\$400	\$600
Bone Marrow or Stem Cell Transplant	\$1,000 - \$5,000	\$1,500—\$7,500
Miscellaneous Benefits		
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	Up to Actual Charges	Up to Actual Charges
Non-Local Transportation (per trip or mile)	Coach Fare or \$0.40/Mile	
Outpatient Lodging (daily, \$2,000 max/12 months)	\$50	\$50
Family Member Lodging (daily) and	\$50	\$50
Transportation (per trip or mile)	Coach Fare or \$0.40/Mile	
New or Experimental Treatment (every 12 months)	\$5,000	\$5,000
Prosthesis (per amputation)	\$2,000	\$2,000
Reconstructive Breast Surgery	\$1,200	\$1,200
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis	\$50	\$50
Anti-Nausea Benefit (yearly)	\$200	\$200
Waiver of Premium (primary insured only)	Yes	Yes

Voluntary Cancer Benefits

\$50 Wellness Benefit

Members can file a claim to receive the one time per year wellness benefit. One of 23 covered wellness exams are eligible including biopsy for skin cancer, blood test for triglycerides, CEA (carcinoembryonic antigen—blood test for colon cancer), chest x-ray, colonoscopy, echocardiogram, EKG, HPV vaccination, mammography—including breast ultrasound, PAP Smear and more. For a complete list of the 23 exams that are eligible, view the [Cancer Plan brochure](#) on the benefit portal.



Cancer Plan
Product Overview

Other Plan Features

In addition to cancer, the policy also covers 29 other specified diseases: Muscular Dystrophy, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia,

Thalassemia, Rocky Mountain Spotted Fever, Legionnaire's Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure or Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, Primary Biliary Cirrhosis.

Pre-existing Condition, Exceptions and Limitations: Allstate does not pay any benefit due to or caused by a pre-existing condition during the 12-month period beginning on the date that person became a covered person. A Pre-Existing Condition is a disease or physical condition for which symptoms existed within the 12-month period prior to the effective date of coverage; or medical advice or treatment was recommended or received from a member of the medical profession within the 12-month period prior to the effective date of coverage. A Pre-Existing Condition can exist even though a diagnosis has not yet been made. Allstate does not pay for any loss except for losses due directly from cancer or a specified disease. We do not pay for any other conditions or diseases caused or aggravated by cancer or a specified disease. Diagnosis must be submitted to support each claim. For those benefits for which we pay actual charges up to a specified maximum amount, if specific charges are not obtainable as proof of loss, we will pay 50% of the applicable maximum for the benefits payable.

Portability Privilege: If a covered person's coverage terminates for reasons other than non-payment of premium, such covered person will be eligible for portability coverage. This means the covered person may continue the same benefits he or she had under the group policy, subject to the conditions defined in the policy, as long as premiums are paid directly to American Heritage Life Insurance Company.

Cancer Plan Premiums				
Plan Option	Employee	EE + Spouse	EE + Child(ren)	Family
Option 1—Basic	\$28.50	\$48.36	\$48.36	\$48.36
Option 2—Enhanced	\$37.24	\$62.77	\$62.77	\$62.77

If a covered person's coverage terminates for reasons other than non-payment of premium, such covered person will be eligible for continuation coverage. **Policy Exclusions and Limitations apply—see plan certificate for details**

Important Notice: This Policy is an accident insurance policy. It does not pay benefits for losses caused by sickness. Coverage under this Policy is not comprehensive medical coverage and is not intended to cover the cost of all hospital or other medical services. The Policy does not satisfy the minimum essential coverage requirements of the Affordable Care Act.

Voluntary Accident Benefits

Accident insurance is a policy that can help you pay expenses that may follow an accident, including out-of-pocket health care costs. This plan pays benefits if you are injured in an accident, regardless of whether or not you are at work. Benefits paid through an accident plan are paid directly to you and are not coordinated with any other insurance.

View the [Allstate Accident Brochures](#) for a details of benefits.

