NORTH KANSAS CITY SCHOOLS EMPLOYEE BENEFIT REFERENCE GUIDE

North Kansas City Schools / 2000 NE 46th Street
Kansas City, MO 64116 / Main Office – 816.321.5000

NORTH KANSAS CITY SCHOOLS

Relentless Champions For All Students

2023-2024 Plan Year

North Kansas City Schools BENEFITS GUIDE

2023-2024 Plan Year

Important Information

This Benefits Guide is an informational tool regarding the benefits of North Kansas City Schools. It is designed to provide a general understanding of your benefits, describe important features of the plans and answer some of the most commonly asked questions.

While it is intended to be as accurate as possible, the explanations contained herein are subject to the detailed provisions of the legal documents and contracts of the individual plans. In the event of a discrepancy between this guide and the plan document, the plan document will prevail.

The plan year for North Kansas City Schools' benefits is July 1st - June 30th, unless otherwise stated. This means the elections you make for benefits will be in effect from July to June. **However, the benefit year is January 1st through December 31st.** Therefore, the deductibles and out of pocket maximums run on a calendar year of January through December.

Qualifying Life Events (QLE)

When you participate in our medical, dental, vision and FSA plans or Section 125 plan, you are obligated to maintain your election through the full plan year. However, certain qualifying life events may occur that would allow you to add, change or terminate your elections (not plan).

Examples of qualifying events include:

- Birth or adoption of a child
- Marriage or divorce
- Legal separation
- Loss of dependent status
- Change in the employment status of your spouse or dependent
- Gain or loss of eligibility for Medicare/Medicaid for yourself, spouse or dependent
- Turning 26, losing coverage from parent

Please note that child dependents are covered under all benefits except Permanent Life to age 26. Your child dependents will then term at the end of year on 12/31 regardless of the month in which they turn 26.

To change any of your elections due to a qualifying life event, notify the Benefits Coordinator within 30 days of the event date. If the Benefits Coordinator is not notified within 30 days, you will need to wait to make any changes to your elections until the annual enrollment period. Please note that proper documentation of the qualifying life event will be required. Additionally, the change you make to your election must be consistent with and appropriate for your new circumstance. A QLE does not allow a change to a different plan.

Turn to page 58 for important government-mandated notices pertaining to premium subsidies that may be available to certain individuals. Those notices are:

- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- New Health Insurance Marketplace Coverage Options and Your Health Coverage, and
- Creditable Coverage Medicare Part D Notice

Contact Information

Refer to this list when you need to contact one of your benefit carriers.

Benefits

Contact:	Misty Miller, Benefits Coordinator
Phone:	816-321-6078
Email:	misty.miller@nkcschools.org

Medical Insurance & Health Savings Account Page 8

Carrier:	Blue Cross Blue Shield of Kansas City
Blue Connect Local:	816-395-2576
Blue Connect Toll-free:	877-507-1388
Website:	www.bluekc.com
Network:	BlueSelect Plus Network
Group Number:	46752000
Health Savings Account (HSA):	Further
Website:	www.hellofurther.com
Customer Service (lost cards):	800-859-2144

Dental Insurance Page 26

Carrier:	Ameritas
Customer Service:	800-487-5553
Website:	www.ameritas.com
Network:	Ameritas Classic (PPO) & Plus Network
Group Number:	010-351088

Vision Insurance Page 30

Carrier:	EyeMed Vision Care
Customer Service:	866-939-3633
Website:	www.eyemed.com
Network:	InSight
Group Number:	1005678

Flexible Spending Accounts Page 32

Administrator:	Surency AdvantagePlus
Customer Service (lost cards):	866-818-8805
Website:	www.Surency.com

Life & Disability — Page 34

Carrier:	MetLife
Customer Service:	800-638-6420, (press 2 for questions or claim preparation)
Website:	www.metlife.com
Group Number:	233134

Additional Benefit Offerings — Page 37

Carrier:	MetLife
Critical Illness:	800-438-6388
Accident:	800-438-6388
MetLife Pet Insurance:	800-438-6388
Hospital Indemnity:	800-438-6388
MetLife Legal:	800-821-6400
Website:	www.metlife.com
Group Number:	233134

Permanent Life Insurance with Long Term Care:	Trustmark
Customer Service:	800-918-8877
Website:	www.trustmarksolutions.com

Identity Theft Protection:	Allstate
Customer Service:	800-789-2720
Website:	https://www.myAIP.com

Enrollment Center: Avant

Benefit Portal Address:	www.nkcschoolsbenefits.com
Avant Enrollment Center:	844-831-0501
View Confirmation Statement:	Statement Link

Plan Year for all benefits:	7-1-23 to 6-30-24 (Effects election choices)
Benefit Year:	1-1-23 to 12-31-23 (Effects deductibles and out of pocket maximums)
	1-1-24 to 12-31-24 (Effects deductibles and out of pocket maximums)

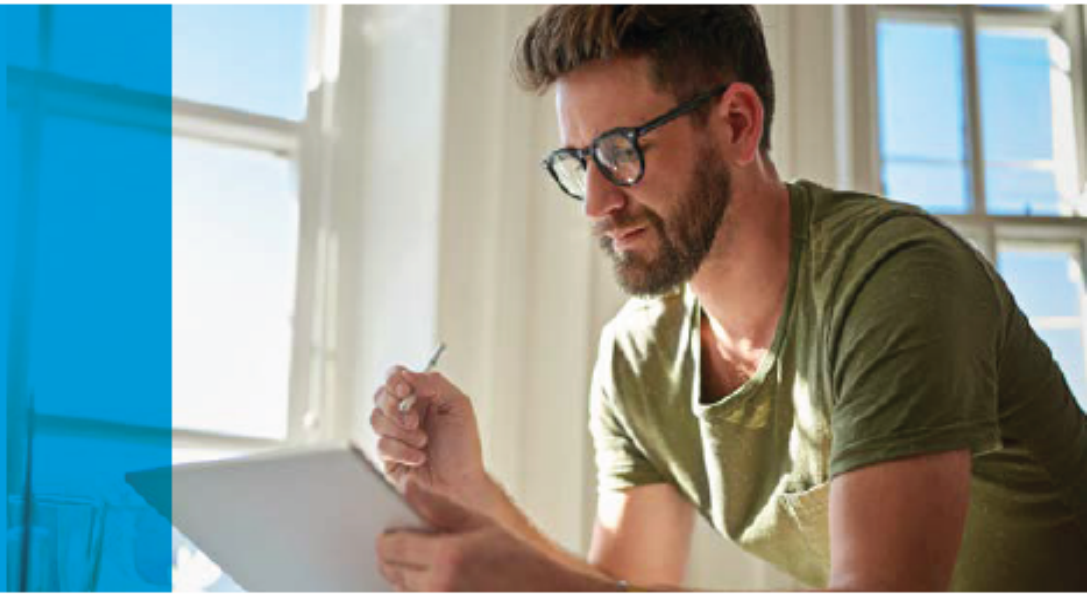
Annual Notices — Page 58

- Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)
- Medicare Part D Notice Creditable Coverage
- General Notice of COBRA Continuation
- Health Insurance Market Place Notice
- HIPAA Notice of Special Enrollment Rights
- Women's Health and Cancer Rights Notice
- Notice of Employer-Sponsored Wellness Programs
- Summary of Benefits and Coverage

Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search "LifeWorks" on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

Convenient and confidential help when you want it, how you want it

Your program includes up to 5 in person, phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to metlifeeap.lifeworks.com, user name: metlifeeap and password: eap

MetLife

Navigating life together

Answers to important questions

Are Employee Assistance Program services confidential?
Yes. Any personal information provided to LifeWorks stays completely confidential.*

How do I get help?
Getting professional help is just a phone call away. Simply call 1-888-319-7819 to speak with a counselor or to schedule an in person, phone or video conference appointment. These services are available 24 hours a day, 7 days a week.

When is the right time to call?
That's up to you. Counselors are here whenever you need them — whether you simply need to talk or want guidance on something you are going through.

Is my Employee Assistance Program included with my MetLife coverage?
Yes. There is no cost to you because your employer pays for the services provided within our program. While we offer a broad range of services, there may be some assistance that's not included. You can still work with counselors for these services by arranging to pay for them directly.

Does the program have any limitations?
While we offer a broad range of services, we may not cover all services you may need. Your Employee Assistance Program does not provide:

- Inpatient or outpatient treatment for any medically treated illness
- Prescription drugs
- Treatment or services for intellectual disability or autism
- Counseling services beyond the number of sessions covered or requiring longer term intervention
- Services by counselors who are not LifeWorks providers
- Counseling required by law or a court, or paid for by Workers' Compensation

Does the program offer Cognitive Behavioral Therapy (CBT)?
Many LifeWorks EAP providers are trained in this type of counseling and the foundation of LifeWorks' CareNow digital programs, available through the programs website and mobile app, are built upon Cognitive Behavioral Therapy (CBT) techniques . CareNow provides instant access to a range of self-service programs developed by world leading experts, focused on behavior change in the areas of anxiety, stress, depression, and more.

When you need some support, we're here to help.

Phone
1-888-319-7819

Web
metlifeeap.lifeworks.com
user name: metlifeeap
and password: eap

Mobile App
user name: metlifeeap
and password: eap

*MetLife and LifeWorks abide by federal and state regulations regarding duty to warn of harm to self or others. In these instances, the consultant may have a duty to intervene and report a situation to the appropriate authority.

Some restrictions may apply to all of the above-mentioned services. Please contact your employer or MetLife for details. EAP services provided through an agreement with LifeWorks US Inc. (LifeWorks by Morneau Shepell). LifeWorks is not a subsidiary or affiliate of MetLife.

MetLife
Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
OPT2/3 L0920007339[exp0921][All States][DC,GU,MP,PR,VI] © 2020 MetLife Services and Solutions, LLC

MEDICAL INSURANCE

Blue Cross Blue Shield of Kansas City

Benefits You Receive

NKC Schools offers three medical plan choices through Blue Cross Blue Shield of Kansas City. Below is a brief benefit summary of all three plans including employee pricing for all three options.

- Option B1 - EPO Copay ($$$)
- Option B2 - QHDHP ($)
- Option B3 – EPO/SPIRA Care($$)

NKC Schools will offer access to the Spira Care facilities through B2 - QHDHP and the B3 – EPO/SPIRA Care plan designs. An overview of the services provided at Spira Care is included on pages 21. In addition, we encourage you to view the Spira Care information on the benefits website for additional information.

Access your personal/family account online at www.bluekc.com or call 816-395-2576 or 877-507-1388, Monday-Friday 8:00am-5:00pm (CT). Your Blue Cross Blue Shield of Kansas City account allows you to search for providers in your plan, search prescription drug coverage available on the formulary listing, along with viewing claims and wellness opportunities.

Note that there are some key components of the prescription drug coverage for all three health plans options to keep in mind. All three plans offer access to the National BlueCard network. This is important to remember if you are traveling, or have dependents who are attending school outside of the KC Metro area. To determine whether or not your medication is covered, and at which coverage tier, please search for the Premium Formulary on the BlueKC website. If you or a covered family member need a long-term medication (greater than one month supply), you have the option of ordering this through the Optum Mail order pharmacy, OR you may get up to a three-month supply at a network retail pharmacy (as long as your provider writes the script accordingly).

Prescription Drugs are covered under the Blue KC formulary: Premium Formulary. To search for medications covered under the formulary, use this link:

https://bluekcmemberportal.azureedge.net/consumer/pdfs/DirectoryLibrary/2023/BlueKC-Premium-Comprehensive.pdf

Option B1 - EPO Copay - ($$$)

Benefit	B1 - EPO with Copays	
	In-Network	Non-Network
Network	BlueSelect Plus	No Coverage
Emergency Care Treated as In-Network	Yes	Yes
Access to Meritas Primary Care Provider	Yes – No Office Visit Copay	No Coverage
Deductible (individual/family) - Calendar Year	$0 / $0	No Coverage
Member Coinsurance	0%	No Coverage
Out of Pocket Maximum (individual/family) - Calendar Year	$6,500 / $13,000	No Coverage
PCP Office Visit / Specialist Office Visit	$40/$80 copay	No Coverage
BlueKC Virtual Care Visit	$10 copay	
BlueKC Virtual Behavioral Health Visit	$40 copay	
Urgent Care Office Visit	$80 copay	
Diagnostic X-ray for Complex Imaging Services	$250 copay	No Coverage
Hospital Inpatient /Outpatient Surgery	$600 copay per admit	No Coverage
Emergency Room	$250 copay	$250 copay
Chiropractic Office Visit/Skeletal Manipulation	$40 copay/100%	No Coverage
Speech, Hearing, Physical & Occupational Therapy	Covered at 100%	No Coverage
Routine Eye Exams (1 per calendar year)	$10 copay	No Coverage
Generic Drugs (Up to 34 or 102 day supply)	$10 copay	No Coverage
Preferred Drugs(Up to 34 or 102 day supply)	$50 copay	No Coverage
Non-Preferred Drugs (Up to 34 or 102 day supply)	$70 copay	No Coverage
Rx Mail Order (Between 35-102 day supply)	$30 generic / $150 preferred brand / $210 non-preferred brand	No Coverage

Employee Monthly Cost:

***The employee cost assumes participation in the wellness plan. If you do not participate, employee cost will increase $30 per month.**

B1- EPO Copay ($$$)	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	**$895.60**	**$807.00**	**$88.60**	**N/A**
Employee + Spouse	**$1,850.22**	**$807.00**	**$1,043.22**	**N/A**
Employee + Child(ren)	**$1,587.08**	**$807.00**	**$780.08**	**N/A**
Family	**$2,023.64**	**$807.00**	**$1,216.64**	**N/A**

Option B2 - QHDHP* ($)

Benefit	B2 - QHDHP*	
	In-Network	Non-Network
Network	BlueSelect Plus	N/A
Emergency Care Treated as In-Network	Yes	Yes
Access to Spira Care Facilities	$60*	N/A
Access to Meritas Clinic – All Clinics	Yes- Deductible/Coinsurance	N/A
Deductible (individual/family) - Calendar Year**	**$1,900/$3,800	$3,800/$7,600
Member Coinsurance	20%	50%
Out of Pocket Maximum (individual/family) - Calendar Year	$4,500 / $9,000	$25,000 / $50,000
PCP Office Visit / Specialist Office Visit	Deductible/Coinsurance	Deductible/Coinsurance
BlueKC Virtual Care Visit	Deductible/Coinsurance	No Coverage
BlueKC Virtual Behavioral Health Visit	Deductible/Coinsurance	No Coverage
Urgent Care Office Visit	Deductible/Coinsurance	Deductible/Coinsurance
Diagnostic X-ray for Complex Imaging Services	Deductible/Coinsurance	Deductible/Coinsurance
Hospital Inpatient /Outpatient Surgery	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room	Deductible/Coinsurance	Deductible/Coinsurance
Chiropractic Office Visit/Skeletal Manipulation	Deductible/Coinsurance	Deductible/Coinsurance
Speech, Hearing, Physical & Occupational Therapy	Deductible/Coinsurance	Deductible/Coinsurance
Routine Eye Exams (1 per calendar year)	Covered 100%	Deductible/Coinsurance
Generic Drugs (Up to 34 or 102 day supply)	$10 copay; after deductible	50% of cost after deductible and copay
Preferred Drugs (Up to 34 or 102 day supply)	$50 copay; after deductible	50% of cost after deductible and copay
Non-Preferred Drugs (Up to 34 or 102 day supply)	$70 copay; after deductible	50% of cost after deductible and copay
Rx Mail Order (Between 35-102 day supply)	$30 generic / $150 preferred brand / $210 non-preferred brand; after deductible	50% of cost after deductible and copay

**All services subject to deductible and coinsurance function as follows: Once deductible is met for any reason, the plan coinsurance picks up 80% or 50% of contracted expenses until the member's responsibility of 20% or 50% reaches the combined out of pocket maximum (which includes all deductible, coinsurance and copay amounts paid by the member). **HDHP has an aggregate deductible meaning any employee covering dependents on their plan must meet the entire family deductible before the plan will pay. Non-network deductible is also aggregate.

