

NORTH KANSAS CITY SCHOOLS EMPLOYEE BENEFIT REFERENCE GUIDE

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



NORTH
KANSAS CITY
SCHOOLS

*Relentless Champions
For All Students*

2024 – 2025 PLAN YEAR



North Kansas City Schools BENEFITS GUIDE

Important

2024-2025 Plan Year



Information

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

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

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

Qualifying Life Events (QLE)

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

Examples of qualifying events include:

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

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

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

Turn to page 50 for important government-mandated notices pertaining to premium subsidies that may be available to certain individuals. Those notices include:

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

Contact Information

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

Benefits

Contact: Benefits Department
Email: benefits@nkcschools.org

Lori Barnes, Benefits Associate
816-321-4095
lori.barnes@nkcschools.org

Medical Insurance & Health Savings Account

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Carrier: Blue Cross Blue Shield of Kansas City
Customer Service: 816-395-3558

Website: www.bluekc.com
Network: BlueSelect Plus Network
Group Number: 46752000

Health Savings Account (HSA): Further
Website: www.hellofurther.com
Customer Service (lost cards): 800-859-2144

Dental Insurance

Page 24

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

Vision Insurance

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Carrier: VSP
Customer Service: 800-877-7195
Website: www.vsp.com
Network: VSP Choice
Group Number: 40158780

Flexible Spending Accounts

Page 31

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

Life & Disability

Page 33

Carrier:	New York Life
Customer Service:	888-842-4462
Website:	www.mynylgbs.com
Life:	Group Number: FLX970571
AD&D:	Group Number: OK971938
Short Term & Long Term Disability:	Group Number: VDT963650/VDT963651

Additional Benefit Offerings

Page 36

Carrier:	Cigna
Customer Service:	800-754-3207
Claims:	www.SuppHealthClaims.com
Accident:	Group Number: AI112269
Critical Illness:	Group Number: CI112186
Hospital Indemnity:	Group Number: HC111807

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

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

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

Enrollment Center: Avant

Benefit Portal Address:	www.nkcschoolsbenefits.com
Avant Enrollment Center:	844-831-0501
View Confirmation Statement:	Statement Link
Plan Year for all benefits:	7-1-24 to 6-30-25 (Effects election choices)
Benefit Year:	1-1-24 to 12-31-24 (Effects deductibles and out of pocket maximums)
	1-1-25 to 12-31-25 (Effects deductibles and out of pocket maximums)

Annual Notices

Page 50

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

Whatever life throws at you, throw it our way. Employee Assistance & Wellness Support.

Life: just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions is there for you with our Employee Assistance & Wellness Support program.¹ It can help you and your family find solutions and restore your peace of mind. This is just another example of how we are committed to Putting Benefits To Work For PeopleSM.



Our suite of value-add resources includes:

› Employee Assistance Program¹

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Employee Assistance Program provides a maximum of five sessions, per issue, per year.

› **Guidance Resources⁰¹** When you need information quickly to help handle life's challenges, you can visit guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings, and "Ask the Expert" which provides personal responses to your questions.

› Well-being Coaching¹

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management, and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

Contact Information: Employee Assistance and Wellness Support 24/7

Phone: (800) 344-9752

Website: guidanceresources.com; Web ID: NYLGBS Company Code: NORTH



GROUP BENEFIT
SOLUTIONS

MEDICAL INSURANCE

Blue Cross Blue Shield of Kansas City

Benefits You Receive

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

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

NKC Schools will offer access to the Spira Care facilities through B2 - QHDHP and the B3 – EPO/SPIRA Care plan designs. An overview of the services provided at Spira Care is included on page 19. In addition, we encourage you to view the Spira Care information on the benefits website for additional information.

Access your personal/family account online at www.bluekc.com or call 816-297-7472 or 877-337-7472, 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.

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

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

<https://bluekcmemberportal.azureedge.net/consumer/pdfs/DirectoryLibrary/2024/2024-Member-PDL-Premium.pdf>



Option B1 - EPO Copay - (\$\$\$)

Benefit	B1 - EPO with Copays	
	In-Network	Non-Network
Network	BlueSelect Plus	No Coverage
Emergency Care Treated as In-Network	Yes	Yes
Access to Meritas Primary Care Provider	Yes – No Office Visit Copay	No Coverage
Deductible (individual/family) - Calendar Year	\$0 / \$0	No Coverage
Member Coinsurance	0%	No Coverage
Out of Pocket Maximum (individual/family) - Calendar Year	\$6,500 / \$13,000	No Coverage
PCP Office Visit / Specialist Office Visit	\$40/\$80 copay	No Coverage
BlueKC Virtual Care Visit	\$10 copay	
BlueKC Virtual Behavioral Health Visit	\$40 copay	
Urgent Care Office Visit	\$80 copay	
Diagnostic X-ray for Complex Imaging Services	\$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
Generic Drugs (Covers up to 34 or 102 day supply)	\$10 copay	No Coverage
Preferred Drugs (Covers up to 34 or 102 day supply)	\$50 copay	No Coverage
Non-Preferred Drugs (Covers up to 34 or 102 day supply)	\$70 copay	No Coverage
Mail Order (Covers between 35 to 102 day supply)	\$30 generic / \$150 preferred brand / \$210 non-preferred brand	No Coverage

Employee Monthly Cost:

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

B1- EPO Copay (\$\$\$)	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	\$945.20	\$858.00	\$87.20	N/A
Employee + Spouse	\$1,963.32	\$858.00	\$1,105.32	N/A
Employee + Child(ren)	\$1,696.24	\$858.00	\$838.24	N/A
Family	\$2,199.38	\$858.00	\$1,341.38	N/A

Option B2 - QHDHP* (\$)

Benefit	B2 - QHDHP*	
	In-Network	Non-Network
Network	BlueSelect Plus	N/A
Emergency Care Treated as In-Network	Yes	Yes
Access to Spira Care Facilities	\$60*	N/A
Access to Meritas Clinic – All Clinics	Yes- Deductible/Coinsurance	N/A
Deductible (individual/family) - Calendar Year**	**\$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
Generic Drugs (Covers up to 34 or 102 day supply)	\$10 copay; after deductible	50% of cost after deductible and copay
Preferred Drugs (Covers up to 34 or 102 day supply)	\$50 copay; after deductible	50% of cost after deductible and copay
Non-Preferred Drugs (Covers up to 34 or 102 day supply)	\$70 copay; after deductible	50% of cost after deductible and copay
Mail Order (Covers between 35 to 102 day supply)	\$30 generic / \$150 preferred brand / \$210 non-preferred brand; after deductible	50% of cost after deductible and copay
**All services subject to deductible and coinsurance function as follows: Once deductible is met for any reason, the plan coinsurance picks up 80% or 50% of contracted expenses until the member's responsibility of 20% or 50% reaches the combined out of pocket maximum (which includes all deductible, coinsurance and copay amounts paid by the member). **HDHP has an aggregate deductible meaning any employee covering dependents on their plan must meet the entire family deductible before the plan will pay. Non-network deductible is also aggregate.		