	OPTION 1 - Basic	OPTION 2 - Enhanced	OPTION 3 - Premium
Hospital Confinement			
Initial Hospital Confinement	\$1,000	\$1,000	\$1,500
Daily Hospital Confinement	\$200	\$200	\$300
Intensive Care	\$400	\$400	\$600
Dislocation/Fracture Benefit			
Dislocation/Fracture Rider	Up to \$2,000	Up to \$4,000	Up to \$6,000
Accident Treatment, Urgent Care & Emergency Room			
Ground Ambulance Air Ambulance	\$100 \$300	\$200 \$600	\$300 \$900
Accident Follow-up Treatment	\$50	\$100	\$150
Accident Physician's Treatment	\$50	\$100	\$150
X-ray	\$100	\$200	\$300
Urgent Care Emergency Room	\$50 \$100	\$100 \$200	\$150 \$300
Other Covered Benefits			
Lacerations	\$50	\$100	\$150
Burns < 15% of body ≥ 15% of body	\$100 \$500	\$200 \$1,000	\$300 \$1,500
Brain Injury Diagnosis	\$300	\$600	\$900
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit	\$50	\$100	\$150
Open Abdominal or Thoracic Surgery	\$1,000	\$2,000	\$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Benefit With Repair Without Repair	\$500 \$150	\$1,000 \$300	\$1,500 \$450
Ruptured Disc Surgery	\$500	\$1,000	\$1,500
General Anesthesia	\$100	\$200	\$300
Blood and Plasma	\$300	\$600	\$900
Appliance	\$125	\$250	\$375
Medical Supplies	\$5	\$10	\$15
Medicine	\$5	\$10	\$15
Physical, Occupational, or Speech Therapy	\$30	\$60	\$90
Rehabilitation Unit	\$100	\$200	\$300
Non-Local Transportation	\$250	\$500	\$750
Family Member Lodging	\$100	\$200	\$300
Post-Accident Transportation	\$200	\$400	\$600
Broken Tooth	\$100	\$200	\$300
Residence/Vehicle Modification	\$500	\$1,000	\$1,500
Eye Surgery	\$100	\$200	\$300
Pain Management (Epidural Injection)	\$50	\$100	\$150
Miscellaneous Outpatient Surgery	\$100	\$200	\$300
Prosthesis One device Two or more	\$500 \$1,000	\$1,000 \$2,000	\$1,500 \$3,000
Paralysis Benefit Paraplegia	\$7,500	\$15,000	\$22,500
Quadruplegia	\$15,000	\$30,000	\$45,000
Accidental Death, Dismemberment and Functional Loss Benefits			
Accidental Death	\$30,000	\$40,000	\$60,000
Common Carrier Accidental Death	\$75,000	\$100,000	\$150,000
Dismemberment	\$30,000	\$40,000	\$60,000
Functional Loss	\$30,000	\$40,000	\$60,000

Voluntary Accident Benefits

Outpatient Physician's Treatment Benefit

Members can use this benefit when visiting a licensed physician for all services with the exception of sickness. **This also includes preventative services such as dental cleanings, eye exams, and annual physicals.** This benefit can be utilized 2 times per calendar year for Employee Only coverage and 4 times per calendar year for EE+DEP coverage (no more than 2 times per any covered member). One (1) claim per day will be processed.



Accident Plan
Product Overview

Option 1—Basic: \$25 | Option 2—Enhanced: \$50 | Option 3—Premium: \$50

Accident Plan Premiums				
Plan Option	Employee	EE + Spouse	EE + Child(ren)	Family
Option 1—Basic	\$7.90	\$13.67	\$16.62	\$21.12
Option 2—Enhanced	\$13.70	\$23.68	\$29.12	\$37.90
Option 3—Premium	\$19.04	\$32.92	\$40.74	\$52.32

If a covered person's coverage terminates for reasons other than non-payment of premium, such covered person will be eligible for continuation coverage. Group Voluntary Off the Job Accident policy pays the following benefits for covered off the job accidental injuries that result within 90 days (180 for Accidental Death or Dismemberment or unless otherwise stated) from the date of the accident. A physician must diagnose covered losses. Any loss not stated is not covered. Treatment must be received in the United States or its territories. Members must be enrolled and the plan effective on the date of the accident for the accident services to be covered. ***Policy Exclusions and Limitations apply—see plan certificate for details.***

Important Notice: This Policy is an accident insurance policy. It does not pay benefits for losses caused by sickness. Coverage under this Policy is not comprehensive medical coverage and is not intended to cover the cost of all hospital or other medical services. The Policy does not satisfy the minimum essential coverage requirements of the Affordable Care Act.

