

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**

**2021 - 2022
Plan Year**



North Kansas City Schools BENEFITS GUIDE

2021–2022 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 the 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 (January through December timeframe).

Qualifying Events

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 events may occur that would allow you to add, change or terminate your election(s).

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 what month they turn 26.

To change any of your elections due to a qualifying event, notify the Benefits Specialist within 30 days of the event date. If the Benefits Specialist 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 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 change to a different plan.

Turn to page 62 for important government-mandated notices pertaining to premium subsidies that may be available to certain individuals. Those notices are:

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

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, contact the Benefits Specialist.

Benefits

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

Insurance Consultant: Holmes Murphy & Associates

Contact:	Margot Nelson	Kevin Casey
Phone:	816-857-7854	816-857-7822
Email:	MNelson@holmesmurphy.com	KCasey@holmesmurphy.com

Medical Insurance & Health Savings Account

Page 10

Carrier: Aetna
Website: www.aetna.com
Phone: 866-983-0084
Network: I-35 Preferred Aetna Health Network Only (HNO) &
I-35 Preferred PPO Network
Group Number: 148753

Health Savings Account (HSA): PayFlex
Website: www.payflex.com
Customer Service (lost cards): 844-729-3539

Dental Insurance

Page 34

Carrier: Delta Dental of Missouri
Customer Service: 800-335-8266
Website: www.deltadentalmo.com
Network: Delta Dental PPO and Delta Dental Premier
Group Number: 6943-1000

Vision Insurance

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Carrier: Eye Med Vision Care
Customer Service: 866-939-3633
Website: www.eyemedvisioncare.com
Network: InSight
Group Number: 1005678

Flexible Spending Accounts

Page 37

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

Life & Disability

Page 39

Carrier: MetLife
Customer Service: 800-441-6455
Website: www.metlife.com
Group Number: 233134

Additional Benefit Offerings

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Critical Illness MetLife
800-268-2525
Accident 800-541-7846
Hospital Indemnity 800-268-2525
Carrier Address: www.metlife.com
Group Number: 233134

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

Identity Theft Protection Allstate
Customer Service: 800-789-2720
Carrier Address: <https://www.myAIP.com>

Avant: Jenelle Iverson 816-857-7847
Benefit Portal Address: www.nkcschoolsbenefits.com
Avant Enrollment Center: 844-831-0501

Plan Year for all benefits:

7-1-21 to 6-30-22 (Effects election choices)

Benefit Year:

1-1-21 to 12-31-21 (Effects deductibles and out of pocket maximums)

1-1-22 to 12-31-22 (Effects deductibles and out of pocket maximums)

Annual Notices

Page 62

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

Professional support and guidance for everyday life

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

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



Help is always at your fingertips.

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

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

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

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

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

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

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

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

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

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

Answers to important questions

Are Employee Assistance Program services confidential?

Yes. Any personal information provided to LifeWorks stays completely confidential.*

How do I get help?

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

When is the right time to call?

That's up to you. Counselors are here whenever you need them —whether you simply need to talk or want guidance on something you are going through.

Is my Employee Assistance Program included with my MetLife coverage?

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

Does the program have any limitations?

While we offer a broad range of services, we may not cover all services you may need. Your Employee Assistance Program does not provide:

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

Does the program offer Cognitive Behavioral Therapy (CBT)?

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

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



Phone

1-888-319-7819



Web

metlifeeap.lifeworks.com

**user name: [metlifeeap](#)
and password: [eap](#)**



Mobile App

**user name: [metlifeeap](#)
and password: [eap](#)**

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

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



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

OPT2/3 L0920007339[exp0921][All States][DC, GU, MP, PR, VI] © 2020 MetLife Services and Solutions, LLC

A photograph of a man with a beard and mustache, wearing a blue and white checkered shirt over a teal t-shirt, holding a sleeping baby. The baby is wearing a pink long-sleeved shirt. The man is looking down at the baby with a gentle expression. The background is softly blurred, showing what appears to be a home interior with a desk and some items.

Quiet comfort

Aetna concierge

Your personal assistant for health care

Not sure where to turn?

We've all been there — needing help with our health plan but not quite sure where to go.

You might be wondering:

How can I find the right specialist?

I have my diagnosis. Now what?

Is this covered by my health plan?

And of course: How much is this going to cost me?

Your concierge has answers

There's a big and complex world of health care out there. Your concierge can help you make sense of it all.

You get support to:

- Choose the right doctor for you
- Learn about your coverage
- Understand a diagnosis
- Plan for upcoming treatment

To speak with a concierge, call **866-983-0084**
Your concierge is available Monday through Friday from 8 a.m. to 6 p.m.

aetna®

[aetna.com](https://www.aetna.com)

handle life's toughest moments Joyages™

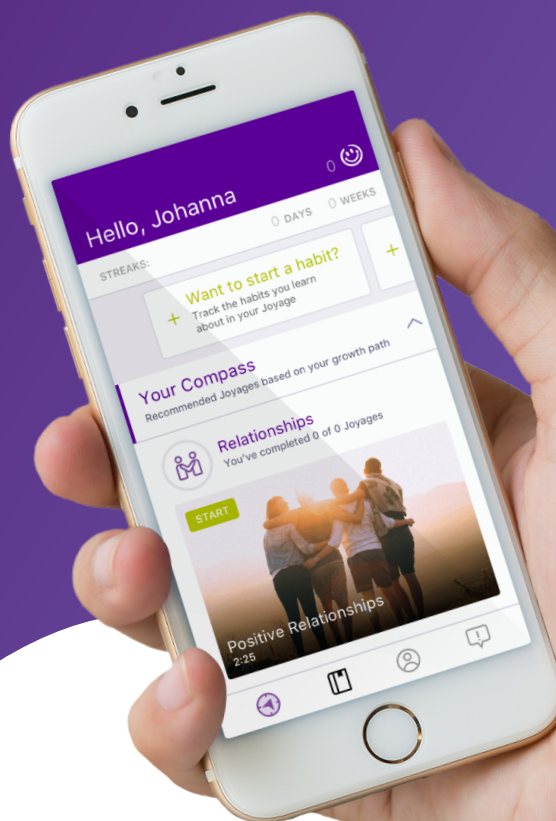
A Happier, Healthier You?

There's an app for that.

JOYAGES is an on-demand coaching app that teaches skills for dealing with life's daily stressors. Developed by psychologists and brain health researchers, Joyages' robust offering of videos and tools helps you deal with being sad or stressed, rather than avoiding the normal challenges of life. Spend just three minutes a day with Joyages to become happier, more resilient and lead a more fulfilling life.

Questions?

Email info@joyages.com



FEATURES



**24/7 Access
to Resources**



**3-Minute
Videos**



**Personalized
Support**

Whether you're coping with stress, trying to improve your relationships, or seeking a deeper sense of purpose, Joyages has scientifically-backed information and advice to help you feel better now and become more resilient for the future.

**ALL-NEW app with even
more modules than before!**

Download Joyages Now



App Store



Google Play

Joyages is the digital life coach in your pocket!



NKC Schools
Champions for all Students

Unlock Code:

NKCSD21



MEDICAL INSURANCE

Aetna

Benefits You Receive

NKC Schools offers three medical plan choices through **Aetna**. Below is a list of all three plans.

- A1 EPO Copay (\$\$\$)
- A2 High Deductible (\$)
- A3 EPO Primary Care 100 (\$\$)

Access your personal/family account online at www.aetna.com or call 866-983-0084; Monday-Friday 8:00am-6:00pm (CT). Your Aetna account allows you to search for providers in your plan, along with prescription drug coverage available on the formulary listing.



