

# NKCS BENEFIT ENROLLMENT GUIDE 2026



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## AT NORTH KANSAS CITY SCHOOLS,

we are dedicated to supporting all aspects of your well-being—both at work and at home—and your benefits are a big part of that. We're committed to creating a culture that prioritizes the well-being of our employees and their families by providing a comprehensive and competitive benefits package.

As always, we continue to encourage you to prioritize your well-being by focusing on preventive care and the tools and resources available to help you live your best life.

Before you make your benefit elections, take the time to review this guide so you can make an informed decision on which plans are the right fit for you and your family. Remember to choose wisely; the choices you make during Annual Enrollment cannot be changed until the following year unless you have a qualifying life event.

Thank you for all that you do.

**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 (except vision) of January through December.

This guide provides a summary of plan highlights. This is not a binding contract. In the event of any difference between the information contained herein and the plan documents, the plan documents will supersede and control over this guide. Please consult the Summary Plan Description for information on covered charges, limitations, and exclusions.

# GETTING STARTED

## WELCOME TO YOUR 2026 BENEFITS GUIDE

Use this Benefits Guide to see what's new and to learn about your benefit plan options.

### ANNUAL ENROLLMENT

#### When is Annual Enrollment?

The Annual Enrollment period is March 3 through March 24, 2026. Elections made during enrollment will be effective July 1, 2026 - June 30, 2027.

#### What's Changing in 2026?

Annual Enrollment is your once-a-year opportunity to make changes to your benefits. Before you make your decisions, review the Benefits Guide and other important details about the changes ahead at [nkcschoolsbenefits.com](https://nkcschoolsbenefits.com).

#### Rates

Note that both the employee and district contribution to the health and dental premiums increased.

#### Medical and Prescriptions

We are pleased to share there are no changes in our carrier partners for the 2026-2027 benefits year.



#### Benefits Questions

Benefits can be confusing, but we've got you covered. When you have questions about your benefit options or need assistance with enrolling, the Benefits Service Center representatives are standing by. Call **844-831-0501**, Monday-Friday, 8 a.m.-5 p.m. CT for help.

## PHONE:

Call the Avant Enrollment Center at **844-831-0501**.

- Hours of operation are Monday–Friday, 8 a.m.–6 p.m. CT
- Be prepared to provide your name and employee ID, as well as:
  - The last four digits of your Social Security Number
  - Your address
  - Your date of birth
  - Who you'd like listed as your beneficiary
  - Your dependents' information

## DO I HAVE TO DO ANYTHING?

Most benefits will automatically roll over to 2026. You must enroll if you want to:

- Contribute to a Health Savings Account (HSA)
- Contribute to a Flexible Spending Account (FSA)
- Make changes to your coverage
- Change your beneficiaries

## WHAT DO I NEED TO THINK ABOUT?

- Which family members do I want to cover?
- Which medical plan option works best for me and my family?
- Does my family need dental or vision coverage?
- What type of coverage do we need to provide some financial protection in case of serious illness, injury, or death?
- Do I want to participate in the HSA or FSAs (depends on medical plan enrollment) to help pay for healthcare expenses by letting me contribute pre-tax money?



# HOW TO ENROLL

### Adding a dependent?

If you are electing to cover dependents, you must verify their eligibility during Annual Enrollment. Your newly added dependents will not be added to your coverage until the dependent eligibility verification process is complete. If you are not able to provide the required documentation within 30 days of enrollment, please contact the Benefits Service Center at **844-831-0501** to discuss your options.

# ELIGIBILITY



When it comes to choosing your benefits, it's important to understand what you are eligible for so you can make an informed decision about coverage. You are required to work an average number of hours each week to qualify for benefits.

Benefit Plans	Hours Required
Medical, dental, vision, and all voluntary plans	30 hours or more

## COVERING YOUR DEPENDENTS

- Spouse
- Domestic partner
- Child(ren) (up to age 26), including biological, adopted, stepchildren, domestic partner's children (if your domestic partner is covered), legal guardianship, and disabled children if disabled prior to age 26 and are dependent on you for support

## QUALIFYING LIFE EVENT (QLE):

When you participate in our health plans or Section 125 plan, you are obligated to maintain your election through the full year (July 1 – June 30). However, certain qualifying events may occur that would allow you to add, change or terminate your election(s). A QLE does not allow you to change between plans.

Examples of qualifying events include:

- Birth or adoption of a child
- Change in your employment status
- Marriage or divorce
- Legal separation
- Loss of dependent status
- Change in the employment status of your spouse or dependent, including benefit changes during your spouse or dependent employer open enrollment
- Gain or loss of eligibility for Medicare/Medicaid for yourself, spouse or dependent

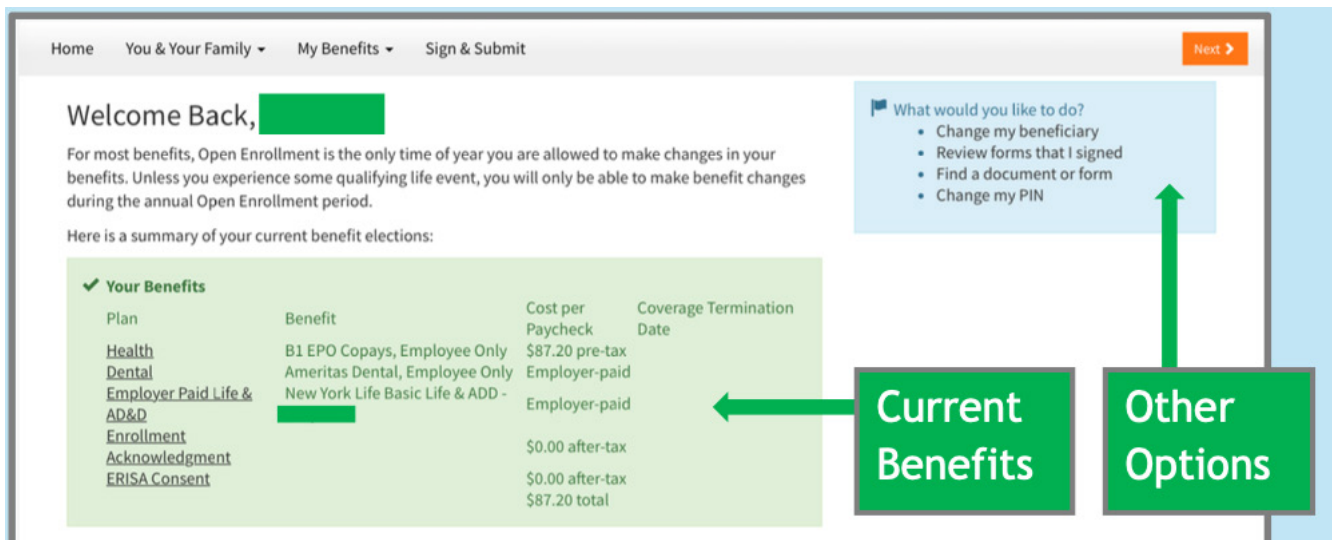
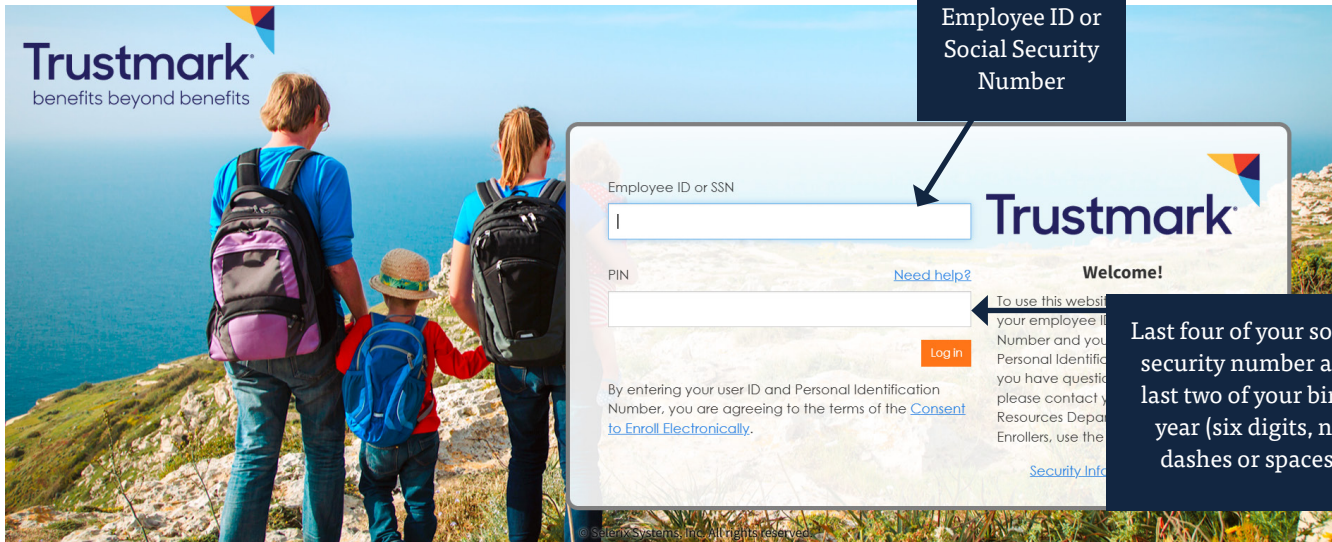
Please note that child dependents are covered under the NKCS medical, dental and vision to age 26. Your child dependents will then term end of year on 12/31 regardless of what month they turn 26.



# WHAT ARE MY CURRENT BENEFITS?

## TO FIND YOUR CURRENT BENEFITS:

Visit <https://trustmark.benselect.com/enroll>



# HOW DO I CHANGE MY BENEFITS?

## CHANGING YOUR ELECTIONS

To change any of your elections due to a qualifying event, complete the Talent Ed Qualifying Events form within 30 days of the event date (current coverage end date or new coverage begin date). **If the Benefits Department is not notified or the form is not completed within the 30 days, you will need to wait to make any changes to your elections until the annual enrollment period.**

\*Please note that a Qualifying Life Event does not allow you to change between plans. Official documentation that shows the name of the person gaining or losing benefits, which benefits are changing (medical, dental, vision), and the effective date of the event will be required.