Employee Assistance Program



Employee Assistance
Program



Personalized care and resources,
when you need them.

Whether its planning for your financial future or beginning to seek mental health resources, your Employee Assistance Program (EAP) is here to help. Available to you and your household members, Lucet's EAP is your first step to resources, counseling and so much more to support your wellbeing.

We're here to help

Stress, relationships, work and money. These are the most common reasons people reach out to EAP every year. No matter what issues you're facing, the resources you access are confidential so feel safe knowing you can begin addressing any of your personal challenges today.

Help for everyday life



Counseling

Call us or go online to access no-cost sessions with a provider.



Legal & Financial

Navigating finances and the legal system with a no-cost 30-minute telephonic consultation per issue.



Work/Life

Referrals and resources for family, career, caregiving, health and wellness needs.



Coaching

Sessions with a life coach designed to promote self-awareness and clarify goals.



★ Your well-being is our priority.

Lucet EAP provides confidential support, counseling services and resources to help you overcome life challenges and live a happy, balanced life.

Call 800-624-5544 | Visit eap.lucethealth.com

code: **usd375**



Scan to learn more at
eap.lucethealth.com

Freshbenies

USD 375 offers Freshbenies to all benefit-eligible employees. Enjoy **24/7 access to licensed physicians by phone** for common conditions such as colds, flu, sinus infections, allergies, bronchitis, pink eye, UTIs, and more.

If a condition can be diagnosed over the phone, a prescription can be sent directly to your preferred pharmacy—you only pay the cost of the medication.

- ✓ No enrollment in other USD 375 benefits is required.
- ✓ Eligible family members claimed on your tax return are covered.
- ✓ Simply enroll, create your online profile, and start using your Freshbenies benefits whenever you need them.

General Telehealth

Unlimited \$0 virtual visits 24/7 for common illnesses like colds, flu, sinus infections, and pink eye. Speak with a doctor by phone or video and receive prescriptions when medically appropriate.

Advocacy PLUS

Your personal healthcare advocate can help find providers, compare costs, lower prescription expenses, and resolve medical billing issues.

Behavioral Health

Access virtual therapy and psychiatric care when you need support.

- Therapists: \$85 per session
- Psychiatrists: \$95 per session, after an initial intake visit of \$225

Prescription Savings

Compare prices and save on brand-name and generic medications at 60,000+ pharmacies nationwide.

benieWALLET

Keep insurance cards, fitness memberships, passports, and other important cards organized and accessible in one secure app.

① Activate your membership

Simply visit freshbenies.com and click the “I’m new” banner to create your login. (You must have your Freshbenies packet)

② Explore all your services in your app or portal

Scan QR code to download the app. Then tap any service icon to see how it works.

③ Use your benies & save

Your freshbenies membership includes your immediate family so have them download the app, too!



freshbenies
Product Overview



freshbenies Premium

MONTHLY PREMIUM
(COVERS ALL ELIGIBLE FAMILY MEMBERS)

\$17.04 Monthly

This is NOT insurance nor is it intended to replace insurance. This discount card program contains a 30 day cancellation period. This plan provides discounts at certain healthcare providers for medical services