A1 EPO Copay (\$\$\$)

Benefit	EPO with Copays	
	In-Network	Non-Network
Network	I-35 Preferred Aetna Health Network Only (HNO)	No Coverage
Emergency Care Treated as In-Network	Yes	No Coverage
Access to Meritas Clinic	Yes -\$0 copay/Primary Care locations	No Coverage
Deductible (individual/family) - Calendar Year	\$0 / \$0	No Coverage
Member Coinsurance	0%	No Coverage
Out of Pocket Maximum (individual/family) - Calendar Year	\$3,500 / \$7,000	No Coverage
PCP Office Visit / Specialist Office Visit	\$40/\$80 copay	No Coverage
Basic Teladoc Visit*	\$40 copay	
Dermatology Teledoc Visit*	\$80 copay	
Behavioral Health Teledoc Visit*	\$40 copay	
Urgent Care Office Visit	\$80 copay	
Diagnostic X-ray for Complex Imaging Services	\$75 copay	No Coverage
Hospital Inpatient /Outpatient Surgery	\$500 copay per admit	No Coverage
Emergency Room	\$150 copay	No Coverage
Chiropractic Office Visit/Skeletal Manipulation	\$40 copay/100%	No Coverage
Speech, Hearing, Physical & Occupational Therapy	\$40 copay	No Coverage
Routine Eye Exams (1 routine exam per 12 months)	\$10 copay	No Coverage
Generic Drugs** (30-34 day supply)	\$10 copay	No Coverage
Preferred Drugs** (30-34 day supply)	\$50 copay	No Coverage
Non-Preferred Drugs** (30-34 day supply)	\$70 copay	No Coverage
Rx Mail Order** (90-101 day supply)	\$30 generic / \$150 preferred brand / \$210 non-preferred brand	No Coverage
*Teladoc will be coded to follow the PCP/SCP copays/co-insurance per plan for regular and dermatology visits. Mental health will follow the outpatient MH benefit.		
** When searching the formulary online you will look for the Advanced Control Plan-Aetna Formulary		

Employee Monthly Cost:

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

A1 EPO Copays (\$\$\$)	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	\$771.18	\$705.00	\$66.18	N/A
Employee + Spouse	\$1,584.48	\$705.00	\$879.48	N/A
Employee + Child(ren)	\$1,349.22	\$705.00	\$644.22	N/A
Family	\$1,690.50	\$705.00	\$985.50	N/A

A2 High Deductible (\$)

Benefit	QHDHP*	
	In-Network	Non-Network
Network	I-35 Preferred PPO Network	N/A
Emergency Care Treated as In-Network	Yes	Yes
Deductible (individual/family) - Calendar Year**	**\$1,400 / \$2,800	\$2,800 / \$5,600
Member Coinsurance	20%	50%
Out of Pocket Maximum (individual/family) - Calendar Year	\$3,750 / \$7,500	\$25,000 / \$50,000
PCP Office Visit / Specialist Office Visit	Deductible/Coinsurance	Deductible/Coinsurance
Basic Teladoc Visit	\$47 in 2021/\$49 in 2022	
Dermatology Teledoc Visit	\$75 copay	
Behavioral Health Teledoc Visit***	\$190 Initial visit	
Urgent Care Office Visit	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 routine exam per 12 months)	Covered 100%; deductible waived	30%; after deductible
Generic Drugs**** (30-34 day supply)	\$10 copay; after deductible	50% of submitted cost; after applicable copay
Preferred Drugs**** (30-34 day supply)	\$50 copay; after deductible	50% of submitted cost; after applicable copay
Non-Preferred Drugs****(30-34 day supply)	\$70 copay; after deductible	50% of submitted cost; after applicable copay
Rx Mail Order**** (90-101 day supply)	\$50 generic / \$150 preferred brand / \$210 non-preferred brand; after deductible	50% of submitted cost; after applicable copay
<p>*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.</p> <p>***\$190 initial visit; then \$95 for consultation w/ psychiatrist or \$85 for consult with a therapist (non-psychiatrist)</p> <p>**** When searching the formulary online you will look for the Advanced Control Prescription Drug Formulary</p>		

Employee Monthly Cost:

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

A2 High Deductible (\$)	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	\$652.44	\$652.44	\$0.00	\$52.56
Employee + Spouse	\$1,340.52	\$652.44	\$688.08	\$52.56
Employee + Child(ren)	\$1,141.50	\$652.44	\$489.06	\$52.56
Family	\$1,430.22	\$652.44	\$777.78	\$52.56

A3 EPO Primary Care 100 (\$\$)

Benefit	EPO with Coinsurance	
	In-Network	Non-Network
Network	I-35 Preferred Aetna Health Network Only (HNO)	No Coverage
Emergency Care Treated as In-Network	Yes	No Coverage
Access to Meritas Clinic	Yes – \$0	No Coverage
Deductible (individual/family) - Calendar Year	\$0 / \$0	No Coverage
Member Coinsurance	20%	No Coverage
Out of Pocket Maximum (individual/family) - Calendar Year	\$1,350 / \$2,700	No Coverage
PCP Office Visit / Specialist Office Visit	\$0 at PCP/20% coinsurance	No Coverage
Basic Teladoc Visit	\$0 copay	
Dermatology Teledoc Visit	20%	
Behavioral Health Teledoc Visit	20%	
Urgent Care Office Visit	20%	
Diagnostic X-ray for Complex Imaging Services	20%	No Coverage
Hospital Inpatient /Outpatient Surgery	20%	No Coverage
Emergency Room	20%	No Coverage
Chiropractic Office Visit/Skeletal Manipulation	20%	No Coverage
Speech, Hearing, Physical & Occupational Therapy	20%	No Coverage
Routine Eye Exams (1 routine exam per 12 months)	100%	No Coverage
Generic Drugs* (30-34 day supply)	\$5 copay	No Coverage
Preferred Drugs* (30-34 day supply)	\$50 copay	No Coverage
Non-Preferred Drugs* (30-34 day supply)	\$65 copay	No Coverage
Rx Mail Order* (90-101 day supply)	\$15 generic / \$150 preferred brand / \$165 non-preferred brand	No Coverage
* When searching the formulary online you will look for the Advanced Control Plan-Aetna Formulary		

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.

A3 EPO Primary Care 100 (\$\$)	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	\$712.22	\$705.00	\$7.22	N/A
Employee + Spouse	\$1,463.34	\$705.00	\$758.34	N/A
Employee + Child(ren)	\$1,246.06	\$705.00	\$541.06	N/A
Family	\$1,561.28	\$705.00	\$856.28	N/A

CVS HealthHUB®

Address	City
17301 US Route 24	Independence
4990 Northeast Vivion Road	Kansas
1914 Swift Street	Kansas City
390 Limit Street	Leavenworth
11729 Roe Avenue	Leawood
3351 Southwest 3rd Street	Lees Summit
1900 East Langsford Road	Lees Summit
13502 West 87th Street Parkway	Lenexa
1901 West Kansas Street	Liberty
11900 West 135th Street	Overland Park
7501 Metcalf Avenue	Overland Park
7100 West 151st Street	Overland Park
1301 Platte Falls Road	Platte City
22700 West 55th Terrace	Shawnee

CVS MinuteClinic®

Address	City
3201 South 7 Highway	Blue Springs
1616 North 7th Highway	Blue Springs
3825 South Noland Road	Independence
330 Northeast Barry Road	Kansas City
8101 State Avenue	Kansas City
5440 Northwest 64th Street	Kansas City
13101 State Line Road	Kansas City
315 West 75th Street	Kansas City
601 South Jefferson Street	Kearny
2300 Iowa Street	Lawrence
5001 West 135th Street	Leawood
18351 West 119th Street	Olathe
1785 South Mur Len Road	Olathe
12290 West College Boulevard	Overland Park
1215 West Foxwood Drive	Raymore
9005 East 350 Highway	Raytown
5170 Roe Boulevard	Roeland Park
6510 Nieman Road	Shawnee

Locations as of September 2020

Aetna Connected Plan with CVS Health™

Aetna has expanded its reach with the I-35 preferred network to include CVS Health Hub® and MinuteClinic® locations for easier access to coordinated care. We are meeting members where they are. Primary care, specialists, hospitals, walk-in clinics, and urgent care centers.