## TO ACCESS THE QUALIFYING EVENT FORM

Go to TalentEd Records at

<https://northkcmo.tedk12.com/records/>

1. Log in using your employee ID and network password
  - If it takes you to Perform instead of Records, you can switch to Records by clicking on the block of squares in the upper right corner.
2. When you get to Records, choose Available Forms on the left side of the screen
3. Click the form that says Qualifying Life Event - Benefits
  - Select Add as an E-Form
4. Complete the form, upload the proof of Qualifying Event, then click on Save Final
  - The system will not allow you to submit the form until you upload the documentation, which must include the name of the person who experienced the event, what benefit/s were lost/gained and the effective date of the event and in pdf or jpg format.
5. Once your Qualifying Event form is approved, you will be notified via your school email to contact the Avant Enrollment Center to make your elections

**Please remember that this change must be submitted no later than 30 days after the qualifying event (date of loss of coverage or date new coverage begins) but may be submitted earlier!**



# 2026 NKCS BENEFIT OFFERINGS

**HEALTH: BCBS 3 PLAN OPTIONS**

**DENTAL: AMERITAS**

**VISION: VSP**

**HEALTH SAVINGS ACCOUNT (HSA): HEALTH EQUITY**

**FLEXIBLE SAVINGS ACCOUNT (FSA): SURENCY**

**EMPLOYEE ASSISTANCE PROGRAM (EAP): NEW YORK LIFE**

**LIFE AND AD&D INSURANCE: NEW YORK LIFE**

**DISABILITY INSURANCE: NEW YORK LIFE**

**ACCIDENT, CRITICAL ILLNESS, & HOSPITAL  
INDEMNITY: CIGNA**

**LEGAL PLAN: METLIFE**

**IDENTITY THEFT ASSISTANCE: ALLSTATE**

**PET INSURANCE: METLIFE**

**PERMANENT LIFE INSURANCE  
WITH LONG TERM CARE: TRUSTMARK**

\*see page 38 for comprehensive pricing on all plans



## BODY AND MIND

When it comes to your health, it's important to care for your body and mind. NKC Schools offers a variety of benefits to help you focus on your whole well-being.



# MEDICAL BENEFITS



**It's important to have choices when it comes to healthcare. That's why North Kansas City Public Schools offers three medical plans. An**

**EPO copay plan with in-network coverage only, a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) and an EPO coinsurance plan. These options are designed to give you choice in cost, control and coverage level. All three plans are offered through Blue Cross and Blue Shield of Kansas City.**

## CONSIDER YOUR COVERAGE

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 - (Copay)
- Option B2 - (HSA)
- Option B3 - (Spira Care)

NKC Schools will offer access to the Spira Care facilities through B2 - HDHP and the B3 - EPO/SPIRA Care plan designs. An overview of the services provided at Spira Care is included on page 10. 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](http://www.bluekc.com) or call 816-395-3558 or 877-507-1388, Monday-Friday 8:00 am-5:00 pm (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.

## NO MATTER WHICH OPTION YOU CHOOSE, THE PLANS:

- Provide preventive care at 100%
- Include prescription drug coverage
- Use the same nationwide network of doctors and pharmacies
- Offer access to virtual care, mental health services, and additional care resources

B1 - EPO Copay	B1 - EPO Copay	
	In-Network	Out-of-Network
Network	BlueSelect Plus	No Coverage
Emergency & Urgent Care	Yes	Yes
Access to NKC Health 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	No Member Cost Share	
Urgent Care Office Visit	\$80 copay	\$80 copay
Diagnostic X-ray for Complex Imaging Services	\$300 copay	No Coverage
Hospital Inpatient /Outpatient Surgery	\$750 copay per admit	No Coverage
Emergency Room	\$300 copay	\$300 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

### 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*
Employee	\$1035.26	\$951.00	\$84.26
Employee + Spouse	\$2,162.04	\$951.00	\$1,211.04
Employee + Child(ren)	\$1,881.18	\$951.00	\$930.18
Family	\$2,478.70	\$951.00	\$1,527.70
Family Split Premium	\$2,478.70	\$1,902.00	\$288.36

B2 - HDHP (HSA)	B2 - HDHP* (HSA)	
	In-Network	Out-of-Network
Network	BlueSelect Plus	N/A
Emergency & Urgent Care Treated as In-Network	Yes	Yes
Access to Spira Care Facilities	\$60*	N/A
Access to NKC Health Clinic - All Clinics	Yes- Deductible/Coinsurance	N/A
Deductible (individual/family) - Calendar Year	**\$2,100/\$4,200	\$4,200/\$8,400
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

\*Fair Market Value, subject to change

\*\* \*\*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.

## 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 - HDHP (\$)	Total Cost	District Benefit	Employee Cost Per Month*	HSA District Monthly Contribution
Employee	\$875.86	\$857.86	\$0.00	\$75.14
Employee + Spouse	\$1,829.16	\$857.86	\$953.30	\$75.14
Employee + Child(ren)	\$1,591.54	\$857.86	\$715.68	\$75.14
Family	\$2,097.06	\$857.86	\$1,221.20	\$75.14
Family Split Premium	\$2,097.06	\$1,751.72	\$172.68	\$150.28

B3 - EPO/SPIRA Care	B3 - SPIRA Care	
	In-Network	Out-of-Network
Network	BlueSelect Plus	N/A
Emergency & Urgent Care Treated as In-Network	Yes	Yes
Access to Spira Care Facilities	No Member Cost Share	No Coverage
Access to NKC Health Primary Care Provider	Yes – No Office Visit Cost Share	No Coverage
Deductible (individual/family) - Calendar Year	\$1,700/\$3,400	No Coverage
Member coinsurance	0%	No Coverage
Out-of-Pocket Maximum (Individual/family) - Calendar Year	\$1,700/\$3,400	No Coverage
PCP Office Visit / Specialist Office Visit	Deductible, then no charge	No Coverage
BlueKC Virtual Care Visit	No Member Cost Share	
BlueKC Virtual Behavioral Health Visit	No Member Cost Share	
Urgent Care Office Visit	Deductible, then no charge	In-Network Deductible, then no charge
Diagnostic X-ray for Complex Imaging Services	Deductible, then no charge	No Coverage
Hospital Inpatient /Outpatient Surgery	Deductible, then no charge	No Coverage
Emergency Room	Deductible, then no charge	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 at 100%	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.

B3 - Spira EPO (\$\$)	Total Cost	District Benefit	Employee Cost Per Month*
Employee	\$956.12	\$951.00	\$5.12
Employee + Spouse	\$1,996.78	\$951.00	\$1,045.78
Employee + Child(ren)	\$1,737.30	\$951.00	\$786.30
Family	\$2,289.22	\$951.00	\$1,338.22
Family Split Premium	\$2,289.22	\$1,902.00	\$193.62

# BLUEKC MEMBER PORTAL

**1. My Information:** Quickly view, print, or email a copy of your member ID card.

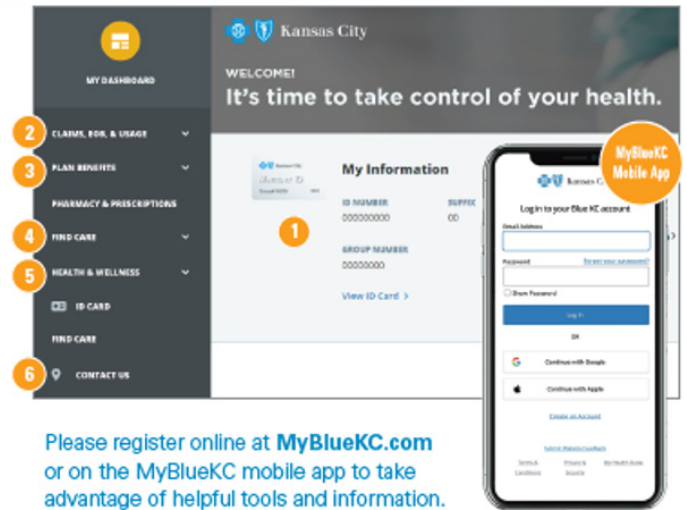
**2. Claims, EOB, & Usage:** Check the status of your claims and export a list of past claims. View your Explanation of Benefits (EOB) documents to understand any payment you may owe to your provider. This section also includes graphs to illustrate your progress toward your deductible and out-of-pocket maximum.

**3. Plan Benefits:** View your medical certificate, summary of benefits and coverage, and more. If your Blue KC policy includes pharmacy benefits, you'll have tools to help you locate a pharmacy, learn about the differences between generic and brand name medications, save on prescriptions and access the Blue KC Prescription Drug List.

**4. Find Care:** Search for an in-network doctor, hospital or other healthcare professional and estimate your out-of-pocket costs for common procedures - all based on your specific health plan.

**5. Health & Wellness:** We're proud to offer a variety of resources to help you stay healthy and live well. Learn more about our A Healthier You wellness program and a variety of other programs available.

**6. Contact Us:** Get answers to questions about your Blue KC policy or health insurance in general. We're here to help answer all your questions Monday –Friday, 8 a.m. – 5 p.m. Central.



## REGISTER WITH YOUR MEMBER ID CARD

**Step 1:** Go to [MyBlueKC.com](https://MyBlueKC.com) to create your new account.

**Step 2:** Follow the on-screen instructions. You will have the option to create your account without a member ID.

**Step 3:** You will also need to provide and verify your email address. Once verified, personalize your communication preferences to be logged in to your account.

**NOTE:** Once you've registered online, the same information can be used to access the MyBlueKC mobile app.

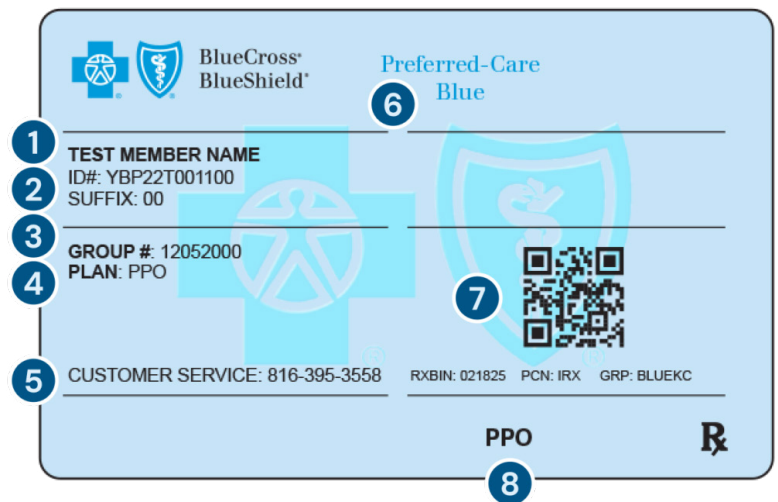


Access your member account by visiting [MyBlueKC.com](https://MyBlueKC.com) or scanning the QR code above. For account assistance, call BlueKC Customer Service 816.395.3558.

