

# 2023

# Employee Benefit Guide







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Turn to page 32 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

Our Section 125 plan allows for employees to pay for medical, dental & vision premiums on a pre-tax basis. If you prefer to pay these premiums post-tax, contact the benefits office for more information.

**\*Note:** The following voluntary benefits are portable. This means, if you leave the district, you can take (port) these voluntary plans with you. *You must contact the carrier within 30 days of ending employment to take advantage of this option.*

- |                                |                                |
|--------------------------------|--------------------------------|
| * Term Life Insurance          | * AllState Identity Protection |
| * Critical Illness Insurance   | * Legal Services by MetLaw     |
| * Accident Insurance           | * Hospital Indemnity           |
| * Permanent Life Insurance/LTC |                                |

# Customer Service Contacts

Refer to this list when you need to contact one of your benefit vendors. For general information contact Amy Jackson, USD 231 Benefits Manager at 913-856-2013 or JacksonAL@usd231.com.

<b>Medical:</b>	<b>Dental:</b>
United Healthcare Customer Service - (866) 270-5311 Website - <a href="http://www.myuhc.com">www.myuhc.com</a>	Delta Dental of Kansas Customer Service - (800) 234-3375 Website - <a href="http://www.deltadentalks.com">www.deltadentalks.com</a>
<b>Health Savings Account Administration:</b>	<b>Vision:</b>
Central Bank of the Midwest Customer Service - (833) 232-4676 Email - <a href="mailto:hsacentral@healthaccountservices.com">hsacentral@healthaccountservices.com</a>	Vision Service Plan (VSP) Customer Service - (800) 877-7195 Website - <a href="http://www.vsp.com">www.vsp.com</a>
<b>Flexible Spending Accounts Administration:</b>	<b>Employee Assistance Program:</b>
Flex Made Easy Customer Service - (855) 615-3679 Email - <a href="mailto:info@flexmadeeasy.com">info@flexmadeeasy.com</a>	Optum Customer Service - (866) 248-4096 Website - <a href="http://www.liveandworkwell.com/?pin=usd231">www.liveandworkwell.com/?pin=usd231</a>
<b>KPERS:</b>	<b>403b Retirement Plan:</b>
KPERS Customer Service - (888) 275-5737 Website - <a href="http://www.kpers.org">www.kpers.org</a>	ESSDACK Customer Service - (866) 944-0532 Website - <a href="http://www.essdack.org/index.php?pagelD=153768_2">www.essdack.org/index.php?pagelD=153768_2</a>
<b>457 Deferred Compensation Plan:</b>	<b>Accident Insurance:</b>
KPERS 457 Customer Service - (800) 232-0024 Website - <a href="http://www.kpers457.org">www.kpers457.org</a>	Guardian Customer Service - (800) 541-7846 Website - <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Voluntary Life Insurance:</b>	<b>Short Term Disability Insurance:</b>
Guardian Customer Service - (800) 525-4542 Website - <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>	Guardian Customer Service - (800) 268-2525 Website - <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Critical Illness Insurance:</b>	<b>Hospital Indemnity Insurance:</b>
Guardian Customer Service - (800) 541-7846 Website - <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>	Guardian Customer Service - (800) 541-7846 Website - <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Identity Protection Plan:</b>	<b>Prepaid Legal Insurance:</b>
Allstate Identity Protection Customer Service - (800) 789-2720 Website - <a href="http://www.allstateidentityprotection.com">www.allstateidentityprotection.com</a>	MetLaw Customer Service - (800) 821-6400 Website - <a href="http://www.metlife.com/insurance/legal-plans/">www.metlife.com/insurance/legal-plans/</a>
<b>Permanent Life Insurance w/ Long Term Care:</b>	<b>Enrollment Call Center:</b>
Combined Insurance/Chubb Customer Service - (855) 241-9891 Email - <a href="mailto:csmail@gotoservice.chubb.com">csmail@gotoservice.chubb.com</a>	Avant Customer Service - (866) 434-0050

# Eligibility & Enrollment

## Eligibility

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**Support staff** are eligible for benefits the first of the month following one month of employment.

- ▶ Employees working 30+ hours per week will receive the USD 231 contribution toward the cost of medical and dental benefits.
- ▶ Employees working 20-29 hours per week may enroll for benefits and pay for the full cost of the products.
- ▶ Employees working less than 20 hours per week are not eligible to participate in benefit offerings.

**Certified staff** are eligible for benefits and the USD 231 contribution toward the cost of medical and dental on the first of the month following employment start date.

**Administrative staff** are eligible for benefits and the USD 231 contribution toward the cost of medical and dental as determined by USD 231.

*Note: If you have not been actively at work during these waiting periods due to any leave of absence (paid or unpaid), your benefit effective date may be delayed.*

**Eligible dependents include:** your legal spouse and your dependent children to age 26.

Coverage for dependent children terminates as follows:

- ▶ Medical - end of the year in which they turn 26
- ▶ Dental, Vision, & Life Insurance - end of the month in which they turn 26

*Note: If you enroll as an active employee in the health, dental or vision plans, the USD 231 coverage will be primary for you (pay first) in the event you are also covered by other coverage (such as through a spouse).*

## When To Enroll

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In addition to your initial enrollment as a new hire, all employees must complete the annual open enrollment process each October. Elections made during annual open enrollment take effect on January 1 of the upcoming calendar year.

## How To Enroll

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Review this booklet and our benefits website at [www.usd231benefits.com](http://www.usd231benefits.com). If you have questions, you may contact a benefit counselor at (866) 434-0050. Once you have made your elections, you will not be able to change them until the next open enrollment period, unless you have a qualified change in status.

## How To Make Changes

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Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next annual open enrollment period (qualified change in status rule does not apply to 403(b) or 457 plan administration).

*Qualified changes in status may include: marriage, divorce, legal separation, common-law marriage status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, change in spouse's benefits, employment status or open enrollment cycle, or losing eligibility for other group coverage. See the HIPAA Special Enrollment Rights notice in the back of this booklet for notification requirements. You must contact the USD 231 Benefits Office within 30 days of the special qualifying event to add or drop dependents from your benefit plan or to enroll for coverage if you previously waived.*

# Health Benefits

United Healthcare (UHC) is the NEW medical carrier for USD 231  
Effective January 1, 2023



Get familiar with UHC plans to make the best decision for you/your family.

- Review this benefit guide and find detailed plan information on our benefits website: [www.usd231benefits.com/health-insurance](http://www.usd231benefits.com/health-insurance)
- Use the UHC pre-member website to check the network status of your providers, and find out how your medications will be covered. [www.whyuhc.com/gardneredgerton](http://www.whyuhc.com/gardneredgerton)

## Medical Plan Overview:

The information provided below is intended to help you choose the plan that will work best for you and your family.

Review the government-mandated UHC SBCs (Summary of Benefits and Coverage) and UHC Benefit Summary documents at [www.usd231benefits.com](http://www.usd231benefits.com)

2023 <small>This matrix highlights the in-network level of benefits.</small>	Plan 1 <b>\$1,000 PPO</b>	Plan 2 <b>\$2,500 PPO</b>	Plan 3 <b>\$3,000 PPO - HSA Eligible</b>
<b>HSA Eligible?</b>	No	No	Yes
<b>Calendar Year Deductible</b> Individual/Family	\$1,000/\$3,000	\$2,500/\$5,000	\$3,000/\$6,000
<b>Coinsurance</b>	70%	100%	100%
<b>Out-of-Pocket Maximum*</b> Individual/Family	\$4,600/\$9,200	\$2,500/\$5,000	\$3,000/\$6,000
<b>Office Visit/Specialist Copay</b>	\$25/\$50/\$0 Kid PCP	Deductible, then 100% Covered	Deductible, then 100% Covered
<b>Urgent Care</b>	\$50	Deductible, then 100% Covered	Deductible, then 100% Covered
<b>Preventive Care</b>	No Charge	No Charge	No Charge
<b>MRI'S, PET, CT etc.</b>	Deductible & Coinsurance	Deductible, then 100% Covered	Deductible, then 100% Covered
<b>Labs (In Office/Independent Lab)</b>	Deductible & Coinsurance	Deductible, then 100% Covered	Deductible, then 100% Covered
<b>Inpatient/Outpatient Hospital Services</b>	Deductible & Coinsurance	Deductible, then 100% Covered	Deductible, then 100% Covered
<b>Emergency Room</b>	\$200 Copay then Deductible & Coinsurance	Deductible, then 100% Covered	Deductible, then 100% Covered
<b>Prescription Drugs - Tier 1/Tier 2/Tier 3 (Retail - up to 31-day supply)</b>	\$15/\$40/\$75	\$15/\$40/\$75	Deductible, then 100% Covered
<b>Prescription Drugs - Tier 1/Tier 2/Tier 3 (Mail Order - up to 90-day supply)</b>	\$37.50/\$100/\$187.50	\$37.50/\$100/\$187.50	Deductible, then 100% Covered
<b>Hearing Aid Benefits</b>	Yes	Yes	Yes
<b>Dependent Daughter Maternity Benefits</b>	Yes	Yes	Yes

**\*Out-of-Pocket Maximum:** The amount members pay each year toward covered services before UHC pays 100% of benefits. This includes the total of deductible, coinsurance, office visit copays and Rx drugs.

**Important:** Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next annual open enrollment period.

See detailed plan summaries at [www.usd231benefits.com/health-insurance](http://www.usd231benefits.com/health-insurance)

# Health Benefits

## Gardner Edgerton School District - 2023 Monthly Insurance Rates Medical: United Healthcare

Plan 1 - \$1000 PPO			
Coverage Tier	2023 UHC Total Monthly Cost	USD 231 Monthly Paid Benefit	Employee Net Cost/(Surplus)
Employee Only	\$667	\$718	(\$51)
Employee + Spouse	\$1,380	\$718	\$662
Employee + Child(ren)	\$1,249	\$718	\$531
Family	\$1,765	\$718	\$1,047

Plan 2 - \$2500 PPO			
Coverage Tier	2023 UHC Total Monthly Cost	USD 231 Monthly Paid Benefit	Employee Net Cost/(Surplus)
Employee Only	\$663	\$718	(\$55)
Employee + Spouse	\$1,373	\$718	\$655
Employee + Child(ren)	\$1,242	\$718	\$524
Family	\$1,754	\$718	\$1,036

Plan 3 - \$3000 PPO - HSA Eligible			
Coverage Tier	2023 UHC Total Monthly Cost	USD 231 Monthly Paid Benefit	Employee Net Cost/(Surplus)
Employee Only	\$648	\$718	(\$70)
Employee + Spouse	\$1,341	\$718	\$623
Employee + Child(ren)	\$1,214	\$718	\$496
Family	\$1,714	\$718	\$996

**(Surplus)** - The employee will have the choice to determine how best to use any paid benefit surplus. The employee may use the surplus as an HSA deposit (if eligible), apply it towards the cost of other benefits, direct it to a 403(b) retirement account, a 457(b) deferred compensation account, or receive it as ordinary taxable income in their net pay.

**United Healthcare is the NEW medical carrier for USD 231 effective January 1, 2023.  
Employees enrolling in a medical plan must complete these 2 important steps:**

### Step 1: Check your provider network status.

- The doctors and facilities in our network have agreed to provide services at a discount, which may help lower your health care costs - that's why searching for in-network providers is a good idea.
- Check all your providers – anywhere you use your medical insurance card. In addition to primary care, don't forget about your specialists, mental health providers, chiropractors, pharmacies, medical equipment providers, etc.