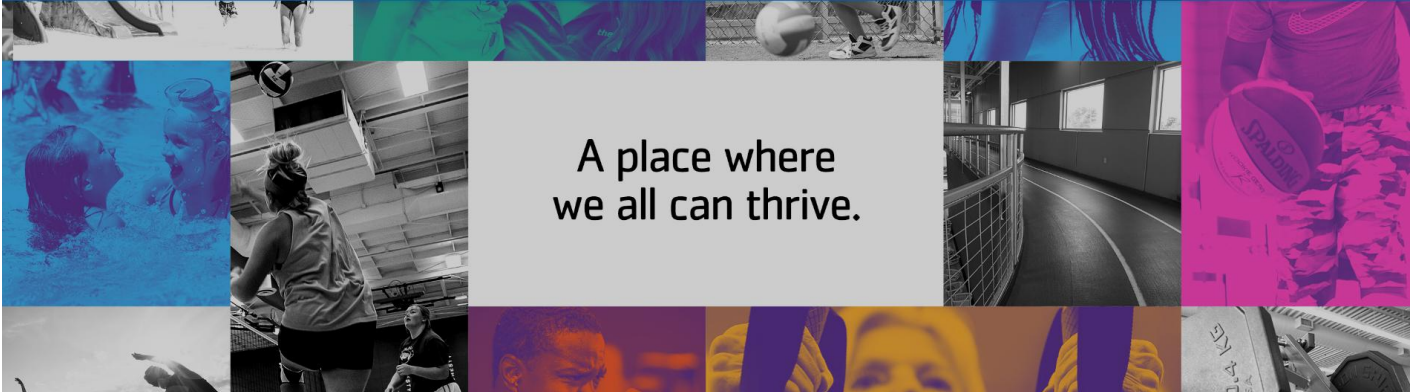
YMCA Membership

The YMCA offers District employees a reduced monthly rate and fee structure. No contract obligations are required with your membership to the YMCA. The discount is available by identifying yourself as a USD 375 employee when you sign up at the YMCA.

YMCA Monthly Membership		
Single Adult Rate	Family Rate	Joiner Fee
\$31.72	\$50.82	\$50 Fee Waived

Greater Wichita YMCA withholds the right to change rates at their own discretion.

The YMCA require an auto withdrawal from a checking account for the discounted monthly fee.



A place where
we all can thrive.



LegalShield / IDShield



Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?

- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** – Will/Living Will/Health Care Power of Attorney
- **Speeding Ticket Assistance** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situation

The IDShield Membership includes:

- **High Risk Application and Transaction Monitoring** We can detect fraud up to 90 days earlier than traditional Credit monitoring services; we carefully watch all your accounts, reorders, loans and more. If a new account is opened, you will receive an alert.
- **Social Media Monitoring** for privacy concerns and reputational risks
- **Credit Monitoring** continuous credit monitoring through TransUnion
- **Monthly Score Tracker** watch your credit score and map your credit trends
- **Credit Inquiry Alerts** (instant hard inquiry alerts)
- **Consultation** on any cyber security question
- **\$3 Million Insurance** (coverage for lost wages, legal defense fees, stolen funds and more)
- **Full-Service Restoration & Unlimited Service Guarantee** We don't give up until your identity is restored!
- **24/7 Emergency Access** in the even of an identity theft emergency



Put your law firm and identity theft protection in the palm of your hand with LegalShield & IDShield Plus Mobile apps

Monthly Premium		
Plan	Family Price	Individual Price
LegalShield	\$15.95	\$15.95
IDShield	\$18.95	\$8.95
Combined	\$30.90	\$24.90



Scan QR Code for Estate Planning Video

Bob Pilcher
bobpilcher58@gmail.com
316-215-5100
Rpilcher.wearelegalshield.com

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a produce of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.

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KPERS Benefits

The Kansas Public Employees Retirement System (KPERS) serves members as a fiduciary, holding assets in trust for them, growing those assets through investments and delivering promised benefits when the time comes.

The Kansas Legislature created KPERS in 1962 to secure a financial foundation for those spending their careers in Kansas public service. KPERS provides disability and death benefits to protect employees while they are still working and guarantees them a lifetime benefit when they retire.

Eligible employees are active members of KPERS.

Long-term Disability

KPERS long-term disability benefits provide income protection if you cannot work because of an illness, or injury. If you become disabled, you may qualify for a disability benefit based on 60% of your annual salary. You must be totally disabled for 180 continuous days, must cease to draw any employer compensation and you must apply for Social Security benefits and complete any appeal process, if applicable. The minimum monthly benefit is \$100, and the maximum monthly benefit is \$5,000.

Term Life Insurance

USD 375 provides eligible employees with basic term life coverage at **no cost to you**. Enrollment is automatic through KPERS. The benefit is equal to one and one-half times your base annual earnings to a maximum of \$250,000.

You may also choose to purchase optional life insurance, up to \$250,000. You pay the total cost of this benefit through convenient payroll deductions. This coverage is an addition to the coverage already provided to you by being a KPERS member.

Job-related Death Benefit

If you die from a job-related accident, your spouse will receive a monthly benefit based on 50% 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.



Life Can Be Complicated.
We make it easy to be a member.

KPERS 457 Retirement Savings Plan

Saving through the optional KPERS 457 (deferred compensation) Plan is a simple way to help supplement your KPERS and Social Security benefits. It can help you bridge the gap between your financial goals and your destination in retirement.