# YOUR BLUEKC MEMBER CARD

Please present your card anytime you visit your doctor, healthcare professionals need to make sure your care is covered.

- 1. Member ID Number** – Number we use to identify you and your policy. Contains a three letter alpha prefix, followed by your ID number. You do not need to include the alpha prefix when providing your member ID number.
- 2. Suffix** – This number is unique for each member covered on your policy.
- 3. Group Number** – Number we use to classify our members into groups, usually by the employer they receive their plan from, or a direct pay group.
- 4. Plan Type** – Describes what type of plan you have (for example, a PPO plan).
- 5. Customer Service Phone Number** – Our team is available Monday through Friday, from 8 a.m. to 5 p.m. Central Time. We're here to help.
- 6. Network Name** – This is the network of hospitals, doctors and other healthcare professionals that accept your Blue KC policy. It's important that you see providers in this network to maximize the benefits of your policy.
- 7. QR Code** – Use the camera on your mobile device to scan this code to view your benefit summary.
- 8. Product Identifier** – Some Blue KC members have access to the BlueCard program, which extends to all 50 states.



# PRESCRIPTIONS



All three medical plans include prescription drug coverage. BlueKC's network of pharmacies includes Walgreens, CVS, Sam's, Price Chopper, Hy-Vee, Walmart and a number of other retail pharmacies. You also have access to convenient home delivery through OptumRx.

Under the B2 HDHP, you pay the full cost of all non-preventive prescriptions until you meet your deductible, then the plan begins paying a portion of the costs.

Under the B1 and B3 EPO plans, the plans pay a portion of your prescription drug costs whether you've met the medical deductible or not.

You Pay	B1 - EPO with Copays	B2 - HDHP HSA	B3 - EPO/SPIRA Care
<b>Generic Drugs (Covers up to 34 or 102 day supply)</b>	\$15 copay	\$15 copay; after deductible	\$10 copay
<b>Preferred Drugs (Covers up to 34 or 102 day supply)</b>	\$55 copay	\$55 copay; after deductible	\$55 copay
<b>Non-Preferred Drugs (Covers up to 34 or 102 day supply)</b>	\$80 copay	\$80 copay; after deductible	\$65 copay
<b>Mail Order (Covers between 35 to 102 day supply)</b>	\$45 generic / \$165 preferred brand / \$240 non-preferred brand	\$45 generic / \$165 preferred brand / \$240 non-preferred brand; after deductible	\$30 generic / \$165 preferred brand / \$195 non-preferred brand

## Maintenance Drugs

If you take maintenance drugs (like those used to treat chronic conditions such as high blood pressure or high cholesterol) on a regular basis, be sure to have your physician write a 90-day prescription instead of a 30-day prescription. You can:

- Have your medication delivered straight to your door by using BlueKC's convenient mail order service.
- Pick up your prescriptions at any in-network pharmacy.

# SPIRA CARE (B2, B3)

## SPIRA CARE AND BLUESELECT PLUS NETWORK

Spira Care gives members access to comprehensive, personal primary care at convenient Spira 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](https://SpiraCare.com/TOUR)



Learn more about our Care Team  
and specific location hours at  
[SpiraCare.com](https://SpiraCare.com)

## SPIRA CARE CENTERS + HOSPITALS IN THE BLUESELECT PLUS NETWORK

### Crossroads

1916 Grand Boulevard  
Kansas City, MO 64108

### Lee's Summit

760 NW Blue Parkway  
Lee's Summit, MO 64086

### Liberty

8350 N Church Road  
Kansas City, MO 64158

### Olathe

15710 W 135th St #200  
Olathe, KS 66062

### Independence

3717 S Whitney Ave, Independence, MO 64055

### Overland Park

7431 W 133rd St  
Overland Park, KS 66213

### Shawnee

10824 Shawnee Mission Pkwy  
Shawnee, KS 66203

### Tiffany Springs

8765 N Ambassador Drive  
Kansas City, MO 64154

### Wyandotte

9800 Troup Ave  
Kansas City, KS 66111

### Hours of Operation: All Facilities

Monday - Thursday: 7:30am-6:30pm  
Friday: 7:30am-5pm

### Saturday hours are available for the below locations:

Hours 8am-Noon  
Crossroads, Overland Park, Shawnee, and  
Tiffany Springs

**Call 913-29-SPIRA (77472) to schedule  
an appointment!**

## IN-NETWORK SPIRA CARE HOSPITALS

- Advent Health: Shawnee Mission, College Boulevard, Ottawa, Overland Park
- Cameron Regional Medical Center
- Children's Mercy Hospital (both Missouri & Kansas locations)
- Kansas City Orthopaedic Institute
- 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

# WELLNESS RESOURCES

## SOLERA

North Kansas City Schools employees with Blue KC health coverage have access to a no-cost lifestyle program designed to help you lose weight and feel your best. Through a partnership with Solera, you'll be matched with a program that fits your lifestyle, including options like WW (Weight Watchers® Reimagined) and virtual coaching.



### Pick the right program for you

Choose from a variety of programs, from virtual personal coaching to small group meetings. Each program has milestones to help you stay on track and earn free tools



### Get free digital tools!

After you qualify and are matched to a lifestyle program we'll send a smart scale within a week (digital programs only) and an activity tracker after 4 weeks.



### It's a covered benefit - that means no cost!

If you qualify, this benefit is paid for 100%. And so is your matching lifestyle program.

**Find out if you qualify. Take a 1-minute quiz at [Solera4me.com/BlueKC](https://Solera4me.com/BlueKC)**

## WONDR

North Kansas City Schools also offers Wondr, a skills-based, science-backed digital program that helps you lose weight and improve overall health—at no cost to you if eligible. Wondr teaches practical habits for lasting results while allowing you to enjoy the foods you love.

### The program includes:

- Weekly video lessons from experts in diet, exercise, sleep, and stress.
- Tailored content based on your health profile.
- Exclusive rewards like recipes and meal plans.
- Supportive community through WondrLink with coaches and peer tips.
- Learn more and enroll: [wondrhealth.com/NKCSD](https://wondrhealth.com/NKCSD)

**Learn more and enroll: [wondrhealth.com/NKCSD](https://wondrhealth.com/NKCSD)**

# WELLBEING RESOURCES

## MINDFUL BY BLUEKC

Your mental health matters as much as your physical health. Mindful by Blue KC is a behavioral health initiative designed to make care more accessible and reduce stigma around mental health. This program supports Blue KC members with resources for stress, anxiety, depression, substance use, and other behavioral health challenges.



**In-the-moment support**



**Care navigation**



**Help locating and referring to in-network providers**



**Help connecting to expedited treatment options in crisis situations**

Learn more at [MindfulBlueKC.com](https://www.MindfulBlueKC.com)

## A HEALTHIER YOU™ (AHY)

North Kansas City Schools employees enrolled in Blue KC have access to A Healthier You™ (AHY), a personalized wellness program designed to support whole-person health.

### Program Highlights:

- **Online & Mobile Access:** Use the AHY portal via [MyBlueKC.com](https://www.MyBlueKC.com) or the MyBlueKC mobile app under the Health & Wellness tab.
- **Health Tools:** Complete a Health Risk Assessment, connect devices to track steps, sleep, and nutrition, and receive reminders for preventive care and chronic condition management.
- **Earn Points:** Engage in health actions like reading articles, connecting devices, or completing doctor visits to earn points.
- **Redeem Rewards:** Use points to enter monthly sweepstakes for chances to win gift cards from popular retailers.
- **Tracking:** Points for digital actions appear immediately; points for claims-based actions (doctor visits, prescriptions) post within 30–60 days.

### How it works:

- **Complete Actions** – Follow personalized recommendations in your AHY portal.
- **Earn Points** – Points are automatically awarded as actions are completed.
- **Enter Sweepstakes** – Spend points on sweepstakes entries for gift cards.

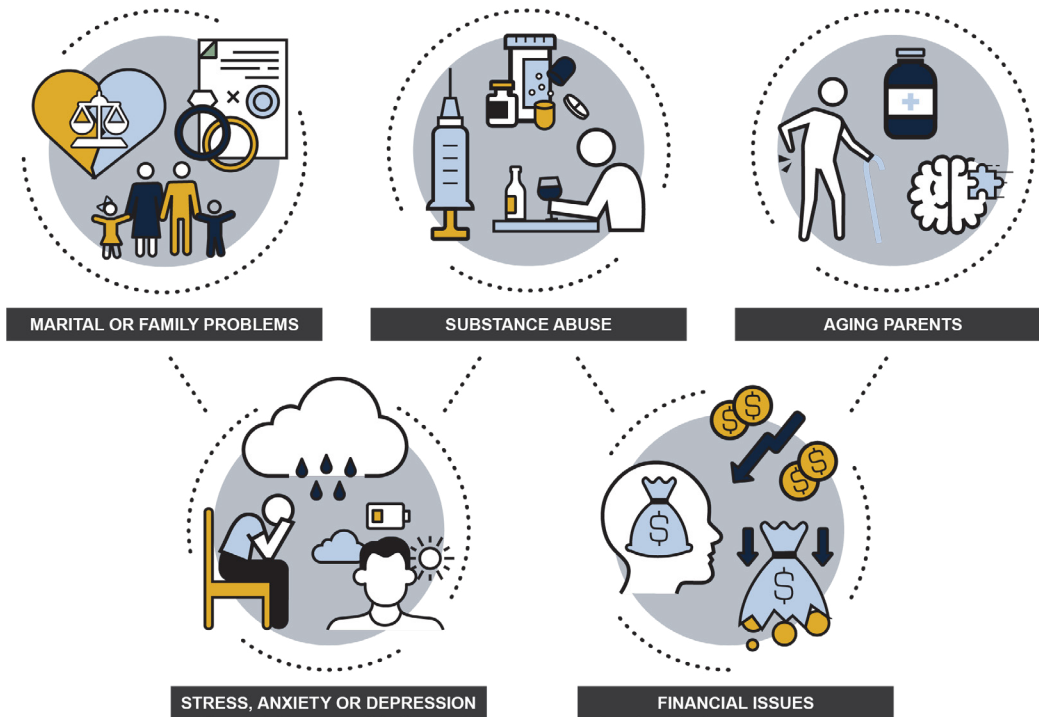
**Get Started: Log in to [MyBlueKC.com](https://www.MyBlueKC.com) or download the MyBlueKC app to access your AHY dashboard and start earning rewards for healthy living.**

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Available to all employees, our EAP partner Guidance Resources helps you and your family manage life's challenges with in-person, phone, and video counseling sessions, all at no cost to you. You can also get referrals to household services related to child/elder care, financial and legal help, and much more.