**Visit: [www.whyuhc.com/gardneredgerton](http://www.whyuhc.com/gardneredgerton) and click on "Search for a Provider"**

### Step 2: Find out how your prescription drugs are covered.

- UnitedHealthcare has teamed up with OptumRx to help you find out what medications are covered, check out ways to lower your costs, see how to fill your prescriptions and more.
- The easiest way to find out if a prescription is covered is to check the Prescription Drug List (PDL) — which takes the most commonly prescribed medications and organizes them into cost tiers. Our plan uses the **Advantage 3 - Tier PDL**.
- When it comes to coverage, keep in mind that some medications may have requirements before filling them. Also, if a medication doesn't fit your budget, it's a good idea to remember your doctor is here to help—talk to them about lower cost options.

**Visit: [www.whyuhc.com/gardneredgerton](http://www.whyuhc.com/gardneredgerton) and click on "Pharmacy Benefits"**

**Important:** Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next annual open enrollment period.

See detailed plan summaries at [www.usd231benefits.com/health-insurance](http://www.usd231benefits.com/health-insurance)

# Using your UHC Health Benefits

Note: myuhc.com will be available to members on 1/1/2023 when plans take effect.

## It's easier to connect to your plan

Your benefits include personalized digital tools that help you check in on your plan whenever you want – which helps make it easier to stay on top of your benefit details



### Activate your myuhc.com account

When it comes to managing your health plan, **myuhc.com**® lets you see what's covered, manage costs and so much more. To help everyone get more from their plan, it's important that each member age 18 and over consider creating their own account. Use **myuhc.com** to:

- Find the average cost of care
- See what's covered
- View claim details
- Check your plan balances
- Find network providers

#### Get started today:

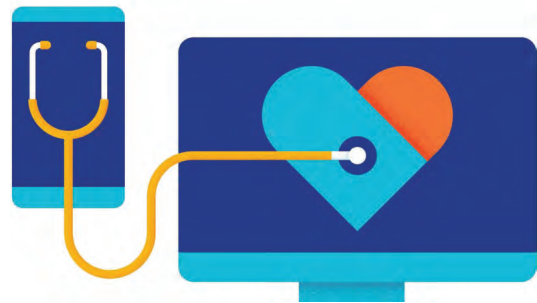
- Go to **myuhc.com** > **Register Now**
- Have your ID card handy and follow the step-by-step instructions



### Download the UnitedHealthcare app

The UnitedHealthcare® app puts your health plan at your fingertips. Download it to:

- Find nearby care options in your network
- View and share your health plan ID card with your doctor's office
- Video chat with a doctor 24/7



## Help is just a call away

Whether you have questions about a new claim, need to find a doctor or just want to better understand your benefits, our Advocates are here to help. Connect with our team for help finding care for your needs, walking through a bill, accessing additional plan resources and more.

### We simplify the health care experience to help you:



Understand your benefits and claims



Learn more about your prescriptions\*



Get answers about a bill or payment



Find support if you have a child with complex needs\*\*



Locate care and cost options



Discover your plan's health and well-being benefits

We're dedicated to giving you the information you need to get the most out of your benefits—and your health.

**Connect with us**

Call the number on your health plan ID card or sign in to **myuhc.com** and click on **Call** or **Chat**








# Using your UHC Health Benefits

Note: myuhc.com will be available to members on 1/1/2023 when plans take effect.

## Get to know your care options and costs

How much you pay for care can depend on where you get it – and a great place to start may be with your PCP. For serious or life-threatening conditions, call 911 or go to an emergency room

Care options to consider and approximate costs	START HERE				
	 PCP	 24/7 Virtual Visits	 Convenience care	 Urgent care	 Emergency room
	Care from the doctor who may know you best	See a doctor whenever, wherever	Basic conditions that aren't generally life-threatening	Serious conditions that aren't generally life-threatening	Life-and limb-threatening emergencies
Average cost*	\$160	Less than \$49**	\$100	\$180	\$2,200
Hours	Varies by location	24/7	Varies by location	Varies by location—may be open nights/weekends	24/7
How to connect	Contact your PCP	myuhc.com/virtualvisits	myuhc.com®	myuhc.com	myuhc.com

✓ indicates the recommended place for care for the following common conditions:

Broken bone				✓	✓
Chest pain					✓
Cough	✓	✓	✓		
Fever	✓	✓	✓		
Muscle strain	✓		✓		
Pinkeye	✓	✓	✓		
Shortness of breath					✓
Sinus problems	✓	✓	✓		
Sore throat	✓	✓	✓		
Sprain	✓	✓	✓	✓	
Urinary tract infection	✓	✓	✓		

## Did you know?

Emergency rooms are likely the most expensive place to get care. When you need to be seen, consider the chart above to help you find care. If you're still unsure about what's best for your situation, sign in to [myuhc.com](https://myuhc.com) > **Find Care & Costs** to locate a network provider or call the member phone number on your ID card for support. If you have a question about what's covered by your plan, visit [myuhc.com](https://myuhc.com) > **Coverage & Benefits** for answers.

\*Source 2019: Average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. (Estimated \$2,000.00 difference between the average emergency room visit, \$2,200 and the average urgent care visit \$180.) The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

\*\*The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time. Check your official health plan documents to see what services and providers are covered by your plan.



### Get care, virtually anywhere

With 24/7 Virtual Visits, you can connect to a doctor by phone or video\* through myuhc.com® or the United Healthcare® app. 24/7 Virtual Visits doctors are part of a select group of providers focused on providing quality virtual care when you need it. They can treat a wide range of health conditions, from flu and pinkeye to migraines and more, and can even prescribe medication\*\* as needed.

\*Data rates may apply.

\*\*Certain prescriptions may not be available, and other restrictions may apply.



### Keep up on preventive care

Routine wellness exams and certain recommended doctor screenings and immunizations are covered by most of our plans at no additional cost when you see network providers. A preventive care visit may be a good time to establish your relationship and create a connection for future medical services. Learn more at [uhc.com/health-and-wellness/preventive-care](https://uhc.com/health-and-wellness/preventive-care).

# Using your UHC Health Benefits

Note: myuhc.com will be available to members on 1/1/2023 when plans take effect.

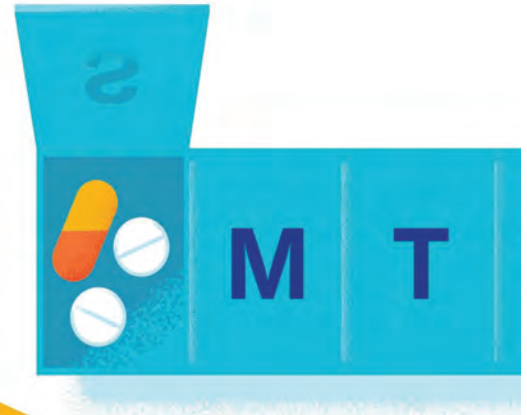
## Say hello to OptumRx

OptumRx® pharmacy services help make it easier to save on medications and keep track of them, too—whether you're online or on the go.

### More ways to help manage your meds

When you go to [myuhc.com](https://myuhc.com) > Pharmacies & Prescriptions you can:

- Find and compare medication costs
- Locate a network pharmacy
- See if your medications have any requirements before filling them



### Two ways to fill your prescriptions



#### Use home delivery

Order a 3-month supply through OptumRx and you may pay less for medication, get standard shipping at no cost and save trips to the pharmacy. Sign up on [myuhc.com](https://myuhc.com), use the UnitedHealthcare app or call the member phone number on your ID card. Make sure you have at least a 1-month supply to cover you through the transition.

\*Not all prescriptions are eligible for home delivery.



#### Pick up at the pharmacy

Use your ID card at any network pharmacy. You can find network pharmacies at [myuhc.com](https://myuhc.com), on the UnitedHealthcare app or by calling the member phone number on your ID card.

### Keep costs in check

Your Prescription Drug List (PDL)—available on [myuhc.com](https://myuhc.com)—lists the most commonly prescribed medications covered by your plan. Choosing medications in the lower tiers may help you save money. And, consider generic medications instead of brand names which may keep costs down.

## SimplyEngaged



### Earn up to \$200\* for completing health and wellness activities

With SimplyEngaged, you can get rewarded for taking healthier actions.

### Here's how SimplyEngaged works

Through Rally®, you can access the SimplyEngaged® health and wellness activities available to you. For each Health Action you complete, you'll earn Rally Coins,\*\* which you can redeem for rewards. Plus, you can earn financial incentives. Rally's digital experience gives you one place to track your activities and rewards.

To get started, go to [myuhc.com](https://myuhc.com)® > Health Resources > Rally

\*Earnings are per person and include covered spouse or domestic partner.

\*\*Rally Coins can be earned under Rally Health. A reward can only be earned once per incentive year per health action, with the exception of the Fitness Action, up to the maximum incentive amount. Rally Coins may be used to enter sweepstakes for additional rewards.



# Flexible Spending Account (FSA)



4551 W. 107th Street  
Overland Park, KS 66207  
(855) 615-3679  
info@FlexMadeEasy.com

*FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can lower your taxable income. **Flex Made Easy** will continue to be the administrator of this program in 2023.*

## Health Care Reimbursement FSA

This program lets USD 231 employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars.

The IRS limit in **2023 is \$3,050.**

Some examples include:

- ▶ Deductibles
- ▶ Copays
- ▶ Coinsurance
- ▶ Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- ▶ Dental services and orthodontia
- ▶ Hearing services, including hearing aids and batteries
- ▶ Chiropractic services
- ▶ As of January 1, 2020, over-the-counter drugs/medication are covered under the FSA without a prescription. Menstrual products are also included as a qualifying expense.

**Note: If you are participating in the Health Savings Account (HSA), IRS regulations state you are not permitted to enroll in the traditional Health Spending Account (FSA) program.**

## Dependent Day Care FSA

The Dependent Day Care FSA lets USD 231 employees use pre-tax dollars towards qualified dependent day care expenses such as caring for children under the age of 13 or caring for disabled dependents over the age of 13 (as long as you and your spouse (if married) are working or attending school full-time).

The annual maximum amount you may contribute to the Dependent Care FSA is **\$5,000 per household (or \$2,500 each if married and filing separately)** per calendar year.

Examples include: The cost of child(ren) or disabled-dependent care, the cost for an individual to provide care either in or outside of your home, nursery schools, preschools (excluding kindergarten and educational costs), and before- and after-school care.

**Use-it-or-lose-it Rule:** The IRS has a requirement that you use and spend down your FSA balance by the end of the plan year. Please plan and budget wisely. A 2 ½ month grace period is available to help you spend down & use your remaining account balance by mid-March at the end of the calendar year.

*Note: For claims incurred during the 2023 plan year, the annual claims filing deadline for active employees is March 31, 2024.*

# Health Savings Account (HSA)



*A Health Savings Account (HSA) is an account that accumulates funds to cover your (and your family's) health, pharmacy, dental and vision care expenses. It is paired with a high-deductible health insurance plan.*

## HSAs offer you the following advantages:

- ▶ **Tax Savings.** You contribute pre-tax dollars to the HSA. Interest accumulates tax-free and funds are withdrawn tax-free for qualified health care expenses.
- ▶ **Reduce your out-of-pocket costs.** You can use the money in your HSA to pay for eligible health, dental and vision expenses.
- ▶ **Invest the funds and take them with you.** Unused account dollars are yours to keep even if you stop working. Additionally, you can invest your HSA funds, so your available health care dollars can grow tax-free over time.
- ▶ **The opportunity for long-term savings.** Save unused HSA funds from year to year – the money can be used for future out-of-pocket health care expenses. You can even save HSA dollars to use after you stop working.
- ▶ **HSA funds can be used for any family member's health care expenses** - even if they are not enrolled in the GESD USD 231 group health insurance plan.