Traditional pre-tax or Roth after-tax contributions

You can choose to pay taxes on your contributions now or when you take money out or both. Consider the amount of taxes you might be paying in retirement. If you're at least age 50 or three years from normal retirement age, you may be able to make extra contributions in addition to the annual maximum allowed.

Investment options

Your KPERS 457 offers a range of professionally screened investment options. If you're seeking an even wider array of investments, you may consider adding the optional self-directed brokerage account, which is intended only for knowledgeable investors who understand the risks and costs of those non-screened investments.

Other Features

Online Advice: If you would like help managing your account, KPERS 457 offers Online Advice, provided by Advised Assets Group, LLC, a registered investment adviser. This service is designed to help you choose specific investments based on your personal goals and financial situation — at no additional cost to you. There is no guarantee provided by any party that participation in any of the advisory services will result in a profit.

No early withdrawal penalty: The 10% early withdrawal penalty that applies to 401(k) plans and IRAs generally does not apply to distributions from your KPERS 457 account.¹

Retirement Plan Counselors: Counselors are located across the state and are available to help you. Meet the counselors at www.kpers457.org

Online Resources: Take advantage of several innovative resources, tools and calculators on www.kpers457.org that can help you see how much you may need in retirement and how to get there.



ENROLL TODAY at www.kpers457.org

- Click on “REGISTER/ENROLL” button
- Click on “I have a plan enrollment code”
- Enter your information on the Account Verification page and continue until registration process is completed



¹Withdrawals may be subject to ordinary income tax. The 10% federal early withdrawal penalty does not apply to deferred compensation plan withdrawals except for withdrawals attributable to rollovers from another type of plan or account. **Securities, when presented, are offered and/or distributed by GWFS Equities, Inc., Member FINRA/SIPC.** GWFS is an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment adviser, Advised Assets Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice. Brokerage services provided by TD Ameritrade, Inc., Member FINRA/SIPC/NFA. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and The Toronto-Dominion Bank. All rights reserved. Used with permission. Additional information can be obtained by calling TD Ameritrade at 866-766-4015. TD Ameritrade and GWFS Equities, Inc. are separate and unaffiliated. ©2021 Empower Retirement, LLC. All rights reserved. 130000-01-FLY-WF-1242200-0821 RO1770999-0821

403(b) Retirement Savings Plan

USD 375 employees are invited to participate in contributing to a tax-sheltered account. **403(b) benefits are administered by Bay Bridge Administrators.** Information on the USD 375 plan can be found at <https://bbadmin.com/retirement/>

Benefits of Contributing to a 403(b) Plan

The first benefit is that you do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after you retire. Allowable contributions to a 403(b) plan are either excluded or deducted from your income. However, if your contributions are made to a Roth contribution program, this benefit does not apply. Instead, you pay income tax on the contributions to the plan but distributions from the plan (if certain requirements are met) are tax free.

Note. Generally, employees must pay social security and Medicare tax on their contributions to a 403(b) plan, including those made under a salary reduction agreement.

The second benefit is that earnings and gains on amounts in your 403(b) account are not taxed until you withdraw them. Earnings and gains on amounts in a Roth contribution program are not taxed if your withdrawals are qualified distributions. Otherwise, they are taxed when you withdraw them.

The third benefit is that you may be eligible to take a credit for elective deferrals contributed to your 403(b) account.

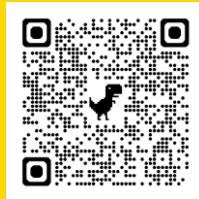
More Information on the 403(b) Plan

For more information on 403(b) Plan, including a list of approved providers, Plan Summary Description and more, scan the QR code or visit <https://bbadmin.com/retirement/>



Salary Reduction Agreement

To initiate or change deduction contributions to your 403(b), this agreement must be signed by you and your investment provider representative and submitted to the District Office. To access the form, scan the code or speak to your approved provider.



Additional information governing retirement accounts can be found at www.irs.gov/publications/p571/ch01.html

USD 375 offers a 403(b) Tax Sheltered Account Plan. As an eligible employee you have the ability to participate in this Plan by making voluntary salary reduction contributions to the Plan. The following items can be reviewed at <http://sfr.baybridgeadministrators.com/> or you may contact Kari Killman for a copy of the documents.