You can receive up to five counseling sessions per issue per year. The sessions are a free and confidential service and are available face to face, online with televideo, or by phone.

Licensed counselors can help with issues such as:



## GUIDANCERESOURCES

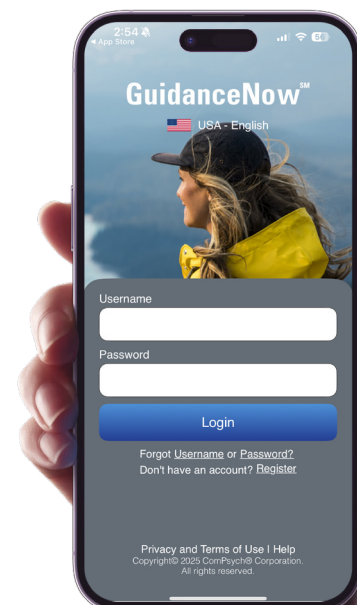
North Kansas City Schools provides access to GuidanceResources®, an online platform offering expert information and support for your overall well-being. This resource is available 24/7 and covers topics like wellness, relationships, work, education, legal, financial, and lifestyle needs.

### Key Features:

- Mobile and online access to thousands of expert articles and tools.
- Search for childcare, elder care, attorneys, and financial planners.
- Download the GuidanceResources® app or visit [guidanceresources.com](https://www.guidanceresources.com).

### How to Register:

1. Go to [guidanceresources.com](https://www.guidanceresources.com) and click Register.
2. Enter your Organization Web ID: NYLGBS.
3. Enter the first five letters of your company name: NORTH.
4. Complete the registration steps to create your username and password.



# TELEHEALTH



When you have a minor illness or need mental well-being help, the last thing you want to do is leave the comfort of home to sit in the doctor's office. Virtual Visits with BlueKC are available to employees enrolled in a medical plan and their covered family members. You can see a doctor 24 hours a day, seven days a week, 365 days a year.

Appointments can take place by webcam or a camera-equipped mobile device. Most visits take only 10 minutes and, in most cases, doctors can write a prescription for pick up at your local pharmacy.







The best part is that Virtual Visits are paid at 100% or with a copay under the B1 EPO plan, subject to deductible and coinsurance under the B2HDHP, and subject to deductible or no member cost under the B3 Spira Care plan.

	Physical Well-Being	Mental Well-Being*
<b>Symptoms Treated</b>	<ul style="list-style-type: none"> <li>• Allergies</li> <li>• Cold or flu</li> <li>• Fever</li> <li>• Minor skin conditions</li> <li>• Nausea</li> <li>• Sinus infections</li> <li>• Stomachache</li> <li>• UTI</li> <li>• And more</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Depression</li> <li>• Parenting concerns</li> <li>• Relationship issues</li> <li>• Substance use concerns</li> <li>• Trauma and PTSD</li> </ul>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Adults</li> <li>• Children aged 18 months+</li> </ul>	<ul style="list-style-type: none"> <li>• Adults</li> <li>• Children aged 10+</li> </ul>
<b>Cost: B1 EPO &amp; B3 EPO</b>	<ul style="list-style-type: none"> <li>• B1: \$10 copay</li> <li>• B3: \$0</li> </ul>	<ul style="list-style-type: none"> <li>• Psychiatrist: \$10 (office visit) or \$0 (therapy)</li> <li>• Therapist: \$0</li> </ul>
<b>Cost: B2 HDHP</b>	<ul style="list-style-type: none"> <li>• HDHP: 20% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Deductible &amp; Coinsurance</li> </ul>

\*Services may be provided by a psychiatrist or licensed therapist depending on the condition.

### Know Before You Go

Staying in-network is the best way to keep your medical costs low. But did you also know that deciding where to go for care based on the type of treatment you need and how quickly you need it can also save you money? If you're enrolled in one of the medical plans, the chart below can help you decide where to go for care based on the type of treatment you need, how much you can expect to spend, and how quickly you need it.

Type of Symptoms	Best Path for Care	Your Visit Cost*	Average Wait Time	Hours of Operation
<b>Common cold, flu, sinus or ear infections, mild Covid-19, allergies, UTI</b>	Medical Telehealth	\$0 or \$	 A few minutes	24/7
<b>Anxiety, depression, mood disorders, PTSD, other mental health challenges</b>	Mental Telehealth	\$0 or \$	 A few minutes	24/7
<b>Basic health problems, chronic conditions, persistent joint pain</b>	Primary Care Physician (PCP)	\$	 Wait times vary	Traditional office hours (appointment often required)
<b>Minor &amp; non-emergent health issues</b>	Retail Health Clinic	\$\$	 About an hour	Extended hours
<b>Minor cuts, burns, or sprains, ear or sinus pain, minor allergic reactions, animal bites, broken bones</b>	Urgent Care Clinic	\$\$	 About an hour	Extended hours (includes evenings, weekends, and holidays)
<b>Sudden numbness, uncontrolled bleeding, difficulty breathing, seizure or loss of consciousness, chest pain or pressure</b>	Emergency Room	\$\$\$	 A few hours	24/7

\*Cost is always lower when using in-network providers.

# DENTAL

North Kansas City Schools is committed to helping you maintain a healthy smile. Through our partnership with **Ameritas**, we offer comprehensive dental coverage designed to keep your teeth and gums in great shape. Best of all, preventive care—including routine cleanings and yearly X-rays—is covered at 100%, so you can stay on top of your oral health without worrying about extra costs. Explore your dental benefits and take advantage of the resources available to you!

Plan Features	In-Network	Out-of-Network
<b>Diagnostic and Preventive Services - Type 1</b> <ul style="list-style-type: none"> <li>• Oral exams, twice per calendar year</li> <li>• Bitewing X-rays</li> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning, twice per calendar year</li> <li>• Fluoride for Children 18 and under (1 per benefit period)</li> <li>• Space Maintainers</li> </ul>	100%	80%
<b>Basic Services - Type 2</b> <ul style="list-style-type: none"> <li>• Sealants (age 18 and under)</li> <li>• Fillings for Cavities</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Endodontics (nonsurgical &amp; surgical)</li> <li>• Periodontics (nonsurgical &amp; surgical)</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	100%	80%
<b>Major Services- Type 3</b> <ul style="list-style-type: none"> <li>• Onlays &amp; Inlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Crown and Denture Repair</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures; 1 in 5 years)</li> </ul>	50%	50%
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>• For dependent children to age 19 that begin treatment while covered by this plan</li> </ul>	50%	50%
<b>Calendar Year Deductible</b> (Applies to Basic and Major Services only)	\$50 per person	
<b>Calendar Year Benefit Maximum</b>	\$1,000 per person	
<b>Orthodontic Lifetime Maximum- Children up to the age of 19.</b>	\$1,000 per eligible dependent	

Ameritas Dental	Total Cost	District Benefit	Employee Cost Per Month
Employee	\$25.24	\$25.24	\$0.00
Employee + Spouse	\$51.60	\$25.24	\$26.36
Employee + Child(ren)	\$73.60	\$25.24	\$48.36
Employee + Family	\$97.68	\$25.24	\$72.44
Family Split	\$97.68	\$50.48	\$23.60

**For More Information:**

Visit [www.Ameritas.com](http://www.Ameritas.com) or scan the QR code to the right to find in-network providers or more information about your dental benefits.



Your eyes play a big role in your everyday life, and North Kansas City Schools wants to help you keep them healthy. Through **VSP**, you have access to quality vision care and a wide network of providers. Your plan includes an eye exam for a \$25 copay, plus savings on lenses, frames, and contacts—so you can see clearly and look great without breaking the bank. Take advantage of these benefits and keep your vision sharp for the year ahead!

# VISION

Benefit	Description	In-Network Copay	Frequency
<b>Wellvision Exam</b>	<ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellbeing</li> <li>• Routine retinal screening</li> </ul>	Up to \$39 \$25	Every plan year
<b>Prescription Glasses</b>		\$25	See frames and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>• \$190 Featured Frame Brands allowance</li> <li>• \$170 Frame Allowance</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$170 Walmart frame allowance</li> <li>• \$95 Costco frame allowance</li> </ul>	Included in prescription glasses	Every plan year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>• Single vision, lined trifocal, or lenticular lenses</li> <li>• Impact-resistant lenses for dependent children</li> </ul>	Included in prescription glasses	Every plan year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Anti-Reflective Coating</li> <li>• Photochromatic</li> <li>• Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$25 \$25 \$0 \$75	Every plan year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• \$130 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$40	Every plan year
<b>Essential Medical Eyecare Program</b>	<ul style="list-style-type: none"> <li>• Retinal screenings for members with diabetes</li> <li>• Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration</li> </ul>	\$0 \$20 per exam	Available as needed
<b>KidsCare (up to the age of 18)</b>	<ul style="list-style-type: none"> <li>• Two exams that focus on your eye and overall wellbeing</li> <li>• Same frame allowance and lens coverage as primary benefit</li> <li>• Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required)</li> <li>• Includes vision therapy and Photochromatic lenses</li> </ul>	\$25 per exam \$25 for prescription lenses	Every plan year

Plan Option	Employee Cost Per Month
Employee	\$8.98
Employee + Spouse	\$17.96
Employee + Child(ren)	\$19.22
Employee + Family	\$30.70

**For More Information:**  
Visit [www.vsp.com](http://www.vsp.com) or scan the QR code to the right to find in-network providers or more information about your vision benefits.