Fair Market Value, subject to change

Employee Monthly Cost:

******The employee cost assumes participation in the wellness plan. If you do not participate, employee cost will increase $30 per month.**

B2 - QHDHP ($)	Total Cost	District Benefit	Employee Cost****	HSA District Monthly Contribution
Employee	**$757.72**	**$757.72**	**$0.00**	**$49.28**
Employee + Spouse	**$1,565.36**	**$757.72**	**$807.64**	**$49.28**
Employee + Child(ren)	**$1,342.74**	**$757.72**	**$585.02**	**$49.28**
Family	**$1,712.08**	**$757.72**	**$954.36**	**$49.28**

Option B3 – EPO/SPIRA Care ($$)

Benefit	B3 - EPO/SPIRA Care	
	In-Network	Non-Network
Network	BlueSelect Plus	No Coverage
Emergency Care Treated as In-Network	Yes	Yes
Access to Spira Care Facilities	Yes - $0 copay	No Coverage
Access to Meritas Primary Care Provider	Yes – No Office Visit Cost Share	No Coverage
Deductible (individual/family) - Calendar Year	$1,550/$3,100	No Coverage
Member Coinsurance	0%	No Coverage
Out of Pocket Maximum (individual/family) - Calendar Year	$1,550/$3,100	No Coverage
PCP Office Visit / Spira Care Facility	Deductible	No Coverage
BlueKC Virtual Care Visit	No Member Cost Share	
BlueKC Virtual Behavioral Health Visit	$40 copay	
Urgent Care Office Visit	Deductible	
Diagnostic X-ray for Complex Imaging Services	Deductible	No Coverage
Hospital Inpatient /Outpatient Surgery	Deductible	No Coverage
Emergency Room	Deductible	Deductible
Chiropractic Office Visit/Skeletal *Manipulation*	Deductible/Covered 100%	No Coverage
Speech, Hearing, Physical & Occupational *Therapy*	Covered at 100%	No Coverage
Routine Eye Exams (1 per calendar year)	Covered 100%	No Coverage
Generic Drugs (34 or 102 day supply)	$5 copay	No Coverage
Preferred Drugs (34 or 102 day supply)	$50 copay	No Coverage
Non-Preferred Drugs (34 or 102 day supply)	$55 copay	No Coverage
Rx Mail Order (34-102 day supply)	$15 generic / $125 preferred brand / $165 non-preferred brand	No Coverage

Employee Monthly Unit Cost:

***The employee cost assumes participation in the wellness plan. If you do not participate, employee cost will increase $30 per month.**

B3- EPO/SPIRA ($$)	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	**$827.14**	**$807.00**	**$20.14**	**N/A**
Employee + Spouse	**$1,708.78**	**$807.00**	**$901.78**	**N/A**
Employee + Child(ren)	**$1,465.72**	**$807.00**	**$658.72**	**N/A**
Family	**$1,868.96**	**$807.00**	**$1,061.96**	**N/A**

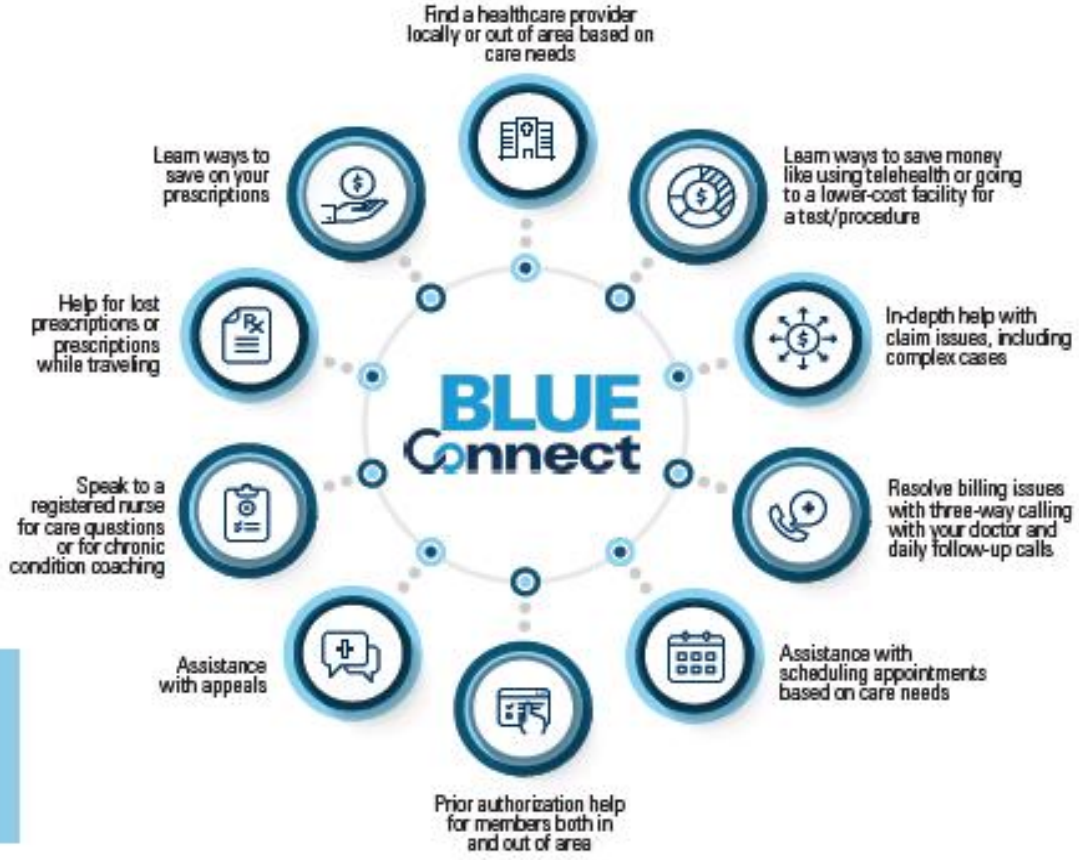
MEET BLUE CONNECT

A dedicated team of experts making health insurance simple for you

We are a local team– dedicated to you

The Blue Connect concierge team delivers superior healthcare customer service that was designed around you, for you. This expanded approach to Blue KC's award-winning customer service covers everything you've come to rely on, but now connects you with even more information to provide a truly personalized experience for all your healthcare needs.

HERE ARE JUST SOME OF THE WAYS BLUE CONNECT CAN HELP YOU:



CALL OR EMAIL US

1-816-395-2576 (local)
1-877-507-1388 (toll free)
Monday - Friday
8 a.m. - 5 p.m. CST
BlueConnect@BlueKC.com

SUPPORT WHEN YOU NEED IT

VIRTUAL CARE (online doctor visits): Download the MyBlueKC mobile app, or visit

MEET **US**

CUSTOMER ADVOCATES + REGISTERED NURSES + CLAIMS RESEARCH ANALYST

PLUS BEHIND-THE-SCENE-SUPPORT
SO YOU STAY CONNECTED WITH US

- Case Managers
- Pharmacy Teams
- Claims & Billing Teams
- Medical Management Team
- Appeals Team

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association
SM1050_011222

Kansas City

Kansas City

KNOW YOUR CARE OPTIONS

Determine when and where to seek medical care to save time and money!

Scan this QR code with your smartphone camera to download the MyBlueKC app.

Your Doctor

$

If you need medical care, but it is not an emergency, call your doctor for an appointment.

- Routine preventive checkups
- Immunizations
- Sick symptoms
- Medication questions or concerns
- Overall health management

Virtual Care

$$

If you can't wait or do not have quick access to care, virtual care can get you everyday medical and behavioral healthcare from your phone or the Web.

24/7 SICK CARE:

- Sinus pain, cold, cough, sore throat or nausea
- Rash, bumps, cuts, scrapes
- Headaches
- Minor fevers (below 104°)
- Mild allergic reactions
- Mild asthma
- Sprains, strains
- Eye swelling, irritation redness or pain
- Minor burns

BEHAVIORAL HEALTHCARE VISITS BY APPOINTMENT:

- Anxiety
- Bereavement/grief
- Bipolar disorder
- OCD
- PTSD/trauma
- Panic attacks

Urgent Care

$$$

If you need medical care quickly, your doctor is not available, and you prefer an in-person visit, urgent care may be the next best option.

- Stitches
- Minor broken bones that require x-rays
- Sprains/strains
- Back pain
- Sick or uncomfortable symptoms
- Common symptoms that require a prescription

Emergency Room

$$$$

If you need immediate care, but be advised that if you go to the ER for a problem that is not an emergency, it may cost you even more.

- Life-threatening concerns
- Chest pain, numbness in face, arm or leg, difficulty speaking
- Shortness of breath
- Head injuries, severe broken bones, cut or wound
- High fever (over 104°)

To find an in-network provider, please log into your **MyBlueKC.com** member portal and click Find Care, or call the Customer Service number found on your Member ID card.

WHO USES VIRTUAL CARE?

PROFESSIONALS who can't wait for an appointment

FAMILIES including those with sick children

INDIVIDUALS that live in rural areas or outside the city

URGENT OR SICK CARE NEEDS

BEHAVIORAL HEALTH NEEDS

IMPORTANT - Members with serious or life-threatening injuries or illnesses should be taken directly to an emergency room, or call 911. You must notify Blue KC of any emergency hospital admission within 48 hours of the admission time, or as soon as reasonably possible.

Kansas City

SMARTSHOPPER FAQs

1. WHAT IS SMARTSHOPPER?

SmartShopper helps you save on healthcare and earn cash rewards when you shop and choose cost-effective, SmartShopper-eligible procedures. The program is designed to empower you to be a customer of healthcare, giving you resources to shop for healthcare, see estimated pricing, compare providers, and make more informed decisions.

2. HOW CAN I EARN CASH REWARDS FROM SMARTSHOPPER?

When you shop for a healthcare, SmartShopper estimates the cost of your procedure or treatment at several in-network facilities. If you have your procedure at one of these options, you earn a cash reward. Where you decide to get care is always your choice.

3. WHAT PROCEDURES ARE ELIGIBLE FOR CASH REWARDS?

Routine procedures, preventive exams, imaging scans, and surgeries qualify for cash rewards from SmartShopper. Some examples of SmartShopper-eligible procedures include MRIs, mammograms, colonoscopies, blood work, and joint replacements.

4. WHAT IS A TYPICAL CASH REWARD?

The amount of a cash reward you earn depends on the procedure. The average cash reward is $92. (If you earn more than $600, you will receive a 1099 tax form.)

5. WHY SHOP FOR HEALTHCARE?

Costs can vary dramatically for the same procedure at different locations. What consumers often do not realize is that many healthcare services are shoppable, which means you can plan and budget for them. With SmartShopper, you save and earn a cash reward when you shop.

6. HOW MUCH DOES SMARTSHOPPER COST?

SmartShopper is offered at no cost from your employer in partnership with Blue Cross and Blue Shield of Kansas City (Blue KC).

7. HOW DO I GET STARTED?

When your doctor recommends a procedure, log onto your member portal at BlueKC.com or on the MyBlueKC mobile app.

- Go to the Find Care tool, and search by procedure. You can also search by provider name, specialty, or facility.
- Your search will display estimated costs and the maximum SmartShopper reward you can earn.
- A confirmation code is displayed on the screen as a record of your shopping activity. This code can be used to reference your shop with the Personal Assistance Team should you need further assistance.
- After comparing options, choose the best care for you and schedule an appointment at the rewards-eligible facility.
- Following your procedure, SmartShopper will receive your claim, process your reward, and mail a check to your home address.

Kansas City

Login to MyBlueKC.com for more information.

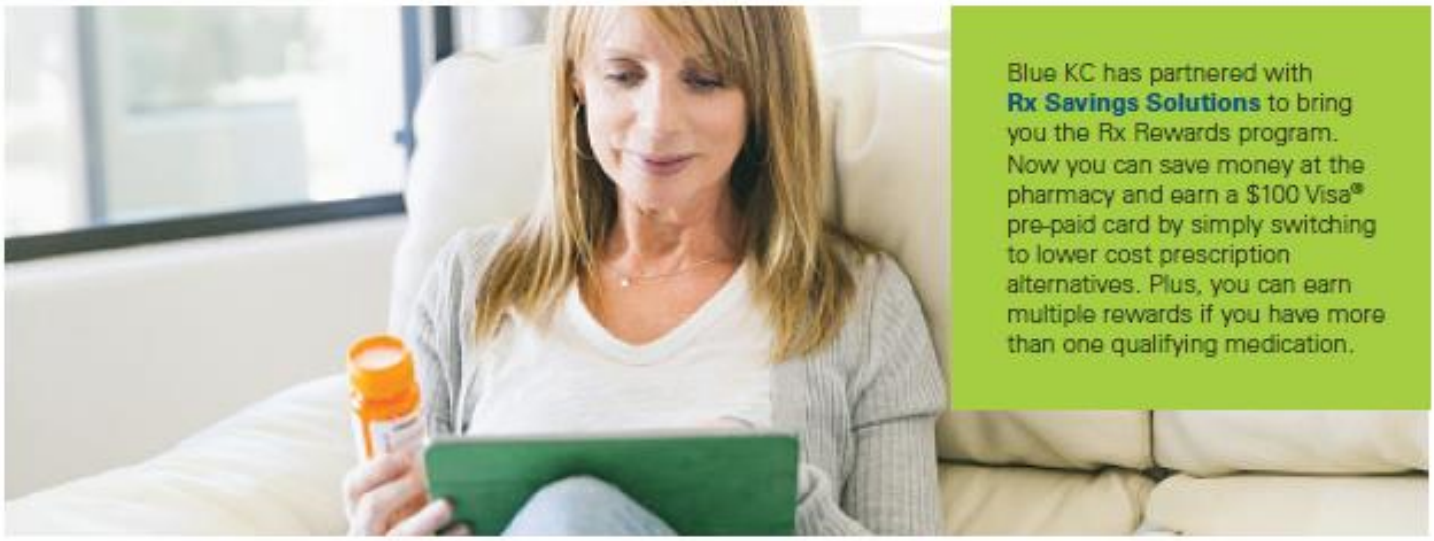
© 2022 Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross Blue Shield Association.