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Hospitals



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CVS Health Hub



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CVS MinuteClinic

Hospitals

Hospitals	Address	City
Children's Mercy Hospital	20300 East Valley View Pkwy.	Independence
Truman Medical Center Hospital Hill	2301 Holmes Street	Kansas City
Truman Medical Center Lakewood	7900 Lees Summit Road	Kansas City
Children's Mercy Hospital	2401 Gillham Road	Kansas City
University of Kansas Hospital Authority	4000 Cambridge Street	Kansas City
Kansas City Orthopedic Institute	3651 College Boulevard	Leawood
The Bariatric Center of Kansas City, LLC	23401 Prairie Star Pkwy.	Lenexa
Liberty Hospital	2525 Glenn Hendren Drive	Liberty
North Kansas City Hospital	2800 Clay Edwards Drive	North Kansas City
Olathe Medical Center	20333 West 151st Street	Olathe
Children's Mercy Hospital Kansas	5808 West 110th Street	Overland Park
University of Kansas Hospital Authority	10710 Nall Avenue	Overland Park
Advent Health Shawnee Mission	9100 West 74th Street	Shawnee Mission

A full list of providers is available through the provider search tool.



Health Savings Account (HSA)

Saving for your future

Save money with an HSA

You can reduce your taxable income and increase your take-home pay. Just enroll and you'll start saving money on eligible health care expenses for you, your spouse and your tax dependents.

Eligible expenses may include deductibles, copays, coinsurance and prescriptions. Plus, vision and dental care too.

With an HSA, you can contribute up to \$3,600*/individual and \$7,200*/family (pretax) annually. These funds can earn interest and provide a few other benefits too:

- Your unused funds roll over from year to year.
- Your HSA always stays with you. It isn't tied to an employer, health plan or retirement.
- If you have an HSA elsewhere, you can transfer the balance to your new one.

Pay the PayFlex® way

Once funds are available in your HSA, PayFlex makes it easy to pay for your eligible expenses:

Pay with your PayFlex Card®: When you use it, your expense is automatically paid from your account.

Pay yourself back: Pay for eligible expenses with cash, a check or your personal credit card. Then withdraw funds from your HSA to pay yourself back and have your payment deposited directly into your checking or savings account.

Pay your provider: You may pay your provider directly from your account.

Pay with your phone: By using Google Pay™ or Apple Wallet™, you can save your debit/credit cards on your phone to use at checkout where digital payments are accepted.

Take care of your HSA and it could grow

You can use your HSA to help maximize your savings — make tax-free contributions and tax-free withdrawals, while gaining tax-free growth.**

Once you reach the minimum balance determined by your employer, you can open an investment account and choose from a variety of mutual funds.



Keep it simple with the PayFlex Mobile® app

- Manage your account and view alerts.
- Make payments, withdrawals and deposits.
- Use our barcode scanner to see if an item is an eligible expense.

*The maximum contribution limits are subject to change annually.

**Please note that not all states provide favorable income tax treatment for HSAs.

Are you eligible for an HSA?

You're eligible once you're enrolled in a qualified high-deductible health plan, with a few exceptions. You may not have:

- Medicare or TRICARE
- Other health coverage that pays out-of-pocket health care expenses before you meet your plan deductible
- A general-purpose health care flexible spending account or health reimbursement arrangement in the same year
- Veterans Affairs medical benefits used in the last three months, unless the hospital care or medical services were for a service-connected disability
- Someone claim you as a dependent on their tax return

HSA tips for you:

Check IRS contribution limits and common eligible expense items on [PayFlex.com](https://www.payflex.com).

Save your itemized statements, detailed receipts and any Explanation of Benefits statements for your expense records.

If you use your HSA for ineligible expenses, you'll need to pay income taxes. Plus, a 20% penalty tax on that amount unless you're age 65 or older or disabled at the time.

Want to learn more?

Just visit [payflex.com](https://www.payflex.com)

Call us at 1-844-729-3539 (TTY: 711)

We're here to help Monday–Friday 7a.m.–7p.m.CT, and Saturday
9a.m.–2p.m.CT

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There may be fees associated with a Health Savings Account ("HSA"). These are the same types of fees you may pay for checking account transactions. Please see the HSA fee schedule in your HSA enrollment materials for more information.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions. For more information about PayFlex, go to [payflex.com](https://www.payflex.com).

Investment services are independently offered through a third-party financial institution. By transferring funds into an HSA investment account, you can potentially benefit from capital appreciation in the value of mutual fund holdings. However, you will also be exposed to a number of risks, including the loss of principal, and you should always read the prospectuses for the mutual funds you intend on purchasing to familiarize yourself with these risks.

The HSA investment account is an optional, self-directed service. We do not provide investment advice for HSA investment account participants. You are solely responsible for any investment account decisions you make. Mutual funds and brokerage investments are not FDIC-insured and are subject to investment risk, including fluctuations in value and the possible loss of the principal amount invested. The prospectus describes the funds' investment objectives and strategies, their fees and expenses, and the risks inherent to investing in each fund. Investors should always read the prospectus carefully before making any investment decision. System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, system performance and other factors.

PayFlex Mobile® is a registered trademark of PayFlex Systems USA, Inc.

PayFlex Card® is a registered trademark of PayFlex Systems USA, Inc.

Apple Wallet is a service mark of Apple Inc., registered in the U.S. and other countries.

Google Play is a registered trademark of Google LLC.

PAYFLEX®

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

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

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

DISADVANTAGES

HSAs also have a few disadvantages, including:

HIGH DEDUCTIBLE REQUIREMENT. You must be enrolled in a qualifying High Deductible Health Plan (HDHP) such as the A2 Health Plan offered through Aetna before you can open and establish an HSA. Even though you are paying less in premiums each month, it can be difficult – even with money in an HSA – to come up with the cash to meet a high deductible.

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

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

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

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

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

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

CONTRIBUTION LIMITS. The IRS sets contribution limits that determine how much you and/or your employer can contribute to your HSA each year. For 2021, the maximum contribution amounts are \$3,600 for self-only coverage and \$7,200 for family coverage. You can add up to \$1,000 more as a "catch-up" contribution if you are age 55 or older at the end of your tax year.

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

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





Experience the moments

Discounts and savings for you to enjoy

aetna[®]

[aetna.com](https://www.aetna.com)



Healthy vision

Savings on eyewear and exams

With EyeMed, you get:

Plenty of prescription savings

If your vision isn't 20/20, you'll love discounts on:

- Designer frames
- The latest in lens technology
- Non-disposable contact lenses
- Sunglasses, and more

Great rates on eye exams

Your eye exams are always discounted. So even if your plan covers your first exam, you can save on another one from any participating doctor.

Lots of locations

You can visit many doctors in private practice. Plus, national chains like JCPenney Optical, LensCrafters, Target Optical, Sears Optical and Pearle Vision.¹ You can find them all on your member website at **aetna.com**.

More eye-openers

- Savings on LASIK laser eye surgery
- Replacement contact lenses, delivered to your door
- Savings on eyeglass chains, lens cases and cleaners, and nonprescription sunglasses

Built-in plan discounts with
no referrals, claims or limits.
Your family can use them, too.



A fit, fabulous you

Savings on gyms and health coaching

Discounts on gym memberships

Get access to gyms close to home and on the road.

A healthier you from home

If staying home is more your style, you have choices.

Health coaching

Get one-on-one support to quit smoking, ease stress, lose weight and more. On your schedule.

At-home weight-loss program

Your body is your business. So you get weight-loss tips, menus and weigh-ins ... right in the privacy of your home. You get plans to help you lose the weight and keep it off. These plans may offer:

- Abundant menu options
- Online tools and coaching
- Counseling
- Free shipping*
- No contract or cancellation penalties**

Savings on home exercise equipment

Build your body — and your home gym — with discounts on home exercise helpers.