# FUNDING ACCOUNTS

## HEALTH SAVINGS ACCOUNT (HSA)

You must enroll in the HDHP to be eligible to participate in the HSA with Health Equity. The HSA allows you to set aside pre-tax dollars into an account you own to pay for eligible healthcare expenses now, in the future, and even into retirement. Because you own the account, it's portable, so you can take it with you if you leave the company.

You will elect your contribution limit during enrollment and can change it any time during the year. The company contributions and yours will be deposited into your HSA each pay period. Funds will be available for use as they are deposited. You may change your contribution at any time during the year.

When it comes to saving money on healthcare and dependent care expenses, a Health Savings Account (HSA), Healthcare Flexible Spending Account (HFSA), and Dependent Care Flexible Spending Account (DFSA) are some of the best deals. All three accounts, administered by Health Equity or Surency, help you save money for eligible expenses and lower your taxable income through before-tax contributions.

## HSA at a Glance

	IRS Limit	NKCS Monthly Contribution	NKCS Yearly Contribution*	Your Yearly Contribution Limit
Employee Only	\$4,400	\$75.14	\$901.68	\$3,498.32
All Other Coverage Levels	\$8,750	\$75.14	\$901.68	\$7,848.32

## Triple Tax Savings

Your HSA offers triple tax savings,\* allowing you to save on taxes in three ways.

- **Before-tax contributions:** Any money you contribute lowers your federal taxable income.
- **Tax-free growth:** The money in your account earns interest, and the investment earnings are tax-free, too.
- **Tax-free withdrawals:** HSA money you use to pay for eligible expenses is withdrawn tax-free.

\*California and New Jersey tax health savings. New Hampshire and Tennessee tax HSA earnings. Withdrawals for non-eligible expenses are subject to a tax penalty.

**For More Information:**  
Visit [www.HealthEquity.com/Learn](http://www.HealthEquity.com/Learn), scan the QR code to the right, or call 866-735-8195.



## FLEXIBLE SPENDING ACCOUNT (FSA)

When you choose an FSA, it's important to know how it works. The funds you set aside must be used to pay for eligible expenses incurred during the plan year — between June 1 and September 15. You must submit your expense receipts by September 28 of the following year.

### For More Information:

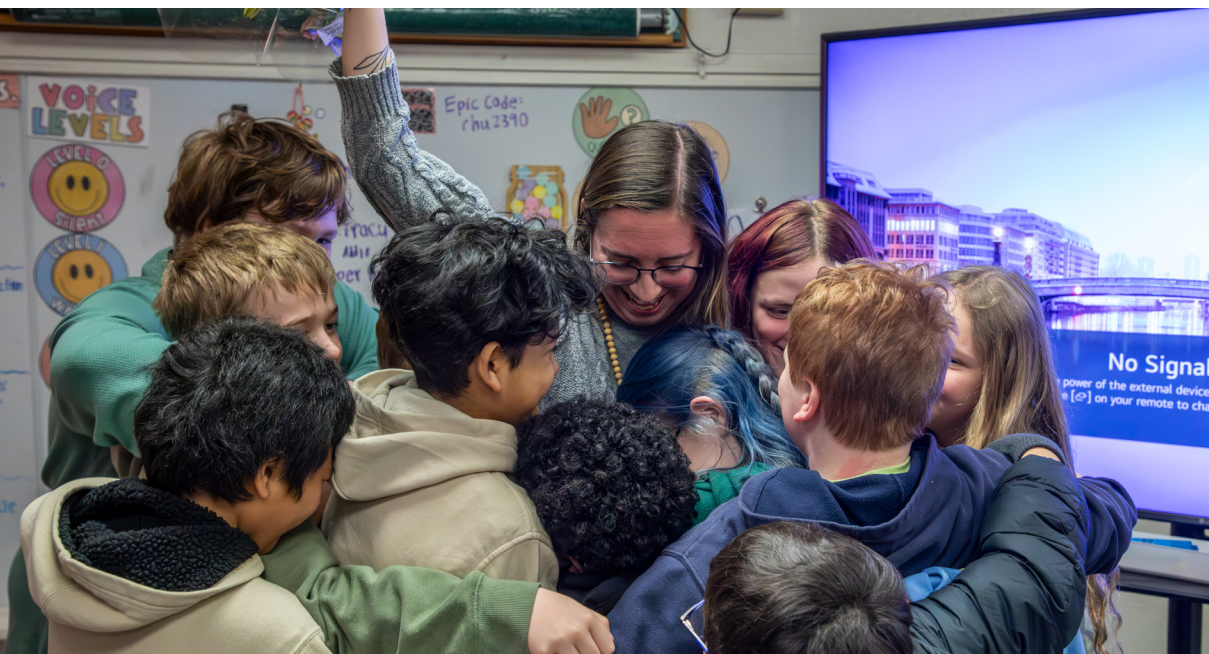
Visit [www.surency.com](http://www.surency.com) scan the QR code to the right, or call 866-818-8805.



## FSA at a Glance

	Healthcare FSA	Dependent Care FSA
<b>Eligibility</b>	Any benefits-eligible employee	Any benefits-eligible employee
<b>Contribution Limits*</b>	\$3,400	\$7,500 (\$3,500 if married, filing taxing separately)
<b>Fund Availability</b>	July 1 - September 15	July 1 - September 15
<b>Eligible Use</b>	Qualified medical, prescription, dental, and vision expenses, copays, and deductibles	Eligible day care expenses from licensed daycare providers for children under age 14 or disabled dependents of any age

\*Once elected, FSA contributions cannot be changed during the plan year.



# INCOME AND LEGAL PROTECTION



No one can predict the future, but you can plan for it. That's why North Kansas City Schools offers you benefits to help protect your income and give you peace of mind.

## LIFE INSURANCE

Life insurance pays a benefit if you or a covered family member dies. It is paid to your beneficiary if you die or to you if a dependent dies.

### Basic Life and AD&D Insurance

North Kansas City Schools provides you basic life and accidental death & dismemberment insurance at no cost. The amount provided varies by employment type and status.

### Supplemental Life Insurance

You can buy supplemental life insurance coverage for yourself and/or your family at your own expense. Evidence of Insurability (EOI) is only required if amount is over Guaranteed Insurability (GI).

Coverage Type	Coverage Amount
<b>Employee Coverage*</b>	\$10,000 increments to \$500,000
<b>Spouse*</b>	Coverage in \$5,000 increments, up to \$50,000 (amount cannot exceed 100% of employee coverage)
<b>Child(ren)</b> birth through 26 years	Maximum of \$10,000

\*Coverage is reduced to 65% @ age 65, 30% @ age 70 and 27% @ age 75

## Beneficiary Designation

You must name a beneficiary(ies) who will receive the benefit for your life and AD&D insurance. Beneficiaries can be changed at any time by calling the Avant Enrollment Center at 844-831-0501.

## ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

AD&D insurance offers protection if you're seriously injured or die as a result of a covered accident. The benefit is paid to you if you're injured or to your beneficiary if you die.

### Basic AD&D Insurance

North Kansas City Schools provides you with basic AD&D insurance equal to your basic life insurance.

Coverage Type	Coverage Amount
<b>Employee Coverage</b>	Coverage in \$10,000 increments up to \$500,000
<b>Spouse</b>	Maximum of \$5,000 increments up to \$250,000 not to exceed 100% of the employee's Voluntary Accidental Death & Dismemberment
<b>Child(ren)</b> birth through 26 years	\$10,000

## SUPPLEMENTAL AD&D INSURANCE

You can buy supplemental life insurance coverage for yourself and/or your family at your own expense. Evidence of Insurability (EOI) is only required if amount is over Guaranteed Insurability (GI).

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

### If You Are Age 65 Or Older:

If you are age 65 or older on your effective date of insurance, the amount of your Voluntary Accidental Death and Dismemberment Insurance will be reduced by the appropriate percentage from the following table.

Age of Employee	Percentage
65 but less than 70	35%
70 but less than 75	70%
75 or older	73%

## 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 Avant Enrollment Center to update your beneficiary information.

Plan Feature	Plan Design Details
<b>Employee Benefit:</b> <ul style="list-style-type: none"> <li>Plan Maximum</li> <li>Guarantee Issue</li> <li>Incremental Purchase Amounts</li> </ul>	<ul style="list-style-type: none"> <li>\$500,000</li> <li>\$300,000</li> <li>\$10,000 increments to a maximum of \$500,000</li> </ul>
<b>Spouse Benefit:</b> <ul style="list-style-type: none"> <li>Plan Maximum</li> <li>Rate Age</li> <li>Incremental Purchase Amounts</li> </ul>	<ul style="list-style-type: none"> <li>\$50,000</li> <li>Based on employee's age</li> <li>\$5,000</li> </ul>
<b>Child(ren) Benefit:</b> <ul style="list-style-type: none"> <li>Plan Maximum</li> <li>Guarantee Issue</li> </ul>	<ul style="list-style-type: none"> <li>\$10,000</li> <li>All Amounts</li> </ul>
<b>Open Enrollment</b>	All eligible employees and spouses may increase coverage as long as the total benefit does not exceed the Guaranteed Issue Amount without completing Evidence of Insurability
<b>Premiums</b>	Increase on plan anniversary after you enter next five-year age band
<b>Portability</b>	Yes, with age restrictions
<b>Conversion</b>	Yes, with restrictions, see certificate
<b>Accelerated Life Benefit</b>	Yes
<b>Age Reductions</b>	35% at age 65, 70% at age 70, 73% at age 75

Covered Participant's Age	Rate per \$1,000 of Benefit
< 20	\$0.040
20-24	\$0.040
25-34	\$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 TERM AND LONG TERM DISABILITY

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 North Kansas City Schools.