SM1179 - 060322

Kansas City

GET REWARDED WITH THE RX REWARDS PROGRAM

Earn a $100 prepaid card for switching to a lower cost prescription alternative



Blue KC has partnered with **Rx Savings Solutions** to bring you the Rx Rewards program. Now you can save money at the pharmacy and earn a $100 Visa® pre-paid card by simply switching to lower cost prescription alternatives. Plus, you can earn multiple rewards if you have more than one qualifying medication.

HOW IT WORKS

Step 1 If Rx Savings Solutions (RxSS) has your contact information, they will email you to inform you of any potential savings or incentives available to you.

Step 2 Log in to **MyBlueKC.com** and go to Plan Benefits ⇨ Pharmacy Plan Info ⇨ Spend Less on Prescription Drugs. If RxSS hasn't contacted you, you can find your qualifying prescriptions here **(or use the quick link: myrxss.com/bluekc)**.

Step 3 Review your qualifying medication alternatives and select the ones you'd like to change.

Step 4 Your prescription change is confirmed by RxSS.

Step 5 You are mailed a pre-loaded $100 Rx Rewards Visa® Prepaid Card* that can be used at drug stores, pharmacies, grocery stores, and wholesale clubs.

*Visa Prepaid Cards expire one year after activation. More details can be found at https://cloud.salesforce.rxsavingssolutions.com/PF

GET STARTED TODAY!

Go to MyBlueKC.com to log in, access your pharmacy benefits, and see if you have any prescriptions that qualify for the Rx Rewards program (or use the quick link: myrxss.com/bluekc).

Questions? If you have questions specific to the Rx Rewards Program, please contact Rx Savings Solutions at 1-800-268-4476.

SM1145_021521

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross Blue Shield Association

Kansas City

SAVE MONEY. LIVE HEALTHY.

Join Blue365® and start saving today!

With Blue365, great deals are yours for every aspect of your life—get 20% off at Reebok.com, discounted products through Jenny Craig or save on a gym membership.

Register now at Blue365deals.com/BlueKC to take advantage of Blue365. It's an online destination featuring healthy deals and discounts exclusively for our members.

Just have your Blue KC member ID card handy. In a couple of minutes, you will be registered and ready to shop. Every week we will send a special deal straight to your email inbox.

Blue365®

Because health is a big deal™

CHECK OUT THESE TOP BRANDS WITH DISCOUNTS JUST FOR YOU

Beltone

LasikPlus

Nutrisystem

jenny craig

QualSight LASIK

Reebok

Fairmont HOTELS & RESORTS

© 2000-2019 Blue Cross Blue Shield Association – All Rights Reserved. The Blue365 program is brought to you by the Blue Cross Blue Shield Association. The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies. Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross Blue Shield Association. Blue365 offers access to savings on health and wellness products and services and other interesting items that Members may purchase from independent vendors, which are different from covered benefits under your policies with your local Blue Company, its contracts with Medicare, or any other applicable federal healthcare program.

To find out what is covered under your policies, contact Blue KC. The products and services described on the Site are neither offered nor guaranteed under your Blue Company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Company's grievance process. BCBSA may receive payments from vendors providing products and services on or accessible through the Site. Neither BCBSA nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or Site.

Your Blue KC coverage includes discounts on many health and lifestyle products and services.
Register now at Blue365deals.com/BlueKC to take advantage of the special offers.

Kansas City
Livongo
by Teladoc Health
Diabetes Management, Simplified
Blue Cross and Blue Shield of Kansas City (Blue KC) now offers Livongo for Diabetes to you. The program is offered at no cost to members and covered dependents with diabetes and coverage offered through your employer's sponsored Blue KC health plan.
You'll get this and more when you sign up:
Unlimited strips
Connected blood glucose meter
Personalized insights and more
$0
per month
GET STARTED
Use registration code:
BLUEKC
Online: join.livongo.com/BLUEKC/hl
Phone: (800) 945-4355
Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al (800) 945-4355 o visite bienvenido.livongo.com/BLUEKC
Livongo is an independent company that manages the diabetes management program on behalf of Blue KC.
Blue Cross and Blue Shield of Kansas City is an Independent Licensee of the Blue Cross Blue Shield Association.
PM09621.A 2020 © Livongo. All Rights Reserved.

Kansas City

SOLERA

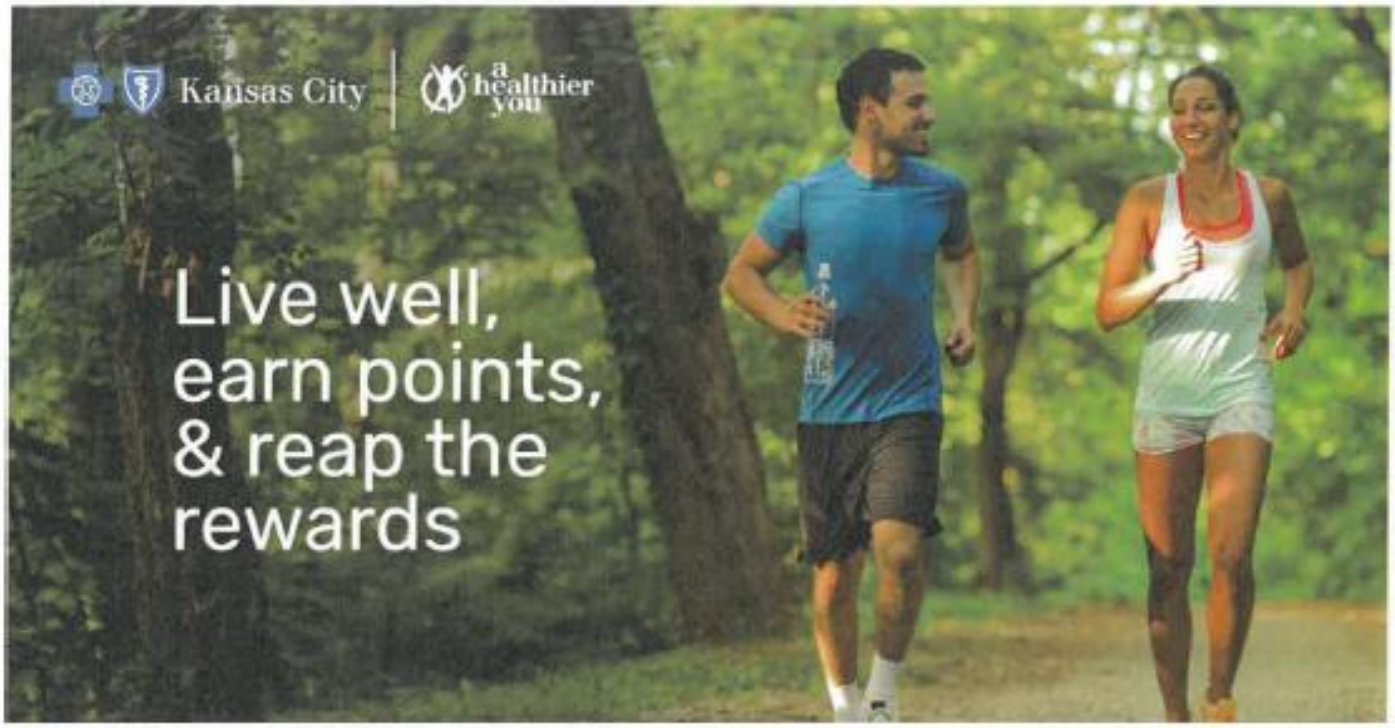
Lose weight, adopt healthy habits and reduce your risk of developing Type 2 diabetes. Take the one-minute quiz to find out if you qualify for a lifestyle change program at **$0 cost.**

$0 **Available at ZERO COST to members who qualify**

TAKE A ONE-MINUTE QUIZ AT **SOLERA4ME.COM/BLUEKC**

Questions? Call 866-671-7759, Monday through Friday 8 a.m. to 8 p.m. CT.

Blue Cross and Blue Shield of Kansas City is an Independent Licensee of the Blue Cross and Blue Shield Association.
Solera4me is provided by Solera Health, an independent company. ©Solera Health Inc. All rights reserved.



As your partner in health and wellness, Blue KC offers a program fittingly called: **A Healthier You**. No matter how healthy you consider yourself today, we're here to help you live even better and earn points and rewards along the way.

Over the course of your designated wellness program year, you'll have nearly endless opportunities to engage with your health and over 100,000 points available to earn. And the personalized recommendations on your dashboard will help you narrow in on actions that make most sense for you.

HERE'S HOW IT WORKS

Complete actions
Use your AHY portal to view personalized health actions, track your health & so much more

Earn points
Points will be awarded automatically as you complete each action within your wellness program year

Enter sweepstakes
Spend your points on sweepstakes for your chance to win digital gift cards

How to earn points

©2022Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross Blue Shield Association.

Kansas City

MYBLUEKC MOBILE APP

Access your health information anytime, wherever you go

You told us that you wanted to be able to access your health information on-the-go. And we listened. The **MyBlueKC** app makes it easy to manage your Blue KC coverage – no matter where you are. All you need is a smartphone and the **MyBlueKC** app.

The app can make your life easier by helping you get the answers you need in just a few taps.

Registration is simple!

Once logged in, the MyBlueKC app provides a customized experience based on your plan and coverage.

THE MYBLUEKC APP PUTS SO MUCH IN YOUR HANDS.

Find doctors and specialists in your network.

Access virtual care

Download your digital ID card.

Access benefit information about your plan.

Review spending for the current plan year.

View details about your claims.

Understand costs with a Cost Estimator.

Learn about more benefits and programs that come with your Blue KC coverage.

Download the MyBlueKC MOBILE APP

You're just moments away from being able to manage your Blue KC coverage on-the-go. Simply download and take control.

Download on the App Store

GET IT ON Google Play

Questions? Please call Blue KC Customer Service at the number listed on your member ID card.

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross Blue Shield Association

BlueCross BlueShield

Spira Care and BlueSelect Plus Network

Spira Care gives members access to comprehensive, personal primary care at convenient Care Centers, as well as access to all the benefits of the Blue Select Plus network.

Spira Care Centers Services:
Routine Preventive Care
Adult & Pediatric Primary Care
Chronic condition Management
Behavioral Health Consultation
Digital X-Rays
Lab Draws

Convenient Benefits
Common Prescriptions Filled On-Site
Specialist Referrals & Scheduling
Patient Wellness Follow-Ups
Outside-of-Care Center Support
Online Scheduling
Online Care Team Communication

Take a virtual tour at **SpiraCare.com/TOUR**

Learn more about our Care Teams and specific location hours at **SpiraCare.com**.

Spira Care Centers + Hospitals in the BlueSelect Plus Network

CROSSROADS
1916 Grand Boulevard
Kansas City, MO 64108

OVERLAND PARK
7431 W 133rd Street
Overland Park, KS 66213

LEE'S SUMMIT
760 NW Blue Parkway
Lee's Summit, MO 64086

SHAWNEE
10824 Shawnee Mission Parkway
Shawnee, KS 66203

LIBERTY
8350 N Church Road
Kansas City, MO 64158

TIFFANY SPRINGS
8765 N Ambassador Drive
Kansas City, MO 64154

OLATHE
15710 W 135th Street, #200
Olathe, KS 66062

WYANDOTTE
9800 Troup Avenue
Kansas City, KS 66111

+INDEPENDENCE OPENING LATE DECEMBER 2022
3717 S Whitney Avenue, Independence, MO 64055

Hours of Operation: All Facilities
Monday – Thursday: 7:30 AM – 6:30 PM
Friday: 7:30 AM – 5 PM

Saturday hours are available for the below locations
Hours 8 AM- Noon
Crossroads, Overland Park, Shawnee, and Tiffany Springs

In Network Spira Care Hospitals

Advent Health: Shawnee Mission, College Boulevard, Overland Park
Cameron Regional Medical Center
Children's Mercy Hospital (both Missouri & Kansas locations)
Liberty Hospital
North Kansas City Hospital
Olathe Medical Center
Providence Medical Center
St. Joseph Medical Center
St. Mary's Medical Center
University Health (formerly Truman Medical Centers
University Health Lakewood Medical Center
University of Kansas Health System
Western Missouri Medical Center

FURTHER
by HealthEquity

Save money tax-free

Earn interest tax-free

Pay for health care expenses tax-free

Introducing the HSA

A health savings account (HSA) is a tax-advantaged member-owned account that lets you save pretax dollars for future qualified medical expenses. It belongs to you and the money is yours to keep, even if you change jobs or retire. You don't pay any taxes on the money you put in or take out, as long as you use it for medical expenses as defined by the IRS.

If you can't find the answers you're looking for online, give us a call at 1-800-859-2144 Monday-Friday 7am to 8pm CST or hellofurther.com

Is an HSA right for you?

You're enrolled in an HSA-qualified health plan.

You can't be claimed as a dependent on someone else's taxes.

You have no other health coverage.

You can contribute some money to save or pay for health care expenses.

You aren't enrolled in Medicare.

You want to be ready when you have unexpected health care needs.

How an HSA works with your eligible health plan

Medical premium (your payment for health insurance)	Premiums often cost less for HSA-qualified plans.
Out-of-pocket costs you pay for health care (up to deductible and coinsurance)	Consider how much you'll spend on health care next year. Put that money into an HSA pretax from your paycheck.
HSA contributions	Putting money into an HSA helps you prepare and pay for these costs tax-free. If you don't need the money, save it for future needs.
Out-of pocket maximum	Once you reach your out-of-pocket max, everything is 100% covered. This protects you from a major financial crisis should unexpected health care needs arise.