*Shipping fees are dependent upon the weight-loss plan selected.

**Contract/cancellation fees are vendor dependent.

¹EyeMed Select Network and Provider List. January 1, 2018.

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A natural health boost

Savings on massage and more

Natural therapy services

You can try these services*** at a discount.

- Ease your stress and tension with **massage therapy**.
- Heal pain or stress points with **acupuncture**.
- Relieve neck and back pain with **chiropractic care**.
- Get advice from registered dietitians with **nutrition services**.

It's easy: You can find program professionals at **aetna.com**. Just bring your Aetna® ID card to your visit.

Natural products, too

You can also order healthy items you use every day, like **over-the-counter vitamins** and **yoga equipment**.

Plus, aromatherapy, natural body care products and herbal and nutritional supplements.

At-home products

Save on blood pressure monitors, pedometers and activity trackers, electrotherapy TENS units (devices for pain relief), and many other Omron® products.

Ready to browse and buy? Just log in to your member website at **aetna.com** for easy ordering instructions.



Hearing your world better

Savings on hearing aids and exams

You have options

With Hearing Care Solutions, you get:

- **Discounts** on a large choice of hearing aids
- **A three-year supply of batteries**, then you can join a discount battery mail-order program
- **Free in-office service** of hearing aids for one year
- **Free routine cleanings** and battery door replacements for one year after purchase from the original provider

With Amplifon Hearing Health Care, you get:

- **Discounts** on many styles of hearing aids, including programmable and digital hearing aids from leading makers
- **Savings** on hearing exams and hearing aid repairs
- **Free follow-up services** for one full year
- **A two-year supply of batteries**

***Through the ChooseHealthy® program, which is made available through American Specialty Health Administrators, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.



Feel better

Aetna® Behavioral Health AbleTo support Here for you when you need it

Manage life's changes

Some life events can be overwhelming. Like having a baby. Or finding out you have diabetes or heart disease.

You may also feel emotions like:

- Worry
- Depression
- Confusion
- Anger

All of these feelings are normal. But they can make it harder for you to take control and make healthy changes.

And it's important to feel that you can control the health condition or life change, instead of it controlling you.

Real help that fits your schedule

The AbleTo program can help you:

- Work through these normal emotions
- Understand and stick with your treatment plan
- Know the types of changes you need to make
- Feel like you are in control of your health and your life

AbleTo is part of your Aetna membership. But it's not like traditional programs. It makes it easy to get the help you need.



Support when and where you need it

We've teamed up with AbleTo, a leading behavioral health provider, to offer this convenient program.

The goal is to make it easy for you to complete the program. And to help you see that you are in control and can make healthy changes.

Real help that works

Meet face-to-face with a therapist and behavior coach using online video. Or you can simply talk on the phone, if you prefer.

This removes the time and hassle of driving to appointments.

Plus, you choose the times that work best for you. During the day, in the evening or on weekends.

You'll work with two AbleTo specialists for eight weeks



Once a week with a therapist to address emotional challenges like depression, stress and anxiety that can come with a medical diagnosis



Once a week with a behavior coach to identify health goals and develop an action plan

That's two sessions a week, including a final meeting with your therapist. And it's all part of your Aetna membership.



Consider AbleTo support if you have experienced one of these health conditions or life changes:

- Infertility
- Breast or prostate cancer recovery
- Heart issues
- Diabetes
- Digestive health
- Pain management
- Breathing problems
- Alcohol or substance abuse
- Depression, anxiety or panic
- Postpartum depression
- Caregiving stress (child, elder or autism)
- Grief and loss
- Military transitions



The Infertility Support Program is designed for women and men who are managing infertility and the emotions that can come with it.

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Convenient eight-week program with counseling and coaching by video or phone. Just call AbleTo at **1-855-773-2354**.

It's easy to get started

If your claims data shows you would benefit from this program, an Aetna or AbleTo representative will call you to explain how it works and how it can help you. In most cases, there is no cost to you.*

You'll be asked to confirm some information for privacy purposes.

Or you can let us know that you're interested in participating by calling AbleTo at **1-855-773-2354**, Monday – Friday from 9 a.m. – 8 p.m. ET. You can ask questions, and an AbleTo staff member will ask you some screening questions.

You can also tell your Aetna case manager that you'd like to participate.

95%

95% of AbleTo graduates recommend the program to others.¹

Choose AbleTo support and get real help that fits your schedule. Just call **1-855-773-2354** or contact your Aetna case manager.

The program and flyer are also available in Spanish.

*For some employers, you may be able to receive AbleTo services with no out-of-pocket cost to you. With other employers, associated deductibles will apply before your out-of-pocket expenses are covered. Check with your employer to see which option you are eligible for.

¹AbleTo Patient Satisfaction Survey, 2018.

Aetna does not recommend the self-management of health problems. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.





You've got this

Making healthy simpler Your member website

You've got healthy handled with aetna.com

Log in to your Aetna® member website, and manage your benefits.



**Clean, simple
screen**



**Easy claims
walk-through**



**Money-saving
tools**



**Fitness and
wellness perks**

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aetna.com

Features that get you where you need to go

Find care



- Search network providers.
- Find walk-in clinics.
- Change your doctor.
- See past activity.

Manage claims



- View and sort claims.
- Pay your provider.
- Get a claims breakdown.

See coverage and costs



- Get coverage details.
- See out-of-pocket costs.
- Compare costs.
- Read doctor reviews.

Manage prescriptions



- Find a pharmacy.
- Order medicine.
- See what's covered.
- Learn side effects.
- Ask a pharmacist.

Stay healthy



- Take a health assessment.
- Try health coaching.
- Start a wellness program.
- Get treatment options.
- Save on gyms, vision and more.

Visit **aetna.com**
and log in to your
member website.

This material is for information only. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. Estimated costs not available in all markets. The tool provides an estimate of what would be owed for a particular service based on the plan at that very point in time. Actual costs may differ from an estimate if, for example, claims for other services are processed after the estimate is provided but before the claim for this service is submitted. Or if the doctor or facility performs a different service at the time of the visit. Health maintenance organization (HMO) members can only look up estimated costs for doctor and outpatient facility services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **aetna.com**.

aetna®

Take charge of your benefits

with the Aetna HealthSM app



Understand
benefits



Connect
to care



Get health
care support

Aetna.com/AetnaHealthApp

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Helping you take charge

Staying healthy is important. So is taking control of your health care and benefits. But with everything else you have going on, managing it all can be a challenge. The Aetna Health app can help.

With the Aetna Health app, you can:



View your health plan summary and get detailed information about what's covered.



See claims details and pay claims for your whole family.



Search for providers, procedures and medications.



Get cost estimates before you get care.



Track spending and progress toward meeting your deductibles for you and your family.



Talk with a doctor anytime by phone or video chat from the comfort and safety of home.



Access your ID card whenever you need it.



Receive personalized health reminders.



**Download the
Aetna Health
app today**

Text "**AETNA**" to **90156**
for a link to download
the Aetna Health app.

Message and data rates may apply.*



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Right there with you

Aetna One[®] Choice solution

Ongoing nurse support and coaching when you need it most

[Aetna.com](https://www.aetna.com)

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Supporting you on your path to better health

Your health — both physical and mental — is everything. Whether you're managing a chronic condition or dealing with other complex health challenges, our nurses can help. A nurse can work with you to put together a plan, help you understand your benefits offerings and answer your health-related questions.



One-on-one personalized nurse support

Our clinical nurses can collaborate with service teams to help you achieve your health goals. Our nurses are supported with a multidisciplinary team that can help guide you to local resources.



Local support

With CVS® HealthHUB™ and MinuteClinic® locations found inside select CVS Pharmacy® and Target® stores, you have a broad range of services to keep you and your family healthy.