### Short Term Disability Income Benefits

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

Rates per \$100 of Monthly covered Payroll										
Age Band	< 0-24	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
<b>Rate</b>	\$0.250	\$0.250	\$0.364	\$0.500	\$0.356	\$0.243	\$0.220	\$0.227	\$0.258	\$0.394

### Long Term Disability Income Benefits

Plan Overview	
<b>Benefit Amount</b>	50% to \$10,000
<b>Own Occupation Period</b>	24 months
<b>Elimination Period</b>	90 days
<b>Maximum Benefit Period</b>	Social Security Normal Retirement Age (SSNRA)
<b>Maximum Monthly Benefit Amount</b>	\$10,000
<b>Survivor</b>	3 months lump sum
<b>Pre-existing Condition Waiting Period</b>	12 months prior / 12 months insured
<b>Guarantee Issue</b>	Initial Year/New Hire Only

Rates per \$10 of Weekly Benefit										
Age Band	< 0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
<b>Rate</b>	\$0.077	\$0.077	\$0.093	\$0.093	\$0.139	\$0.170	\$0.263	\$0.340	\$0.448	\$0.634

# VOLUNTARY ACCIDENT INSURANCE

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident. You can elect Accident Insurance through Cigna.

Accident insurance can be a simple, affordable, way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent and groceries.

Review the Benefit Summary for additional information on covered accidents and payout amounts. Accident Coverage is 100% paid for by the employee and applies to an accident that occur both on and off the job.

Benefit Percentage Amount (unless otherwise indicated)	Employee	Spouse	Children
	100% of benefits shown	100% of benefits shown	100% of benefits shown

Initial and Emergency Care	Plan 1	Plan 2
<b>Emergency Care Treatment</b>	\$200	\$300
<b>Physician Office Visit (includes urgent care)</b>	\$200	\$300
<b>Diagnostic Exam (X-ray or lab)</b>	\$150	\$200
<b>Ground or Water Ambulance/Air Ambulance</b>	\$400/\$1,000	\$500/\$1,250

Hospitalization Benefits	Plan 1	Plan 2
<b>Hospital Admission</b>	\$1,000	\$1,500
<b>Intensive Care Unit Admission</b>	\$1,000	\$1,500
<b>Hospital Stay</b>	\$200 per day	\$300 per day
<b>Intensive Care Unit Stay</b>	\$400 per day	\$600 per day

Fractures and Dislocations	Plan 1	Plan 2
<b>Per covered surgically-repaired fracture</b>	\$200-\$8,000	\$300-\$10,000
<b>Per covered non-surgically-repaired fracture</b>	\$100-\$4,000	\$150-\$5,000
<b>Chip Fracture (percent of fracture benefit)</b>	25%	25%
<b>Per covered surgically-repaired dislocation</b>	\$200-\$8,000	\$400-\$10,000
<b>Per covered non-surgically-repaired dislocation</b>	\$100-\$4,000	\$200-\$5,000

Follow-Up Care	Plan 1	Plan 2
<b>Follow-up Physician (or medical professional) Office Visit</b>	\$75 per visit, max 10	\$125 per visit, max 10
<b>Follow-up Physical Therapy Visit</b>	\$50 per visit, max 10	\$75 per visit, max 10

Enhanced Accidental Benefits	Plan 1	Plan 2
<b>Examples:</b>		
<b>Small Lacerations (smaller than or equal to 6 inches long and requires 2 or more sutures)</b>	\$200	\$350
<b>Large Lacerations (more than 6 inches long and requires 2 or more sutures)</b>	\$400	\$700
<b>Concussion</b>	\$250	\$500
<b>Coma (lasting 7 days with no response)</b>	\$7,500	\$10,000

Additional Accidental Injury benefits included - see certificate for details, including limitations & exclusions. Virtual care accepted for Initial Physician office Visit and Follow-Up Care.

Accidental Death & Dismemberment Benefit	Plan 1	Plan 2
<b>Examples of benefits include (but are not limited to) payment for death from Automobile accident; total and permanent loss of speech or hearing in both ears. Actual benefit amount paid depends on the type of Covered Loss. The Spouse and Child benefit is 50% and 25% respective of the benefit shown.</b>	Loss of Life: \$50,000 - \$100,000 Dismemberment: \$2,000 - \$30,000	Loss of Life: \$75,000 - \$100,000 Dismemberment: \$3,000 - \$40,000

Wellness Treatment, Health Screening Test & Preventive Care Benefit	Plan 1	Plan 2
<b>Wellness Treatment, Health Screening Test and Preventive Care Benefit. Benefit paid for all covered persons is 100% of the benefit shown. Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.</b>	\$50, limited to 1 per year.	\$50, limited to 1 per year.

Sports Accident Benefit	Plan 1	Plan 2
<b>Organized and Personal Sports Activity Limited to 10 per year</b>	50% of the qualified benefit	50% of the qualified benefit

**Portability Feature:** You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Only available to United States Citizens, Permanent Resident Aliens, and non-United States Citizens working in the United States lawfully (Inpats) while residing in the United States.

**Employee Monthly Cost of Coverage:**

Tier	Plan 1	Plan 2
<b>Employee</b>	\$6.44	\$8.98
<b>Spouse</b>	\$12.70	\$17.66
<b>Employee and child(ren)</b>	\$14.76	\$20.48
<b>Family</b>	\$18.04	\$25.02

# VOLUNTARY CRITICAL ILLNESS INSURANCE

As an active employee of North Kansas City School District, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through Cigna.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke, or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

## COVERED CRITICAL ILLNESS EXPENSES:

- Heart attack
- Major organ failure
- ALS
- Coronary Arteriosclerosis
- Benign Brain Tumor
- Skin Cancer
- Stroke
- Cancer
- Carcinoma in situ
- Wellness Benefit \$100 (limited to 1 per year)
- & more!

Critical Illness Benefit	
<b>Coverage:</b>	
<b>Employee</b>	\$5,000, \$10,000, \$20,000, \$30,000 \$30,000 Guaranteed Issue
<b>Spouse</b>	100% of issued employee benefit amount (Guaranteed Issue)
<b>Child(ren)</b>	100% of issued employee benefit amount
<b>Eligibility, Conditions, and Limitations</b>	
<b>Eligibility</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage
<b>Cost Sharing</b>	100% Employee-Paid. See Benefit Summary for additional details.

Please see benefit summary on NKCS benefits website for rates.

# VOLUNTARY HOSPITAL INDEMNITY INSURANCE

As an active employee of North Kansas City School District, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Hospital Indemnity insurance through Cigna.

Hospital indemnity insurance supplements your existing health insurance coverage by helping pay expenses for hospital stays. Depending on the plan, hospital indemnity insurance gives you cash payments to help you pay for the added expenses that may come while you recover.

Hospitalization Benefits	Plan
<b>Hospital Admission</b> No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$1,250
<b>Hospital Chronic Conditions Admission</b> No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50
<b>Hospital Stay</b> No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$200 per day
<b>Hospital Intensive Care Unit (ICU)</b> Stay Day 1 (Additional ICU Admission + Per Day) Day 2 – 30 (Per Day) No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$1,650 one time \$400 per day
<b>Hospital Observation Stay</b> 24 Elimination Period. Limited to 72 hours	\$750 per 24-hour period
<b>Newborn Nursery Care Admission</b> Limited to 1 day, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$500
<b>Newborn Nursery Care Stay</b> Limited to 30 days, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$100 per day

**Portability Feature:** You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Only available to United States Citizens, Permanent Resident Aliens and non-United States Citizens working in the United States lawfully (Inpats) while residing in the United States.

## Employee Monthly Cost of Coverage:

Tier:	Rates
Employee Only:	\$17.80
Employee & Spouse:	\$32.32
Employee & Child(ren):	\$27.22
Employee & Family:	\$41.74

This plan includes an annual health screening benefit of \$50 per covered person per year. If you are enrolled in this plan, be sure to submit evidence of your annual physical, or routine prevent care visit to Cigna to receive the benefit.

# VOLUNTARY TRUSTMARK UNIVERSAL LIFE

## TWO IMPORTANT COVERAGES WHEN YOU NEED THEM MOST

- **Life Insurance Protection:** Provides financial security for your loved ones after a loss. Offers a higher death benefit during your working years when responsibilities are greatest.
- **Long-Term Care (LTC) Benefit:** Helps pay for long-term care services at any age. You can collect 4% of your death benefit per month for up to 25 months for LTC needs.

## KEY ADVANTAGES

- **Flexible Coverage:** Permanent life insurance designed to last a lifetime.
- **Affordable Rates:** The younger you enroll, the more benefit you receive for the same premium.
- **No Medical Exams:** Just answer a few simple questions.
- **Portability:** Keep your coverage if you change jobs or retire.
- **Family Options:** Apply for spouse, children, and grandchildren.
- **Extra Features:**
  - Double your death benefit if you die in an accident before age 75.
  - Terminal illness benefit lets you use part of your death benefit for expenses
  - Children's term life rider can convert to permanent coverage later

## HOW IT WORKS:

- **Before Age 70:** Full death benefit (e.g., \$25,000) and LTC benefit.
- **After Age 70:** Death benefit reduces to one-third; LTC benefit remains the same.
- **LTC Benefit:** Always available at full amount throughout your life.

## GET STARTED:

For details, exclusions, and enrollment, visit [TrustmarkVB.com](http://TrustmarkVB.com) or contact your benefits representative.

# VOLUNTARY LEGAL PLAN

Life can bring both expected and unexpected legal challenges—from buying a home or creating a will to handling identity theft or tax audits. Quality legal assistance can be expensive and hard to find, but with the MetLife Legal Plan, you have affordable, reliable access to experienced attorneys whenever you need them. For a low monthly cost, this voluntary benefit helps you and your family navigate a wide range of personal legal matters with confidence and peace of mind.

## WHAT'S INCLUDED:

- **Unlimited Access to network attorneys for covered matters.**
- **Wide Range of Services, including:**
  - o Estate Planning: Wills, living wills, powers of attorney, trusts.
  - o Home & Real Estate: Buying/selling a home, refinancing, deeds, foreclosure defense.
  - o Family & Personal: Adoption, guardianship, name changes, prenuptial agreements.
  - o Money Matters: Debt collection defense, identity theft, tax audit representation.
  - o Civil Lawsuits & Elder Care: Small claims, Medicaid/Medicare issues, document review.
  - o Vehicle & Driving: Defense of traffic tickets, license restoration.
- **Online Tools:** Create wills and other documents in as little as 15 minutes; video notarization available in some states.
- **Identity Management Services included.**

## HOW IT WORKS:

1. **Enroll and pay via payroll deduction.**
2. **Find an Attorney:** Visit [legalplans.com](https://legalplans.com) or call 800.821.6400.
3. **Schedule & Get Help:** No copays, deductibles, or claim forms when using a network attorney.