Using Your Online Tools

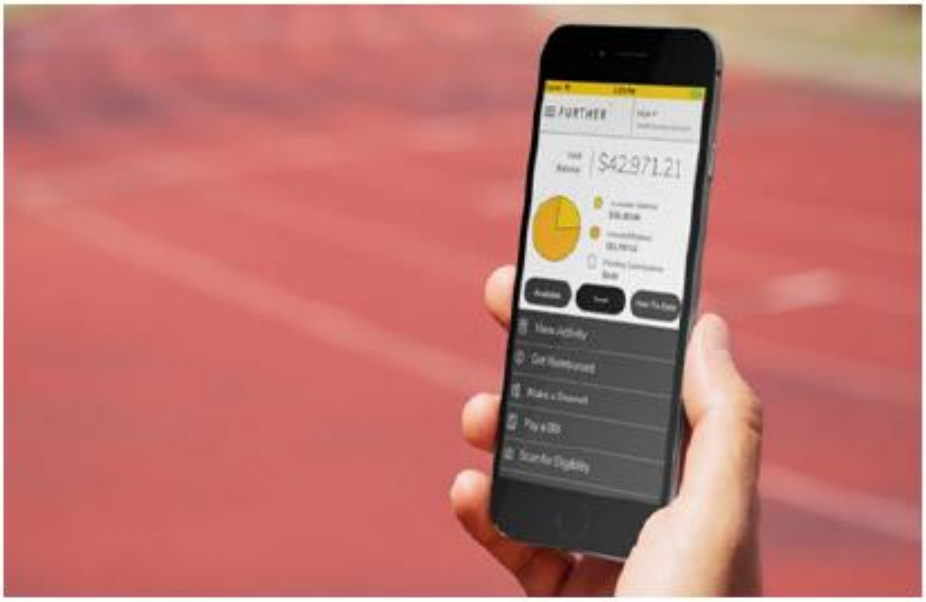
FURTHER

Our site

Our site at **www.hellofurther.com** makes managing your funds and account settings easy. This site is mobile-friendly, meaning you can use it on your phone or tablet as well as a computer.

To sign up online

A few days after you've enrolled, you'll receive a welcome packet in the mail that includes a verification form and your spending account identification number, or "SA ID", which you can use to create a profile at **www.hellofurther.com**.



Our app

Download the **Further mobile app**. It's available in both the Apple and Google Play app stores and allows you to use your device's tools, like your camera or fingerprint reader, for more convenience. Please note that before you can access your account using our mobile app, you must sign up online.

The Learning Center

The Further Learning Center is your best source for information related to your spending accounts. It's a good idea to bookmark the site at **learn.hellofurther.com/individuals** .

PROS AND CONS

Health Savings Accounts

The Health Savings Account (HSA) is a growing trend in health care. They have been embraced by over 10 million Americans since first established by law in 2003.

ADVANTAGES

Health Savings Accounts offer a way to save for – and pay for – healthcare (medical, prescription, dental, and vision) expenses. There are many advantages to having a Health Savings Account, including:

OTHERS CAN CONTRIBUTE TO YOUR HSA. Contributions can come from various sources, including you, your employer, a relative and anyone else who wants to add to your HSA.

PRE-TAX CONTRIBUTIONS. Contributions made through payroll deposits (through your employer) are typically made with pre-tax dollars, which means they are not subject to federal income taxes. In most states (including KS and MO), contributions are not subject to state income taxes either. Your employer can also make contributions on your behalf, and the contribution is not included in your gross income.

TAX DEDUCTIBLE CONTRIBUTIONS. Contributions made with after-tax dollars can be deducted from your gross income on your tax return, which means you may owe less tax at the end of the year. Contributions to your HSA can be made any time during the calendar year and up to April 15 of the following tax year. You can make regular contributions throughout the year, or make one lump-sum contribution whenever it's convenient.

TAX-FREE WITHDRAWALS. Withdrawals from your HSA are not subject to federal (or in most cases, state) income taxes if they are used for qualified (medical, prescription, dental and vision) expenses.

TAX-FREE EARNINGS AND INTEREST. Any interest or other earnings on the assets in the account are tax free.

FUNDS ROLL OVER. If you have money left in your HSA at the end of the year, it rolls over to the next year (unlike an FSA which is subject to the "use-it-or-lose-it" rule). The funds in the account continue to build over time, with no maximum.

YOU CAN BUDGET HOW MUCH TO CONTRIBUTE. The IRS permits you to change, start and stop the amount of your pre-tax payroll contributions as often as monthly.

PORTABLE. The money in your HSA remains available for future qualified healthcare expenses even if you change health insurance plans, change employers or retire. Funds left in your account continue to grow tax fee.

CONVENIENT. Most HSAs issue a debit card, so you can pay for your prescription medication and other expenses right away. If you wait for a bill to come in the mail, you can call the billing center and make a payment over the phone using your debit card. And, you can use the card at an ATM to access cash.

REDUCED PREMIUMS. HSAs go hand-in-hand with HDHPs, so monthly premiums are generally significantly less than if you have a low deductible health plan.

OWNERSHIP. The employee owns the account and has full control over how the account is used and invested.

FLEXIBILITY. You can use the funds in your account to pay for the expenses (medical, prescription, dental and vision) of yours, your spouse and your tax-dependent children even if they are not enrolled on your insurance plans.

DISADVANTAGES

HSAs also have a few disadvantages, including:

HIGH DEDUCTIBLE REQUIREMENT. You must be enrolled in a qualifying High Deductible Health Plan (HDHP) such as the B2 Health Plan offered through BlueKC before you can open and establish an HSA. Even though you are paying less in premiums each month, it can be difficult – even with money in an HSA – to come up with the cash to meet a high deductible.

UNEXPECTED HEALTHCARE COSTS. Your healthcare costs could exceed what you had planned for, and you may not have enough money saved in your HSA to cover expenses. However, you could pay with other means, then reimburse yourself with funds from your HSA at a later date.

PRESSURE TO SAVE. You may be reluctant to seek healthcare when you need it because you don't want to use the money in your HSA account.

TAXES AND PENALTIES. If you withdraw funds for non-qualified expenses before you turn 65, you'll owe taxes on the money plus a 20% penalty. After age 65 (or if you become disabled), you'll owe taxes but not the penalty.

RECORDKEEPING. You have to keep your receipts to prove that withdrawals were used for qualified health expenses. An HSA is an individual-owned account, so it is up to yo as te account-holder to provide the necessary documentation, should you be audited by the IRS.

ADDITIONAL TAX FORMS. Your HSA bank will provide you two tax forms you will need to file your taxes and save with your tax return. IRS form 8889 is filed with your income taxes to report year-to-date contributions and distributions from your HSA. IRS form 1099-SA provides you with the total distributions that were made from your HSA. IRS form 5498-SA reports the contributions made to your HSA in that particular tax year.

FEES. Some HSAs charge a monthly maintenance fee or a per-transaction fee, which varies by institution. While typically not very high, the fees do cut into your bottom line. Sometimes these fees are waived if you maintain a certain minimum balance. Oftentimes, the employer will cover the cost of the monthly fees for their full-time employees.

CONTRIBUTION LIMITS. The IRS sets contribution limits that determine how much you and/or your employer can contribute to your HSA each year. For 2023, the maximum contribution amounts are $3,850 for self-only coverage and $7,750 for family coverage. You can add up to $1,000 more as a "catch-up" contribution if you are age 55 or older at the end of your tax year.

RESPONSIBILITY. You as the accountholder are required to be knowledgeable of the IRS rules regarding HSA eligibility, contributions and distributions.

A Health Savings Account can be a great choice for people who wish to limit their upfront healthcare costs while saving for future expenses. For additional information, please see the Payflex website IRS Publication 502 for a listing of hundreds of qualified medical, prescription, dental and vision expenses. Also, IRS Publication 969 goes into more detail on the eligibility, contribution and distribution rules associated with HSAs.

DENTAL INSURANCE

New Carrier ➡ Ameritas

Benefit Plan Highlights	In Network	Out of Network
Diagnostic and Preventive Services – Type 1 • Oral exams, twice per calendar year • Bitewing X-rays • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning, twice per calendar year • Fluoride for Children 18 and under (1 per benefit period) • Space Maintainers	**100%**	**80%**
Basic Services – Type 2 • Sealants (age 18 and under) • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical & surgical) • Periodontics (nonsurgical & surgical) • Simple Extractions • Complex Extractions • Anesthesia	**100%**	**80%**
Major Services- Type 3 •Onlays & Inlays •Crowns (1 in 5 years per tooth) •Crown and Denture Repair •Prosthodontics (fixed bridge; removable complete/ partial dentures; 1 in 5 years)	**50%**	**50%**
Orthodontic Services • For dependent children to age 19 that begin treatment while covered by this plan	**50%**	**50%**
Calendar Year Deductible (Applies to Basic and Major Services only)	**$50 per person**	
Calendar Year Benefit Maximum	**$1,000 per person**	
Orthodontic Lifetime Maximum- Children up to the age of 19.	**$1,000 per eligible dependent**	
Dental Network: Ameritas Classic (PPO) & Plus Network		
Dependent Age Limit: End of calendar year following 26th birthday		

24/7 Online Access to Benefits and Service: Visit www.Ameritas.com

Delta Dental PPO	Total Cost	District Benefit	Employee Cost
Employee	$23.60	$23.60	$0.00
Employee + Spouse	$48.22	$23.60	$24.62
Employee + Child(ren)	$68.76	$23.60	$45.16
Employee + Family	$91.30	$23.60	$67.70

Easily Manage Your Dental Benefits

Here's what you can do now to get the most from your plan.

Create your secure online member account today

1 Go online

Visit ameritas.com/sign-in and select 'Member Sign In' under 'Dental, Vision & Hearing.'

2 Register

Under first-time users, select 'Register Now' and complete the form. Log into your new account and complete the verification process.

3 Authenticate

Provide the personal information used at enrollment including name, date of birth and ZIP Code. Mark if you are the insured member and enter your member ID.

Due to HIPAA regulations, only the primary member/policyholder has full account access. Learn more about access levels.

Go paperless. Sign up to receive your explanation of benefits (EOB) statements online. To receive electronic EOBs instead of paper statements, select the go paperless option once you are logged in or when setting up your member account.

Member account to-do list:

Print out or save your **ID card** to your smartphone

Review your **plan details** including maximum benefit, deductible amounts and your remaining benefits

Check if your current provider is part of the **Ameritas Dental Network**

Locate your **claims status** page so you can see how benefits are calculated and payments are processed

Additional plan benefits found in your secure member account

Prescription drug savings

Save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart.

Eyewear savings

Save on a complete pair of prescription eyeglasses at Walmart Vision Centers nationwide (excludes contacts).

Worldwide support

AXA Assistance helps find a provider and schedule an appointment if you have a dental or vision emergency while traveling outside the U.S.

Save these numbers:
866-662-2731 (toll free)
and 312-935-3727 (collect).

The prescription and eyewear discounts are not insurance and are no additional cost to your plan premium.

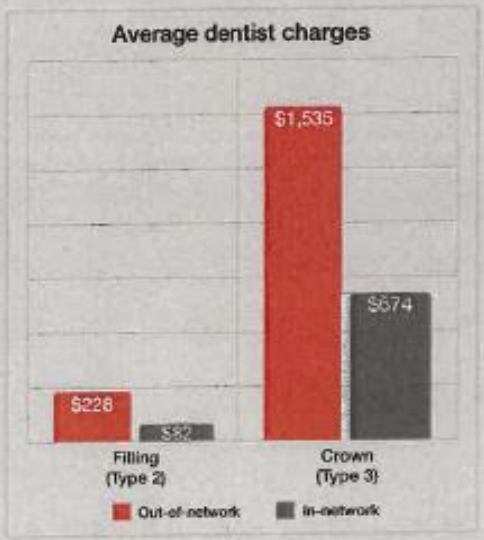
Watch this short video to learn more about navigating your secure member account.

Ameritas.
fulfilling life.

GR 6122 1-23

Evaluate your potential out-of-pocket costs

- Located in your secure member account, the dental cost estimator lets you compare estimated procedure charges based on ZIP Code. You can search estimates for both in-network and out-of-network providers.
- Ask your dentist to submit a pretreatment estimate for any dental work you consider expensive. Then Ameritas will let you know the amount insurance will cover so you can budget for the remainder. The pretreatment estimate is based on your plan benefits and submitted claims.



For illustrative purposes only. Allowance and cost estimates are specific to ZIP Code 60500X. The initial cost without insurance has been estimated. Actual charges may vary.

Save money

You can use your dental benefits with any provider. The thing to consider is out-of-network dentists will charge you their regular rates, whereas Ameritas network providers have agreed to charge you 25-50% less. After your plan benefits are applied, you pay the remaining balance.

Find out if your dentist is in the network

Visit ameritas.com. Find a Health Provider, to find a new dentist or see if your current provider is in the Ameritas Dental Network. For a list of providers that allow you to use your in-network benefits in Mexico, select Find a Contracted Provider in Mexico.

Nominate your dentist

If your dentist is not in the network already, just go to ameritas.com, search for "nominate a provider" and complete the online form.

Here to help

If you have questions about your plan benefits, use the chat feature located in your secure member account or call the Ameritas customer connections team.

Claims, benefit and provider network questions:
group@ameritas.com
800-487-5553
Monday - Thursday, 7 a.m. - Midnight (CST)
Friday, 7 a.m. - 6:30 p.m. (CST)

Ameritas.
fulfilling life.

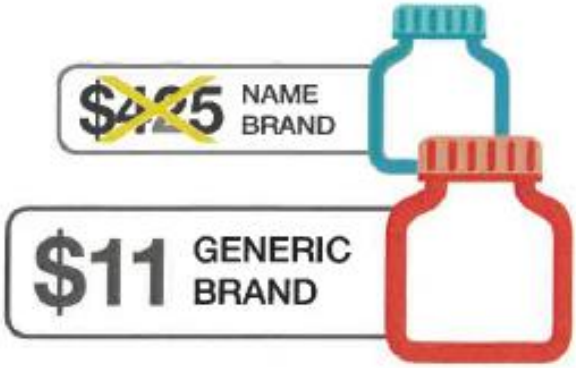
This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (6000 Rev. 03-16 for Group and 9000 Rev. 02-19 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental and Vision Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Ameritas, the blue design, "fulfilling life" are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2023 Ameritas Mutual Holding Company.