## To be eligible for an HSA you MUST:

- ▶ **Be enrolled in UHC Plan 3 - \$3,000 PPO - HSA Eligible**
- ▶ **NOT be covered by any other plan unless it is also a qualified High Deductible Health Plan**
- ▶ **NOT have a health care FSA or HRA (including access to one through your spouse's employer)**
- ▶ **NOT be claimed or eligible to be claimed as a dependent on another's tax return**
- ▶ **NOT be enrolled in Medicare, Medicaid, or Tricare**
- ▶ **NOT be in receipt of Veteran Administration (VA) benefits within the prior three-month period**

## 2023 HSA Contribution Limits (Per IRS Rules)

**Self-Only Coverage: \$3,850**

**Family Coverage: \$7,750**

**Employee Age 55+ Catch-up Contribution: \$1,000**



# Health Savings Account (HSA)

## Set up your HSA with Central Bank of the Midwest's HSA Central Portal

*\* USD 231 employees are responsible for opening a Health Savings Account prior to any HSA contributions being processed by the Payroll Department.*

You must open the account through this USD 231-specific enrollment link:

<https://centralparticipant.lh1ondemand.com/login.aspx?sec=MIW-U99834>

### The HSA Central App

Once you have opened your HSA and created a username and password, you get access to the HSA Central App, a mobile app dedicated to the management of your HSA funds. Here's a glimpse of what you can do:

- View account activity and check balances
- Make an HSA contribution or distribution
- Enter and track expenses
- Make a payment from you account
- Reimburse yourself by taking a picture of a receipt
- Scan or view eligible medical expenses



Download the HSA Central App by searching **HSA Central** in your app store.

### Additional Health Savings Account Details:

- ▶ Once you turn age 65 and enroll in Medicare, you can no longer contribute to your HSA. You may continue to spend and/or save the balance in the HSA, however. IRS rules state you can no longer contribute new money into the HSA once enrolled in Medicare.
- ▶ IRS rules require that contribution limits be prorated by the number of months you're eligible to participate in an HSA-eligible plan. For example, if you are a new hire and enroll in the HDHP plan as of October 1, your HSA contributions are limited to 3/12 of the annual contribution maximum.
- ▶ The IRS also has additional rules regarding eligibility, saving, spending, investing and tax treatment for HSAs. As the account holder, you are responsible for following HSA regulations. For more information, call HSA Central at 833-232-4676.
- ▶ As of January 1, 2020, over-the-counter drugs/medication are covered under the HSA without a prescription. Menstrual products are also included as a qualifying expense.
- ▶ Although the Health Care Reform bill now mandates health insurers cover dependent children up to age 26, the law did not extend this same change to HSAs. Therefore, HSA funds can only be used for tax-dependent children as well as you and your legal spouse.
- ▶ The HDHP provided by United Healthcare offers prescription coverage that is "Creditable" to Medicare Part-D prescription coverage.
- ▶ Important: Special rules apply with the interaction of Medicare and your HSA. You must stop making contributions to your HSA six months prior to your Medicare Part-A effective date.
- ▶ If you had a Medical FSA in 2022, the balance must reflect \$0.00 as of 12/31/2022 in order to begin making HSA contributions on 1/1/2023. If your Medical FSA balance does not reflect \$0.00 on 12/31/2022 you are not permitted to add contributions to your HSA until 4/1/2023.
- ▶ USD 231 has an arrangement with Central Bank of the Midwest to administer your HSA. You may contact the bank for additional information at: (913) 791-9339, Sarah Giordano, Central Bank of the Midwest, Main Street, Gardner, KS 66030.
- ▶ The amount you contribute may be changed as often as monthly. HSAs provide great flexibility. You can begin making small contributions and increase them or decrease them as your needs change.
- ▶ For more details surrounding your Health Savings Account, you may review IRS Publication 969. For a list of qualified expenses please review IRS Publication 502.
- ▶ Keep your receipts! The IRS requires that you keep itemized receipts to document what you used your HSA funds for. You are the record keeper, not the bank, UHC or USD 231.

# Delta Dental Information



## Welcome to Delta Dental of Kansas

With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with our unparalleled customer service. With your employer, we have designed a dental benefit plan to help protect you and your family's oral health. Regular, preventive dental care is fundamental to making your smile last, and a healthy mouth contributes to your overall wellbeing.

### CHOOSING A DENTIST

You are free to go to any dentist of your choice, but there may be a difference in the amount you pay if the dentist is not a Delta Dental in-network dentist. It is to your advantage to choose a **Delta Dental PPO™** or **Delta Dental Premier®** network dentist. Nearly 4 out of 5 dentists nationwide participate with Delta Dental, so chances are excellent your dentist is already in-network. You can search for an in-network dentist at **DeltaDentalKS.com**, on the Delta Dental mobile app or by contacting our customer service team at 800.234.3375.

### MANAGING MY BENEFITS

At **DeltaDentalKS.com**, you can log in to your member account to:

- Print your member ID card
- Review your eligibility and benefit information
- See how your claims paid
- Estimate your out-of-pocket costs\*
- Sign-up to receive your Explanation of Benefits (EOBs) electronically
- Access member-only discounts
- And more!

Through Delta Dental's mobile app, you can:

- Use your mobile ID card
- Find a dentist
- Estimate your out-of-pocket costs\*
- Review your coverage and claims
- Take an oral health risk assessment
- Use the toothbrush timer
- And more!



*\*The Dental Care Cost Estimator provides an estimate and does not guarantee the exact fees for dental procedures, what your dental benefits plan will cover or your out-of-pocket costs. Estimates should not be construed as financial or medical advice. For more detailed information on your actual dental care costs, please consult your dentist and call Delta Dental of Kansas at 800-234-3375.*



# Dental Benefits

## Dental: Delta Dental of Kansas

### 2023 Base Dental Plan

Coverage Tier	Delta Dental Total Monthly Cost	USD 231 Monthly Paid Benefit	Employee Cost/(Surplus)
Employee Only	\$17.28	\$18.00	(\$0.72)
Employee + Spouse	\$33.73	\$18.00	\$15.73
Employee + Child(ren)	\$32.84	\$18.00	\$14.84
Family	\$55.40	\$18.00	\$37.40



SCAN TO DOWNLOAD  
DELTA DENTAL MOBILE APP

### 2023 Buy Up Dental Plan

Coverage Tier	Delta Dental Total Monthly Cost	USD 231 Monthly Paid Benefit	Employee Cost/(Surplus)
Employee Only	\$35.48	\$18.00	\$17.48
Employee + Spouse	\$69.28	\$18.00	\$51.28
Employee + Child(ren)	\$74.88	\$18.00	\$56.88
Family	\$124.04	\$18.00	\$106.04



	Base Plan	Buy Up Plan
<b>ANNUAL MAXIMUM BENEFIT PER PERSON</b> For all Covered Services for each Enrollee in any one Calendar Year.	\$750	\$1,500
<b>DEDUCTIBLE</b>	\$50 x 3	\$50 x 3
<b>DIAGNOSTIC &amp; PREVENTIVE (Not Subject to)</b> Oral evaluations, x-rays, cleanings, fluoride, space maintainers, sealants	50%	100%
<b>BASIC (Subject to Deductible)</b> Oral Surgery, fillings, endodontic treatment,	50%	80%
<b>MAJOR (Subject to Deductible)</b> Crowns, bridges, dentures, bridge & denture repair	50%	50%
<b>ORTHODONTIC (Subject to Deductible)</b> Orthodontic appliances and treatment	0% Not covered	50% For dependent children under age 19. Max Benefit for covered orthodontics procedures for each Enrollee is \$1,000 during enrollee's lifetime.
<b>Right Start 4 Kids (RS4K)</b> Children 12 and under receive their Claims paid at 100% for all covered services. Deductibles will not apply, but the annual maximum, frequencies, and limitations will apply. Orthodontics Services will not change. If a child visits an out of network dentist, normal waiting periods, deductibles and coinsurance will apply.	Yes	Yes

**Eligible Children Ages:** Children are eligible for coverage through the end of the month in which they turn age 26.

See detailed plan summaries at [www.usd231benefits.com/dental-insurance](http://www.usd231benefits.com/dental-insurance)

# VSP - Vision Benefits

**WELCOME  
TO THE VSP®  
VISION CARE FAMILY!**



**YOUR VISION  
& HEALTH  
COME FIRST  
WITH VSP**

VISION PLAN	VSP 2023 Total Monthly Cost
Employee Only	\$10.00
Employee + Spouse	\$15.84
Employee + Children	\$16.17
Family	\$26.06

Create an account,  
find a VSP network  
doctor, and see  
your benefit today!  
[www.vsp.com](http://www.vsp.com)

By becoming a VSP member, it's clear that eye health is important to you. That's great because we really love eyes and want to help you get the most out of your coverage. When you visit an in-network doctor you'll not only pay less out of pocket, but you'll also save more on the stylish eyewear you actually want.

### YOUR VSP VISION BENEFITS SUMMARY

GARDNER EDGERTON USD 231 and VSP provide you with an affordable vision plan.

### PROVIDER NETWORK:

VSP Choice

### EFFECTIVE DATE:

01/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	• Focuses on your eyes and overall wellness	\$10	Every 12 months
<b>PRESCRIPTION GLASSES</b>		\$20	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>• \$130 frame allowance</li> <li>• \$150 featured frame brands allowance</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$130 Walmart®/Sam's Club® frame allowance</li> <li>• \$70 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>• \$150 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>PRIMARY EYECARE<sup>SM</sup></b>	<ul style="list-style-type: none"> <li>• Retinal screening for members with diabetes</li> <li>• Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>• Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.</li> <li>• Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 \$20 per exam	As needed
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>• Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

### YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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# Employee Assistance Program



The EAP is available to full time and part time employees and members of your household and provides 3 free counseling visits per person, per life topic, per year.

**Real people. Real life. Real solutions.**

**Your Employee Assistance Program**

**866-248-4096**

Or log on to [www.liveandworkwell.com](http://www.liveandworkwell.com)

Access code: USD231

Find out what this benefit can do for you. We can help you and your family members with day-to-day challenges, major life changes, and anything in between.

**Call us to access a wide range of assistance:**

- Depression, anxiety and stress
- Family problems
- Sudden lifestyle changes
- Conflict and communication
- Help with relationships
- Financial and legal services

**24-hour online access is also available at [www.liveandworkwell.com](http://www.liveandworkwell.com).**

You and your family can go online any time to:

- Check benefit information
- Submit online service requests
- Search the online clinician directory
- Use our virtual help centers to find information and resources for hundreds of everyday work and life issues
- Participate in interactive, customizable self-improvement programs

Access to [www.liveandworkwell.com](http://www.liveandworkwell.com) is always free.



When life is throwing a lot at you, connect with someone who can help.

When you call, we'll listen to your needs and connect you to the appropriate resources. All records are kept confidential in accordance with federal and state laws.