*Fair Market Value, subject to change

Employee Monthly Cost:

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

B2 - QHDHP (\$)	Total Cost	District Benefit	Employee Cost****	HSA District Monthly Contribution
Employee	\$799.68	\$799.68	\$0.00	\$58.32
Employee + Spouse	\$1,661.04	\$799.68	\$861.36	\$58.32
Employee + Child(ren)	\$1,435.10	\$799.68	\$635.42	\$58.32
Family	\$1,860.76	\$799.68	\$1,061.08	\$58.32

Option B3 – EPO/SPIRA Care (\$\$)

Benefit	B3 - EPO/SPIRA Care	
	In-Network	Non-Network
Network	BlueSelect Plus	No Coverage
Emergency Care Treated as In-Network	Yes	Yes
Access to Spira Care Facilities	Yes - \$0 copay	No Coverage
Access to Meritas Primary Care Provider	Yes – No Office Visit Cost Share	No Coverage
Deductible (individual/family) - Calendar Year	\$1,700/\$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 / Spira Care Facility	Deductible	No Coverage
BlueKC Virtual Care Visit	No Member Cost Share	
BlueKC Virtual Behavioral Health Visit	No Member Cost Share	
Urgent Care Office Visit	Deductible	No Coverage
Diagnostic X-ray for Complex Imaging Services	Deductible	No Coverage
Hospital Inpatient /Outpatient Surgery	Deductible	No Coverage
Emergency Room	Deductible	Deductible
Chiropractic Office Visit/Skeletal Manipulation	Deductible/Covered 100%	No Coverage
Speech, Hearing, Physical & Occupational Therapy	Covered at 100%	No Coverage
Routine Eye Exams (1 per calendar year)	Covered 100%	No Coverage
Generic Drugs (Covers up to 34 or 102 day supply)	\$5 copay	No Coverage
Preferred Drugs (Covers up to 34 or 102 day supply)	\$50 copay	No Coverage
Non-Preferred Drugs (Covers up to 34 or 102 day supply)	\$55 copay	No Coverage
Mail Order (Covers between 35 to 102 day supply)	\$15 generic / \$125 preferred brand / \$165 non-preferred brand	No Coverage

Employee Monthly Unit Cost:

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

B3- EPO/SPIRA (\$\$)	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	\$872.94	\$858.00	\$14.94	N/A
Employee + Spouse	\$1,813.24	\$858.00	\$955.24	N/A
Employee + Child(ren)	\$1,566.52	\$858.00	\$708.52	N/A
Family	\$2,031.26	\$858.00	\$1,173.26	N/A

KNOW YOUR CARE OPTIONS

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



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

\$\$\$

Your Doctor

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

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

\$\$\$

Urgent Care

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

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

\$\$\$

Emergency Room

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

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

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Virtual Care

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

\$\$\$

24/7 SICK CARE:

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

BEHAVIORAL HEALTHCARE VISITS BY APPOINTMENT:

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

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

WHO USES VIRTUAL CARE?

PROFESSIONALS
who can't wait for an appointment

FAMILIES
including those with sick children

INDIVIDUALS
that live in rural areas or outside the city

URGENT OR SICK CARE NEEDS

BEHAVIORAL HEALTH NEEDS

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

11

Save And Earn With SmartShopper

Compare convenient, in-network locations and earn cash rewards for shopping healthcare.

Costs for medical procedures are unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars, depending on where you go. Blue KC's SmartShopper program allows you to research your options, compare costs, and make a more informed decision before scheduling an appointment.

Going to a cost-effective facility saves your employer and your health plan money while also helping lower the cost of health care in our area. Through SmartShopper, we are able to pass on a percentage of these savings directly to you. SmartShopper pays eligible members cash rewards for choosing a SmartShopper-eligible provider for certain routine procedures, preventive exams, imaging scans and scheduled surgeries. The reward you receive will vary depending on the procedure you need.

Integrated online for convenience

To make the experience easy, you can find SmartShopper on the Blue KC member portal, [MyBlueKC.com](https://www.mybluekc.com) > Find Care. Simply log in and search for the procedure or test you need. SmartShopper will display providers and costs, which you can compare side by side. The program leverages the existing local and national network of providers and facilities that you trust today.

Taking care of your health is important, and so is your budget. This innovation is part of Blue KC's commitment to cost transparency and cost savings.

- 98% satisfaction score for employees who shopped with SmartShopper.
- It costs \$0 to use the SmartShopper program.

It pays to shop.

Step one: Shop

- When your doctor recommends a medical test or procedure, evaluate your options for care at [MyBlueKC.com](https://www.mybluekc.com) > Find Care.

Step two: Get care

- Receive care at a reward-eligible location of your choice, in your plan's network.

Step three: Earn a reward

- After your claim is paid, SmartShopper will mail you a reward check.

Prefer to shop over the phone or need a little extra help?



Call 1-855-476-5027 to contact the SmartShopper Personal Assistant Team or you can reach a Blue KC customer advocate by calling the number on the back of your ID card.





GET REWARDED WITH THE RX REWARDS PROGRAM

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



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

HOW IT WORKS



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



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



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



Step 4 Your prescription change is confirmed by RxSS.



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

*Visa Prepaid Cards expire one year after activation. More details can be found at <http://doad.salesforce.com/rxsavingsolutions.com/RF>.

GET STARTED TODAY!

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

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

LIVING HEALTHY

Blue365®

Save money, live healthy.



WHOLE PERSON HEALTH SUPPORT

Blue365® offers premier health and wellness discounts at no additional cost to you. These exclusive discounts are available to Blue KC members. With Blue365®, great deals are yours for every aspect of your life. Save on workout apparel, meal programs, gym memberships and much more!

Joining Blue365®



Redeeming deals is easy as 1-2-3. Check out the [how to](#) instructions below and start redeeming today!

1. Visit Blue365deals.com/BlueKC.
2. Click the **Join** button located in the top right corner of the page.
3. Enter Your Blue KC Member Information. Our exclusive deals are available to members of select Blue Cross Blue Shield organizations. To check your eligibility, simply enter the first three characters of your member ID.
4. Complete Your Registration. Enter your personal information, accept our Terms and you are ready to enjoy our deals!



Diabetes Self-Management

Unlimited strips, unlimited lancets and a digital glucose monitor, at no additional cost.

CHRONIC CONDITIONS

For members of participating employers only

When you have diabetes, there's a lot to keep up with every day. The Livongo for Diabetes program makes it easier to keep track of your blood sugar. If you qualify, we'll send you a free glucose meter, plus all the strips and lancets you need.

This easy digital program helps track your glucose and provide instant support for abnormal readings.