Save more with Ameritas

Prescription savings. You and your covered dependents can save on prescription medications at **over 60,000 pharmacies across the nation** including CVS, Walgreens, Rite Aid and Walmart. Participating pharmacies give your normal health care pharmacy benefit, or the Rx discount, whichever saves you more. Switching to generic and presenting the card **saved 97% on one prescription.***

Find a pharmacy near you –
ameritas.com/rxpharmacy

Look up a price –
ameritas.com/rxpricing



Prescription Drug Savings Card

Ameritas. fulfilling life.

elixir SAVINGS

Member Name: _____

RxBin # 017529 **Group #** AMERITAS **Member ID #** AMER2233 **PCN:** AMRX

This is not insurance
Administered by Elixir Savings

GR-6269 10-20

THIS IS NOT INSURANCE

Certain terms and conditions apply. View terms and conditions at ameritas.com/rxterms. Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.

For prescription discount drug pricing please visit ameritas.com/rxpricing.

Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit ameritas.com/rxpharmacy.

Pharmacy and member help desk **1-877-684-0032**

This is a FREE card and may not be sold.

GR-6269 10-20

Eyewear savings. As an Ameritas insured member, you can save on a complete pair of prescription eyeglasses at Walmart Vision Centers nationwide (excludes contacts).

The prescription and eyewear discounts are not insurance and are no additional cost to your plan premium.

Ameritas Eyewear Savings Card

Ameritas. fulfilling life.

Walmart Save money. Live better.

Member Name: _____

Members: To locate a Walmart Vision Center near you, visit http://www.walmart.com/cservice/ca_storefinder.gsp. Call 800-487-5553 with questions.

Walmart Vision Center Associates: Use plan name **SAVINGS 10** in BOSS. Call 700-277-7710 with questions.

GR-6269 Eyewear 11-19

* On average, you could see up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescriptions combined. Illustration numbers are rounded to the nearest dollar amount, based on Lexapro TAB 20MG and Escitalopram TAB 20MG, ZIP 68510.

VISION INSURANCE

EyeMed

Benefits You Receive: Vision insurance is available through EyeMed. The following chart provides an overview of the benefits you receive when you see an Insight Network provider.

eyemed

40% OFF
additional complete pair of prescription eyeglasses

20% OFF
non-covered items, including non-prescription sunglasses

Find an eye doctor
(Insight Network)
- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads up
You may have additional benefits. Log into **eyemed.com/member** to see all plans included with your benefits.

North Kansas City Schools

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	$25 copay	Up to $50
Retinal Imaging	Up to $39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up – Standard	Up to $40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up – Standard < 19 years of age	$0 copay; paid in full and two follow-up visits	Up to $37
Fit and Follow-up – Premium	10% off retail price	Not covered
Fit and Follow-up – Premium < 19 years of age	$0 copay; 10% off retail price, then apply $55 allowance	Up to $37
FRAME		
Frame	$0 copay; 20% off balance over $120 allowance	Up to $70
STANDARD PLASTIC LENSES		
Single Vision	$25 copay	Up to $50
Bifocal	$25 copay	Up to $75
Trifocal	$25 copay	Up to $100
Lenticular	$25 copay	Up to $75
Progressive – Standard	$25 copay	Up to $75
Progressive – Premium Tier 1-4	$25 copay	Up to $75
LENS OPTIONS		
Anti Reflective Coating – Standard	$0 copay	Up to $5
Anti Reflective Coating – Premium Tier 1 - 3	$0 copay	Up to $5
Photochromic – Non-Glass	$75	Not covered
Photochromic – Non-Glass < 19 years of age	$0 copay	Up to $5
Polycarbonate – Standard	$40	Not covered
Polycarbonate – Standard < 19 years of age	$0 copay	Up to $5
Scratch Coating – Standard Plastic	$15	Not covered
Tint – Solid and Gradient	$15	Not covered
UV Treatment	$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts – Conventional	$0 copay; 15% off balance over $120 allowance	Up to $105
Contacts – Disposable	$0 copay; 100% of balance over $120 allowance	Up to $105
Contacts – Medically Necessary	$0 copay; paid in full	Up to $210
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	**ALLOWED FREQUENCY - ADULTS**	**ALLOWED FREQUENCY - KIDS**
Exam	Once every calendar year	Twice every calendar year
Frame	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Twice every calendar year
Contact Lenses	Once every calendar year	Once every calendar year

(Plan allows member to receive either contacts and frame, or frames and lens services)

Summary of Benefits available in multiple languages.

Plan Option	Monthly Rate- Employee Paid
Employee	**$9.66**
Employee + Spouse	**$19.22**
Employee + Child(ren)	**$20.54**
Employee + Family	**$32.82**

North Kansas City Schools

EyeMed Vision Care Diabetic Product

What healthy habits look like

Diabetes and eye wellness are linked by healthy choices. Full of advice from vision experts, **eyesiteonwellness.com** is a collection of videos, quizzes, articles, recipes and tools to help you make those choices.

SUMMARY OF BENEFITS

DIABETIC CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
For Type 1 or Type 2 Diabetes with Diabetic Retinopathy		
Medical Follow Up Eye Examination	$0 copay	Up to $77
Fundus Photography Examination	$0 copay	Up to $50
Extended Ophthalmoscopy (initial and subsequent)	$0 copay	Up to $15
Gonioscopy	$0 copay	Up to $15
Scanning Laser	$0 copay	Up to $33

Benefit Frequency: All Diabetic Care Services are covered once every 6 months*

DEFINITIONS

Medical Follow-Up Examination means an office visit for diabetic vision care after the initial Comprehensive Eye Examination.

Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination and the benefit frequency limitations referenced above. More comprehensive descriptions of these services are available in the Certificate of Insurance.

Fundus Photography Examination means photographing portion(s) of or the complete retina surface and structures, with interpretation and report. (*The Fundus Photography Examination is not covered if an Extended Ophthalmoscopy was provided within the previous six-month period.)

Extended Ophthalmoscopy means an examination of the interior of the eye, focusing on the posterior segment of the eye, including the lens, retina, and optic nerve, by direct or indirect ophthalmoscopy, and includes a retinal drawing with interpretation and report. (*The Extended Ophthalmoscopy is not covered if Fundus Photography Examination was provided within the previous six-month period.)

Gonioscopy means an eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea with a gonioscope or with a contact prism lens.

Scanning Laser means a computerized ophthalmic diagnostic imaging, posterior segment, with interpretation.

EXCLUSIONS

In addition To the Exclusions In the Policy/Certificate, no benefits are payable For services connected With Or charges arising from any Vision Materials; orthoptic Or vision training, subnormal vision aids And any associated supplemental testing; medical, pathological And/Or surgical treatment Of the eye, eyes Or supporting structures; any Vision Examination required by a Policyholder As a condition Of employment; Or services, supplies, prescription medication Or treatment For diabetes, except As specifically included.

R-03080

Flexible Spending Accounts

Surency Advantage Plus

Benefits You Receive

Each eligible employee may voluntarily redirect a portion of his or her gross pay to a medical flexible spending account (FSA) and/or the dependent care account (DCA) which is administered by Surency Advantage Plus. These dollars can be used during the plan year to pay for the unreimbursed medical, dental, vision and dependent care expenses you incur.

Dependent Care Account

Maximum contribution if single or married filing jointly: $5,000

This account allows working parents to pay for daycare and before/after school expenses with pre-tax dollars. Dependents must be a child under the age of 13, or a child, spouse, or other dependent that is physically or mentally incapable of self-care and spends at least eight hours a day in your household. Expenses for kindergarten fees, elementary school expenses for a child in first grade or higher, and expenses paid to a housekeeper, maid, cook, etc. are NOT eligible (except where incidental to child or dependent adult care).

Medical Flexible Spending Account

Maximum contribution: $3,050 (7/1/23-6/30/24):

The Medical FSA allows you to pay with pre-tax dollars for health, dental and vision expenses that are not covered by insurance.

Examples of Reimbursable Expenses:

- Deductibles, Copays, Coinsurance
- Splints & Casts, Prescriptions
- Wheelchairs, Crutches, X-rays
- Diabetes testing
- Dental services, fillings, root canals
- Orthodontia
- Vision exams, contacts, glasses

Surency AdvantagePlus 2023 Flex Reminders!!

If you have not used up your 2022-23 Flex dollars, you have until **9/15/2023** to incur claims. NKC Schools offers a **grace period** which means that you can incur claims in July 2023 through September 15th of 2023 and file for reimbursement from your 2022-23 flex account. You have until **September 28th, 2023, to file all claims.** Any 2022-23 funds not exhausted during the grace period WILL BE LOST.

If you have questions about qualified medical expenses, call 866-818-8805 or visit www.surency.com to view a complete list of approved expenses.

How Flexible Spending Accounts Work

You decide how much you will spend on unreimbursed health, dental, and vision expenses, and/or dependent care costs for the plan year. You elect to redirect part of your paycheck into a pre-tax FSA. This amount can be changed only at open enrollment or if you have a qualifying event consistent with the change you are requesting. Use your FSA card for qualified expenses and simply swipe your debit card. If you prefer to pay upfront then be reimbursed, you can file a paper claim or send in your claim form electronically through Surency.com or the Surency App.

Upon termination of employment, expenses can no longer be incurred after your final day worked. Claims must be submitted within 30 days of your last day worked. (Ex. Last day worked is 5/16, final day to submit claim is 6/15).

Substantiation – Why is it needed?

The IRS has established specific guidelines that require all Flexible Spending Account (FSA) transactions-even those made using a health care payment card-to be substantiated (verified that the purchase was an eligible medical expense). Some claims may use auto-substantiation (copay matching, recurring claims, or real-time substantiation). Other claims require manual substantiation (receipt). Claims not substantiated may be recovered through payroll. This is an IRS mandate, not a rule set by NKC Schools or Surency.

When an employee fails to repay the amount of an improper charge, the IRS requires the employer withhold the improper charge amount from the employee's pay. If the full improper charge cannot be withheld, the IRS requires that any repayment not settled be added as W-2 taxable wages, subject to income tax, Social Security (if applicable), and Medicare.

Surency ADVANTAGEPLUS

MOBILE APP

TAKE CONTROL OF YOUR HEALTHCARE EXPENSES

Want to check your health care balances and submit receipts anywhere, anytime? **We have an app for that!**

Download on the App Store

GET IT ON Google Play

With the free Surency AdvantagePlus benefits app:

- Check your flexible spending account (FSA), dependent care flexible spending account (DC FSA), health reimbursement arrangement (HRA) and health savings account (HSA) balances.
- File new FSA and HRA claims.
- Contribute and distribute HSA funds.
- Upload receipts using your mobile device's camera.
- View account activity.
- Access FSA Store.
- And more!

Setting Up Your Account

1. **Download the Mobile App**
   - Search the Apple App Store or Google Play (Android) for **Surency AdvantagePlus**. Download the app to your device.
2. **Log in to the Mobile App**
   - Log in using your username and password (same as your Member Login information).
   - Select a 4-digit code for security.
   - If you are a new member and do not have a username and password, you must first log in online at **Surency.com** using the information below:

Username: first name (all lowercase) + last four digits of Social Security Number

Password: last name (all lowercase) + last four digits of Social Security Number *

* If your last name is hyphenated, your password should be entered with no hyphen or space between the two names. See Example 2 below.

Example 1: If your name is John Smith and the last four digits of your SSN are 1234, your username would be john1234 and your password would be smith1234.

Example 2: If your name is Jane Smith-Jones and the last four digits of your SSN are 1234, your username would be jane1234 and your password would be smithjones1234.

Note: If you experience any difficulty signing in to the Surency Member Login site, please call Customer Service at 866.818.8805.

Your Surency AdvantagePlus app will work just like other apps on your mobile device, making it easy to learn and use. No sensitive account information is ever stored on your mobile device and the highest level of secure encryption is used to protect all transmissions.

Surency AdvantagePlus is administered by Surency Life & Health Insurance Company.

surency life & health insurance company
866.818.8805
surency.com

Surency © 2017

LIFE AND AD&D INSURANCE

MetLife

Plan Overview:

Basic Benefit Amount

Variable amounts provided based on employment type and status.

Basic Accident Death Benefit

Amount is the same as the Basic Life amount.

Living Care Benefits

If you have a qualifying medical condition, you may apply for an accelerated benefit to receive a portion of your life insurance once during your lifetime. Amount of benefit: 80% of the Life Insurance in force.

Conversion

Must apply for conversion within 31 days of termination of policy. Information will be provided with COBRA information.

Cost of Coverage

Basic Life and AD&D coverage is provided at no cost to all eligible district employees.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

In addition to the Voluntary Term Life Insurance, you may also purchase Voluntary Accidental Death & Dismemberment (AD&D) for yourself, your spouse, and your dependent children. However, you may only elect coverage for your dependents if you enroll for Voluntary Accidental Death & Dismemberment for yourself. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing, or sight, third degree burn, brain damage or coma, as examples. If you suffer a covered fatal accident, benefits will be paid to your beneficiary. Supplemental AD&D can be elected in $10,000 increments to a maximum of $500,000. Your dependent children will be eligible for flat $10,000 coverage amount, and spouse will be eligible for a maximum of $250,000 not to exceed 50% of the employee's Voluntary Accidental Death & Dismemberment. You pay for the cost of AD&D insurance on an after-tax basis through payroll deductions. The cost of this coverage is listed in the table below.

Monthly Cost for Accidental Death & Dismemberment (AD&D) Insurance

Supplemental Coverage	Monthly Cost Per $1,000 of Coverage
Employee	$0.020
Dependent Spouse/Domestic Partner	$0.020
Dependent Child	$0.020

VOLUNTARY TERM LIFE INSURANCE

North Kansas City Schools provides benefit eligible employees with the option to enroll in a term life insurance plan, as well as a life insurance benefit for spouses and/or child(ren). Purchasing term life insurance through NKC Schools may grant you lower rates, limited underwriting requirements (if any) and superior plan features. If you have had a life event change, please remember to contact the Benefits Coordinator to update your beneficiary information.

Plan Feature/Provision	Plan Design Details
Employee Benefit: - Plan Maximum - **Guarantee Issue (Initial year only)** - Incremental Purchase Amounts	- $500,000 - **$300,000** - $10,000 increments to a maximum of $500,000
Spouse Benefit: - Plan Maximum - Rate Age - Incremental Purchase Amounts	- $50,000 - Based on employee's age - $5,000
Child(ren) Benefit: - Plan Maximum - **Guarantee Issue (Initial year only)**	- Children under 15 days: Flat $500 - Children 15 days and older: Flat $10,000 - **$10,000**
Open Enrollment	Employee can increase coverage between $10,000 and $20,000 without evidence of insurability
Premiums	Increase on plan anniversary after you enter next five-year age band
Portability	Yes, with age restrictions
Conversion	Yes, with restrictions, see certificate
Accelerated Life Benefit	Yes
Age Reductions	35% at age 65, 70% at age 70, 73% at age 75

Covered Participant's Age	Rate per $1,000 of Benefit
< 25	$0.040
25-29	$0.060
30-34	$0.060
35-39	$0.080
40-44	$0.100
45-49	$0.140
50-54	$0.220
55-59	$0.420
60-64	$0.660
65-69	$1.220
70+	$2.060
Child	$0.090

SHORT & LONG TERM DISABILITY INSURANCE

North Kansas City Schools provides benefit eligible employees with the option to purchase short and long term disability income benefits. In the event you become disabled from an injury or sickness, disability income benefits may be provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits or paid leave benefits from NKC Schools.