# USD 231 Retirement Resources

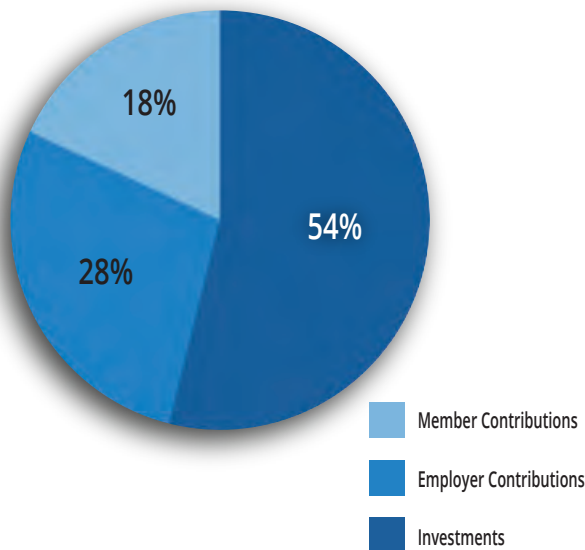


## Kansas Public Employees Retirement System (KPERS)

Your KPERS membership is automatic when you're hired and starts on your first day. When the time comes, KPERS pays out retirement benefits, but where does that money come from? There are 3 income sources that provide your benefit: employee contributions, employer contributions, and investments.

### 1. You Put Money In (Employee Contributions)

The amount you put in is set by the Legislature. Your employer takes it out of each paycheck and sends it to KPERS.



Member Group	Your Contribution Rate (% of your pretax pay)
KPERS 1, KPERS 2, KPERS 3	6%

### 2. Your Employer Kicks in, Too (Employer Contributions)

Your rate pretty much stays the same. But employer rates often change year-to-year, based on KPERS' financial health. Their contributions don't go to your account. They're used to fund the System.

### 3. KPERS Invests the Money

KPERS is guided by the "fiduciary standard," which means we put members' interest first. We take care of the money coming in, and we grow that money to help provide benefits to members when the time comes. Over the years, income from investments have paid for much of the benefits.

## How We Add It Up

After you retire, you receive a monthly payment from KPERS for the rest of your life. For KPERS 1, KPERS 2, KP&F and Judges members, we use a formula to figure out how much you'll get.

$$\text{Final Average Salary} \times \text{Statutory Multiplier} \times \text{Years of Service} = \text{Yearly Benefit} \div 12 = \text{Monthly Benefit}$$

To calculate KPERS 3 benefits, we use your account balance, retirement credit value and other factors.

### With Your Online Account You Can:

- ▶ View account details.
- ▶ View your beneficiaries.
- ▶ Download annual statements.
- ▶ Estimate your retirement benefit.
- ▶ View your membership guide.

Go to [www.kpers.org](http://www.kpers.org)

### Other Benefits While You Work

Go to the active member home page and select your membership group for more about the "other" KPERS benefits.

- ▶ Disability
- ▶ Death
- ▶ Surviving Spouse
- ▶ Life Insurance (basic & optional)



# USD 231 Retirement Resources

## ESSDACK 403(b)

### What sets the ESSDACK plan apart from other providers of similar services?

The ESSDACK 403(b) plan stands on a foundation of full disclosure, full compliance, investment funds that maximize returns and investment. Although different plans offer one or more of the following, very few if any can boast all these features:

- ▶ **Education - about retirement savings including KPERS information, social security benefits and of course tax-deferred savings options.**
  - \* *Group seminars and 1 on 1 advisor meetings are available*
- ▶ Online access to your account: [www.retirementaccountlogin.net/yourfutureisdaily](http://www.retirementaccountlogin.net/yourfutureisdaily)
- ▶ Roth and/or pre-tax savings options via automatic payroll deductions
- ▶ No front end loads & no back end loads
- ▶ No surrender fees
- ▶ Minimal termination fees
- ▶ In plan conversion option (Non-Roth to Roth)  
No limit to the number of times you can move money between and among funds\*
- ▶ Pooled assets under management to leverage group size and reduce plan fees.
- ▶ Decreasing fee schedule based on the money under management.
- ▶ 12b-1 fees that are normally paid to the broker for selling are returned to the plan to reduce plan costs.

\*Note: Mutual fund companies reserve the right to prevent day trading in their funds. (i.e. trying to time the market by daily or weekly moving funds between/among stock and money market funds.)



**NEED MORE INFO?**

**Luke McKee**  
lmckee@compassfr.us  
620-931-2516

AMERITIME

**OLATHE OFFICE CONTACTS**  
866-227-8269

**Russ Lane:** russ@compassfr.us  
**Todd Adrian:** todd@compassfr.us  
**Rob Lane:** rob@compassfr.us  
**Tyler Lane:** tyler@compassfr.us  
**John Rundle:** john@compassfr.us  
**Brian Luther:** brian@compassfr.us

**TO ENROLL:** Visit <https://www.usd231benefits.com/retirement> for online enrollment instructions or contact the USD 231 Benefits Manager at [jacksonal@usd231.com](mailto:jacksonal@usd231.com).

## KPERS 457

Saving through your KPERS 457 plan is a simple way to help supplement your KPERS and Social Security. It can help you bridge the gap between your financial goals and your destination in retirement. The benefits of enrolling in the 457 plan include:

- ▶ **Potentially lower fees:** With more than 25,000 participating employees, fees might be less here than with other investing opportunities. In other words, buying items in bulk usually means a better deal.
- ▶ **Before-tax or Roth** contribution options available with automatic payroll deductions
- ▶ **Online account access** at [www.kpers457.org](http://www.kpers457.org) also contains innovative resources, tools and calculators.
- ▶ **Professionally screened investment options**
- ▶ **No early withdrawal penalty:** Distributions taken before age 59½ are not subject to the 10% early withdrawal federal tax penalty that applies to 401(k) plans and IRAs (but you need to leave your employer first).
- ▶ **Trust:** KPERS oversees KPERS 457 and has your best interest in mind. As part of our fiduciary commitment, we are here to serve you and to protect your long-term financial interest. KPERS is legally required to run the plan in your best interest. Because of its fiduciary responsibility, the group that oversees KPERS 457 is always looking for ways to make this plan the best it can be, with the most appropriate and reasonably priced funds out there.
- ▶ **Local Retirement Plan Counselors** are ready to help you. We also have Retiree Advocates who specialize in helping retirees and those about to retire. All of our Counselors and Retiree Advocates are salaried, noncommissioned professionals whose only goals in working with you are to get you ready for retirement and help you after you get there!

1-800-232-0024  
[www.kpers457.org](http://www.kpers457.org)



**TO ENROLL:** Contact the USD 231 Benefits Manager at [jacksonal@USD231.com](mailto:jacksonal@USD231.com) for plan enrollment codes to enroll at [www.kpers457.org](http://www.kpers457.org)

# Accident Insurance



## An accidental injury can seriously cost you

### Help protect yourself from unexpected medical costs

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses. Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury?

#### Financial support to help get you back on your feet

- No matter what kind of medical coverage you have, you may have out-of-pocket costs that could really set you back financially.
- Guardian® pays you cash benefits based on covered injuries, treatments and services.
- Payments go directly to you, and can help pay for other expenses, like traveling to the hospital, childcare and lost income from missed work.
- "Child Organized Sport" benefit pays you an extra 25% cash benefit for each accident when the dependent child is injured while playing an organized sport.<sup>1</sup>
- Rainy Day Fund continues to pay you a benefit even when you have exhausted a frequency limitation on a particular accident benefit.<sup>2</sup>



#### An example of how Accident Insurance works<sup>3</sup>

While Sue was hiking in a local park, she fell and tore cartilage in her knee. She went to the hospital emergency room for treatment and stayed overnight. The doctor gave her a brace and scheduled her for a follow up visit. See how Accident Insurance offset Sue's expenses:

Ambulance	\$200	Knee Brace	\$100
Hospital Admission	\$1,500	X-Ray	\$40
Emergency Room Visit	\$250	Knee Cartilage Tear	\$1000
Hospital Confinement (1 Day)	\$350	6 Follow-Up Visits	\$300
Medical Resonance Imaging (MRI)	\$200		

**Total cash benefit paid for covered services: \$3,940**

#### Accident Insurance with Guardian is easy

- No health questions to answer and convenient payroll deductions.
- Helps protect your savings when the unexpected occurs.
- Take the coverage with you if you change jobs or retire.

[Learn more about Accident Insurance at guardianlife.com](http://guardianlife.com)

#### Accident Insurance is a smart choice for:

- Families with an active lifestyle
- Your children while playing organized sports<sup>1</sup>
- Anyone concerned about covering out of pocket medical expenses

ACCIDENT INSURANCE	Total Monthly Cost
Employee Only	\$16.15
Employee + Spouse	\$24.02
Employee + Children	\$32.03
Family	\$39.90

The Guardian Life Insurance Company of America  
New York, NY

[guardianlife.com](http://guardianlife.com)

1. Child must be insured by the plan on the date the accident occurred and must be 18 years of age or younger. 2. The Rainy Day Fund does not apply to benefits without frequency limitation or wellness claims. See plan documents for covered benefits. 3. For illustrative purposes only. See your plan for specific coverage amounts and details. Guardian Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America®. © Copyright 2020 The Guardian Life Insurance Company of America. Policy Form #GP-1-ACC-18, GP-1-AC-BEN-12, et al.; GP-1-LAH-12R.

2020-93595 (02-22)

See full Accident Insurance Benefit Summary at [www.usd231benefits.com](http://www.usd231benefits.com)

# Voluntary Life Insurance



## A Life insurance plan through Guardian provides:

- ▶ The foundation of a smart financial plan that helps protect you and those who depend on you
- ▶ Affordable group rates
- ▶ Flexibility to update your coverage as your life changes or take it with you if you change jobs or retire

## About Your Benefits:

	VOLUNTARY TERM LIFE
<b>Employee Benefit</b>	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
<b>Accidental Death and Dismemberment</b>	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
<b>Spouse Benefit</b>	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
<b>Child Benefit</b>	Your dependent children age 14 days to 26 years. You may elect one of the following benefit options: \$10,000. Subject to state limits. See Cost Illustration page for details.
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	We Guarantee Issue coverage up to: Employee \$200,000. Spouse \$50,000. Dependent children \$10,000.
<b>Premiums</b>	Increase on plan anniversary after you enter next five-year age group
<b>Portability:</b> Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions
<b>Conversion:</b> Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
<b>Accelerated Life Benefit:</b> A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes
<b>Waiver of Premiums:</b> Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
<b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 80% at age 75

## Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

## Voluntary Life Cost Illustration

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style. To help you assess your needs, you can also go to Guardian Anytime and view a video: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/life>