Personalized tips with each blood glucose check



Send a health summary report directly from your meter



Optional family alerts keep everyone in the loop



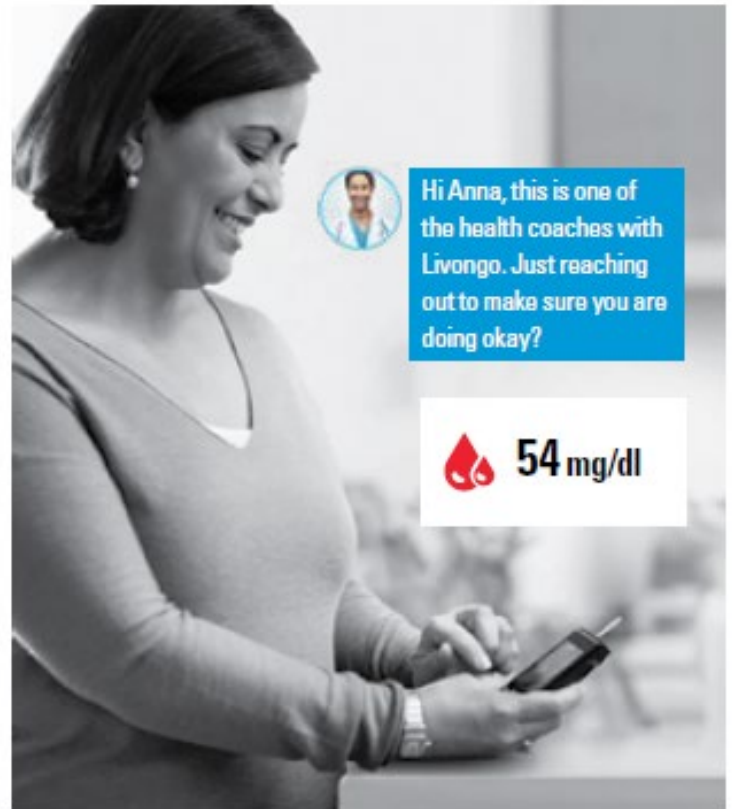
Reorder strips right from your meter



Real-time support when you're out of range



Automatic uploads mean no more paper logbooks



Three ways to sign up:



Visit join.livongo.com/BlueKC/register and use code **BlueKC**



Call (800) 945-4355



Download the app
Check out the [Blue KC Care Management App page](#) to learn more.

Lifestyle Program Benefit

Lose weight and feel your best.



WHOLE PERSON HEALTH SUPPORT

Blue KC invites you to get healthier with this covered benefit that helps you lose weight and feel your best. If you qualify, we'll match you with a program that fits your lifestyle and keeps you on track with one-on-one support from a trained health coach, including virtual options.

Blue KC has partnered with Solera to offer you a personalized experience from leading health solutions like WW (Weight Watchers® reimagined). And the best part? **It's completely paid for by your health plan if you qualify.**



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 four weeks.*



It's a covered benefit – that means no additional cost to you

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

*For participants who complete four weeks of activity meeting Diabetes Prevention Program guidelines. Applies to select activity tracker models. Limited to one per person. While supplies last. Solera Health reserves the right to discontinue at any time. Solera4me is provided by Solera Health, an independent company.



Visit Solera4me.com/BlueKC and find out if you qualify by taking a brief quiz.



Download the app. Check out the [Blue KC Care Management App page](#) to learn more.

LIVING HEALTHY

A Healthier You™

Take control, get healthier, earn chances to win great prizes.



WHOLE PERSON HEALTH SUPPORT

The **A Healthier You™** program gives you convenient online and mobile access to wellness tools that you can use to live your healthiest life. Plus, you'll earn points that can be redeemed for chances to win gift cards to some popular retailers.

WITH EVERY TAP, CREATE A HEALTHIER YOU™



Take your **Health Risk Assessment**.



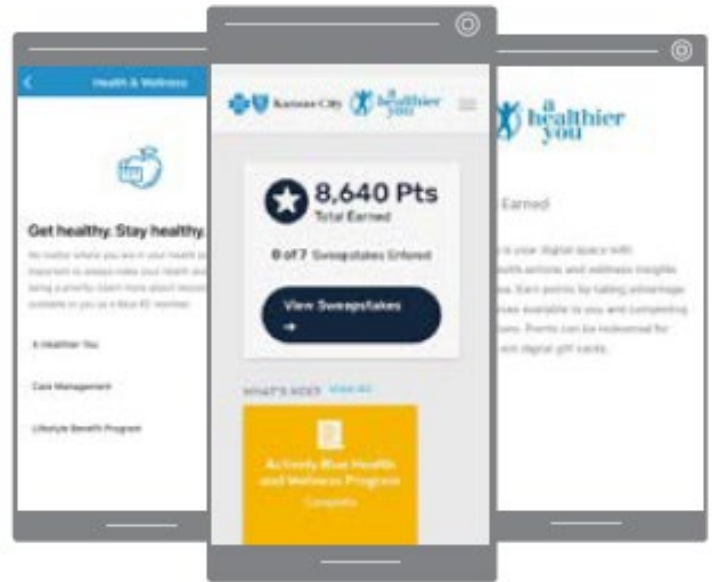
Connect a device to track your steps, sleep, nutrition and more.



Get reminders for actions you can take to help you stay on top of preventive care and chronic conditions.



Complete health actions to earn points to enter monthly sweepstakes.



Access **A Healthier You™**.



Visit your **A Healthier You™** portal on [MyBlueKC.com](https://www.mybluekc.com) – your healthy place for wellness support and helpful digital tools.



You can also download the **MyBlueKC** mobile app to access **A Healthier You™** anytime, wherever you go. Simply click on the Health & Wellness tab to access **A Healthier You™**.

MyBlueKC Mobile App

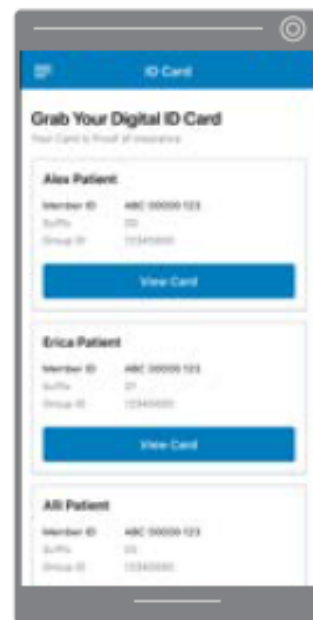
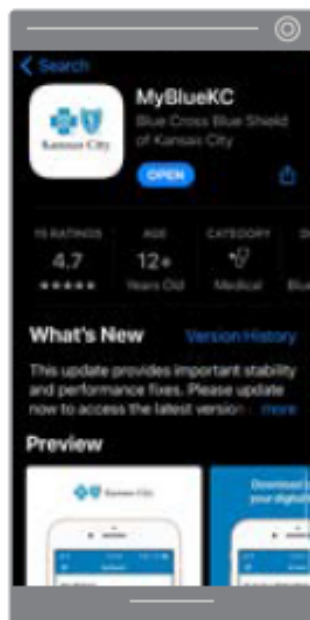
Access your health insurance information anytime, wherever you go.

The MyBlueKC app makes it easy to manage your Blue KC coverage – no matter where you are. The app will help you understand your healthcare plan and how it works.

From claims to out-of-pocket costs to finding care, you'll have the information you need to manage your plan and get the most from your Blue KC coverage. All you need is a smartphone and the MyBlueKC app.

Registration is simple!

If you've already registered on the member portal, MyBlueKC.com, you can use that same login for the app. Otherwise, follow the steps to easily register. The app provides a customized experience based on your plan and coverage.



THE MYBLUEKC APP PUTS SO MUCH IN YOUR HANDS.



Download your digital ID card



Access benefit information about your plan



View details about your claims



Review spending for the current plan year



Understand costs with a Cost Estimator



Find doctors and specialists in your network

Use the app to learn about other benefits and programs that come with your Blue KC coverage.

Download the MyBlueKC App



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



Download on the App Store

GET IT ON Google Play



Questions?