1. A Plan Summary Description including a list of participating investment providers and 403(b) investment products. This document provides an overview and outlines general provisions of the 403(b) Plan.
2. A Salary Reduction Agreement. This form should be used to begin participation in the Plan or change your current salary reductions. If you wish to begin participating in the Plan you should complete the Salary Reduction

Agreement as instructed. You may obtain a list of financial representatives that can assist you by visiting <https://bbadmin.com/retirement/>. Once you have accessed the website please follow these instructions

- Select “Employee” from the left menu
- Select your state from the drop down menu
- Select your employer from the second drop down menu
- Select the “Approved Providers” link

You may also view other information about the plan at <https://bbadmin.com/retirement/> including, a copy of the Plan Document, forms, processing instructions, and access a copy of the Employee Handbook.

If you have any questions, please do not hesitate to contact the District Office at 316-541-2577.

Mental Health Resources



We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.

The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States. We're committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

First, you'll hear an automated message featuring additional options while your call is routed to your local Lifeline network crisis center.

We'll play you a little music while we connect you with a skilled, trained crisis worker.

Then, a trained crisis worker at your local center will answer the phone.

This person will listen to you, understand how your problem is affecting you, provide support and get you the help you need.

Lifeline Center calls are FREE and CONFIDENTIAL, and we're available 24 / 7.



For more information on resources or to chat online with Lifeline visit
[**www.988lifeline.org**](http://www.988lifeline.org)

988 Suicide & Crisis Lifeline



CHAT WITH LIFELINE

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
Blue Cross Blue Shield of Kansas Medical Plan	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: 7/7/2026

NAME OF ENTITY/SENDER: USD 375

CONTACT—POSITION/OFFICE: Human Resources

ADDRESS: 901 Main St
Towanda, KS 67144

PHONE NUMBER: 316-541-2577

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: <ul style="list-style-type: none">❖ 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: <ul style="list-style-type: none">❖ 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: <ul style="list-style-type: none">❖ 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. <ul style="list-style-type: none"> ❖ 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. ❖ 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. <ul style="list-style-type: none"> ❖ 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.	
Help manage the health care treatment you receive	❖ We can use your health information and share it with professionals who are treating you.	Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	❖ 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.	Example: We use health information about you to develop better services for you.
Pay for your health services	❖ We can use and disclose your health information as we pay for your health services.	Example: We share information about you with your dental plan to coordinate payment for your dental work.
Administer your Plan	❖ We may disclose your health information to your health plan sponsor for plan administration.	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.

Uses and disclosures of certain substance use disorder treatment records

If we receive or maintain any Information about you from a substance use disorder treatment program that is covered by Section 543 of the PHSA (42 USC 290dd-2) and 42 CFR Part 2(a “Part 2 Program”) through a general consent you provide to the Part 2 Program to use and disclose those records for purposes of treatment, payment, for health care operations, we may use and disclose those records for treatment, payment, and health care operations purposes as described in this notice. However, we will not use or disclose a Part 2 program record about you, or testimony that describes the information contained in a Part 2 program record about you, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority against you, unless authority by your consent or the order of a court after it provides you notice of the court. Although we do not anticipate using any part 2 program recordings for fundraising purposes, you will be provided with a clear conspicuous opportunity to elect not to receive any fundraising communications from us before we use any Part 2 Program records for fundraising purposes.

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	We can share health information about you for certain situations such as: <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	❖ We can use or share your information for health research
Comply with the law	❖ 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.

Notices

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.

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.

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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."

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.

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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>.

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.

NOTICE: NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA)

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

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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 January 31, 2026. 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.flmedicaidtprecovery.com/flmedicaidtprecovery.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/df/ 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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/la hipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
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: HHSHIPPPProgram@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 Rlte Share Line)

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SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	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/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	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
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, 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

PAPERWORK REDUCTION ACT STATEMENT

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

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

OMB Control Number 1210-0137 (Expires: 3/31/2026)

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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: Kari Killman

TITLE: Human Resources

ADDRESS: 901 Main St
Towanda, KS 67144

PHONE NUMBER: 316-541-2577

OTHER CONTACT INFORMATION: kkillman@usd375.org

Effective Date of this Notice: July 7, 2026



Benefits Enrollment Guide

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