### Monthly premiums displayed. Cost of AD&D is included

#### Policy Election Cost Per Age Bracket

Employee	Policy Amounts	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
	\$10,000.00	\$0.80	\$1.00	\$1.10	\$1.20	\$1.60	\$2.20	\$3.90	\$5.80	\$10.90	\$17.40
	\$20,000.00	\$1.60	\$2.00	\$2.20	\$2.40	\$3.20	\$4.40	\$7.80	\$11.60	\$21.80	\$34.80
	\$30,000.00	\$2.40	\$3.00	\$3.30	\$3.60	\$4.80	\$6.60	\$11.70	\$17.40	\$32.70	\$52.20
	\$40,000.00	\$3.20	\$4.00	\$4.40	\$4.80	\$6.40	\$8.80	\$15.60	\$23.20	\$43.60	\$69.60
	\$50,000.00	\$4.00	\$5.00	\$5.50	\$6.00	\$8.00	\$11.00	\$19.50	\$29.00	\$54.50	\$87.00
	\$60,000.00	\$4.80	\$6.00	\$6.60	\$7.20	\$9.60	\$13.20	\$23.40	\$34.80	\$65.40	\$104.40
	\$70,000.00	\$5.60	\$7.00	\$7.70	\$8.40	\$11.20	\$15.40	\$27.30	\$40.60	\$76.30	\$121.80
	\$80,000.00	\$6.40	\$8.00	\$8.80	\$9.60	\$12.80	\$17.60	\$31.20	\$46.40	\$87.20	\$139.20
	\$90,000.00	\$7.20	\$9.00	\$9.90	\$10.80	\$14.40	\$19.80	\$35.10	\$52.20	\$98.10	\$156.60
	\$100,000.00	\$8.00	\$10.00	\$11.00	\$12.00	\$16.00	\$22.00	\$39.00	\$58.00	\$109.00	\$174.00
	\$110,000.00	\$8.80	\$11.00	\$12.10	\$13.20	\$17.60	\$24.20	\$42.90	\$63.80	\$119.90	\$191.40
	\$120,000.00	\$9.60	\$12.00	\$13.20	\$14.40	\$19.20	\$26.40	\$46.80	\$69.60	\$130.80	\$208.80
	\$130,000.00	\$10.40	\$13.00	\$14.30	\$15.60	\$20.80	\$28.60	\$50.70	\$75.40	\$141.70	\$226.20
	\$140,000.00	\$11.20	\$14.00	\$15.40	\$16.80	\$22.40	\$30.80	\$54.60	\$81.20	\$152.60	\$243.60
	\$150,000.00	\$12.00	\$15.00	\$16.50	\$18.00	\$24.00	\$33.00	\$58.50	\$87.00	\$163.50	\$261.00
	\$160,000.00	\$12.80	\$16.00	\$17.60	\$19.20	\$25.60	\$35.20	\$62.40	\$92.80	\$174.40	\$278.40
	\$170,000.00	\$13.60	\$17.00	\$18.70	\$20.40	\$27.20	\$37.40	\$66.30	\$98.60	\$185.30	\$295.80
	\$180,000.00	\$14.40	\$18.00	\$19.80	\$21.60	\$28.80	\$39.60	\$70.20	\$104.40	\$196.20	\$313.20
	\$190,000.00	\$15.20	\$19.00	\$20.90	\$22.80	\$30.40	\$41.80	\$74.10	\$110.20	\$207.10	\$330.60
	\$200,000.00	\$16.00	\$20.00	\$22.00	\$24.00	\$32.00	\$44.00	\$78.00	\$116.00	\$218.00	\$348.00
	\$210,000.00	\$16.80	\$21.00	\$23.10	\$25.20	\$33.60	\$46.20	\$81.90	\$121.80	\$228.90	\$365.40
	\$220,000.00	\$17.60	\$22.00	\$24.20	\$26.40	\$35.20	\$48.40	\$85.80	\$127.60	\$239.80	\$382.80
	\$230,000.00	\$18.40	\$23.00	\$25.30	\$27.60	\$36.80	\$50.60	\$89.70	\$133.40	\$250.70	\$400.20
	\$240,000.00	\$19.20	\$24.00	\$26.40	\$28.80	\$38.40	\$52.80	\$93.60	\$139.20	\$261.60	\$417.60
	\$250,000.00	\$20.00	\$25.00	\$27.50	\$30.00	\$40.00	\$55.00	\$97.50	\$145.00	\$272.50	\$435.00
	\$260,000.00	\$20.80	\$26.00	\$28.60	\$31.20	\$41.60	\$57.20	\$101.40	\$150.80	\$283.40	\$452.40
	\$270,000.00	\$21.60	\$27.00	\$29.70	\$32.40	\$43.20	\$59.40	\$105.30	\$156.60	\$294.30	\$469.80
	\$280,000.00	\$22.40	\$28.00	\$30.80	\$33.60	\$44.80	\$61.60	\$109.20	\$162.40	\$305.20	\$487.20
	\$290,000.00	\$23.20	\$29.00	\$31.90	\$34.80	\$46.40	\$63.80	\$113.10	\$168.20	\$316.10	\$504.60
	\$300,000.00	\$24.00	\$30.00	\$33.00	\$36.00	\$48.00	\$66.00	\$117.00	\$174.00	\$327.00	\$522.00
	\$310,000.00	\$24.80	\$31.00	\$34.10	\$37.20	\$49.60	\$68.20	\$120.90	\$179.80	\$337.90	\$539.40
	\$320,000.00	\$25.60	\$32.00	\$35.20	\$38.40	\$51.20	\$70.40	\$124.80	\$185.60	\$348.80	\$556.80
	\$330,000.00	\$26.40	\$33.00	\$36.30	\$39.60	\$52.80	\$72.60	\$128.70	\$191.40	\$359.70	\$574.20
	\$340,000.00	\$27.20	\$34.00	\$37.40	\$40.80	\$54.40	\$74.80	\$132.60	\$197.20	\$370.60	\$591.60
	\$350,000.00	\$28.00	\$35.00	\$38.50	\$42.00	\$56.00	\$77.00	\$136.50	\$203.00	\$381.50	\$609.00
	\$360,000.00	\$28.80	\$36.00	\$39.60	\$43.20	\$57.60	\$79.20	\$140.40	\$208.80	\$392.40	\$626.40
	\$370,000.00	\$29.60	\$37.00	\$40.70	\$44.40	\$59.20	\$81.40	\$144.30	\$214.60	\$403.30	\$643.80
	\$380,000.00	\$30.40	\$38.00	\$41.80	\$45.60	\$60.80	\$83.60	\$148.20	\$220.40	\$414.20	\$661.20
	\$390,000.00	\$31.20	\$39.00	\$42.90	\$46.80	\$62.40	\$85.80	\$152.10	\$226.20	\$425.10	\$678.60
	\$400,000.00	\$32.00	\$40.00	\$44.00	\$48.00	\$64.00	\$88.00	\$156.00	\$232.00	\$436.00	\$696.00
	\$410,000.00	\$32.80	\$41.00	\$45.10	\$49.20	\$65.60	\$90.20	\$159.90	\$237.80	\$446.90	\$713.40
	\$420,000.00	\$33.60	\$42.00	\$46.20	\$50.40	\$67.20	\$92.40	\$163.80	\$243.60	\$457.80	\$730.80
	\$430,000.00	\$34.40	\$43.00	\$47.30	\$51.60	\$68.80	\$94.60	\$167.70	\$249.40	\$468.70	\$748.20
	\$440,000.00	\$35.20	\$44.00	\$48.40	\$52.80	\$70.40	\$96.80	\$171.60	\$255.20	\$479.60	\$765.60
	\$450,000.00	\$36.00	\$45.00	\$49.50	\$54.00	\$72.00	\$99.00	\$175.50	\$261.00	\$490.50	\$783.00
	\$460,000.00	\$36.80	\$46.00	\$50.60	\$55.20	\$73.60	\$101.20	\$179.40	\$266.80	\$501.40	\$800.40
	\$470,000.00	\$37.60	\$47.00	\$51.70	\$56.40	\$75.20	\$103.40	\$183.30	\$272.60	\$512.30	\$817.80
	\$480,000.00	\$38.40	\$48.00	\$52.80	\$57.60	\$76.80	\$105.60	\$187.20	\$278.40	\$523.20	\$835.20
	\$490,000.00	\$39.20	\$49.00	\$53.90	\$58.80	\$78.40	\$107.80	\$191.10	\$284.20	\$534.10	\$852.60
	\$500,000.00	\$40.00	\$50.00	\$55.00	\$60.00	\$80.00	\$110.00	\$195.00	\$290.00	\$545.00	\$870.00