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

Spira Care and BlueSelect Plus Network

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

Spira Care Centers Services:

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

Convenient Benefits

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



Take a virtual tour at
SpiraCare.com/TOUR



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

Spira Care Centers + Hospitals in the BlueSelect Plus Network

CROSSROADS

1916 Grand Boulevard
Kansas City, MO 64108

OVERLAND PARK

7431 W 133rd Street
Overland Park, KS 66213

LEE'S SUMMIT

760 NW Blue Parkway
Lee's Summit, MO 64086

SHAWNEE

10824 Shawnee Mission Parkway
Shawnee, KS 66203

LIBERTY

8350 N Church Road
Kansas City, MO 64158

TIFFANY SPRINGS

8765 N Ambassador Drive
Kansas City, MO 64154

OLATHE

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

WYANDOTTE

9800 Troup Avenue
Kansas City, KS 66111

INDEPENDENCE

3717 S Whitney Avenue, Independence, MO 64055



Hours of Operation: All Facilities

Monday – Thursday: 7:30 AM – 6:30 PM
Friday: 7:30 AM – 5 PM

Saturday hours are available for the below locations.

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

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

In Network Spira Care Hospitals

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

- Providence Medical Center
- St. Joseph Medical Center
- St. Mary's Medical Center
- University Health (formerly Truman Medical Centers)
- University Health Lakewood Medical Center
- University of Kansas Health System
- Western Missouri Medical Center

FURTHER⁺

by HealthEquity

Save money
tax-free

Earn interest
tax-free

Pay for health
care expenses
tax-free



Introducing the HSA

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



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

Is an HSA right for you?

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

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

You have no other health coverage.

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

You aren't enrolled in Medicare.

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

How an HSA works with your eligible health plan

Medical premium (your payment for health insurance)

Premiums often cost less for HSA-qualified plans.

Out-of-pocket costs you pay for health care (up to deductible and coinsurance)

Consider how much you'll spend on health care next year. Put that money into an HSA pretax from your paycheck.

HSA contributions

Putting money into an HSA helps you prepare and pay for these costs tax-free. If you don't need the money, save it for future needs.

Out-of-pocket maximum

Once you reach your out-of-pocket max, everything is 100% covered. This protects you from a major financial crisis should unexpected health care needs arise.

Using Your Online Tools

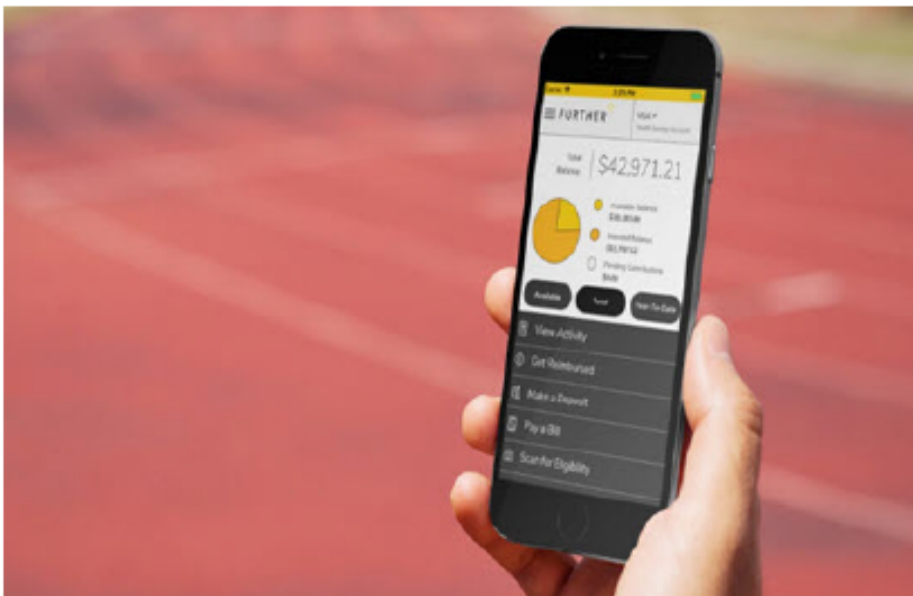


Our site

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

To sign up online

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



Our app

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

The Learning Center

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

PROS AND CONS

Health Savings Accounts

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

ADVANTAGES

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

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

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

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

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

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

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

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

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

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



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

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

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

DISADVANTAGES

HSAs also have a few disadvantages, including:

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

UNEXPECTED HEALTHCARE COSTS. Your healthcare costs could exceed what you had planned for, and you may not have enough money saved in your HSA to cover expenses.

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

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

RECORDKEEPING. You have to keep your receipts to prove that withdrawals were used for qualified health expenses.

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

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

CONTRIBUTION LIMITS. The IRS sets contribution limits that determine how much you and/or your employer can contribute to your HSA each year. For 2024, the maximum contribution amounts are \$4,150 for self-only coverage and \$8,300 for family coverage. You can add up to \$1,000 more as a "catch-up" contribution if you are age 55 or older at the end of your tax year.

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

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





DENTAL INSURANCE

Ameritas

Benefit Plan Highlights	In Network	Out of Network
Diagnostic and Preventive Services – Type 1 <ul style="list-style-type: none"> Oral exams, twice per calendar year Bitewing X-rays Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning, twice per calendar year Fluoride for Children 18 and under (1 per benefit period) Space Maintainers 	100%	80%
Basic Services – Type 2 <ul style="list-style-type: none"> Sealants (age 18 and under) Fillings for Cavities Restorative Composites (anterior and posterior teeth) Endodontics (nonsurgical & surgical) Periodontics (nonsurgical & surgical) Simple Extractions Complex Extractions Anesthesia 	100%	80%
Major Services- Type 3 <ul style="list-style-type: none"> Onlays & Inlays Crowns (1 in 5 years per tooth) Crown and Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures; 1 in 5 years) 	50%	50%
Orthodontic Services <ul style="list-style-type: none"> For dependent children to age 19 that begin treatment while covered by this plan 	50%	50%
Calendar Year Deductible <small>(Applies to Basic and Major Services only)</small>	\$50 per person	
Calendar Year Benefit Maximum	\$1,000 per person	
Orthodontic Lifetime Maximum- Children up to the age of 19.	\$1,000 per eligible dependent	
Dental Network: Ameritas Classic (PPO) & Plus Network		
Dependent Age Limit: End of calendar year following 26th birthday		

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

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

Reasons to Use Your Dental Benefits

Good oral care can provide years of healthy smiles, and it's a whole lot easier and more affordable with dental insurance.

Here are three reasons why you should visit your dentist



Feel better

How you feel about your looks affects your self-esteem and attitude. Meet with your dentist to address concerns about your oral health, so you feel confident sharing your smile with others.



Maintain a healthy smile

During dental exams, the dentist professionally cleans your teeth and gums by removing plaque and tartar. He or she also will check for signs of decay, loose teeth, gum disease, infection, and bite and jaw misalignment. Early detection reduces the need for expensive dental treatments.



The mouth and body connection

While checking your teeth, the dentist will look for signs of health problems, such as diabetes, oral cancers, heart disease, and acid reflux. Catching these medical problems early can help reduce the need for expensive tests and procedures.

Don't leave preventive money on the table

Preventive visits include exams, cleanings and X-rays. Because preventive care is so important, your plan covers the majority of these costs. Call your dental office today to get your next appointment on the calendar.