Tools, tips and support centers

Through your Aetna® member website, you'll be able to locate a doctor, review your personal health record and watch informational health videos. And for specific health needs, you can explore member resources like the Cancer Support Center, the Maternity Support Center and the Back and Joint Care Support Center.



Access to information — whenever, wherever

Always on the go? No problem. Your member website is fully mobile. Remember, this is your one-stop shop for getting the help you need. And when you download the Aetna HealthSM app, you can access it all from the palm of your hand.

Get started with these resources today.

Go to **Aetna.com** to log in to your member website.

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Target® is the property of Target Brands, Inc.

This information is not intended to replace the advice of a doctor. Aetna is not responsible for the decisions you make based on this information. If you have specific health care needs or would like more complete health information, please see your doctor or other health care provider. Refer to **Aetna.com** for more information about Aetna® plans.



On the path to better health

Aetna-covered well-being services
available at MinuteClinic®



Stay on top of your health goals

All about you

Whether you want to quit smoking, understand health screening numbers or learn more about high cholesterol, Aetna® well-being services can help you get the care you need.

Walk into MinuteClinic at select CVS Pharmacy® and Target® locations. You can work one on one with providers. With their help, you can create personalized health plans and get the support you need for a healthier you.



Find the closest location, make appointments or view wait times at **minuteclinic.com**.

Choose from:

Wellness services*

- Smoking cessation
- Weight management
- Tests based on individual need**

Monitoring services**

- Diabetes monitoring
- High cholesterol monitoring
- High blood pressure evaluation

If you'd like, a summary of your visit can be shared with your primary care doctor.

Everyday care that works for you

Seven days a week, including evenings and weekends — our flexible hours work with your schedule. And there's no appointment necessary — just come in.

Achieve better health, right in your neighborhood, by:

- Signing in at a clinic kiosk
- Choosing your service
- Showing your Aetna ID card

*Your Aetna medical plan's preventive benefits may cover these wellness services. If you have questions about your coverage, call the toll-free number on your Aetna member ID card.

Please note that additional charges apply for any labs and tests. View the **MinuteClinic price list for these fees. Monitoring and wellness services are available for screenings conducted at MinuteClinic inside select CVS Pharmacy® and Target® locations.

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Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies. Aetna is not responsible for any component of the wellness coaching session. These coaching sessions are provided by MinuteClinic. This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Aetna and MinuteClinic do not guarantee any particular results from the wellness coaching program. Health benefits and health insurance plans contain exclusions and limitations. Not all services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and group size and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna® plans, refer to **aetna.com**.



DENTAL INSURANCE

Delta Dental of Missouri



Delta Dental PPOSM Benefit Plan Highlights¹

Delta Dental PPO Dentist

Based on applicable
PPOSM Maximum Plan
Allowance
--
No Balance Billing

Delta Dental Premier Dentist

Based on applicable
Premier[®] Maximum Plan
Allowance
--
No Balance Billing

Non- Participating Dentist

Based on applicable
Maximum Plan
allowance for Non-
Participating Dentist
--
Dentist Balance Bills

Diagnostic and Preventive Services

- Oral exams (all types), twice per calendar year
- Cleanings (all types including periodontal maintenance), twice per calendar year
- Fluoride, once per calendar year for dependents under age 19
- Space maintainers, once in 5 years, to age 16
- Periapical, Bitewing, full-mouth x-rays

100%

80%

80%

Basic Services

- Sealants for dependent children under 19.
- Restorative services
- Simple and surgical extractions
- Endodontics & Periodontics

100%

80%

80%

Major Services

- Prosthetics: bridges and dentures
- Crowns, jackets, labial veneers, inlays and onlays
- Other oral surgery, except for extractions covered under Basic Services

50%

50%

50%

Orthodontic Services

- For dependent children to age 19 that begin treatment while covered by this plan

50%

50%

50%

Calendar Year Deductible

(applies to Basic and Major Services only)

\$50 per person

Calendar Year Benefit Maximum

\$1,000 per person

Orthodontic Lifetime Maximum- Children up to the age of 19.

\$1,000 per eligible dependent

Dependent Age Limit: End of calendar year following 26th birthday

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

Delta Dental PPO	Total Cost	District Benefit	Employee Cost
Employee	\$27.14	\$27.14	\$0.00
Employee + Spouse	\$55.44	\$27.14	\$28.30
Employee + Child(ren)	\$79.04	\$27.14	\$51.90
Employee + Family	\$104.96	\$27.14	\$77.82



Delta Dental MAXAdvantageSM Benefit Option

Delta Dental's MAXAdvantageSM dental benefit option allows groups and their participants to receive most preventive and diagnostic services without reducing their plan year maximum benefit amount. This means they can maintain their preventive dental care routine while saving their annual maximum for other dental services they may need throughout the year.

Q What services are included and do not count toward the plan year maximum benefit amount?

- A**
- Routine and comprehensive dental exams, as well as periodontal exams
 - X-rays, including complete series, periapical, intraoral, extraoral, bitewings and panoramic films
 - Cleanings including perio-maintenance cleanings
 - Fluoride and fluoride varnishes

Benefits without MAXAdvantage SM	Benefits with MAXAdvantage SM
<p><u>Routine Care Example</u> (2 exams, x-rays, 2 cleanings) \$1,000 annual maximum 100% coverage for routine care</p> <p>Delta Dental Pays: \$300 Member Pays: \$0</p> <p>Benefits Remaining: \$700</p>	<p><u>Routine Care Example</u> (2 exams, x-rays, 2 cleanings) \$1,000 annual maximum 100% coverage for routine care</p> <p>Delta Dental Pays: \$300 Member Pays: \$0</p> <p>Benefits Remaining: \$1,000</p>



VISION INSURANCE

EyeMed

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

EyeMed Vision Summary		
Plan Design	In-Network	Out-of-Network
Eye Exam	1 per Calendar Year	
Lenses or contact lenses	1 per Calendar Year	
Frames	1 per Calendar Year	
Eye exam	\$25 copay	Up to \$50
Lenses, Lens Options and Frames		
Single vision lined lenses	\$25 copay	Up to \$50
Bifocal lined lenses		Up to \$75
Trifocal lined lenses		Up to \$100
Standard progressive	\$25	Up to \$75
Premium progressive	\$25	
Frames	\$120 allowance	Up to \$70
Contact lens	\$120 allowance	Up to \$105
Contact lens fit & follow up	Standard – Up to \$40 Premium – 10% off of retail	N/A
Laser vision correction	15% off the retail price or 5% off the promotional price	
Members under 19 years of age:		
Eye Exam	2 per calendar year	
Lenses (in lieu of contact lenses)	2 per calendar year (if script changes)	
Plan Option	Monthly Rate – Employee Paid	
Employee Only	\$9.66	
Employee Spouse	\$19.22	
Employee Child(ren)	\$20.54	
Family	\$32.82	

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: \$2,750 (7/1/21-6/30/22):

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

Examples of Reimbursable Expenses:

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



Surency AdvantagePlus 2021 Flex Reminders!!

If you have not used up your 2020-21 Flex dollars, you have until **9/15/2021** to incur claims. NKC Schools offers a **grace period** which means that you can incur claims in July 2021 through September 15th of 2021 and file for reimbursement from your 2020-21 flex account. You have until **September 28th, 2021 to file all claims**. Any 2020-21 funds not exhausted during the grace period **WILL BE LOST**.

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

How Flexible Spending Accounts Work

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

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

Substantiation – Why is it needed?

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

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

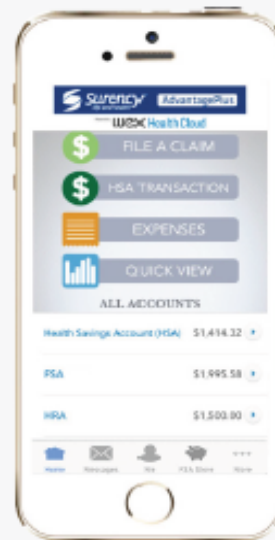
TAKE CONTROL OF YOUR HEALTHCARE EXPENSES



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

MetLife

Plan Overview:

Basic Benefit Amount

Variable amounts provided based on employment type and status.