## Voluntary Life Cost Illustration – Spouse and Child(ren)

Spouse	Policy Amounts	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
	\$5,000.00	\$0.40	\$0.50	\$0.55	\$0.60	\$0.80	\$1.10	\$1.95	\$2.90	\$5.45	\$8.70
	\$10,000.00	\$0.80	\$1.00	\$1.10	\$1.20	\$1.60	\$2.20	\$3.90	\$5.80	\$10.90	\$17.40
	\$15,000.00	\$1.20	\$1.50	\$1.65	\$1.80	\$2.40	\$3.30	\$5.85	\$8.70	\$16.35	\$26.10
	\$20,000.00	\$1.60	\$2.00	\$2.20	\$2.40	\$3.20	\$4.40	\$7.80	\$11.60	\$21.80	\$34.80
	\$25,000.00	\$2.00	\$2.50	\$2.75	\$3.00	\$4.00	\$5.50	\$9.75	\$14.50	\$27.25	\$43.50
	\$30,000.00	\$2.40	\$3.00	\$3.30	\$3.60	\$4.80	\$6.60	\$11.70	\$17.40	\$32.70	\$52.20
	\$35,000.00	\$2.80	\$3.50	\$3.85	\$4.20	\$5.60	\$7.70	\$13.65	\$20.30	\$38.15	\$60.90
	\$40,000.00	\$3.20	\$4.00	\$4.40	\$4.80	\$6.40	\$8.80	\$15.60	\$23.20	\$43.60	\$69.60
	\$45,000.00	\$3.60	\$4.50	\$4.95	\$5.40	\$7.20	\$9.90	\$17.55	\$26.10	\$49.05	\$78.30
	\$50,000.00	\$4.00	\$5.00	\$5.50	\$6.00	\$8.00	\$11.00	\$19.50	\$29.00	\$54.50	\$87.00
	\$55,000.00	\$4.40	\$5.50	\$6.05	\$6.60	\$8.80	\$12.10	\$21.45	\$31.90	\$59.95	\$95.70
	\$60,000.00	\$4.80	\$6.00	\$6.60	\$7.20	\$9.60	\$13.20	\$23.40	\$34.80	\$65.40	\$104.40
	\$65,000.00	\$5.20	\$6.50	\$7.15	\$7.80	\$10.40	\$14.30	\$25.35	\$37.70	\$70.85	\$113.10
	\$70,000.00	\$5.60	\$7.00	\$7.70	\$8.40	\$11.20	\$15.40	\$27.30	\$40.60	\$76.30	\$121.80
	\$75,000.00	\$6.00	\$7.50	\$8.25	\$9.00	\$12.00	\$16.50	\$29.25	\$43.50	\$81.75	\$130.50
	\$80,000.00	\$6.40	\$8.00	\$8.80	\$9.60	\$12.80	\$17.60	\$31.20	\$46.40	\$87.20	\$139.20
	\$85,000.00	\$6.80	\$8.50	\$9.35	\$10.20	\$13.60	\$18.70	\$33.15	\$49.30	\$92.65	\$147.90
	\$90,000.00	\$7.20	\$9.00	\$9.90	\$10.80	\$14.40	\$19.80	\$35.10	\$52.20	\$98.10	\$156.60
	\$95,000.00	\$7.60	\$9.50	\$10.45	\$11.40	\$15.20	\$20.90	\$37.05	\$55.10	\$103.55	\$165.30
	\$100,000.00	\$8.00	\$10.00	\$11.00	\$12.00	\$16.00	\$22.00	\$39.00	\$58.00	\$109.00	\$174.00
	\$105,000.00	\$8.40	\$10.50	\$11.55	\$12.60	\$16.80	\$23.10	\$40.95	\$60.90	\$114.45	\$182.70
	\$110,000.00	\$8.80	\$11.00	\$12.10	\$13.20	\$17.60	\$24.20	\$42.90	\$63.80	\$119.90	\$191.40
	\$115,000.00	\$9.20	\$11.50	\$12.65	\$13.80	\$18.40	\$25.30	\$44.85	\$66.70	\$125.35	\$200.10
	\$120,000.00	\$9.60	\$12.00	\$13.20	\$14.40	\$19.20	\$26.40	\$46.80	\$69.60	\$130.80	\$208.80
	\$125,000.00	\$10.00	\$12.50	\$13.75	\$15.00	\$20.00	\$27.50	\$48.75	\$72.50	\$136.25	\$217.50
	\$130,000.00	\$10.40	\$13.00	\$14.30	\$15.60	\$20.80	\$28.60	\$50.70	\$75.40	\$141.70	\$226.20
	\$135,000.00	\$10.80	\$13.50	\$14.85	\$16.20	\$21.60	\$29.70	\$52.65	\$78.30	\$147.15	\$234.90
	\$140,000.00	\$11.20	\$14.00	\$15.40	\$16.80	\$22.40	\$30.80	\$54.60	\$81.20	\$152.60	\$243.60
	\$145,000.00	\$11.60	\$14.50	\$15.95	\$17.40	\$23.20	\$31.90	\$56.55	\$84.10	\$158.05	\$252.30
	\$150,000.00	\$12.00	\$15.00	\$16.50	\$18.00	\$24.00	\$33.00	\$58.50	\$87.00	\$163.50	\$261.00
	\$155,000.00	\$12.40	\$15.50	\$17.05	\$18.60	\$24.80	\$34.10	\$60.45	\$89.90	\$168.95	\$269.70
	\$160,000.00	\$12.80	\$16.00	\$17.60	\$19.20	\$25.60	\$35.20	\$62.40	\$92.80	\$174.40	\$278.40
	\$165,000.00	\$13.20	\$16.50	\$18.15	\$19.80	\$26.40	\$36.30	\$64.35	\$95.70	\$179.85	\$287.10
	\$170,000.00	\$13.60	\$17.00	\$18.70	\$20.40	\$27.20	\$37.40	\$66.30	\$98.60	\$185.30	\$295.80
	\$175,000.00	\$14.00	\$17.50	\$19.25	\$21.00	\$28.00	\$38.50	\$68.25	\$101.50	\$190.75	\$304.50
	\$180,000.00	\$14.40	\$18.00	\$19.80	\$21.60	\$28.80	\$39.60	\$70.20	\$104.40	\$196.20	\$313.20
	\$185,000.00	\$14.80	\$18.50	\$20.35	\$22.20	\$29.60	\$40.70	\$72.15	\$107.30	\$201.65	\$321.90
	\$190,000.00	\$15.20	\$19.00	\$20.90	\$22.80	\$30.40	\$41.80	\$74.10	\$110.20	\$207.10	\$330.60
	\$195,000.00	\$15.60	\$19.50	\$21.45	\$23.40	\$31.20	\$42.90	\$76.05	\$113.10	\$212.55	\$339.30
	\$200,000.00	\$16.00	\$20.00	\$22.00	\$24.00	\$32.00	\$44.00	\$78.00	\$116.00	\$218.00	\$348.00
	\$205,000.00	\$16.40	\$20.50	\$22.55	\$24.60	\$32.80	\$45.10	\$79.95	\$118.90	\$223.45	\$356.70
	\$210,000.00	\$16.80	\$21.00	\$23.10	\$25.20	\$33.60	\$46.20	\$81.90	\$121.80	\$228.90	\$365.40
	\$215,000.00	\$17.20	\$21.50	\$23.65	\$25.80	\$34.40	\$47.30	\$83.85	\$124.70	\$234.35	\$374.10
	\$220,000.00	\$17.60	\$22.00	\$24.20	\$26.40	\$35.20	\$48.40	\$85.80	\$127.60	\$239.80	\$382.80
	\$225,000.00	\$18.00	\$22.50	\$24.75	\$27.00	\$36.00	\$49.50	\$87.75	\$130.50	\$245.25	\$391.50
	\$230,000.00	\$18.40	\$23.00	\$25.30	\$27.60	\$36.80	\$50.60	\$89.70	\$133.40	\$250.70	\$400.20
	\$235,000.00	\$18.80	\$23.50	\$25.85	\$28.20	\$37.60	\$51.70	\$91.65	\$136.30	\$256.15	\$408.90
	\$240,000.00	\$19.20	\$24.00	\$26.40	\$28.80	\$38.40	\$52.80	\$93.60	\$139.20	\$261.60	\$417.60
	\$245,000.00	\$19.60	\$24.50	\$26.95	\$29.40	\$39.20	\$53.90	\$95.55	\$142.10	\$267.05	\$426.30
	\$250,000.00	\$20.00	\$25.00	\$27.50	\$30.00	\$40.00	\$55.00	\$97.50	\$145.00	\$272.50	\$435.00

Child(ren)	Policy Amounts	Premium
	\$10,000.00	\$2.12

# Short Term Disability



## A Disability insurance plan through Guardian provides:

- Income protection while you are unable to work
- Affordable group rates
- Fast claim payments paid directly to you that can help pay for expenses while you recover
- Extensive resources and support to help you get back to work and a productive life

## About Your Benefits:

	Option 1	Option 2
<b>Coverage amount</b>	Choose weekly benefit amount from \$100 to \$1250 in \$50 increments. See cost illustration page for weekly benefit offerings.	Choose weekly benefit amount from \$100 to \$1250 in \$50 increments. See cost illustration page for weekly benefit offerings.
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	26 weeks	26 weeks
<b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 1	Day 30
<b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 8	Day 30
<b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1250 in coverage	We Guarantee Issue \$1250 in coverage
<b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
<b>Pre-existing conditions:</b> A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation	3 months look back; 12 months after 2 week limitation
<b>Premium waived if disabled:</b> Premium will not need to be paid when you are receiving benefits.	Yes	Yes

## UNDERSTANDING YOUR BENEFITS—DISABILITY

- **Earnings definition:** Your covered salary excludes bonuses and commissions.



(Some information may vary by state)

See full Short Term Disability Benefit Summary at [www.usd231benefits.com](http://www.usd231benefits.com)

# Short Term Disability

## Short-Term Disability Plan Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses. Your Premium will not increase as you age.

**Option 1** - Benefits Begin: Day 1 (Accident) Day 8 (Sickness)

**Option 2** - Benefits Begin: Day 30 (Accident) Day 30 (Sickness)

***Policy Amounts shown based on sample salary Amounts only.***

	Weekly Benefit	MONTHLY PREMIUM		Weekly Benefit	MONTHLY PREMIUM
<b>\$8,667 Minimum Annual Salary</b>			<b>\$52,000 Minimum Annual Salary</b>		
Option 1* Weekly Benefit Amount:	\$100	\$11.39	Option 1* Weekly Benefit Amount:	\$600	\$68.34
Option 2* Weekly Benefit Amount:	\$100	\$5.06	Option 2* Weekly Benefit Amount:	\$600	\$30.36
<b>\$13,000 Minimum Annual Salary</b>			<b>\$56,333 Minimum Annual Salary</b>		
Option 1* Weekly Benefit Amount:	\$150	\$17.09	Option 1* Weekly Benefit Amount:	\$650	\$74.04
Option 2* Weekly Benefit Amount:	\$150	\$7.59	Option 2* Weekly Benefit Amount:	\$650	\$32.89
<b>\$17,333 Minimum Annual Salary</b>			<b>\$60,667 Minimum Annual Salary</b>		
Option 1* Weekly Benefit Amount:	\$200	\$22.78	Option 1* Weekly Benefit Amount:	\$700	\$79.73
Option 2* Weekly Benefit Amount:	\$200	\$10.12	Option 2* Weekly Benefit Amount:	\$700	\$35.42
<b>\$21,667 Minimum Annual Salary</b>			<b>\$65,000 Minimum Annual Salary</b>		
Option 1* Weekly Benefit Amount:	\$250	\$28.48	Option 1* Weekly Benefit Amount:	\$750	\$85.43
Option 2* Weekly Benefit Amount:	\$250	\$12.65	Option 2* Weekly Benefit Amount:	\$750	\$37.95
<b>\$26,000 Minimum Annual Salary</b>			<b>\$69,333 Minimum Annual Salary</b>		
Option 1* Weekly Benefit Amount:	\$300	\$34.17	Option 1* Weekly Benefit Amount:	\$800	\$91.12
Option 2* Weekly Benefit Amount:	\$300	\$15.18	Option 2* Weekly Benefit Amount:	\$800	\$40.48
<b>\$30,333 Minimum Annual Salary</b>			<b>\$73,667 Minimum Annual Salary</b>		
Option 1* Weekly Benefit Amount:	\$350	\$39.87	Option 1* Weekly Benefit Amount:	\$850	\$96.82
Option 2* Weekly Benefit Amount:	\$350	\$17.71	Option 2* Weekly Benefit Amount:	\$850	\$43.01
<b>\$34,667 Minimum Annual Salary</b>			<b>\$78,000 Minimum Annual Salary</b>		
Option 1* Weekly Benefit Amount:	\$400	\$45.56	Option 1* Weekly Benefit Amount:	\$900	\$102.51
Option 2* Weekly Benefit Amount:	\$400	\$20.24	Option 2* Weekly Benefit Amount:	\$900	\$45.54
<b>\$39,000 Minimum Annual Salary</b>			<b>\$86,667 Minimum Annual Salary</b>		
Option 1* Weekly Benefit Amount:	\$450	\$51.26	Option 1* Weekly Benefit Amount:	\$1,000	\$113.90
Option 2* Weekly Benefit Amount:	\$450	\$22.77	Option 2* Weekly Benefit Amount:	\$1,000	\$50.60
<b>\$43,333 Minimum Annual Salary</b>			<b>\$95,333 Minimum Annual Salary</b>		
Option 1* Weekly Benefit Amount:	\$500	\$56.95	Option 1* Weekly Benefit Amount:	\$1,100	\$125.29
Option 2* Weekly Benefit Amount:	\$500	\$25.30	Option 2* Weekly Benefit Amount:	\$1,100	\$55.66
<b>\$47,667 Minimum Annual Salary</b>			<b>\$108,333 Minimum Annual Salary</b>		
Option 1* Weekly Benefit Amount:	\$550	\$62.65	Option 1* Weekly Benefit Amount:	\$1,250	\$142.38
Option 2* Weekly Benefit Amount:	\$550	\$27.83	Option 2* Weekly Benefit Amount:	\$1,250	\$63.25

Manage Your Benefits: Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits.  
Your on-line account will be set up within 30 days after your plan effective date.

See full Short Term Disability Benefit Summary at [www.usd231benefits.com](http://www.usd231benefits.com)

# Critical Illness Insurance



## A Critical Illness insurance plan through Guardian provides:

- A cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover.
- Benefit payments sent directly to you and can be used for any purpose

## About Your Benefits:

CRITICAL ILLNESS		
Benefit Amount(s)	Employee may choose a lump sum benefit of \$5,000 to \$30,000 in \$5,000 increments.	
CONDITIONS	1 <sup>st</sup> OCCURRENCE	2 <sup>nd</sup> OCCURRENCE
<b>Cancer</b>		
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
<b>Vascular</b>		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
<b>Other</b>		
Organ Failure	100%	100%
Kidney Failure	100%	100%
<b>ADDITIONAL CONDITIONS</b>		
	<b>1<sup>st</sup> OCCURRENCE ONLY</b>	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
<b>Childhood Conditions</b>		
	<b>1<sup>st</sup> OCCURRENCE ONLY</b>	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	
Spina Bifida	100%	
Type I Diabetes	100%	

## Condition Definitions

### Stroke:

Stroke must be severe enough to cause neurological deficits at least 30 days after the event.