Visit [ameritas.com/insights](https://www.ameritas.com/insights) for additional dental articles, and explore a variety of other dental, vision and hearing wellness topics.

Tips for healthy teeth and gums



Brush two times a day, after breakfast and at bedtime, for at least two minutes each time.



Floss between teeth once each day.



Swish water or an antiseptic mouth rinse around your mouth to remove bits of food.



Schedule dental appointments once or twice a year for an exam and cleaning.



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 | 800-778-9448 | [ameritas.com](https://www.ameritas.com)

Easily Manage Your Dental Benefits

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



Create your secure online member account today

- 1 Go online**
Visit ameritas.com/sign-in and select 'Member Sign In' under 'Dental, Vision & Hearing.'
- 2 Register**
Under first-time users, select 'Register Now' and complete the form. Log into your new account and complete the verification process.
- 3 Authenticate**
Provide the personal information used at enrollment including name, date of birth and ZIP Code. Mark if you are the insured member and enter your member ID.

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

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

Member account to-do list:



Print out or save your ID card to your smartphone



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



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



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

Additional plan benefits found in your secure member account

Prescription drug savings

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

Eyewear savings

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

Worldwide support

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

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

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

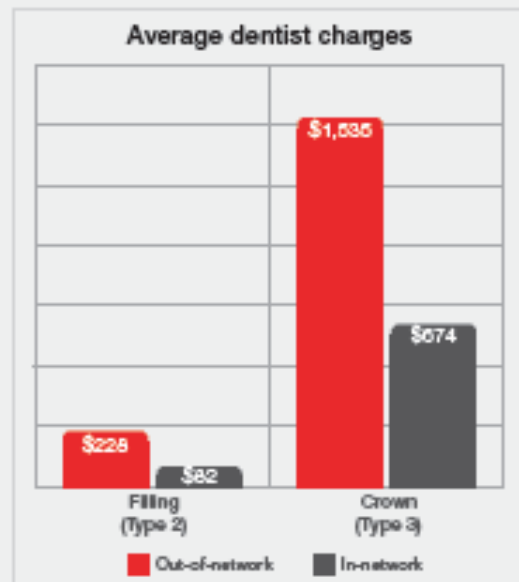


Watch this [short video](#) to learn more about navigating your secure member account.

Ameritas 
fulfilling life.

Evaluate your potential out-of-pocket costs

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



For illustrative purposes only. Allowance and cost estimates are specific to ZIP Code 605300. The initial cost without insurance has been estimated. Actual charges may vary.

Save money

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



Find out if your dentist is in the network

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

Nominate your dentist

If your dentist is not in the network already, just go to [ameritas.com](https://www.ameritas.com), search for "nominate a provider" and complete the online form.

Here to help

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

Claims, benefit and provider network questions:

group@ameritas.com

800-487-5553

Monday - Thursday, 7 a.m. - Midnight (CST)

Friday, 7 a.m. - 6:30 p.m. (CST)



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



VISION INSURANCE

NEW ->

VSP Vision Care



A Look at Your VSP Vision Coverage

With VSP and NORTH KANSAS CITY SCHOOL DISTRICT, your health comes first.

Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

vsp PREMIER edge With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.

eyeconic Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.



More Ways to Save
Extra \$20
 to spend on
Featured Frame Brands†

bebe Calvin Klein
 COLE HAAN DRAGON
 FLEXON LONGCHAMP
 and more

See all brands and offers at **vsp.com/offers**.

+

Up to 40%
 Savings on lens enhancements†

Enroll through your employer today.
 Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary
NORTH KANSAS CITY SCHOOL DISTRICT and VSP
provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Choice



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$25 Up to \$39	Every plan year
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME*	<ul style="list-style-type: none"> \$190 Featured Frame Brands allowance \$170 frame allowance 20% savings on the amount over your allowance \$170 Walmart frame allowance \$95 Costco frame allowance 	Included in Prescription Glasses	Every plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Anti-Reflective Coating Photochromic Average savings of 30% on other lens enhancements 	\$0 \$25 \$25 \$0 \$75	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$40	Every plan year
ESSENTIAL MEDICAL EYE CARE PROGRAMSM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	Available as needed
KIDSCARE (UP TO THE AGE OF 18)	<ul style="list-style-type: none"> Two exams that focus on your eye and overall wellness Same frame allowance and lens coverage as primary benefit Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required) Includes Vision Therapy and Photochromic lenses. Visit vsp.com for full benefit description. 	\$25 per exam \$25 for prescription lenses	Every plan year
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. 		
	Laser Vision Correction <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. 		
	Exclusive Member Extras for VSP Members <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

Plan Option	Monthly Rate- Employee Paid
Employee	\$8.98
Employee + Spouse	\$17.96
Employee + Child(ren)	\$19.22
Employee + Family	\$30.70

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

‡Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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Classification: Restricted



Essential Medical Eye Care

VSP® Vision Care is committed to providing eye care that supports our members' overall health and wellness. That's why we offer Essential Medical Eye Care. With your vision benefits from VSP, you have access to supplemental coverage for urgent and medical eye care.



What's Included With Essential Medical Eye Care?

- Fully covered retinal screening for members with diabetes. These high-resolution images of the inside of the eye are a non-invasive way to monitor diabetes.
- Exams and services to treat immediate issues like pink eye and sudden changes in vision.
- Treatment options to monitor ongoing health conditions such as dry eye, diabetic eye disease, glaucoma, and more.

If You Need Treatment

1. Contact your VSP network doctor to schedule an appointment.
2. If you don't have an eye doctor, visit **vsp.com** to find one and receive the eye care you need from an eye care expert.
3. When your VSP network doctor participates in your medical insurance plan's network, your medical insurance will be billed. You may be able to coordinate with your VSP benefits to help reduce out-of-pocket costs. If your VSP doctor doesn't participate with your medical insurance plan, VSP has you covered with only the cost of your copay.*

Find a VSP network doctor at vsp.com or call 800.877.7195.

*A standard copay of up to \$20 is required for medical eye exams. Other covered services are covered-in-full, including retinal screening for members with diabetes. Log in to vsp.com to view your benefits.

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Classification: Public

Flexible Spending Accounts

Surency Advantage Plus

Benefits You Receive

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

Dependent Care Account

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

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

Medical Flexible Spending Account

Maximum contribution: \$3,200 (7/1/24-

6/30/25): The Medical FSA allows you to pay with pre-tax dollars for health, dental and vision expenses that are not covered by insurance.

Examples of Reimbursable Expenses:

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

How Flexible Spending Accounts Work

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

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

Substantiation – Why is it needed?

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

Repayment

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

Communication with Surency is generally through the member's personal Surency portal and is the member's responsibility to monitor.



Surency AdvantagePlus 2024 Flex Reminders!!

If you have not used up your 2023-24 Flex dollars, you have until **9/15/2024** to incur claims. NKC Schools offers a **grace period** which means that you can incur claims in July 2024 through September 15th of 2024 and file for reimbursement from your 2023-24 flex account. You have until **September 28th, 2024, to file all claims**. Any 2023-24 funds not exhausted during the grace period WILL BE LOST.