Short Term Disability Income Benefits

Plan Overview	
Benefits Begin	8th Day Following an Injury / 8th Day Following a Sickness
Maximum Benefit Period	13 Weeks
Percentage of Income Replaced	50% of Weekly Earnings, up to $1,000 per week
Exclusions	Benefit does not cover work-related accidents or injuries
Pre-existing Condition Waiting Period	3/12

Rates per $10 of Weekly Benefit									
Age Band	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Rate	$0.66	$0.96	$1.32	$0.94	$0.64	$0.58	$0.60	$0.68	$1.04

Long Term Disability Income Benefits

Plan Overview	
Benefit Amount	50% of monthly salary
Own Occupation Period	24 months
Elimination Period	90 days
Maximum Benefit Period	Social Security Normal Retirement Age (SSNRA)
Maximum Monthly Benefit Amount	$10,000
	3 months
	12/12

Rates per $100 of Monthly Covered Payroll									
Age Band	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Rate	$0.10	$0.12	$0.12	$0.18	$0.22	$0.34	$0.44	$0.58	$0.82

Critical Illness Insurance

Benefits that may help cover expenses that are not covered by your medical plan.

North Kansas City School District

Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	$5,000, $10,000 or $20,000	Coverage is guaranteed provided you are actively at work. [1]
Spouse/Domestic Partner[2]	100% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]
Dependent Child(ren)[3]	100% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]

Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit**[4] for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions

Please refer to the table below for the percentage benefit payable for each Covered Condition.

Covered Conditions*	Initial Benefit	Recurrence Benefit
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	50% of Initial Benefit Amount
Cancer Category		
Invasive Cancer	100% of Benefit Amount	50% of Initial Benefit Amount
Non-Invasive Cancer	25% of Benefit Amount	50% of Initial Benefit Amount
Skin Cancer	5% of Benefit Amount, but not less than $250	None
Cardiovascular Disease Category		
Coronary Artery Bypass Graft (CABG) - *where surgery involving either a median sternotomy or minimally invasive procedure is performed*	50% of Benefit Amount	50% of Initial Benefit Amount
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	None
Cleft Lip or Cleft Palate	100% of Benefit Amount	None
Cystic Fibrosis	100% of Benefit Amount	None

Critical Illness Insurance

Diabetes (Type 1)	100% of Benefit Amount	None
Down Syndrome	100% of Benefit Amount	None
Sickle Cell Anemia	100% of Benefit Amount	None
Spina Bifida	100% of Benefit Amount	None
Functional Loss Category		
Coma	100% of Benefit Amount	50% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	None
Paralysis of 2 or More Limbs	100% of Benefit Amount	None
Heart Attack Category		
Heart Attack	100% of Benefit Amount	50% of Initial Benefit
Sudden Cardiac Arrest	100% of Benefit Amount	None
Infectious Disease Category		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	None
Diphtheria	25% of Benefit Amount	None
Encephalitis	25% of Benefit Amount	None
Legionnaire's Disease	25% of Benefit Amount	None
Malaria	25% of Benefit Amount	None
Necrotizing Fasciitis	25% of Benefit Amount	None
Osteomyelitis	25% of Benefit Amount	None
Rabies	25% of Benefit Amount	None
Tetanus	25% of Benefit Amount	None
Tuberculosis	25% of Benefit Amount	None
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	None
Major Organ Transplant Category		
Major Organ Transplant *For bone marrow, heart, lung, pancreas, and liver*	100% of Benefit Amount	None
Progressive Disease Category		
ALS	100% of Benefit Amount	None
Alzheimer's Disease	100% of Benefit Amount	None
Multiple Sclerosis	100% of Benefit Amount	None
Muscular Dystrophy	100% of Benefit Amount	None
Parkinson's Disease (Advanced)	100% of Benefit Amount	None
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	None
Severe Burn Category		
Severe Burn	100% of Benefit Amount	50% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	50% of Initial Benefit

* Notes Regarding Covered Conditions

MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

Critical Illness Insurance

In most states there is a preexisting condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the twelve months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first twelve months of coverage. The preexisting condition limitation may not apply to all covered conditions and may vary by state. Refer to the Disclosure Document/Outline of Coverage for details.

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
    - Coma
    - Loss of: Ability to Speak; Hearing; or Sight
    - Paralysis
    - Severe Burn

Health Screening Benefit MetLife will provide an annual benefit of $50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of $5,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of $5,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of $5,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of $2,500 or 50%

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

Questions & Answers

Q. Who is eligible to enroll for this critical illness coverage?

A. **You are eligible to enroll yourself and your eligible family members![5]** You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my critical illness coverage?

A. **Premiums will be paid through payroll deduction,** so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. **Yes, you can take your coverage with you.[6]** You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?A. **Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: *mybenefits.metlife.com.***

Critical Illness Insurance

Insurance Rates

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Monthly Premium

Employee Only – Non Tobacco

Issue Age	<25	25-34	35-44	45-54	55-64	65+
$5,000	$2.90	$3.50	$5.20	$8.70	$14.30	$22.90
$10,000	$5.80	$7.00	$10.40	$17.40	$28.60	$45.80
$20,000	$11.60	$14.00	$20.80	$34.80	$57.20	$91.60

Employee Only - Tobacco

Issue Age	<25	25-34	35-44	45-54	55-64	65+
$5,000	$3.40	$4.60	$7.80	$14.00	$23.80	$38.10
$10,000	$6.80	$9.20	$15.60	$28.00	$47.60	$76.20
$20,000	$13.60	$18.40	$31.20	$56.00	$95.20	$152.40

Employee & Spouse - Non Tobacco

Issue Age	<25	25-34	35-44	45-54	55-64	65+
$5,000	$5.70	$7.00	$10.60	$18.30	$30.60	$48.70
$10,000	$11.40	$14.00	$21.20	$36.60	$61.20	$97.40
$20,000	$22.80	$28.00	$42.40	$73.20	$122.40	$194.80

Employee & Spouse - Tobacco

Issue Age	<25	25-34	35-44	45-54	55-64	65+
$5,000	$6.80	$9.20	$15.80	$29.50	$51.10	$81.70
$10,000	$13.60	$18.40	$31.60	$59.00	$102.20	$163.40
$20,000	$27.20	$36.80	$63.20	$118.00	$204.40	$326.80

Critical Illness Insurance

Insurance Rates

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Employee & Child - Non Tobacco

Issue Age	<25	25-34	35-44	45-54	55-64	65+
$5,000	$4.70	$5.40	$7.10	$10.60	$16.20	$24.70
$10,000	$9.40	$10.80	$14.20	$21.20	$32.40	$49.40
$20,000	$18.80	$21.60	$28.40	$42.40	$64.80	$98.80

Employee & Child - Tobacco

Issue Age	<25	25-34	35-44	45-54	55-64	65+
$5,000	$5.30	$6.50	$9.70	$15.90	$25.60	$40.00
$10,000	$10.60	$13.00	$19.40	$31.80	$51.20	$80.00
$20,000	$21.20	$26.00	$38.80	$63.60	$102.40	$160.00

Employee & Family – Non Tobacco

Issue Age	<25	25-34	35-44	45-54	55-64	65+
$5,000	$7.50	$8.80	$12.50	$20.10	$32.50	$50.60
$10,000	$15.00	$17.60	$25.00	$40.20	$65.00	$101.20
$20,000	$30.00	$35.20	$50.00	$80.40	$130.00	$202.40

Employee & Family – Tobaccco

Issue Age	<25	25-34	35-44	45-54	55-64	65+
$5,000	$8.60	$11.10	$17.70	$31.30	$52.90	$83.60
$10,000	$17.20	$22.20	$35.40	$62.60	$105.80	$167.20
$20,000	$34.40	$44.40	$70.80	$125.20	$211.60	$334.40

Rates are subject to change.

[1] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

[1] Coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

[2] Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

[3] Dependent Child coverage varies by state. Please contact MetLife for more information.

[4] Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

[5] Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

Accident Insurance

Benefits that may help cover costs such as those not covered by your medical plan.

Accident Insurance Benefits

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive[1]. Here are just some of the covered events/services[2].

Benefit Type	Low Plan Benefits	High Plan Benefits
Accidental Injury Benefits		
Fracture* (depending on the fracture and type of repair)	$100 – $8,000	$200 – $10,000
Dislocation* (depending on the dislocation and type of repair)	$100 – $8,000	$200 – $10,000
Second- or Third- Degree Burn (depending on degree of burn and percentage of burnt skin)	$1000 – $12,000	$1000 – $12,000
Concussion	$250	$500
Coma	$7,500	$10,000
Laceration (depending on the length of the cut and type of repair)	$50 – $400	$75 – $700
Broken Tooth	Crown: $200 / Filling: $25 / Extraction: $100	Crown: $300 / Filling: $50 / Extraction: $150
Eye Injury	$300	$400
Accident - Medical Services & Treatment Benefits		
Ambulance	Ground: $300 / Air: $1,000	Ground: $400 / Air: $1,250
Emergency Care (depending on location of care)	$75 – $150	$100 – $200
Non-Emergency Initial Care	$75	$100
Physician Follow-Up	$75	$100
Therapy Services (including physical therapy)	$35	$50
Medical Testing	$150	$200
Medical Appliances (depending on the appliance)	$75 – $750	$150 – $1,000
Transportation	$300	$400
Benefit Type	**Low Plan Benefits**	**High Plan Benefits**
Pain Management (for epidural anesthesia)	$75	$100
Prosthetic Device	One device: $750 More than one device: $1,500	One device: $1,000 More than one device: $2,000
Modification	$1,000	$1,500
Blood/Plasma/Platelets	$400	$500

MetLife

ADF# AI2166.19

Accident Insurance

Surgical Repair (depending on the type of surgery)	$150-$1,500	$200-$2,000
Exploratory Surgery	$150	$200
Other Outpatient Surgery	$300	$400
Hospital Benefits*		
Admission	$1,000 for the day of admission	$1,500 for the day of admission
Intensive Care Unit (ICU) Supplemental Admission	$1,000 for the day of admission	$1,500 for the day of admission
Confinement (paid for up to 15 days per accident)	$200 per day	$300 per day
ICU Supplemental Confinement (paid for up to 15 days per accident)	$200 per day	$300 per day
Inpatient Rehabilitation (paid for up to 15 days per accident)	$150 per day	$200 per day
Accidental Death Benefit		
Accidental Death Benefit*	$30,000 $75,000 for accidental death on common carrier*	$50,000 $150,000 for accidental death on common carrier*
Accidental Dismemberment, Functional Loss & Paralysis Benefits		
Dismemberment/Functional Loss (depending on the injury)	$750 - $20,000	$1,000 - $40,000
Paralysis (depending on the number of limbs)	$10,000 - $20,000	$20,000 - $40,000
Other Benefits		
Lodging Benefit* - for a companion of a covered person who is hospitalized	$125 per day	$200 per day

The accident plan also includes a $50 per person Health Screening Benefit.

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

* Notes Regarding Certain Benefits

- Fracture and Dislocation benefits – Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Hospital Benefits – Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
- Accidental Death Benefit – The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Common Carrier Benefit - Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.
- Lodging Benefit – The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.
- Organized Sports Activity Injury Benefit Rider – The rider is not available in all states. Proof of registration in an Organized Sports Activity in which an Accident occurred is required at time of claim. See your certificate for details.

Accident Insurance

Benefit Payment Example

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event[3]	Benefit Amount (High Plan)
Ambulance (ground)	$400
Emergency Care	$200
Physician Follow-Up ($100 x 2)	$200
Medical Testing	$200
Concussion	$500
Broken Tooth (repaired by crown)	$300
Benefits paid by MetLife Group Accident Insurance	$1,800

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

Questions & Answers

Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members![4] You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my accident coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.[5] You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Insurance Rates

MetLife offers group rates and payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance	Monthly Cost to You	
Coverage Options	**Low Plan**	**High Plan**
Employee	$ 7.16	$9.98
Employee & Spouse	$14.12	$19.62
Employee & Child(ren)	$16.40	$22.76
Employee & Spouse/Child(ren)	$20.04	$27.80

Pet Insurance – MetLife

Pet insurance is offered as a voluntary benefit through MetLife. MetLife has different plans to choose from, including plans that cover more than accident and illness. **This is a payroll deducted benefit.**

MetLife | Pet Insurance

Benefit Overview

Pets make your family whole. Cover them with Pet Insurance.

Help cover the costs of vet visits, accidents, illness and more.

Why is pet insurance important?

Now more than ever, pets are playing a significant role in our lives, and it is important to keep them safe and healthy. **Help make sure your furry family members are protected against unplanned vet expenses for covered** accidents or illnesses with MetLife Pet Insurance.[1]

- A small monthly payment can help you prepare for unexpected vet expenses down the road
- More than **6 in 10** pet owners said their pet has had an **emergency medical expense**[2]
- 24% of **pet parents have credit card or personal loan debt** to cover pet health and vet costs[3]
- Average annual cost for a routine vet visit is **$212 for a dog** and **$160 for a cat**; and average annual cost for a surgical vet visit is **$426** for a dog and **$214 for a cat**[4]
- Pet insurance may not cover pre-existing conditions

...so there's no better time than now to protect your furry family members.

To get a quote or enroll, please call 1-800-GET-MET8.

What's covered?[5]

- accidental injuries
- illnesses
- exam fees
- surgeries
- medications
- ultrasounds
- hospital stays
- X-rays and diagnostic tests

Coverage[5] also includes

- hip dysplasia
- hereditary conditions
- congenital conditions
- chronic conditions
- alternative therapies
- holistic care
- and much more!

How does MetLife Pet Insurance[1] work?

Select and enroll in the coverage that's best for you and your pet

Download our mobile app

Take your pet to the vet

Pay the bill and send it with your claim to us via our mobile app, online portal, email, fax or mail

Receive reimbursement[5] by check or direct deposit if the claim expense is covered under the policy

Hospital Indemnity Insurance

Coverage to help pay for expenses such as hospitalization expenses that may not be covered under you medical plan.