### Heart Failure:

An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.

### Coronary

#### Arteriosclerosis:

Must be severe enough to require a coronary artery bypass graft.

### Organ Failure:

Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.

### Kidney Failure:

An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

### Spouse Benefit

May choose a lump sum benefit of \$2,500 to \$15,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.

### Child Benefit

children age Birth to 26 years 25% of employee's lump sum benefit

**Guarantee Issue:** The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.

We Guarantee Issue up to:  
 \$30,000  
 For a spouse:  
 \$15,000  
 For a child: All Amounts

## Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

See full Critical Illness Insurance Summary at [www.usd231benefits.com](http://www.usd231benefits.com)



## Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

### WELLNESS BENEFIT

Employee Per Year Limit	\$50
Spouse Per Year Limit	\$50
Child Per Year Limit	\$50

Issue Age	Monthly Premiums Displayed • Election Cost Per Age Bracket					
	< 30	30-39	40-49	50-59	60-69	70+
<b>Employee</b>						
\$5,000	\$3.05	\$4.40	\$8.35	\$15.35	\$25.45	\$43.35
\$10,000	\$6.10	\$8.80	\$16.70	\$30.70	\$50.90	\$86.70
\$15,000	\$9.15	\$13.20	\$25.05	\$46.05	\$76.35	\$130.05
\$20,000	\$12.12	\$17.60	\$33.40	\$61.40	\$101.80	\$173.40
\$25,000	\$15.25	\$22.00	\$41.75	\$76.75	\$127.25	\$216.75
\$30,000	\$18.30	\$26.40	\$50.10	\$92.10	\$152.70	\$260.10
<b>Benefit Amount Up To 50% of Employee Amount to a Maximum of \$15,000</b>						
<b>Spouse</b>						
\$2,500	\$1.53	\$2.20	\$4.18	\$7.68	\$12.73	\$21.68
\$5,000	\$3.05	\$4.40	\$8.35	\$15.35	\$25.45	\$43.35
\$7,500	\$4.58	\$6.60	\$12.53	\$23.03	\$38.17	\$65.03
\$10,000	\$6.10	\$8.80	\$16.70	\$30.70	\$50.90	\$86.70
\$12,500	\$7.63	\$11.00	\$20.88	\$38.38	\$63.63	\$108.38
\$15,000	\$9.15	\$13.20	\$25.05	\$46.05	\$76.35	\$130.05

# Hospital Indemnity Insurance

## A Hospital Indemnity insurance plan through Guardian provides:

- A cash benefit when you are admitted to a hospital, whether or not these charges are covered by your medical plan
- Benefit payments sent directly to you and can be used for any purpose – from covering medical copays and deductibles to paying for everyday expenses such as the mortgage, groceries and utilities
- Simple enrollment with no health or medical questions to answer
- Ability to take the coverage with you if you change jobs or retire



## About Your Benefits:

### Hospital Indemnity

Option 1

Coverage Details	
<b>Your Monthly premium</b>	\$10.62
You and Spouse	\$19.10
You and Child(ren)	\$16.87
You, Spouse and Child(ren)	\$25.35
<b>Benefits</b>	
Hospital/ICU Admission	\$500 per admission, limited to 1 admission(s) per insured and 3 admission(s) per covered family per benefit year.
Hospital/ICU Confinement	\$100/\$200 per day, limited to 30 day(s) per insured per benefit year.
<b>Pre-Existing Conditions Limitation</b> - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable
<b>Child(ren) Age Limits</b>	Children age birth to 26 years

Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.

See full Hospital Indemnity Insurance Summary at [www.usd231benefits.com](http://www.usd231benefits.com)

# Identity Protection Insurance



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.

**Full-service case management and resolution**  
We fully manage your restoration case, helping you save time, money, and stress.

**Highly trained and certified support team**  
Our in-house experts are trained and certified to handle and remediate every type of identity fraud case. When resolving complex cases of identity theft, our satisfaction score is an industry-leading 100%.

**24/7 U.S.-based customer care center**  
We believe customer care is an essential part of our team. Our support center is located directly in our corporate headquarters, and our customer care team is available 24/7.

**\$1 million identity theft insurance**  
If you fall victim to fraud, we will reimburse your out-of-pocket costs.\*

**Sex offender notifications**  
Our monitoring system notifies you if a sex offender is registered in a nearby area.

**Mobile app**  
Access the entire Allstate Identity Protection portal on the go! Available for iOS and Android.

**Protect the entire family**  
We have a generous definition of family, covering those who live in the participant's household and those they take care of financially — everyone that's "under roof and wallet." If they are dependent on you financially or live under your roof, they're covered.

**Best-in-class customer care**  
Should fraud or identity theft occur, highly trained in-house experts are available 24/7 to fully restore compromised identities, even if the fraud or identity theft occurred prior to enrollment. And with a \$1 million identity theft insurance policy\*, you can rest assured that you're protected.

**Comprehensive monitoring and alerts**  
Proactive monitoring helps you stop fraud at its earliest sign and enables quick restoration for minimal damage and stress.

**Enhanced identity monitoring**  
Our proprietary monitoring platform detects high-risk activity to provide rapid alerts at the first sign of fraud.

**Dark web monitoring**  
In-depth monitoring goes beyond just looking out for a participant's Social Security number. Bots and human intelligence scour closed hacker forums for compromised credentials and other personal information. Then we immediately alert participants who have been compromised.

**High-risk transaction monitoring**  
We send alerts for non-credit-based transactions like student loan activity and medical billing.

**Account activity**  
You're alerted when unusual activity on your personal banking accounts could be a sign of account takeover.

**Financial activity monitoring**  
Alerts triggered from sources such as bank accounts, thresholds, credit and debit cards, 401(k)s, and other investment accounts help you take control of your finances.

**Social media monitoring**  
We keep tabs on social accounts for everyone in the family, watching for vulgarity, threats, explicit content, violence, and cyberbullying.

**Lost wallet protection**  
Easily store, access, and replace wallet contents. Our secure vault conveniently holds important information from credit cards, credentials, and documents.

**Solicitation reduction**  
We aid you in opting in or out of the National Do Not Call Registry, credit offers, and junk mail.

**Digital exposure reports**  
You can see and identify where your personal information is publicly available on the internet.

**Credit monitoring and alerts**  
We alert for transactions like new inquiries, accounts in collections, new accounts, and bankruptcy filings.

**Data breach notifications**  
We send alerts every time there's a data breach affecting you directly so you can take action immediately.

**Credit assistance**  
Our in-house experts will help you freeze your credit files with the major credit bureaus. You can even dispute credit report items from your portal.

## 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.

## Sign up during open enrollment

Questions? 1.800.789.2720

Plans and pricing

### Allstate Identity Protection Pro

\$7.95 per person / month

\$13.95 per family / month



# Prepaid Legal Insurance

## MetLaw<sup>®</sup>

**Smart. Simple. Affordable.<sup>®</sup>**

**\$18.75 per month**

**MetLaw** -- covers you, your spouse and dependents. Telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice. **E-Services** -- Attorney locator, law firm e-panel, law guide, free downloadable legal documents, financial planning, insurance and work/life resources

### Estate Planning Documents

- Simple and Complex Wills
- Trusts (Revocable and Irrevocable)
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

### Document Review

- Any Personal Legal Documents

### Family Law

- Prenuptial Agreement
- Protection from Domestic Violence
- Adoption and Legitimization
- Guardianship or Conservatorship
- Name Change

### Immigration Assistance

- Advice and Consultation
- Review of Immigration Documents
- Preparation of Affidavits and Powers of Attorney

### Elder Law Matters

- Consultations and Document Review for issues related to your parents including Medicare, Medicaid, Prescription Plans, Nursing Home Agreements, leases, notes, deeds, wills and powers of attorney as these affect the participant

### Real Estate Matters

- Sale, Purchase or Refinancing of your Primary, Second or Vacation Home
- Eviction and Tenant Problems (Primary Residence - Tenant only)
- Home Equity Loans for your Primary, Second or Vacation Home
- Zoning Applications
- Boundary or Title Disputes
- Property Tax Assessment
- Security Deposit Assistance (For Tenant)

### Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes

### Traffic Offenses\*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privileges Restoration (Includes License Suspension due to DUI)

### Personal Property Protection

- Consultations and Document Review for Personal Property Issues
- Assistance for disputes over goods and services

### Financial Matters

- Negotiations with Creditors
- Debt Collection Defense
- \*\*LifeStages – Identity Management Services
- Identity Theft Defense
- Personal Bankruptcy
- Tax Audit Representation (Municipal, State or Federal)
- Foreclosure Defense
- Tax Collection Defense

### Juvenile Matters

- Juvenile Court Defense, including Criminal Matters
- Parental Responsibility Matters

### Defense of Civil Lawsuits

- Administrative Hearings
- Civil Litigation Defense
- Incompetency Defense
- School Hearings
- Pet Liabilities

### Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

### Family Matters<sup>TM\*\*\*</sup>

- Available for an additional fee
- Separate plan for parents of participants for Estate Planning Documents
- Easy Enrollment - online or by phone

### For More Information:

Visit our website [info.legalplans.com](http://info.legalplans.com) and enter access code: **LEGAL** or call our Client Service Center at **1-800-821-6400** Monday - Friday from 8am to 8pm (Eastern Time).



Group Legal Plans and Family Matters are provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans and Family Matters are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island. Please contact Hyatt Legal Plans for complete details on covered services including trials. No service, including advice and consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the company, MetLife and affiliates, and Plan Attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm matters, business or investment matters, matters involving property held for investment or rental, or issues when the Participant is the landlord; 6) patent, trademark and copyright matters; 7) costs or fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the Participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above under Legal Representation. \*Not available in all states. \*\*This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of Hyatt Legal Plans. \*\*\*For Family Matters, different terms and exclusions apply. ML3 L1217501229[exp0119][All States][DC,PR]



# Permanent Life & Long Term Care



## LifeTime Benefit Term Provides You with the Protection Your Family Needs

LifeTime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

Cash benefits can also be paid directly to you while you are living for long term care expenses.

## You Decide How You Want to Use LifeTime Benefit Term Benefits

When you make the promise to protect your family with LifeTime Benefit Term, there are several ways it can work.

### As Life Insurance

LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.

### For Long Term Care\* (LTC)

If you become chronically ill, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived.

- Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.
- With Extension of Benefits\*, if you continue to need LTC after you have exhausted your Death Benefits, you can receive up to 50 more months of benefits, for a total of 75 months of LTC benefits.



## How LifeTime Benefit Term Can Be Used

Three Options	Life Situation	Death Benefit	Long Term Care	Long Term Care Extension	Total Benefits
<b>1. Life Insurance</b>	You lead a full life and do not need Long Term Care (LTC)	\$100,000	---	---	\$100,000
<b>2. Long Term Care (LTC) insurance</b>	You lead a full life and need assisted living or nursing home care	---	\$100,000	---	
<b>3. Split your Death Benefit for LTC &amp; life insurance</b>	You lead a full life but also need some LTC funds (Example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	---	
<b>Additional Coverage for Long Term Care and Death Benefits</b>					
<b>Extra Long Term Care for up to 50 additional months</b>	You lead a full life and need extended benefits for assisted living or nursing home care	---	---	\$200,000	\$200,000
<b>Option 1, 2 or 3 + Extra LTC Coverage = TOTAL COVERAGE</b>					<b>\$300,000</b>

## Additional Benefit Options *(additional premiums required)*

### Child Term

Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26–up to 5 times the benefit amount.