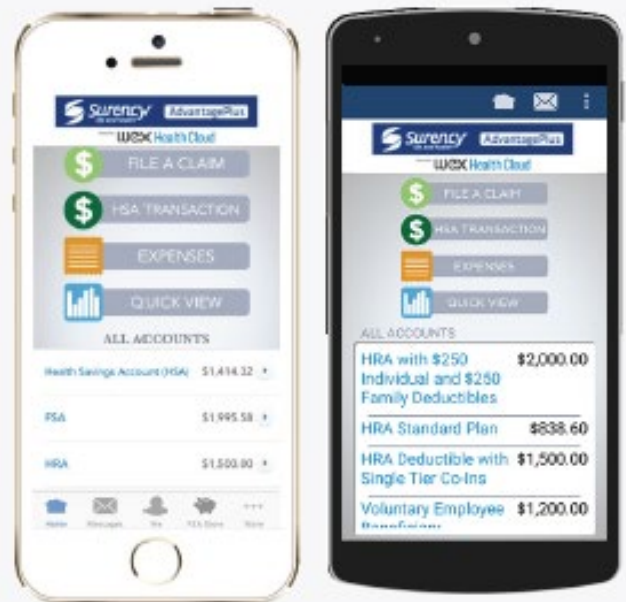
If you have questions about qualified medical expenses, call 866-818-8805 or visit www.surency.com to view a complete list of approved expenses.

TAKE CONTROL OF YOUR HEALTHCARE EXPENSES


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

With the free Surency AdvantagePlus benefits app:

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


Setting Up Your Account
1. Download the Mobile App

- : Search the Apple App Store or Google Play (Android) for **Surency AdvantagePlus**. Download the app to your device.

2. Log In to the Mobile App

- : Log in using your username and password (same as your Member Login information).
- : Select a 4-digit code for security.
- : If you are a new member and do not have a username and password, you must first log in online at **Surency.com** using the information below:

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

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

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

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

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

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

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

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

surency life & health insurance company
866.818.8805
surency.com

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LIFE AND AD&D INSURANCE

NEW ->

New York Life

Plan Overview:

Basic Benefit Amount

Variable amounts provided based on employment type and status.

Basic Accidental Death Benefit

Amount is the same as the Basic Life amount.

Living Care Benefits

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

Conversion

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

Cost of Coverage

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

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

In addition to the Voluntary Term Life Insurance, you may also purchase Voluntary Accidental Death & Dismemberment (AD&D) for yourself, your spouse, and your dependent children. However, you may only elect coverage for your dependents if you enroll for Voluntary Accidental Death & Dismemberment for yourself. New York Life’s AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing, or sight, third degree burn, brain damage or coma, as examples. If you suffer a covered fatal accident, benefits will be paid to your beneficiary. Voluntary AD&D can be elected in \$10,000 increments to a maximum of \$500,000. Your dependent children will be eligible for flat \$10,000 coverage amount, and spouse will be eligible for a maximum of \$250,000 not to exceed 100% of the employee’s Voluntary Accidental Death & Dismemberment. You pay for the cost of AD&D insurance on an after-tax basis through payroll deductions. The cost of this coverage is listed in the table below.

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

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

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 & Dismemberment Insurance will be reduced by the appropriate percentage from the following table.

<u>Age of Employee</u>	<u>Percentage</u>
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/Provision	Plan Design Details
Employee Benefit: <ul style="list-style-type: none"> - Plan Maximum - Guarantee Issue - Incremental Purchase Amounts 	<ul style="list-style-type: none"> - \$500,000 - \$300,000 - \$10,000 increments to a maximum of \$500,000
Spouse Benefit: <ul style="list-style-type: none"> - Plan Maximum - Rate Age - Incremental Purchase Amounts 	<ul style="list-style-type: none"> - \$50,000 - Based on employee's age - \$5,000
Child(ren) Benefit: <ul style="list-style-type: none"> - Plan Maximum - Guarantee Issue 	<ul style="list-style-type: none"> - \$10,000 - All Amounts
Open Enrollment	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
Premiums	Increase on plan anniversary after you enter next five-year age band
Portability	Yes, with age restrictions
Conversion	Yes, with restrictions, see certificate
Accelerated Life Benefit	Yes
Age Reductions	35% at age 65, 70% at age 70, 73% at age 75
Covered Participant's Age	Rate per \$1,000 of Benefit
< 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 & LONG TERM DISABILITY INSURANCE

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

Short Term Disability Income Benefits

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

Rates per \$10 of Weekly Benefit										
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

Long Term Disability Income Benefits

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

Rates per \$100 of Monthly Covered Payroll										
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

WORKSITE BENEFITS

NEW ->

CIGNA

VOLUNTARY ACCIDENT

Accident Benefit Highlights

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 100% of benefits shown	Spouse 100% of benefits shown	Children 100% of benefits shown
Initial & Emergency Care			
Emergency Care Treatment		Plan 1 \$200	Plan 2 \$300
Physician Office Visit (includes urgent care)		\$200	\$300
Diagnostic Exam (x-ray or lab)		\$150	\$200
Ground or Water Ambulance/Air Ambulance		\$400/\$1,000	\$500/\$1,250
Hospitalization Benefits			
Hospital Admission		Plan 1 \$1,000	Plan 2 \$1,500
Intensive Care Unit Admission		\$1,000	\$1,500
Hospital Stay		\$200 per day	\$300 per day
Intensive Care Unit Stay		\$400 per day	\$600 per day
Fractures and Dislocations			
Per covered surgically-repaired fracture		Plan 1 \$200-\$8,000	Plan 2 \$300-\$10,000
Per covered non-surgically-repaired fracture		\$100-\$4,000	\$150-\$5,000
Chip Fracture (percent of fracture benefit)		25%	25%
Per covered surgically-repaired dislocation		\$200-\$8,000	\$400-\$10,000
Per covered non-surgically-repaired dislocation		\$100-\$4,000	\$200-\$5,000
Follow-Up Care			
Follow-up Physician (or medical professional) Office Visit		Plan 1 \$75 per visit, max 10	Plan 2 \$125 per visit, max 10
Follow-up Physical Therapy Visit		\$50 per visit, max 10	\$75 per visit, max 10

Enhanced Accident Benefits	Plan 1	Plan 2
Examples:		
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$200	\$350
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$400	\$700
Concussion	\$250	\$500
Coma (lasting 7 days with no response)	\$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 and Dismemberment Benefit	Plan 1	Plan 2
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.	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
Wellness Treatment, Health Screening Test and Preventive Care Benefit.* Benefit paid for all covered persons is 100% of the benefit shown. <i>Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.</i>	\$50, limited to 1 per year.	\$50, limited to 1 per year.

Sports Accident Benefit	Plan 1	Plan 2
Organized and Personal Sports Activity Limited to 10 per year	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's Monthly Cost of Coverage:

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

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

CRITICAL ILLNESS

Critical Illness Benefit Highlights

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 Illnesses examples:

- 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	
Coverage:	
Employee	\$5,000, \$10,000, \$20,000, \$30,00 \$30,000 Guaranteed Issue
Spouse	100% of issued employee benefit amount (Guaranteed Issue)
Child(ren)	100% of issued employee benefit amount
Eligibility, Conditions and Limitations	
Eligibility	You must be actively working a minimum of 30 hours per week to be eligible for coverage
Cost Sharing	100% Employee-Paid. See Benefit Summary for additional details.