North Kansas C
School District

Hospital Indemnity Insurance Benefits

With MetLife, you'll have a plan which provide lump sum cash payments in addition to any other payments you may receive from your medical plan. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.[A]

Covered Benefits[B]

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (applies to subcategory)	Benefit	Plan
Admission Benefit	1 time per calendar year	Admission[1]	$1,000
		Intensive Care Unit (ICU) Supplemental Admission (Benefits paid concurrently with Admission Benefit when Covered Person is admitted to ICU)	$1,000
Confinement Benefit	15 days per year Confinement ICU Benefit will pay an additional benefit for 15 of those days	Confinement[2]	$200
		ICU Supplemental Confinement (Benefits paid concurrently with Confinement Benefit when Covered Person is confined in ICU)	$200
Health Screening Benefit[6]	1 time per calendar year per covered person	Health Screening	$50

[1] The Admission Benefit for residents of CT and ID will be increased to $825/$1,650 for plan design(s) Low/High and $850/$1,725 for plan design(s) Low/High, respectively, because some benefits in this plan design are not available. See the Schedule of benefits in the CT and ID certificate.
[2] If the Admission Benefit is payable for a Confinement, the
[6] The Health Screening Benefit is not available in all states. There is a separate mammogram benefit for MT residents and for cases situsd in CA and MT.

Benefit Payment Example for Plan

The example below assumes Susan sought treatment at a group policyholder-designated facility and is therefore eligible for additional payment under the Benefit Supplement Rider.
Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or in any other way Susan sees fit.

Hospital Indemnity Insurance

Covered Benefit	Benefit Amount
Regular Hospital Admission (1x)	$1,000
ICU Supplemental Admission (1x)	$1,000
Regular Hospital Confinement (3 total days)	$600
ICU Supplemental Confinement (1 day)	$200
Benefits paid by MetLife Group Hospital Indemnity Insurance	$2,800

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

Questions & Answers

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

A. **You are eligible to enroll yourself and your eligible family members.** [C] You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

Q. How do I pay for my Hospital Indemnity coverage?

A. **Premiums will be paid through payroll deduction,** so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. **Yes, you can take your coverage with you.** You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier. [D]

Q. What is the coverage effective date?

A. **The coverage effective date is 07/01/2021.**

Q. Who do I call for assistance?

A. **Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388)** and talk with a benefits consultant. Or visit our website: ***www.mybenefits.metlife.com***

Insurance Rates

MetLife offers group rates and payroll deductions, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Hospital Indemnity Insurance

Coverage Options	Plan
Employee	$20.94
Employee & Spouse	$38.04
Employee & Child(ren)	$32.02
Employee & Spouse/Child(ren)	$49.12

Additional Benefit Offerings

MetLife

Voluntary MetLife Legal Plans

Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

Legal experts on your side, whenever you need them

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.[1]

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly premium conveniently paid through payroll deduction, an expert is on your side as long as you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.[2]

How to use the plan

1. Find an attorney

Create an account at **legalplans.com** to see your coverages, select an attorney and get a case number for your legal matter. Or, give us a call at **800.821.6400** for assistance.

2. Make an appointment

Call the attorney you select, provide your case number and schedule a time to talk or meet.

3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Helping you navigate life's planned and unplanned events.

For a monthly fee, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.[3]

Money Matters	• Debt Collection Defense • Identity Management Services[4]	• Identity Theft Defense • Negotiations with Creditors • Personal Bankruptcy	• Promissory Notes • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary or Title Disputes • Deeds • Eviction Defense • Foreclosure	• Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home	• Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies • Living Wills	• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship • Immigration Assistance	• Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Protection	• Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Vehicle & Driving	• Defense of Traffic Tickets[5] • Driving Privileges Restoration	• License Suspension Due to DUI	• Repossession

To learn more about your coverages and see our attorney network, create an account at **legalplans.com** or call **800.821.6400** Monday – Friday 8:00 am to 8:00 pm (ET).

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

Rate: Employee $16.30 per month

1. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.
2. Digital notary and signing is not available in all states.
3. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
4. This benefit provides the Participant with access to LifeStages Identity Management Service provided by Cyberscout, LLC. Cyberscout is not a corporate affiliate of MetLife Legal Plans.
5. Does not cover DUI.

We are pleased to announce that Metropolitan Property and Casualty (Met P&C) business has been acquired by the Farmers Insurance Group®. Plans provided through insurance coverage underwritten by Met P&C will transition to be underwritten by Metropolitan General Insurance Company. During the transition period, Met P&C will continue to underwrite legal plans in certain states. For additional information, please reach out to contact@legalplans.com.

Group legal plans provided by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company, Warwick, RI. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. MetLife® is a registered trademark of MetLife Services and Solutions, LLC, New York, NY. [MLP4]

MetLife

MetLife Legal Plans | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114

L0521013964[exp0822][All States][DC,PR] © 2021 MetLife Services and Solutions, LLC

MetLife | Legal Plans

Access your legal plan right from your phone

Our mobile app puts convenience in the palm of your hands. After downloading the app, members can quickly access coverage details as well as find attorneys in their area. The app also provides informative articles, videos and our Legal Needs Test to help anyone interested in a legal plan learn more about how the plan can help them.

Assess legal needs:

The app provides interactive tools to help assess legal risks as well as highlight the potential savings for a legal plan member.

See your coverage:

From routine legal services like wills and powers of attorney, to unexpected events such as traffic ticket defense and civil litigation, the legal plan covers life's most common personal needs for a low monthly fee. Members can log in to the app to see all of their coverage details.

Find an attorney:

Search for an attorney near your home or work by using our fast, convenient Attorney Locator Tool.

Get a plan case number:

Log onto the members' website in order to obtain a case number to provide to your selected Network Attorney.

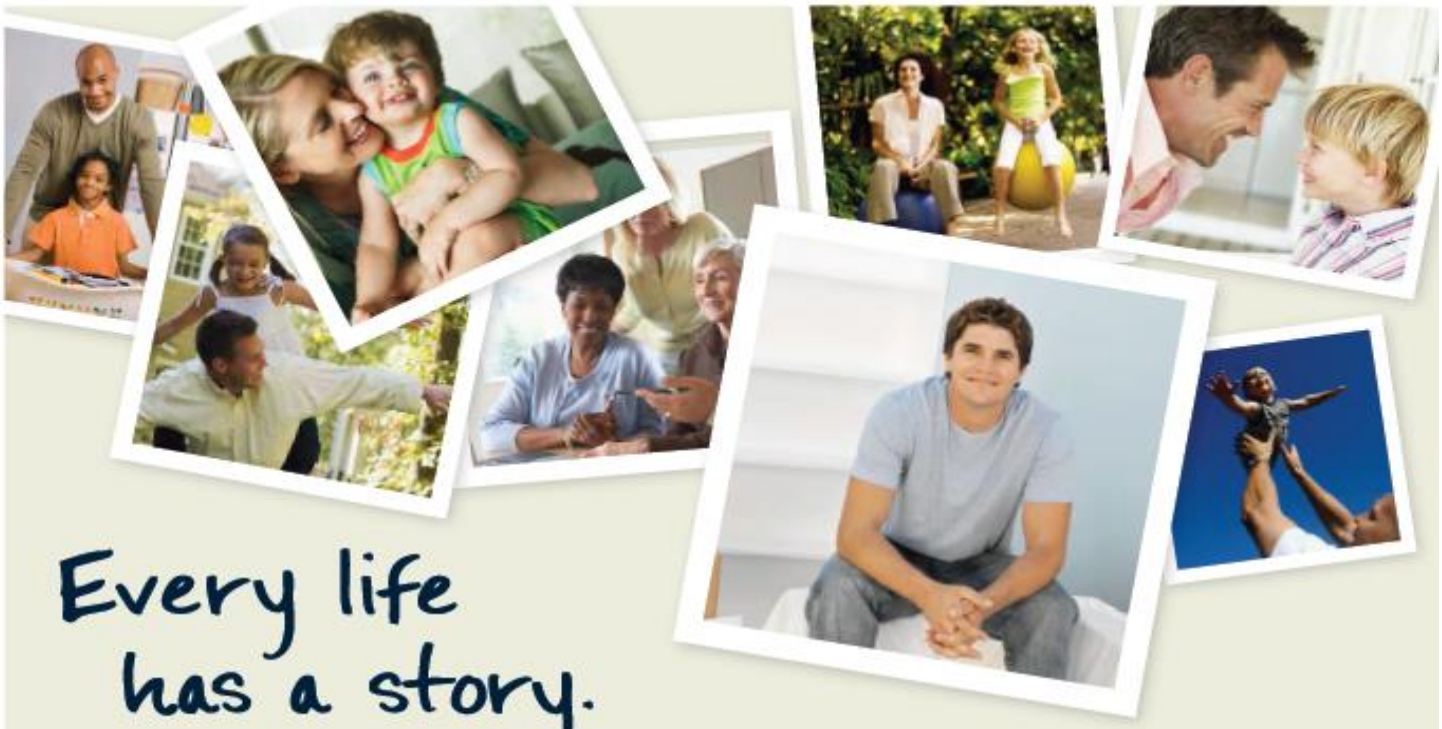
Search for "MetLife Legal Plans" on the Apple App Store and Google Play to download the app.

Count on us for an exceptional service experience.

metlife.com

Universal LifeEvents® Insurance

Trustmark INSURANCE COMPANY
PERSONAL. FLEXIBLE. TRUSTED.
100 Years of Trust 1912-2012



Every life has a story.

You have a picture of the way you want your life to go.

Now imagine if something happens that not only changes your picture, it changes your life story.

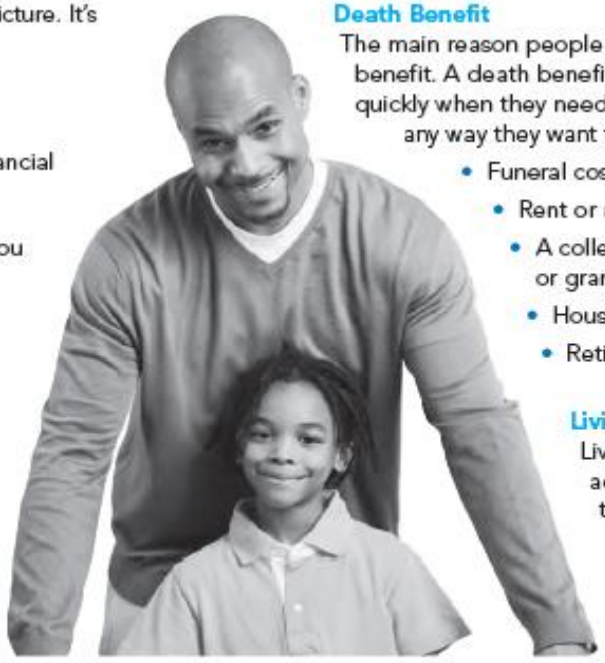
That's when Trustmark Universal LifeEvents® insurance can help. It can help you live your story, your way – even when life gets in the way.

What is Universal LifeEvents?

LifeEvents is permanent life insurance that helps shield your family from financial hardship if you or your spouse is suddenly out of the picture. It's that simple.

LifeEvents:

- Helps provide permanent financial protection
- Is a financial tool that helps you manage life at every stage – from supporting a family to sending your children to college to the need for long-term care
- Builds cash value over time that you can access for life's challenges and life's opportunities



How does it work?

With LifeEvents, benefits can be paid as a Death Benefit, as Living Benefits, or as a combination of both.

Death Benefit

The main reason people have life insurance is for the death benefit. A death benefit puts money in your family's hands quickly when they need it most. It's money they can use any way they want to help with expenses such as:

- Funeral costs
- Rent or mortgages
- A college education for your children or grandchildren
- Household debt
- Retirement and more

Living Benefits

Living benefits make it easy to advance part of your death benefit to help pay for home healthcare, assisted living, nursing home and adult day care services, should you ever need them.

Why do you need it?

Take a moment, now, to think about life as you know it. Then ask yourself this: If something happens to you, what happens to your family?

- Will they be able to keep your home?
  When someone dies, family income may be significantly reduced.
- How much would your children's lives change?
  Without you, how will their college dreams come true?
- If you need long-term care, will your choices be limited?
  Long-term care can be expensive and may be needed at any age. If you had to pay for it yourself, it could deplete your savings and limit your care options at the same time.

Think About It
Surviving families take 5 to 7 years to recover financially from the loss of a spouse.[1]

[1]2009 MetLife Financial Impact of Premature Death Study.

The LifeEvents advantage

LifeEvents is designed to match your needs throughout your lifetime. It pays a:

- **Higher Death Benefit** during working years when expenses are high and your family needs maximum protection. Then, at age 70 when financial needs are typically lower, the death benefit reduces to one-third.[2]
- **Consistent Level of Living Benefits** throughout retirement when you are most likely to need long-term care services.

LifeEvents in action

(Example: 35-year-old, $8/week premium, $75,000 benefit)

Before Age 70		Age 70+	
Death Benefit	$75,000	LTC Benefit	$75,000
LTC Benefit	$75,000	Death Benefit[2]	$25,000

[2]Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary. Issue age is 64 and under.

How Living Benefits add up

Example: $100,000 Death Benefit	Maximum Benefit Amount
Long-Term Care Benefit (LTC)[3] Pays a monthly benefit equal to 4 percent of your death benefit for up to 25 months. The LTC benefit accelerates the death benefit and proportionately reduces it.	$100,000
Benefit Restoration Restores the death benefit[2] that is reduced to pay for LTC, so your family receives the full death benefit amount when they need it most.	$100,000
Total Maximum Benefit **Living Benefits can double the value of your life insurance.**	$200,000

[3]The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Living Benefits may not be available in all states or may be named differently. Please consult your policy for complete details.

The ULE rate tables are available on your benefits web: https://www.nkcschoolsbenefits.com/permanent-life-long-term

Features you'll appreciate

- **Lifelong Protection –** Provides coverage that will last your lifetime.
- **Family Coverage –** Apply for your spouse even if you choose not to participate. Dependent children and grandchildren can be covered under a Universal Life policy.
- **Terminal Illness Benefit –** Accelerates up to 75% of your death benefit if your doctor determines your life expectancy is 24 months or less.
- **Portability –** Take your coverage with you and pay the same premium if you change jobs or retire.
- **Guaranteed Renewable –** Guaranteed coverage, as long as your premiums are paid. Your premium may change if the premium for all policies in your class changes.
- **Convenient Payroll Deduction –** No bills to watch for. No checks to mail. A direct bill option is available when you change jobs or retire.