Basic Accident Death Benefit

Amount is the same as the Basic Life amount.

Living Care Benefits

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

Conversion

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

Cost of Coverage

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

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

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

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

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

VOLUNTARY TERM LIFE INSURANCE

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

Plan Feature/Provision	Plan Design Details
Employee Benefit: <ul style="list-style-type: none"> - Plan Maximum - Guarantee Issue (Initial year only) - 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 (Initial year only) 	<ul style="list-style-type: none"> - Children under 15 days: Flat \$500 - Children 15 days and older: Flat \$10,000 - \$10,000
Open Enrollment	Employee can increase coverage between \$10,000 and \$20,000 without evidence of insurability
Premiums	Increase on plan anniversary after you enter next five-year age band
Portability	Yes, with age restrictions
Conversion	Yes, with restrictions, see certificate
Accelerated Life Benefit	Yes
Age Reductions	35% at age 65, 70% at age 70, 73% at age 75
Covered Participant's Age	Rate per \$1,000 of Benefit
< 25	\$0.040
25-29	\$0.060
30-34	\$0.060
35-39	\$0.080
40-44	\$0.100
45-49	\$0.140
50-54	\$0.220
55-59	\$0.420
60-64	\$0.660
65-69	\$1.220
70+	\$2.060
Child	\$0.09

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	3/12

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

Long Term Disability Income Benefits

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

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

Critical Illness Insurance

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

North Kansas City
School District

Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	\$5,000, \$10,000 or \$20,000	Coverage is guaranteed provided you are actively at work. ¹
Spouse/Domestic Partner²	100% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹
Dependent Child(ren)³	100% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹

Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit⁴** for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions

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

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

Critical Illness Insurance

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

* Notes Regarding Covered Conditions

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

Critical Illness Insurance

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

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

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

Example of How Benefits are Paid

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

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

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

Questions & Answers

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

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

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

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

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

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

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

Critical Illness Insurance

Insurance Rates

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

Monthly Premium

Employee Only – Non Tobacco

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

Employee Only - Tobacco

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

Employee & Spouse - Non Tobacco

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

Employee & Spouse - Tobacco

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

Critical Illness Insurance

Insurance Rates

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

Employee & Child - Non Tobacco

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

Employee & Child - Tobacco

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

Employee & Family – Non Tobacco

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

Employee & Family – Tobacco

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

Rates are subject to change.

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

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

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

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

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

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

Accident Insurance

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

Accident Insurance Benefits

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

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



Accident Insurance

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

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

Organized Sports Activity Injury Benefit Rider

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

* Notes Regarding Certain Benefits

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

Accident Insurance

Benefit Payment Example

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

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

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

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

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

Q. How do I pay for my accident coverage?

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

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

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

Q. Who do I call for assistance?

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

Insurance Rates

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

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

Hospital Indemnity Insurance

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

**North Kansas C
School District**

Hospital Indemnity Insurance Benefits

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

Covered Benefits^B

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

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

¹ The Admission Benefit for residents of CT and ID will be increased to \$825/\$1,650 for plan design(s) Low/High and \$850/\$1,725 for plan design(s) Low/High, respectively, because some benefits in this plan design are not available. See the Schedule of benefits in the CT and ID certificate.

² If the Admission Benefit is payable for a Confinement, the

⁶ The Health Screening Benefit is not available in all states. There is a separate mammogram benefit for MT residents and for cases situated in CA and MT.

Benefit Payment Example for Plan

The example below assumes Susan sought treatment at a group policyholder-designated facility and is therefore eligible for additional payment under the Benefit Supplement Rider.

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

Hospital Indemnity Insurance

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

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

Questions & Answers

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

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

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

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

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

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

Q. What is the coverage effective date?

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

Q. Who do I call for assistance?

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

Insurance Rates

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

Hospital Indemnity Insurance

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



Hospital Indemnity Insurance

^A Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

^B Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

^C Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth in the Certificate. Some states require the insured to have medical coverage.

^D Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

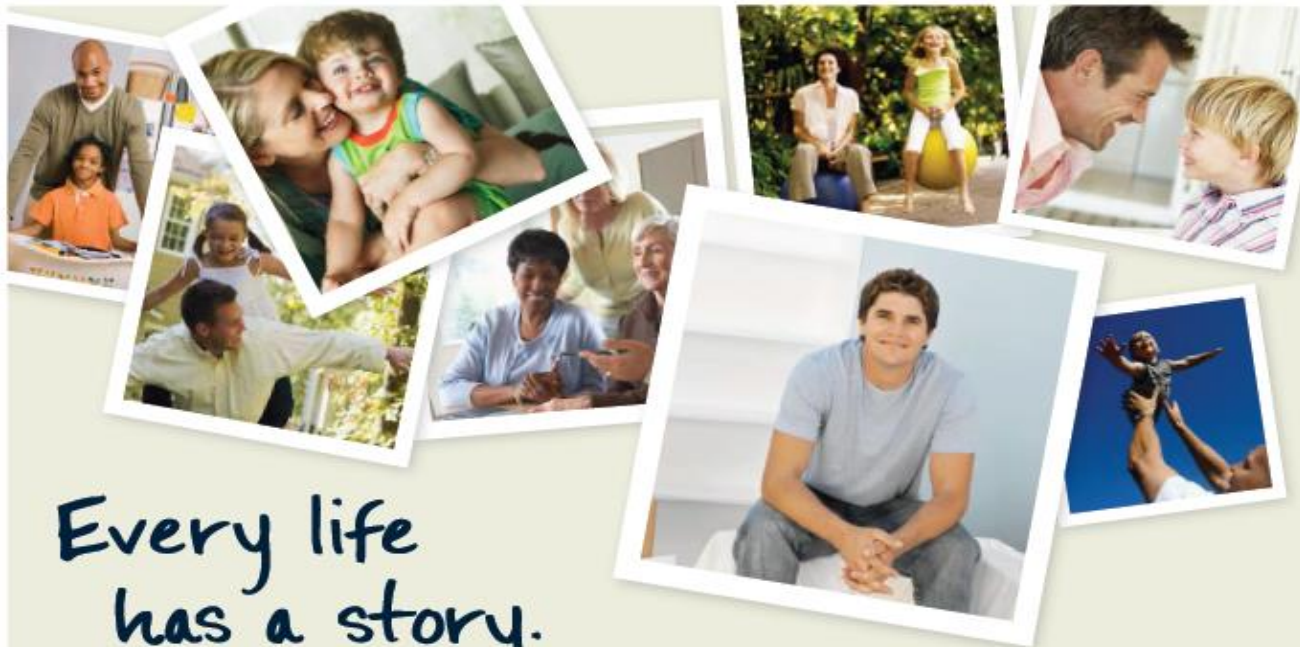
METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

Universal LifeEvents® Insurance

Trustmark
INSURANCE COMPANY
PERSONAL. FLEXIBLE. TRUSTED.

100
Years
of Trust



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 benefit² 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/permenant-life-long-term-care>



Features you'll appreciate

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

Separately priced benefits

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

EZ Value Option

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

Death Benefit Growth

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



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

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

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

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

Trustmark

Voluntary Benefit Solutions

PERSONAL. FLEXIBLE. TRUSTED.

Underwritten by Trustmark Insurance Company

Rated A- (EXCELLENT) A.M. Best¹

400 Field Drive • Lake Forest, IL 60045

trustmarksolutions.com



This provides a brief description of your benefits. Your representative can provide you with costs and complete details. See Plan GUL205/UL205; 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.