Please see benefit summary on NKCS benefits website for rates.

HOSPITAL INDEMNITY

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.

Hospital Indemnity Benefit	
Coverage:	
Hospital Admission	\$1,250 Limited to 1 day, 1 benefit(s) 365 days
Hospital Chronic Condition Admission	\$50 Limited to 1 day, 1 benefit(s) every 90 days
Hospital Stay	\$200 per day Limited to 30 days, 1 benefit(s) every 90 days
Hospital Intensive Care Unit Stay	\$1,650 one time \$400 per day 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
Hospital Observation Stay	\$750 per day 24 hours elimination period. Limited to 72 hours
Newborn Nursery Care Admission	\$500 Limited to 1 day, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.
Newborn Nursery Care Stay	\$100 per day Limited to 30 days, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.
Wellness Benefit	\$50 Limited to 1 per year

	Monthly Rates
Employee Only	\$17.80
Employee + Spouse	\$32.32
Employee + Child(ren)	\$27.22
Employee + Family	\$41.74



Additional Benefit Offerings

MetLife

Voluntary MetLife Legal Plans



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

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

Legal experts on your side, whenever you need them

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

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

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

How it works

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

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

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

Estate planning at your fingertips

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

How to use the plan

1. Find an attorney

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

2. Make an appointment

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

3. That's it!

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

Helping you navigate life's planned and unplanned events.

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

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Management Services* 	<ul style="list-style-type: none"> Identity Theft Defense Negotiations with Creditors Personal Bankruptcy 	<ul style="list-style-type: none"> Promissory Notes Tax Audit Representation Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> Boundary or Title Disputes Deeds Eviction Defense Foreclosure 	<ul style="list-style-type: none"> Home Equity Loans Mortgages Property Tax Assessments Refinancing of Home 	<ul style="list-style-type: none"> Sale or Purchase of Home Security Deposit Assistance Tenant Negotiations Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies Living Wills 	<ul style="list-style-type: none"> Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Conservatorship Demand Letters Garnishment Defense Guardianship Immigration Assistance 	<ul style="list-style-type: none"> Juvenile Court Defense, Including Criminal Matters Name Change Parental Responsibility Matters Personal Property Protection 	<ul style="list-style-type: none"> Prenuptial Agreement Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: <ul style="list-style-type: none"> Deeds Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills
Vehicle & Driving	<ul style="list-style-type: none"> Defense of Traffic Tickets⁵ Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension Due to DUI 	<ul style="list-style-type: none"> Repossession

Rate: Employee or family \$16.30


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

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

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



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

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



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

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

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

Why is pet insurance important?

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

- A small monthly payment can help you prepare for unexpected vet expenses down the road
- More than 6 in 10 pet owners said their pet has had an emergency medical expense²
- 24% of pet parents have credit card or personal loan debt to cover pet health and vet costs³
- Average annual cost for a routine vet visit is \$212 for a dog and \$160 for a cat; and average annual cost for a surgical vet visit is \$426 for a dog and \$214 for a cat⁴
- Pet insurance may not cover pre-existing conditions

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

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

How does MetLife Pet Insurance¹ work?



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



Download our mobile app



Take your pet to the vet



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



Receive reimbursement⁴ by check or direct deposit if the claim expense is covered under the policy

What's covered?⁵

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

Coverage⁵ also includes

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

1. Pet Insurance offered by MetLife Pet Insurance Solutions LLC is underwritten by Independence American Insurance Company ("IAC"), a Delaware insurance company, headquartered at 405 Madison Avenue, NY, NY 10022, and Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company, headquartered at 700 Quaker Lane, Warwick, RI 02886, in those states where MetGen's policies are available. MetLife Pet Insurance Solutions LLC is the policy administrator authorized by IAC and MetGen to offer and administer pet insurance policies. MetLife Pet Insurance Solutions LLC was previously known as PetFirst Healthcare, LLC and in some states continues to operate under that name pending approval of its application for a name change. The entity may operate under an alternate, assumed, and/or fictitious name in certain jurisdictions as approved, including MetLife Pet Insurance Services LLC (New York and Minnesota), MetLife Pet Insurance Solutions Agency LLC (Illinois), and such other alternate, assumed, or fictitious names approved by certain jurisdictions.

2. Delfino D. 42% of Millennials Have Been In Debt for Their Pet. LendingTree website: <https://www.lendingtree.com/personal/pet-financing/average-pet-debt/>. Accessed April 22, 2020.

3. Kuehner-Hebert K. Americans willing to spend as much on pets' health care as their own. Benefits PRO website: <http://www.benefitspro.com/2019/08/16/americans-willing-to-spend-as-much-on-pets-health-care-as-their-own/?return=20210518161752>. Posted August 16, 2019.

4. 2019-2020 APAA National Pet Owners Survey.



Every life has a story.

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

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

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

What is Universal LifeEvents?

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

LifeEvents:

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



How does it work?

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

Death Benefit

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

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

Living Benefits

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

Why do you need it?

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

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



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

¹2009 MetLife Financial Impact of Premature Death Study.

The LifeEvents advantage

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

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

LifeEvents in action

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

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

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

How Living Benefits add up

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

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

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



Features you'll appreciate

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

Separately priced benefits

- **Accidental Death Benefit** – Doubles the death benefit if death occurs by accident prior to age 75.
- **Children's Term Life Insurance** – Covers newborns to age 23 and is convertible to Universal Life insurance without evidence of insurability.

EZ Value Option

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

Death Benefit Growth

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



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

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

Coverage for me:	<input type="text"/>
Coverage for my spouse:	<input type="text"/>
Cost per pay period:	<input type="text"/>
Date deductions start:	<input type="text"/>

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

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This provides a brief description of your benefits. Your representative can provide you with costs and complete details. See Plan GUL205/IUL205; HH/LTC205; BRR205; ABR205; ADB205; and CT20 for exact terms and provisions. Benefits, exclusions and limitations may vary by state and may be named differently. Please consult your policy for complete information.

In Oregon, this policy features a no-lapse guarantee that ensures coverage will not lapse for 14 years as long as premiums are paid as planned. If you make changes to policy benefits during this period or pay only the minimum premium, you may be foregoing the advantage of building cash value or reducing the benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain the policy with a higher premium than the one you paid to satisfy the no-lapse guarantee.

¹ An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).



protect what makes you, you.

There's nothing more valuable than your identity.

Identity fraud can happen to anyone — 40 million individuals in the United States were hit in 2022 alone.¹ Unfortunately, even someone who knows how to minimize their exposure may still be at risk. That's why your company provides **Allstate Identity Protection Pro** as a benefit.

For over 90 years, Allstate has been protecting what matters most. Now get comprehensive identity monitoring and fraud resolution designed to help you protect yourself and your family against today's digital threats.

Prepare for what's next with:

- ✓ Identity, financial account, and credit monitoring
- ✓ 24/7 alerts and fraud recovery
- ✓ Up to \$1 million in identity theft expense reimbursement*

Allstate[™]
IDENTITY PROTECTION



1: 2023 Identity Fraud Study, Javelin Strategy & Research

Get identity protection for real life. Sign up during open enrollment.