## Employee Monthly Cost of Coverage:

Per month cost	Rate
	\$16.30

# VOLUNTARY IDENTITY PROTECTION

In today's digital world, protecting your identity is more important than ever. From online shopping and social media to banking and healthcare, your personal information is constantly at risk of exposure. Identity theft can lead to financial loss, credit damage, and countless hours spent resolving issues. Allstate Identity Protection Pro gives you peace of mind with advanced monitoring, alerts, and 24/7 expert support—helping safeguard you and your family against fraud and restoring your identity if the unexpected happens.

## WHAT'S INCLUDED:

- **Identity Health Status:** At-a-glance insight into your risk level
- **Comprehensive Monitoring:**
  - o Identity and financial activity
  - o Dark web monitoring
  - o Social media account takeover alerts
  - o TransUnion credit monitoring with annual report and credit score
- **Family Coverage:** Protect everyone “under your roof and wallet,” plus senior family members (parents, in-laws, grandparents age 65+) with access to the Elder Fraud Center.
- **Full-Service Support:** 24/7 remediation and resolution assistance
- **Expense Reimbursement:** Up to \$1 million for stolen funds and out-of-pocket costs due to identity theft
- **Education & Alerts:** Allstate Security Pro® provides scam updates and tips

## Employee Monthly Cost of Coverage:

Tier	Rate
Employee	\$7.96
Family	\$13.96

## Get Started

Visit [myaip.com](https://myaip.com) or call 1-800-789-2720 for enrollment and details.



# VOLUNTARY PET INSURANCE

Being a pet parent means planning for both routine care and unexpected medical expenses. MetLife Pet Insurance helps you manage costs for accidents, illnesses, and preventive care—so you can focus on keeping your furry family members healthy without breaking your budget.

## WHAT'S INCLUDED:

- **Accident & Illness Coverage:**
  - Accidental injuries and illnesses
  - Medications, X-rays, diagnostic tests
  - Hereditary, congenital, and chronic conditions
  - Holistic/alternative therapies
- **Optional Preventive Care:**
  - Spay/neuter, vaccinations, heartworm tests
  - Teeth cleaning, blood panels, fecal tests
- **Family Plan Options:**
  - Cover up to three pets (cats and dogs) under one policy
  - One annual limit shared across all pets
  - One annual deductible per policy
  - No per-pet coverage limits
- **24/7 Live Vet Chat:** Complimentary access via the MetLife Pet app for immediate guidance from licensed veterinary professionals.

## Get Started

Voluntary pet insurance enrollment is handled directly through MetLife. You will receive a discount for being a school district employee. Visit [metlife.com/getpetquote](https://www.metlife.com/getpetquote) or call 1-800-GET-MET8 (1-800-438-6388).

# OTHER INFORMATION



## PAYCHECK DEDUCTIONS

These are the monthly deductions. They are divided by 2 for bi-monthly check employees.

### Medical

B1 - EPO Copay	Total Cost	District Benefit	Employee Cost*
Employee	\$1,035.26	\$951.00	\$84.26
Employee + Spouse	\$2,162.04	\$951.00	\$1,211.04
Employee + Child(ren)	\$1,881.18	\$951.00	\$930.18
Family	\$2,478.70	\$951.00	\$1,527.70
Family Split Premium	\$2,478.70	\$1,902.00	\$288.36

B2 - HDHP	Total Cost	District Benefit	Employee Cost Per Month*	HSA District Monthly Contribution
Employee	\$875.86	\$951.00	\$0.00	\$75.14
Employee + Spouse	\$1,829.16	\$951.00	\$953.30	\$75.14
Employee + Child(ren)	\$1,591.54	\$951.00	\$715.68	\$75.14
Family	\$2,097.06	\$951.00	\$1,221.20	\$75.14
Family Split Premium	\$2,097.06	\$1,902.00	\$172.68	\$150.28

B3 - Spircare	Total Cost	District Benefit	Employee Cost Per Month*
Employee	\$956.12	\$951.00	\$5.12
Employee + Spouse	\$1,996.78	\$951.00	\$1,045.78
Employee + Child(ren)	\$1,737.30	\$951.00	\$786.30
Family	\$2,289.22	\$951.00	\$1,338.22
Family Split Premium	\$2,289.22	\$1,902.00	\$193.62

## Dental

Ameritas Dental	Total Cost	District Benefit	Employee Cost Per Month
Employee	\$25.24	\$25.24	\$0.00
Employee + Spouse	\$51.60	\$25.24	\$26.36
Employee + Child(ren)	\$73.60	\$25.24	\$48.36
Family	\$97.68	\$25.24	\$72.44

## Vision

Plan Option	Employee Cost Per Month
Employee	\$8.98
Employee + Spouse	\$17.96
Employee + Child(ren)	\$19.22
Employee + Family	\$30.70

## Supplemental 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

Covered Participant's Age	Rate per \$1,000 of Benefit
< 20	\$0.040
20-24	\$0.040
25-34	\$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

### Voluntary Short Term Disability

Rates per \$100 of Monthly covered Payroll										
Age Band	< 0-24	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Rate	\$0.250	\$0.250	\$0.364	\$0.500	\$0.356	\$0.243	\$0.220	\$0.227	\$0.258	\$0.394

### Voluntary Long Term Disability

Rates per \$10 of Weekly Benefit										
Age Band	< 0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Rate	\$0.077	\$0.077	\$0.093	\$0.093	\$0.139	\$0.170	\$0.263	\$0.340	\$0.448	\$0.634

### Voluntary Accident Insurance

Tier	Plan 1	Plan 2
Employee	\$6.44	\$8.98
Spouse	\$12.70	\$17.66
Employee and child(ren)	\$14.76	\$20.48
Family	\$18.04	\$25.02

### Voluntary Hospital Indemnity Insurance

Tier:	Rates
Employee Only:	\$17.80
Employee & Spouse:	\$32.32
Employee & Child(ren):	\$27.22
Employee & Family:	\$41.74

### Voluntary Legal Plan

Per month cost	Rate
	\$16.30

### Voluntary Identity Protection

Tier	Rate
Employee	\$7.96
Family	\$13.96

## CONTACTS

Plan	Carrier	Website	Phone
<b>Medical &amp; Prescription Drugs</b>	BlueKC Blue Select Plus Network Group # 46752000	<a href="http://www.bluekc.com">www.bluekc.com</a>	816-395-3558
<b>Dental</b>	Ameritas Ameritas Classic (PPO) & Plus Network Group # 010-351088	<a href="http://www.ameritas.com">www.ameritas.com</a>	800-487-5553
<b>Vision</b>	VSP VSP Choice Network Group #40158780	<a href="http://www.vsp.com">www.vsp.com</a>	800-877-7195
<b>Health Savings Account (HSA)</b>	Health Equity	<a href="http://www.healthequity.com">www.healthequity.com</a>	866-735-8195
<b>Flexible Spending Accounts (FSAs)</b>	Surency Advantage plus	<a href="http://www.surency.com">www.surency.com</a>	866-818-8805
<b>Employee Assistance Program (EAP)</b>	New York Life Web ID: NYLGBS Company Login Code: NORTH	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>	800-344-9752
<b>Life and AD&amp;D Insurance</b>	New York Life Life Group # FLX970571 AD&D Group # OK971938	<a href="http://www.mynylgbs.com">www.mynylgbs.com</a>	888-842-4462
<b>Disability</b>	New York Life Short Term & Long Term Disability: Group # VDT963650/ VDT963651	<a href="http://www.mynylgbs.com">www.mynylgbs.com</a>	888-842-4462
<b>Accident, Critical Illness, and Hospital Indemnity Insurance</b>	Cigna Accident Group # AI112269 Critical Illness Group # CI112186 Hospital Indemnity Group # HC111807	<a href="http://www.suphealthclaims.com">www.suphealthclaims.com</a>	800-754-3207
<b>Legal Plan</b>	MetLife Group # 233134	<a href="http://www.metlife.com">www.metlife.com</a>	800-821-6400
<b>Identity Theft Assistance</b>	Allstate	<a href="http://www.myAIP.com">www.myAIP.com</a>	800-789-2720
<b>Pet Insurance</b>	MetLife Group # 233134	<a href="http://www.metlife.com">www.metlife.com</a>	800-438-6888
<b>Permanent Life Insurance With Long Term Care</b>	Trustmark	<a href="http://www.trustmarksolutions.com">www.trustmarksolutions.com</a>	800-918-8877

## LEGAL NOTICES

### Health Insurance Marketplace Coverage Options and Your Health Coverage

#### PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

#### 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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

#### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income.<sup>1 2</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment,

then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

#### When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you’ve had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children’s Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility.

To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

#### What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit [healthcare.gov/medicaid-chip/getting-medicaid-chip](https://healthcare.gov/medicaid-chip/getting-medicaid-chip) for more details.

### **How Can I Get More Information?**

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact the Benefits Department, [benefits@nkcschools.org](mailto:benefits@nkcschools.org) or 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](https://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1. Indexed annually; see [irs.gov/pub/irs-drop/rp-22-34.pdf](https://irs.gov/pub/irs-drop/rp-22-34.pdf) for 2023.

2. An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## **Special Enrollment Notice**

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health 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 under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may

apply for coverage under this 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, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

### **MEDICAID OR CHIP**

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

### **FOR MORE INFORMATION OR ASSISTANCE**

To request special enrollment or obtain more information, please contact: Rande Couch, Benefits Coordinator at 816-321-6078 or email [benefits@nkcschools.org](mailto:benefits@nkcschools.org).

## **Important Notice from North Kansas City Schools About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it.** This notice has information about your current prescription drug coverage with North Kansas City Schools 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 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 15 to December 7.