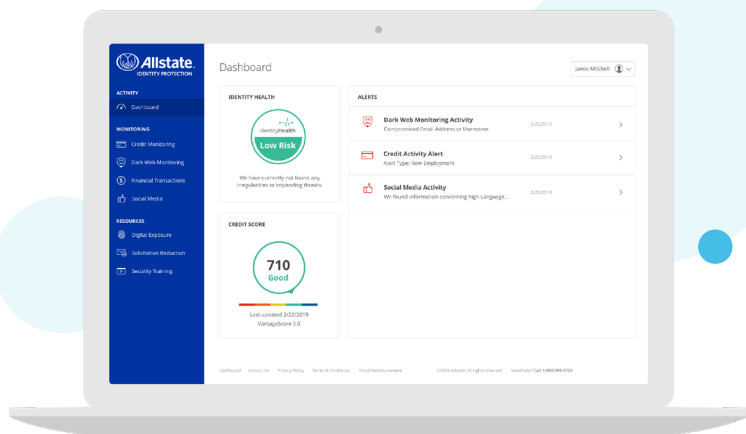
¹ An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).



Identity protection that keeps up with your digital life

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

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



Sign up during open enrollment

Questions? 1.800.789.2720

Plans and pricing







**Allstate Identity
Protection Pro**

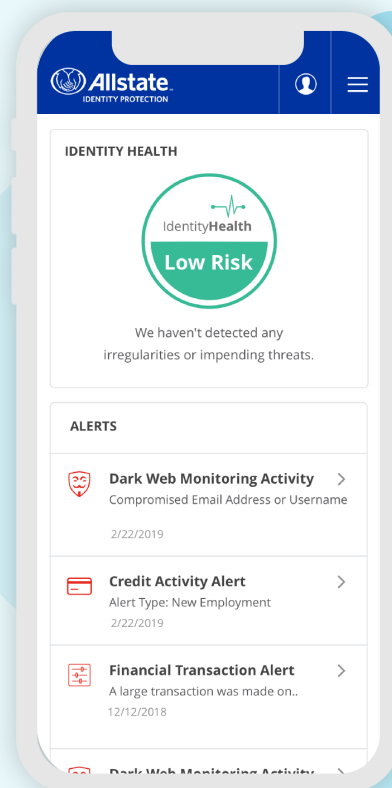
\$7.96 per person / month

\$13.96 per family / month

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

With Allstate Identity Protection Pro you'll be able to

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



Protect yourself and your family

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

*For family plans only

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

It's easy to get started

1. Enroll in Allstate Identity Protection Pro

You're protected from your effective date. Our auto-on credit monitoring alerts require no additional setup.

2. Activate key features

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

3. Live your best life online

In the event of identity theft or fraud, you'll receive an alert as soon as it's detected.



Develop internal measures to effectively monitor the academic achievement of students.

Create language offerings for pre-K - 5 with intent to implement in the 2022-2023 school year.

Conduct an audit of NKC Schools' virtual solution to plan actions that will improve service to our families.

Design curriculum and instructional practices that transform awareness, honor inclusion, and prepare students to excel and contribute to our increasingly global society.

Strategy III, Action Plan 3

Employ change and innovation processes that boldly redefine the high school experience.

Recommend and implement a comprehensive pre-K program.

Increase representation of our community on district committees, particularly those who have been marginalized in the current system.

Engage and empower community voices as a valued partner in district equity efforts.

Strengthen partnerships with health organizations to ensure the safety of students and staff as we navigate COVID-19.

Measure the efficacy of district professional development as it relates to student achievement to better inform resource allocation.

Further develop an environment that supports social and emotional health, including training that results in a positive culture during COVID-19.

Strategy IV, Action Plan 2

Provide quality professional development around equity and inclusion for all staff.

Strategy III, Action Plan 2

Ensure a culture of inclusivity, as reflected in recruiting, hiring, and retention practices.

Strategy III, Action Plan 2

Maintain the fund balance goal of 16%, + or - 2%, and effectively manage the budget to ensure continued organizational health.

Continually monitor bond proceed expenditures throughout the construction process to enact the facility plan and deliver on campaign promises.

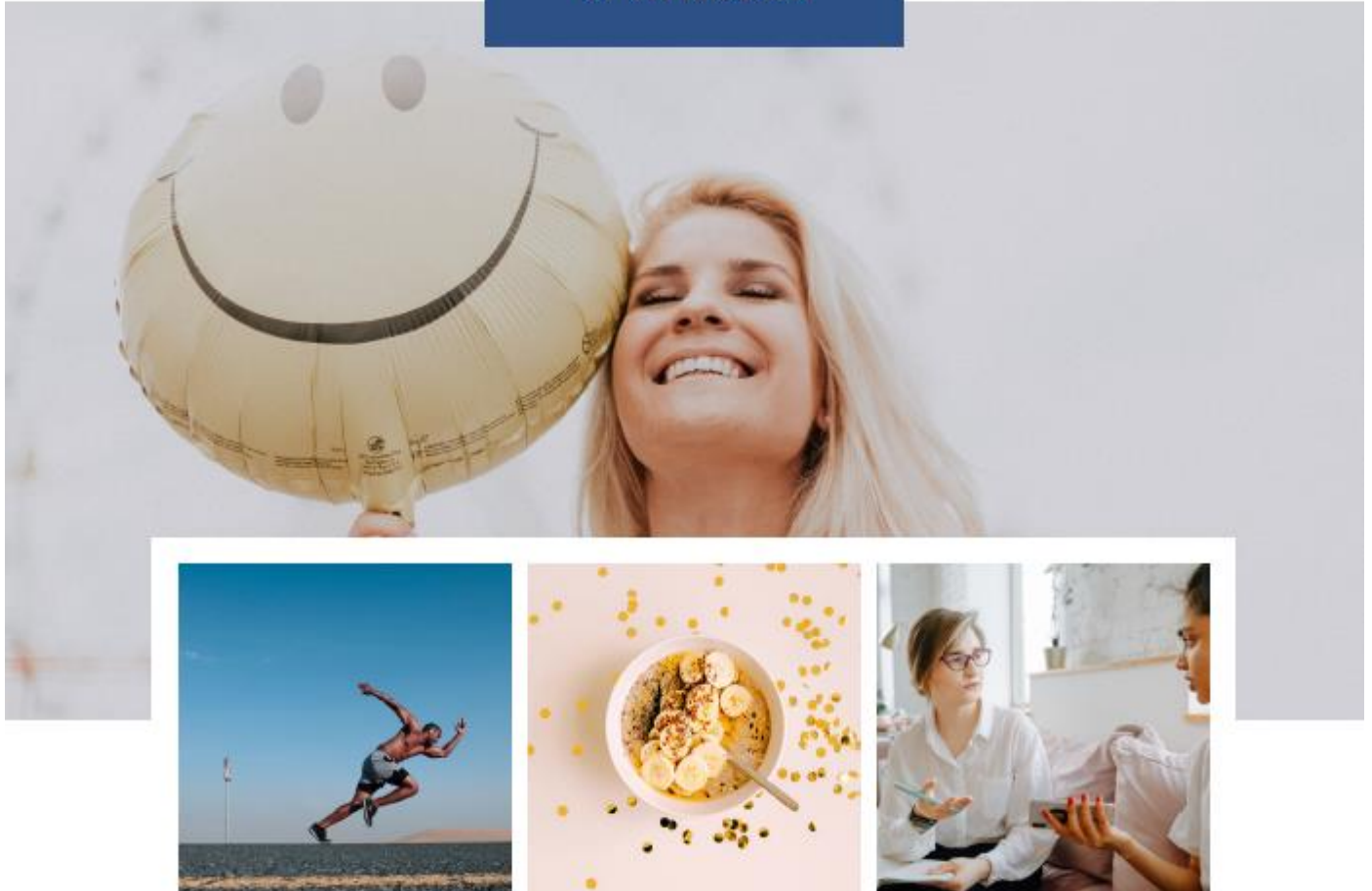
OUR MISSION:

As champions for all students, North Kansas City Schools' mission is to ensure all are life-ready and ethically grounded in an ever-changing world through innovative educational experiences that:

- **INSPIRE LIFELONG LEARNING**
- **EMBRACE INCLUSION**
- **FORGE A UNIFIED COMMUNITY**

Approved,
Board of Education
8.25.2020

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:

- One-on-one health coaching
- District-wide quarterly challenges
- Healthy living classes and events
- Book clubs
- Biometric screenings
- Flu shot clinics
- Mobile mammograms
- Gym membership discounts

For more information, visit www.nkcschools.org/wellness

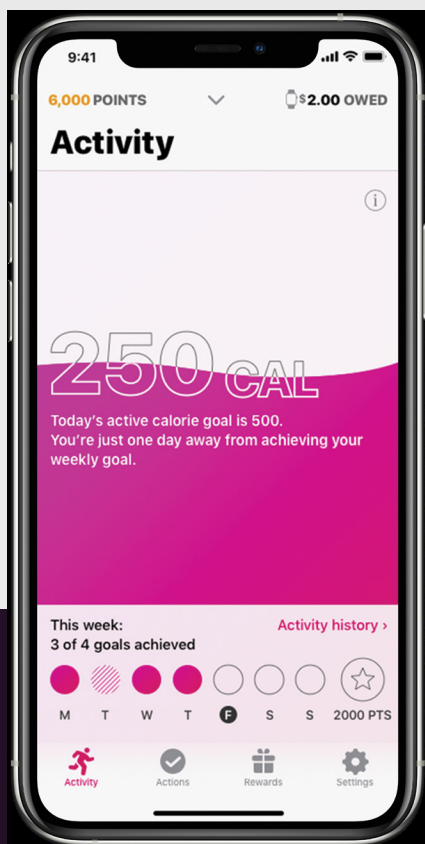


@nkcs_wellness



GET YOUR HEALTHY ON

Designed in collaboration with Apple®, the Attain by AetnaSM app combines your health history with your Apple Watch® activity to offer personalized goals,* achievable actions and big rewards — like an Apple Watch or gift cards.



MORE THAN FITNESS

Hitting 10K steps doesn't motivate everyone to get healthier. The AttainSM app empowers and rewards you for getting healthier — in ways that work for you:

- » Reminders to get a flu shot and schedule an annual physical
- » Tips for healthier snacking, better sleep and improving mindfulness
- » Inspiration for increasing activity levels

6 MILLION HEALTHY
ACTIONS COMPLETED¹

6 BILLION
CALORIES BURNED¹

\$1.8 MILLION EARNED
IN REWARDS¹

IT'S WHY OUR USERS LOVE IT

80% ARE SATISFIED
WITH THE APP¹

92% FEEL ATTAIN IS MAKING
THEM HEALTHIER¹

HERE'S HOW IT WORKS

TO ENROLL, YOU MUST

- » Be at least 18 years old
- » Be an Aetna® medical member
- » Have an iPhone®

Earn an Apple Watch & gift cards

Don't have an Apple Watch? Order one through Attain by Aetna and earn it over 24 months with points. Get the Apple Watch Series 3 (GPS, 38mm). Or upgrade to Apple Watch SE or Apple Watch Series 6 for an additional up-front cost. All you'll pay initially is a \$7 activation fee + sales tax. Use any extra points to earn more than \$75 in gift cards from popular retailers.**

Or bring your Apple Watch & earn gift cards

Already have an Apple Watch? Bring it and earn more than \$275 in gift cards.



DOWNLOAD + ENROLL TODAY

Just text **"ATTAINAPP"** to **37046** for a link to download



4.7 APP STORE RATING²
— ★ ★ ★ ★ ★ —

Message & data rates may apply.***

The Attain app is only available in English.

*Goals and suggested health actions should not replace your doctor's advice. If you have a medical condition that prevents you from meeting your goals, or if your doctor advises you not to take part in physical activity, there may be an opportunity for you to earn the same reward in a different way. Call **1-866-820-3731 (TTY: 711)** to find out your options.

**Alternative rewards are available depending on user enrollment date. Meet your weekly activity goals and complete healthy actions to earn enough points to cover all or part of your monthly Apple Watch payment. Or to score gift cards.

***Terms and Conditions: [aet.na/2lyZvfc](https://aetna.com/2lyZvfc) Privacy Policy: [aet.na/2GqxsuN](https://aetna.com/2GqxsuN)

¹Based on Attain by Aetna analytics data as of 5/20.

²Based on 13K ratings provided by App Store® customers as of 4/20.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Rewards earned may be considered taxable income. Please consult your tax adviser if you have any questions regarding the taxability of rewards.

Apple Watch Series 5 and Apple Watch Series 3 require an iPhone 6s or later with iOS 13 or later.

Apple®, the Apple logo, Apple Watch and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries.

App Store is a service mark of Apple Inc.

ANNUAL COMPLIANCE NOTICES

2021-2022

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

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

Summaries of Benefits and Coverage

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

**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. Aetna 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 Aetna 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.

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, 2021. Contact your State for more information on eligibility –

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

GEORGIA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840
INDIANA-Medicaid	MINNESOTA-Medicaid
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	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
IOWA-Medicaid and CHIP (Hawki)	MISSOURI-Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS-Medicaid	MONTANA-Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KENTUCKY-Medicaid	NEBRASKA-Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPI.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA-Medicaid	NEVADA-Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE-Medicaid	NEW HAMPSHIRE-Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY-Medicaid and CHIP	SOUTH DAKOTA-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK-Medicaid	TEXAS-Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA-Medicaid	UTAH-Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA-Medicaid	VERMONT-Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP	VIRGINIA-Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
OREGON-Medicaid	WASHINGTON-Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid	WEST VIRGINIA-Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND-Medicaid and CHIP	WISCONSIN-Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA-Medicaid	WYOMING-Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	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, 2021, 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 1/31/2023)

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) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will 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, 2021

North Kansas City Schools

Misty Miller, Benefits Specialist

816-321-6078; misty.miller@nkcschools.org

General Notice of COBRA Continuation Coverage Rights

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

Introduction

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

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

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

What is COBRA Continuation Coverage?

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

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

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

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

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

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

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

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

When is COBRA Coverage Available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to: Misty Miller, Benefits Specialist, at 2000 NE 46th Street, Kansas City, MO 64116 or 816-321-6078 or misty.miller@nkcschools.org.

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security 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 Social Security verifying the disability determination to Misty Miller, Benefits Specialist, at 2000 NE 46th Street, Kansas City, MO 64116 or 816-321-6078 or misty.miller@nkcschools.org.

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

If your family experiences another qualifying event while receiving 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 notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving COBRA continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or 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 Misty Miller, Benefits Specialist at 816-321-6078 or misty.miller@nkcschools.org.

Updated: May 1, 2021

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: Misty Miller, Benefits Specialist, misty.miller@nkcschools.org, 816-321-6078

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

PART B: Information About Health Coverage Offered by Your Employer

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

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

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

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

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

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

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

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

Loss of Other Coverage

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

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

Marriage, Birth, or Adoption

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

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

For More Information or Assistance

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

Dated: July 1, 2021
North Kansas City Schools
Misty Miller, Benefits Specialist
816-321-6078
misty.miller@nkcschools.org

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

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

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including 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 Aetna Group Health Care Plan Summary Document or contact your plan administrator at:

Dated: July 1, 2021
North Kansas City Schools
Misty Miller, Benefits Specialist
816-321-6078
misty.miller@nkcschools.org

North Kansas City School District Wellness Program Notice

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

However, employees who choose to participate in the wellness program will receive an incentive of \$30 per month for your participation in both the screening and HRA. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the \$30 monthly incentive.

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

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

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

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

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

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

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

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

NOTES

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North Kansas City Schools BENEFITS GUIDE

2021–2022 Plan Year

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.