It's easy to get started

- 1 Sign up**
You're protected from your effective date.
- 2 Activate key features**
Explore additional features in our easy-to-use portal and apps.
- 3 Live your best life online**
We've got you covered with 24/7 alerts.



With Allstate Identity Protection Pro get:

- Identity Health Status to give you at-a-glance insight into your risk
- Allstate Security Pro® delivers updates and education on scams relevant to you
- Comprehensive identity and financial monitoring
- Dark web monitoring
- Social media account takeover monitoring
- Transunion credit monitoring with annual reporting and credit score
- Protection for yourself and your family (everyone that's "under your roof and wallet")^Δ
- Senior family coverage for parents, in-laws, and grandparents age 65+^Δ, plus access our Elder Fraud Center with specialized scam support
- Full-service remediation and resolution support available 24/7
- Up to \$1 million in expense reimbursement for stolen funds and out-of-pocket costs due identity theft[†]

Allstate
IDENTITY PROTECTION

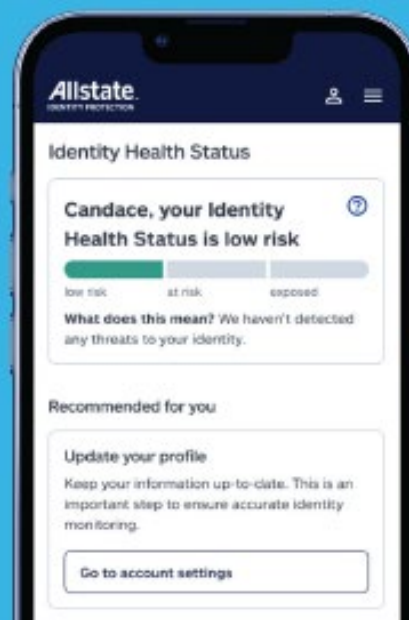
^Δ Only available with a family plan. Allstate Identity Protection's coverage definition can be aligned with client's benefits eligibility. Contact your Allstate Identity Protection representative for more details.

[†] Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Product may be updated or modified. Certain features require additional activation.

Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

AIP_OE_SUBSCRIBERFLYER_PRO_VOLBEN_052023



Plans and pricing

\$7.96 per person / month

\$13.96 per family / month

Questions?

1.800.789.2720

or visit myaip.com

Balanced Scorecard 2023-2024

STUDENT

➤ Foster a culture of access and equity in NKC Schools' pre-K-12 student experience.

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

Strategy I, Action Plan 3

Redesign and expand educational opportunities for students needing a setting outside of the traditional classroom to provide routes to individual success.

Strategy II, Action Plan 3

➤ Explore and implement innovative instructional approaches that incorporate students' aspirations, interests, and cultural experiences connecting to real world issues, problems and contexts.

Strategy I, Action Plan 4

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

Strategy IV, Action Plan 1

➤ Embrace and support the neighborhoods within NKC Schools and the surrounding business community.

Strategy IV, Action Plan 4

➤ Promote authentic social engagement and cultural understanding within schools to strengthen a sense of belonging for each student and adult.

Strategy IV, Action Plan 2

Continue legislative and community advocacy in support of our students.

COMMUNITY

STAFF

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

Strategy II, Action Plan 2

➤ North Kansas City Schools will expand systems and structures to create a culture of recognition.

Strategy III, Action Plan 4

➤ Increase recruitment and retention efforts to address local and national teacher shortage.

Effectively monitor Bond 2022 expenditures in support of the district's implementation of our 10-Year Facilities Plan.

➤ Determine timeline and scope of bond and levy.

➤ Update the long-range Facilities Plan.

BALANCED SCORECARD 2023-2024

APPROVED JULY 18, 2023

FINANCE

STAFF WELLNESS



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

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

These include:

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

For more information, visit <https://www.nkcschools.org/staff/staff-wellness>

ANNUAL COMPLIANCE NOTICES

2024-2025

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

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

Summaries of Benefits and Coverage

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

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RI Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

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

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

(INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE OMB 0938-0990)

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

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

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Blue Cross Blue Shield of Kansas City has determined that the prescription drug coverage offered by the North Kansas City Schools Group Health Care Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 15th to December 7th**.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

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

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

When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

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

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) if you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

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

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Dated: July 1, 2024

North Kansas City Schools

Matthew Fritz, Chief Finance Officer

Phone: 816-321-4641

Email: matt.fritz@nkcschools.org

CMS Form 10182-CC

CMS Updated April 1, 2011

General Notice of COBRA Continuation Coverage Rights

**** Continuation Coverage Rights Under COBRA****

Introduction

You are receiving this notice because you have recently become or may become covered under the North Kansas City Schools group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

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

What is COBRA Continuation Coverage?

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

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

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

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

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

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

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

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

When is COBRA Coverage Available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to the Benefits Department, 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 continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. In order to determine if you or a covered member of your family qualify for the disability extension, you must send documentation received from SSA verifying the disability determination to Matt Fritz, Chief Finance Officer, at 2000 NE 46th Street, Kansas City, MO 64116 or 816-321-4641 or matt.fritz@nkcschools.org.

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

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

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less

than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

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

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

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

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

If you have questions

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

Keep your Plan informed of address changes

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

Updated: May 1, 2021



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits Department, benefits@nkcschools.org.

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits Department, benefits@nkcschools.org.

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

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name North Kansas City Schools	4. Employer Identification Number (EIN) 44-6003683	
5. Employer address 2000 NE 46 th Street	6. Employer phone number 816-321-4641	
7. City Kansas City	8. State MO	9. ZIP code 64116
10. Who can we contact about employee health coverage at this job? Matt Fritz, Chief Finance Officer		
11. Phone number (if different from above)	12. Email address matt.fritz@nkcschools.org	

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

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

- All employees.
- Some employees. Eligible employees are: •
EMPLOYEES REGULARLY SCHEDULED TO WORK 30 OR MORE HOURS PER WEEK.
- We do offer coverage. Eligible dependents are:
THE EMPLOYEE'S SPOUSE, DOMESTIC PARTNER, & DEPENDENT CHILDREN (UP TO AGE 26 (END OF YEAR) & OVER AGE 26 IF DISABLED).
- We do not offer coverage.

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

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

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

Loss of Other Coverage

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

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

Marriage, Birth, or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. **However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.**

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

For More Information or Assistance

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

Dated: July 1, 2024
North Kansas City Schools
Matthew Fritz, Chief Finance Officer
Phone: 816-321-4641
Email: matt.fritz@nkcschools.org

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

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

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

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

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

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

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

Dated: July 1, 2024
North Kansas City Schools
Matthew Fritz, Chief Finance Officer
Phone: 816-321-4641
Email: matt.fritz@nkcschools.org

North Kansas City School District Wellness Program Notice

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

However, employees who choose to participate in the wellness program will receive a premium reduction incentive each month for your participation in both the screening and HRA, and earning applicable points. Although you are not required to participate in the Wellness program, 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 Matt Fritz, Chief Finance Officer, 816-321-4641.

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

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and North Kansas City School District may use aggregate information it collects to design a program based on identified health risks in the workplace, the North Kansas City School District wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

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

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

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

If you have questions or concerns regarding this notice, or about protection against discrimination and retaliation, please contact Matt Fritz, Chief Finance Officer, 816-321-4641.

Notes



North Kansas City Schools BENEFITS GUIDE

2024–2025 Plan

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