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 coverage will not be affected. If you decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

### **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 North Kansas City Schools 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) as long as 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 also get it before the next period you can join a Medicare drug plan, and if this coverage through North Kansas City Schools 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](http://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](http://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).**

Date: 07/01/2026

Name of Entity/Sender: North Kansas City Schools

Contact-Position/Office: Benefits Coordinator

Address: 2000 NE 46th Street, Kansas City, MO 64116

Phone Number: 816-321-6078

## **Continuation Coverage Rights Under COBRA**

### **INTRODUCTION**

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

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and

obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

### WHAT IS COBRA CONTINUATION COVERAGE?

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

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

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

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

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

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;

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

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. 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 CONTINUATION COVERAGE AVAILABLE?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- 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: Rande Couch, Benefits Coordinator, at 2000 NE 46th Street, Kansas City, MO 64116 or 816-321-6078 or [benefits@nkcschools.org](mailto:benefits@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 COBRA Continuation Coverage**

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. 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 Rande Couch, Benefits Coordinator, at 2000 NE 46th Street, Kansas City, MO 64116 or 816-321-6078 or [benefits@nkcschools.org](mailto:benefits@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](http://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 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](http://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](http://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.

### **PLAN CONTACT INFORMATION**

Please contact Rande Couch, Benefits Coordinator at 816-321-6078 or [benefits@nkcschools.org](mailto:benefits@nkcschools.org).

1. <https://www.medicare.gov/basics/get-started-with->

[medicare/sign-up/when-does-medicare-coverage-start.](#)

## Women's Health and Cancer Rights Act

### ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, 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; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, subject to the same deductibles, copays, and coinsurance applicable to the other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 816-321-6078.

### ANNUAL NOTICE

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 816-321-6078 for more information.

## 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](http://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](http://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](http://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 July 31, 2025. Contact your State for more information on eligibility –

STATE	WEBSITE/EMAIL	PHONE
<b>Alabama</b> Medicaid	<a href="http://myalhipp.com">myalhipp.com</a>	855-692-5447
<b>Alaska</b> Medicaid	Premium Payment Program: <a href="http://myakhipp.com">myakhipp.com</a> Medicaid Eligibility: <a href="http://health.alaska.gov/dpa">health.alaska.gov/dpa</a> Email: <a href="mailto:customerservice@myakhipp.com">customerservice@myakhipp.com</a>	866-251-4861
<b>Arkansas</b> Medicaid	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	855-MyARHIPP (855-692-7447)
<b>California</b> Medicaid	<a href="http://dhcs.ca.gov/hipp">dhcs.ca.gov/hipp</a> Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	916-445-8322 916-440-5676 (fax)
<b>Colorado</b> Medicaid and CHIP	Medicaid: <a href="http://healthfirstcolorado.com">healthfirstcolorado.com</a> CHIP: <a href="http://hcpf.colorado.gov/child-health-plan-plus">hcpf.colorado.gov/child-health-plan-plus</a> HIBI: <a href="http://mycohibi.com">mycohibi.com</a>	800-221-3943 Relay 711 800-359-1991 Relay 711 855-692-6442
<b>Florida</b> Medicaid	<a href="http://flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a>	877-357-3268
<b>Georgia</b> Medicaid	HIPP: <a href="http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> CHIPRA: <a href="http://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	678-564-1162, press 1 678-564-1162, press 2
<b>Indiana</b> Medicaid	HIPP: <a href="https://www.in.gov/fssa/dfr/">https://www.in.gov/fssa/dfr/</a> All other Medicaid: <a href="http://in.gov/medicaid">in.gov/medicaid</a>	800-403-0864 800-457-4584
<b>Iowa</b> Medicaid and CHIP	Medicaid: <a href="http://hhs.iowa.gov/programs/welcome-iowa-medicaid">hhs.iowa.gov/programs/welcome-iowa-medicaid</a> CHIP: <a href="http://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki">hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki</a> HIPP: <a href="http://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp">hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp</a>	800-338-8366 800-257-8563 888-346-9562
<b>Kansas</b> Medicaid	<a href="http://kancare.ks.gov">kancare.ks.gov</a>	800-792-4884 HIPP: 800-967-4660
<b>Kentucky</b> Medicaid and CHIP	KI-HIPP: <a href="http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> KI-HIPP Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP: <a href="http://kynect.ky.gov">kynect.ky.gov</a> Medicaid: <a href="http://chfs.ky.gov/agencies/dms">chfs.ky.gov/agencies/dms</a>	KI-HIPP: 855-459-6328  KCHIP: 877-524-4718
<b>Louisiana</b> Medicaid	<a href="http://ldh.la.gov/healthy-louisiana">ldh.la.gov/healthy-louisiana</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>	Medicaid: 888-342-6207 LaHIPP: 855-618-5488
<b>Maine</b> Medicaid	Enrollment: <a href="http://mymaineconnection.gov/benefits">mymaineconnection.gov/benefits</a> Private health insurance premium: <a href="http://maine.gov/dhhs/ofi/applications-forms">maine.gov/dhhs/ofi/applications-forms</a>	Enroll: 800-442-6003 Private HIP: 800-977-6740 TTY/Relay: 711
<b>Massachusetts</b> Medicaid and CHIP	<a href="http://mass.gov/masshealth/pa">mass.gov/masshealth/pa</a> Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>	800-862-4840 TTY/Relay: 711
<b>Minnesota</b> Medicaid	<a href="http://mn.gov/dhs/health-care-coverage">mn.gov/dhs/health-care-coverage</a>	800-657-3672
<b>Missouri</b> Medicaid	<a href="http://dss.mo.gov/mhd/participants/pages/hipp.htm">dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
<b>Montana</b> Medicaid	HIPP: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> HIPP Email: <a href="mailto:HHSHIPPProgram@mt.gov">HHSHIPPProgram@mt.gov</a>	800-694-3084
<b>Nebraska</b> Medicaid	<a href="http://ACCESSNebraska.ne.gov">ACCESSNebraska.ne.gov</a>	855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>Nevada</b> Medicaid	Medicaid: <a href="http://dhcnp.nv.gov">dhcnp.nv.gov</a>	800-992-0900
<b>New Hampshire</b> Medicaid	<a href="http://dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>	603-271-5218 or 800-852-3345, ext. 15218

<b>New Jersey</b> Medicaid and CHIP	Medicaid: <a href="http://state.nj.gov/humanservices/dmahs/clients/medicaid">state.nj.gov/humanservices/dmahs/clients/medicaid</a> CHIP: <a href="http://njfamilycare.org/index.html">njfamilycare.org/index.html</a>	Medicaid: 800-356-1561 CHIP Premium Assist: 609-631-2392 CHIP: 800-701-0710 TTY/Relay: 711
<b>New York</b> Medicaid	<a href="http://health.ny.gov/health_care/medicaid">health.ny.gov/health_care/medicaid</a>	800-541-2831
<b>North Carolina</b> Medicaid	<a href="http://medicaid.ncdhhs.gov">medicaid.ncdhhs.gov</a>	919-855-4100
<b>North Dakota</b> Medicaid	<a href="http://hhs.nd.gov/healthcare">hhs.nd.gov/healthcare</a>	844-854-4825
<b>Oklahoma</b> Medicaid and CHIP	<a href="http://insureoklahoma.org">insureoklahoma.org</a>	888-365-3742
<b>Oregon</b> Medicaid	<a href="http://healthcare.oregon.gov/Pages/index.aspx">healthcare.oregon.gov/Pages/index.aspx</a>	800-699-9075
<b>Pennsylvania</b> Medicaid and CHIP	Medicaid: <a href="http://pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> CHIP: <a href="http://dhs.pa.gov/CHIP/Pages/CHIP.aspx">dhs.pa.gov/CHIP/Pages/CHIP.aspx</a>	Medicaid: 800-692-7462 CHIP: 800-986-KIDS (5437)
<b>Rhode Island</b> Medicaid and CHIP	<a href="http://eohhs.ri.gov">eohhs.ri.gov</a>	855-697-4347 or 401-462-0311 (Direct RIte)
<b>South Carolina</b> Medicaid	<a href="http://scdhhs.gov">scdhhs.gov</a>	888-549-0820
<b>South Dakota</b> Medicaid	<a href="http://dss.sd.gov">dss.sd.gov</a>	888-828-0059
<b>Texas</b> Medicaid	<a href="http://hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a>	800-440-0493
<b>Utah</b> Medicaid and CHIP	UPP: <a href="http://medicaid.utah.gov/upp/">medicaid.utah.gov/upp/</a> UPP Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Adult Expansion: <a href="http://medicaid.utah.gov/expansion/">medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program: <a href="http://medicaid.utah.gov/buyout-program/">medicaid.utah.gov/buyout-program/</a> CHIP: <a href="http://chip.utah.gov">chip.utah.gov</a>	UPP: 877-222-2542
<b>Vermont</b> Medicaid	<a href="http://dvha.vermont.gov/members/medicaid/hipp-program">dvha.vermont.gov/members/medicaid/hipp-program</a>	800-250-8427
<b>Virginia</b> Medicaid and CHIP	<a href="http://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="http://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>	Medicaid/CHIP: 800-432-5924
<b>Washington</b> Medicaid	<a href="http://hca.wa.gov">hca.wa.gov</a>	800-562-3022
<b>West Virginia</b> Medicaid and CHIP	<a href="http://dhhr.wv.gov/bms/mywvhipp.com/">dhhr.wv.gov/bms/mywvhipp.com/</a>	Medicaid: 304-558-1700 CHIP: 855-699-8447
<b>Wisconsin</b> Medicaid and CHIP	<a href="http://dhs.wisconsin.gov/badgercareplus/p-10095.htm">dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>	800-362-3002
<b>Wyoming</b> Medicaid	<a href="http://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility">health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility</a>	800-251-1269

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

U.S. Department of Labor  
Employee Benefits Security Administration  
[dol.gov/agencies/ebsa](http://dol.gov/agencies/ebsa)  
866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[cms.hhs.gov](http://cms.hhs.gov)  
877-267-2323, Menu Option 4, ext. 61565

## Wellness Program Notices

The North Kansas City Schools 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 will 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 their 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 Jessica Martin, Wellness Director, at 816-321-5634.

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.

### **PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION**

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 Schools may use aggregate information it collects to design a program based on identified health risks in the workplace, North Kansas City Schools 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 (are) 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 protections against discrimination and retaliation, please contact Jessica Martin, Wellness Director at 816-321-5634.

### **ACCOMMODATIONS**

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 816-321-5634 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.