Separately priced benefits

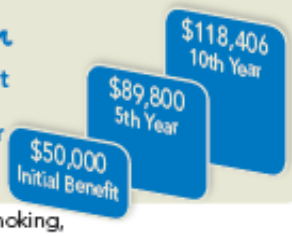
- **Accidental Death Benefit –** Doubles the death benefit if death occurs by accident prior to age 75.
- **Children's Term Life Insurance –** Covers newborns to age 23 and is convertible to Universal Life insurance without evidence of insurability.
- **EZ Value –** Automatically raises your benefits to keep pace with your increasing needs, without additional underwriting.

EZ Value Option

EZ Value automatically increases your benefits to keep pace with your increasing needs – without additional underwriting.

Death Benefit Growth

Example: Guaranteed benefit increases with $1 increase in weekly premium per year for 10 years.



Actual values will vary by age, smoking, benefits selected and current interest rate.

Use this chart to take notes when you meet with a benefits counselor.

Coverage for me:	
Coverage for my spouse:	
Cost per pay period:	
Date deductions start:	

It's your story. Help protect it with Universal LifeEvents® insurance.

Trustmark
Voluntary Benefit Solutions
PERSONAL. FLEXIBLE. TRUSTED.

Underwritten by Trustmark Insurance Company
Rated A- (EXCELLENT) A.M. Best[1]
400 Field Drive • Lake Forest, IL 60045
trustmarksolutions.com

This provides a brief description of your benefits. Your representative can provide you with costs and complete details. See Plan GUL.205/IUL.205; HH/LTC.205; BRR.205; ABR.205; ADB.205; and CT.20 for exact terms and provisions. Benefits, exclusions and limitations may vary by state and may be named differently. Please consult your policy for complete information.
In Oregon, this policy features a no-lapse guarantee that ensures coverage will not lapse for 14 years as long as premiums are paid as planned. If you make changes to policy benefits during this period or pay only the minimum premium, you may be foregoing the advantage of building cash value or reducing the benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain the policy with a higher premium than the one you paid to satisfy the no-lapse guarantee.
[1] An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

©2014 Trustmark Insurance Company

ULE-LTC-BRR-ADB-CTR-EZV_2-14

P485-893 (R11-13)

Allstate
IDENTITY PROTECTION

Identity protection that keeps up with your digital life

Your identity is made up of more than your Social Security number and credit score. That's why we do more than monitor your credit reports. We help you look after your online activity, from financial transactions to what you share on social media — so you can protect the trail of data you leave behind.

Introducing our next evolution in identity protection. For over 85 years, we've been protecting what matters most. Now we're providing protection from a wide range of identity threats, so you can keep loving what technology adds to your life.

- **See your personal data**
- **Manage it with real time alerts**
- **Protect your identity and finances from fraud†**

Sign up during open enrollment

Questions? 1.800.789.2720

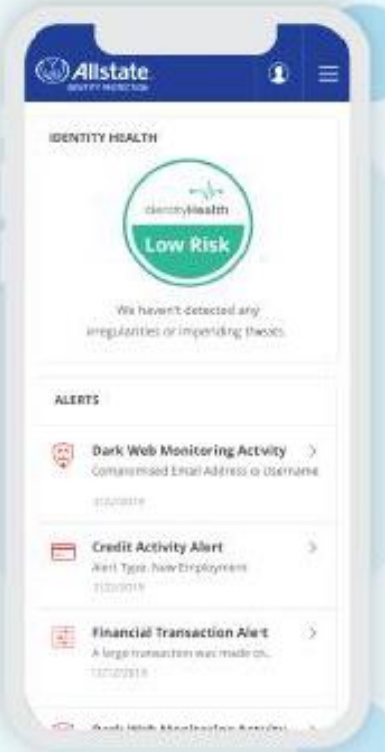
Plans and pricing

Allstate Identity Protection Pro

$7.96 per person / month
$13.96 per family / month

With Allstate Identity Protection Pro you'll be able to

- Check your identity health score
- View and manage alerts in real time
- Monitor your TransUnion credit score and report for fraud
- Receive alerts for cash withdrawals, balance transfers, and large purchases
- Get reimbursed in the event of fraud with our $1 million identity theft insurance policy†
- Protect yourself and your family (everyone that's "under your roof and wallet")*



Protect yourself and your family

Kids' online identities can grow up faster than they do. Our Family Plan provides coverage for kids and teens of all ages, so you can help protect their personal data and give them a safe head start. If they are dependent on you financially or live under your roof, they're covered.*

It's easy to get started

1. Enroll in Allstate Identity Protection Pro
You're protected from your effective date. Our auto-on credit monitoring alerts require no additional setup.

2. Activate key features
Explore additional features in our easy-to-use portal. The more we monitor, the safer you can be.

3. Live your best life online
In the event of identity theft or fraud, you'll receive an alert as soon as it's detected.

*For family plans only

†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Allstate
IDENTITY PROTECTION

2022-2023

STUDENT

Integrate learning experiences for students to acquire and apply life-ready skills as defined by Portrait of a Graduate competencies.

Strategy I, Action Plan 3

Redesign and expand educational opportunities for students needing a setting beyond traditional learning environments to provide routes to individual success.

Strategy II, Action Plan 3

Expand the use of student interns throughout the organization and community.

Continue evaluating, expanding and refining our commitment to early childhood education.

STAFF

Provide protected time equivalent to one full professional development day a month for all district staff including classified, certified and administration.

Strategy III, Action Plan 1

Increase the capacity of classified and certified staff to respond to social-emotional needs and to create equitable spaces where each student and staff member feels welcome, safe, comfortable, and able to fully participate in the learning process.

Strategy II, Action Plan 2

North Kansas City Schools will systematize the onboarding process for all staff to align their personal mission with the district's mission and beliefs.

Strategy III, Action Plan 5

OUR MISSION:

As relentless champions for all students, North Kansas City Schools' mission is to develop self-aware, authentically empowered, future-ready learners through a rich array of purposeful learning opportunities in collaborative communities of belonging that are:

- ***CULTURALLY AFFIRMING***
- ***ACADEMICALLY CHALLENGING***
- ***EXPERIENTIAL AND EXPLORATORY***

for each student.

COMMUNITY

Utilize community expertise and services to further evaluate and support student emotional, behavioral, physical, and mental health services.

Strategy II, Action Plan 4

Amplify diverse voices by increasing awareness of - and opportunities for - involvement in the continuous journey of creating an inclusive community.

Strategy IV, Action Plan 1

Continue legislative advocacy in support of increased funding for early childhood education and safety and security.

FINANCE

Develop and implement a plan of finance for the issuance and monitoring of the voter approved $140 million in General Obligation Bonds to support the district's implementation of the 10-year Facilities Plan.

Monitor the impact of inflation on district expenditures and ensure the continued operational financial stability of the district.

Allocate resources to implement recommendations regarding protection and security of information and finances.

APPROVED
JULY 19, 2022

STAFF WELLNESS

Creating a culture of wellness for students, staff, and community that encourages the health of the whole person

North Kansas City Schools supports the wellbeing of employees by offering a variety of health and wellness opportunities throughout the year.

These include:

- District-wide quarterly challenges
- Healthy living classes and events
- Gym membership discounts
- Premium discount program
- Flu shot clinics
- Mobile mammograms

For more information, visit www.nkcschools.org

@nkcs_welllness

ANNUAL COMPLIANCE NOTICES

2023-2024

Each year, North Kansas City Schools is required to provide certain notices to you. Please see the following notices presented in this guide for your convenience.

- Premium Assistance under Medicaid and the Children's Health Insurance Program- CHIP
- Medicare Part D Notice of Creditable Coverage
- General Notice of COBRA Continuation
- Health Insurance Market Place Notice
- HIPAA Notice of Special Enrollment Rights
- Women's Health and Cancer Rights Notice
- Notice of Employer-Sponsored Wellness Programs

Summaries of Benefits and Coverage

The government-required Summaries of Benefits and Coverage (SBCs), which summarize important information about North Kansas City School's medical plan is available online at http://www.nkcschoolsbenefits.com website. A paper copy is also available, free of charge, by contacting the Benefits Coordinator.

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 **1-877-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 **1-866-444-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, 2023. 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)	Website: Health Insurance Premium Payment (HIPP) Program 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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA Medicaid and CHIP (Hawki)	**KANSAS Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY Medicaid	**LOUISIANA Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE Medicaid	**MASSACHUSETTS Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA Medicaid	**MISSOURI Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	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: HHSHIPPProgram@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. 5218
NEW JERSEY Medicaid and CHIP	**NEW YORK Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	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: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	**OREGON Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA Medicaid and CHIP	**RHODE ISLAND Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
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: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
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://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp 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, 2023, 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 1/31/2026)

Important Notice from North Kansas City Schools
About Your Prescription Drug Coverage and Medicare
This Notice pertains to the
North Kansas City Schools Group Health Care Plan

(INDIVIDUAL **CREDITABLE** COVERAGE DISCLOSURE NOTICE OMB 0938-0990)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the North Kansas City Schools Group Health Care Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Blue Cross Blue Shield of Kansas City has determined that the prescription drug coverage offered by the North Kansas City Schools Group Health Care Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 15th to December 7th.**
However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current North Kansas City Schools Group Health Plan coverage will not be affected. Please refer to the Blue Cross Blue Shield of Kansas City Health Care Plan Summary document for an explanation of the prescription drug coverage plan provisions/options under the North Kansas City Schools Group Health Care Plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D. You can keep this coverage if you elect Part D, and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current North Kansas City Schools Group Health Care Plan coverage, be aware that you and your dependents will not be able to get this coverage back unless you reenroll on the active employee group health plan during the annual open enrollment period or experience a mid-year qualifying status change event.

When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with the North Kansas City Schools Group Health Care Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) if you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.
For More Information About This Notice or Your Current Prescription Drug Coverage…
Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will get it before the next period you can join a Medicare drug plan, and if this coverage through the North Kansas City Schools Group Health Care Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.
For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. 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 whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Dated: July 1, 2023
North Kansas City Schools
Misty Miller, Benefits Coordinator
Phone: 816-321-6078
Email: misty.miller@nkcschools.org

General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA**

Introduction

You are receiving this notice because you have recently become or may become covered under the North Kansas City Schools group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive 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 coverage would otherwise end because of a life event. This is also called as 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 are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- 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 any of the following qualifying events happens:

- 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."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to North Kansas City Schools, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA 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;
- Commencement of a proceeding in bankruptcy with respect to the employer; 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 30 days after the qualifying event occurs. You must provide this notice to: Misty Miller, Benefits Coordinator, at 2000 NE 46th Street, Kansas City, MO 64116 or 816-321-6078 or misty.miller@nkcschools.org.

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. 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 continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage. In order to determine if you or a covered member of your family qualify for the disability extension, you must send documentation received from SSA verifying the disability determination to Misty Miller, Benefits Coordinator, at 2000 NE 46th Street, Kansas City, MO 64116 or 816-321-6078 or misty.miller@nkcschools.org.

Second qualifying event extension of 18-month period of continuation coverage

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

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, 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 an 8-month special enrollment period[1] 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 or contacts identified below. 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. Please contact Misty Miller, Benefits Coordinator at 816-321-6078 or misty.miller@nkcschools.org.

Updated: May 1, 2021

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

PART A: General Information

When key parts of the health care law took effect in 2014, there were new ways to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in November 2015 for coverage starting as early as January 1, 2016.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.69% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: **Misty Miller, Benefits Coordinator, 2000 NE 46th Street, Kansas City, MO 64116, 816-321-6078 or misty.miller@nkcschools.org.**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact: Misty Miller, Benefits Coordinator, misty.miller@nkcschools.org, 816-321-6078

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	**4. Employer Identification Number (EIN)**	
North Kansas City Schools	44-6003683	
5. Employer address	**6. Employer phone number**	
2000 NE 46th Street	816-321-6078	
7. City	**8. State**	**9. ZIP code**
Kansas City	MO	64116
10. Who can we contact about employee health coverage at this job?		
Misty Miller, Benefits Coordinator		
11. Phone number (if different from above)	**12. Email address**	
	misty.miller@nkcschools.org	

Here is some basic information about health coverage offered by this employer:

• As your employer, we offer a health plan to:

☐ All employees.

☒ Some employees. Eligible employees are: •
EMPLOYEES REGULARLY SCHEDULED TO WORK 30 OR MORE HOURS PER WEEK.

☒ We do offer coverage. Eligible dependents are:
THE EMPLOYEE'S SPOUSE, DOMESTIC PARTNER, & DEPENDENT CHILDREN (UP TO AGE 26 (END OF YEAR) & OVER AGE 26 IF DISABLED).

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

HIPAA NOTICE OF
SPECIAL ENROLLMENT RIGHTS

This notice is being provided to ensure that you understand your right to apply for the North Kansas City Schools Group Health Care Plan. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 stops contributing toward your or your dependents' other coverage). **However, you must request enrollment within 30 days after your or your dependents' other coverage ends** (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify us within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Marriage, Birth, or Adoption

If you have a new dependent as a result of a 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, or placement for adoption.**

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. During the year you get married. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

Dated: July 1, 2023
North Kansas City Schools
Misty Miller, Benefits Coordinator
Phone: 816-321-6078
Email: misty.miller@nkcschools.org

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

North Kansas City Schools is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") was signed into law on October 21, 1998. The WHCRA which amends ERISA, requires group health plans that provide coverage for mastectomies to also provide coverage for reconstructive surgery and prostheses following mastectomies.

Because your group health plan offers coverage for mastectomies, WHCRA applies to your plan. The law mandates that a participant who is receiving benefits, on or after the law's effective date, for a covered mastectomy and who elects breast reconstruction in connection with the mastectomy will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedemas

The North Kansas City Schools Group Health Care Plan provides coverage for mastectomies and the related procedures listed above, subject to the same copays, deductibles, and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please refer to your Blue Cross Blue Shield of Kansas City Group Health Care Plan Summary Document or contact your plan administrator at:

Dated: July 1, 2023
North Kansas City Schools
Misty Miller, Benefits Coordinator
Phone: 816-321-6078
Email: misty.miller@nkcschools.org

North Kansas City School District Wellness Program Notice

The North Kansas City School District wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which could include height, weight, blood pressure check, a blood test for HDL Cholesterol, Triglycerides, and Glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive a premium reduction incentive each month for your participation in both the screening and HRA. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the monthly premium reduction incentive.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Misty Miller, Benefits Coordinator, 816-321-6078.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and North Kansas City School District may use aggregate information it collects to design a program based on identified health risks in the workplace, the North Kansas City School District wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in

connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is our Blue Cross Blue Shield of Kansas City nurses and health coaches.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs, involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protection against discrimination and retaliation, please contact Misty Miller, Benefits Coordinator, 816-321-6078.

Notes

North Kansas City Schools
BENEFITS GUIDE

2023–2024 Plan

Disclaimer: The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your Benefits Manager.