### Waiver of Premium

Waives premium if you become totally disabled.

### Payor Waiver of Premium

Waives premium of your spouse, if you become totally disabled.

\* LTC and Extension of Benefits premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results. Premiums will not be increased solely because of an independent claim. New premiums will be based on the insured's age and premium class on the rider's coverage date.



# Permanent Life & Long Term Care

## Term Life Insurance Built for Today

### Guaranteed Premiums\*

Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue to age 121.

### Guaranteed Benefits During Working Years

Death Benefit is guaranteed 100% when it is needed most—during your working years when your family is relying on your income. While the policy is in force, the death benefit is 100% guaranteed for the longer of 25 years or age 70.

### Guaranteed Benefits After Age 70

After age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50% of the original death benefit. And based on current interest rates and mortality assumptions, the full death benefit is designed to last a lifetime.

### Paid-up Benefits

After 10 years, paid up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

## LifeTime Benefit Term Features

### Affordable Financial Security

Lifelong protection with premiums beginning as low as \$3 per week.

### Dependable Guarantees

Guaranteed life insurance premium and death benefits last a lifetime.

### Highly Competitive Rates

For the same premium, LifeTime Benefit Term provides higher benefits than permanent life insurance and lasts to age 121.

### Fully Portable and Guaranteed Renewable for Life

Your coverage cannot be cancelled as long as premiums are paid as due.

### Family Coverage

Coverage is available for your spouse, children and dependent grandchildren.

### Long Term Care (LTC)\*

If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

### Extension of Benefits\*

Extends the monthly Long Term Care benefit for up to an additional 50 months, after 100% of the base death benefit has been used for LTC.

### Terminal Illness

After your coverage has been in force for two years, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.



Good things happen every day, and unfortunately hardship happens too. Let us help you protect everything you value.

## LifeTime Benefit Term Exclusions

If the insured commits suicide, while sane or insane, within two years (one year in some states) from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

## Long Term Care Exclusions

We will not pay Long Term Care benefits for care that is received or loss incurred as a result of: 1) an intentionally self-inflicted injury, or attempted suicide; or 2) war or any act of war, declared or undeclared, or service in the armed forces of any country; or 3) treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or except while under treatment for an injury or sickness; or 4) the Insured's participation in a riot or insurrection, or the commission of, or attempt to commit, a felony.

We will not pay Long Term Care benefits if the Confinement, Home Health Care services, or Adult Day Care service: 1) is received outside the United States and its territories; or 2) is provided by ineligible providers; or 3) is rendered by members of the Certificateholder's or the Insured's Immediate Family.

If you have questions about this product contact (855) 241-9891.

This document is a brief description of Form Nos. C34544 and P34544 (or applicable state version) and riders: Dependent Child=34546, Waiver of Premium=34551, Payor Waiver of Premium=34549, Accelerated Death Benefit for Terminal Illness=34550, Long Term Care=34553 and Extension of Benefits=34554. Refer to your policy for specific details about benefits, exclusions and limitations.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

# Annual Notices

## FOR YOUR FILES

This packet contains legal notices for participants in group health plan(s) sponsored by Gardner Edgerton School District USD 231. The notices included in this packet are:

- Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)
- Women’s Health and Cancer Rights Act
- Health Insurance Marketplace Coverage Options and Your Health Coverage
- HIPAA Notice of Special Enrollment Rights
- Medicare Part D Notice
- COBRA Rights Notice

The government-mandated United Healthcare (UHC) SBCs (Summary of Benefits and Coverage) and Benefit Summaries are housed on the USD 231 benefits web portal at [www.usd231benefits.com](http://www.usd231benefits.com)

## CHIP NOTICE

### PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, 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, dial **1-877-KIDS NOW**, or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

**If you live in one of the States here, you may be eligible for assistance paying your employer health plan premiums. The list of States is current as of July 31, 2022. Contact your State for further information on eligibility.**

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, ext. 61565



State	Website/E-mail	Phone
Alabama (Medicaid)	<a href="http://www.myalhhipp.com/">http://www.myalhhipp.com/</a>	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> E-mail: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>	1-866-251-4861
Arkansas (Medicaid)	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-692-7447
California (Medicaid)	<a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid and CHIP)	Medicaid: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> CHIP: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> HIBI: <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a>	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711
Florida (Medicaid)	<a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a>	1-877-357-3268
Georgia (Medicaid)	HIPP: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> CHIPRA: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> All other Medicaid: <a href="https://www.in.gov/medicaid">https://www.in.gov/medicaid</a>	1-877-438-4479 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> CHIP: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> HIPP: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>	1-800-792-4884
Kentucky (Medicaid and CHIP)	Medicaid: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> KI-HIPP: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> KI-HIPP E-mail: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	<a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>	1-800-862-4840 TTY: 617-886-8102
Minnesota (Medicaid)	<a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>	1-800-657-3739
Missouri (Medicaid)	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
Montana (Medicaid)	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	1-800-694-3084
Nebraska (Medicaid)	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	<a href="http://dhcfp.nv.gov/">http://dhcfp.nv.gov/</a>	1-800-992-0900
New Hampshire (Medicaid)	<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>	603-271-5218 or 1-800-852-3345, ext. 5218
New Jersey (Medicaid and CHIP)	Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	Medicaid: 609-631-2392 CHIP: 1-800-701-0710
New York (Medicaid)	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina (Medicaid)	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>	919-855-4100
North Dakota (Medicaid)	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>	1-844-854-4825
Oklahoma (Medicaid and CHIP)	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
Oregon (Medicaid)	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>	1-800-699-9075
Pennsylvania (Medicaid)	<a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>	1-800-692-7462
Rhode Island (Medicaid and CHIP)	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-855-697-4347 or 401-462-0311 (Direct Rlte)
South Carolina (Medicaid)	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
South Dakota (Medicaid)	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
Texas (Medicaid)	<a href="http://gethipptexas.com/">http://gethipptexas.com/</a>	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1-877-543-7669
Vermont (Medicaid)	<a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>	1-800-250-8427
Virginia (Medicaid and CHIP)	<a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>	1-800-432-5924
Washington (Medicaid)	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	1-800-562-3022
West Virginia (Medicaid)	<a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	Medicaid: 304-558-1700 CHIP: 1-855-699-8447
Wisconsin (Medicaid and CHIP)	<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>	1-800-362-3002
Wyoming (Medicaid)	<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>	1-800-251-1269

## Women's Health and Cancer Rights Act Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator:

**Amy Jackson • Benefits Manager • [JacksonAL@usd231.com](mailto:JacksonAL@usd231.com) • 913-856-2013**  
**Gardner Edgerton USD 231 • 231 E Madison St. • Gardner, KS 66030**



# Health Insurance Marketplace Coverage Options and Your Health Coverage

## PART A: General Information

Since key parts of the health care law took effect in 2014, there is another way 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 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. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

### 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 9.61% 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.<sup>1</sup>

**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: **Amy Jackson, Benefits Manager 913-856-2013 JacksonAL@usd231.com**

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

<sup>1</sup>An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

## 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 Gardner Edgerton School District USD 231		4. Employer Identification Number (EIN) 48-0699834	
5. Employer address 231 E Madison Street		6. Employer phone number 913-856-2013	
7. City Gardner	8. State KS	9. ZIP code 66030	
10. Who can we contact about employee health coverage at this job? Amy Jackson			
11. Phone number (if different from above)		12. Email address jacksonal@usd231.com	



# PART B: Information About Health Coverage Offered by Your Employer

*continued*

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

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

- All employees. Eligible employees are:
- Some employees. Eligible employees are:

**Full-time employees (as defined by USD 231) working 30+ hours per week. Part-time employees (as defined by USD 231) working 20+ hours per week.**

**•With respect to dependents:**

- We do offer coverage. Eligible dependents are:
- We do not offer coverage.

**Legal spouse. Dependent children up to the end of the year in which they turn 26. Disabled children over age 26 (with proof of disability).**

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.*

If you decide to shop for coverage in the Marketplace, [www.HealthCare.gov](http://www.HealthCare.gov) will guide you through the process.

## HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires group health plans to provide a special enrollment opportunity to an employee (or COBRA enrollee) upon the occurrence of specific events. This Chart summarizes the qualifying events and the corresponding special enrollment rights. This notice is being provided to insure that you understand your right to apply for the USD 231 Health Care Plan. You should read this notice even if you plan to waive coverage at this time.

EVENT	SPECIAL ENROLLMENT RIGHT
Acquisition of New Dependent(s) due to Marriage	<ul style="list-style-type: none"> <li>➤ Employee may enroll the employee (if not previously enrolled).</li> <li>➤ Employee may also enroll newly-eligible spouse and/or newly-eligible stepchild(ren).</li> </ul>
Acquisition of New Child due to birth or adoption (including placement for adoption)	<ul style="list-style-type: none"> <li>➤ Employee may enroll the employee (if not previously enrolled).</li> <li>➤ Employee may also enroll spouse and/or newly-eligible child(ren).</li> </ul>
Gain Eligibility for Premium Assistance Subsidy under Medicaid or CHIP	<ul style="list-style-type: none"> <li>➤ Employee may enroll the employee and the spouse or child(ren) who have become eligible for the premium assistance.</li> </ul>
Loss of Other Health Coverage if due to: <ul style="list-style-type: none"> <li>➤ Loss of eligibility.               <ul style="list-style-type: none"> <li>○ Death of spouse; divorce, legal separation</li> <li>○ Child loses status (e.g. reaches age limit)</li> <li>○ Employment change (e.g. termination, reduction in hours, unpaid FMLA)</li> </ul> </li> <li>➤ Expiration of COBRA maximum period</li> <li>➤ Moving out of HMO plan's service area</li> <li>➤ Other employer terminates its plan (or discontinues employer contributions)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Employee may enroll the employee (if not previously enrolled).</li> <li>➤ Employee may also enroll spouse and/or children who have lost other health coverage.</li> </ul> <p>Note: Person losing the Other Health Coverage must have had the other coverage since the date of this employer plan's most recent enrollment opportunity.</p>
Loss of Medicaid or CHIP coverage	<ul style="list-style-type: none"> <li>➤ Employee may enroll the employee and the spouse or child(ren) who have lost Medicaid/CHIP entitlement.</li> </ul>

- Notes:**
1. HIPAA Special Enrollees must be given 31 days (from the date of the event) to enroll.
  2. For events related to Medicaid/CHIP, the special enrollment period is 60 days.
  3. Special enrollment, if elected, must take effect no later than the first day of the month following the enrollment request. If the event is the birth or adoption of a child, the special enrollment must take effect retroactively on the date of birth or adoption (or placement for adoption).

# Important Notice from Gardner Edgerton School District USD 231 About Your Prescription Drug Coverage and Medicare

## This Creditable Coverage Notice Pertains to all three United Healthcare (UHC) Health Plan Options

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 Gardner Edgerton School District 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. **United Healthcare (UHC)** has determined that the prescription drug coverage offered by the Gardner Edgerton School District 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 15 to December 7**.

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

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you are a **current employee** and decide to enroll in a Medicare prescription drug plan and drop your health coverage with the district, be aware that you will not be able to reenroll in the district health plan until Open Enrollment or unless there is a Family Status Event.

If you are a **retiree** and decide to enroll in a Medicare prescription drug plan and drop your health coverage with the district, **you will never be able to reenroll in the district health plan.**

**Retirees who are covered by the district's plan and Medicare** can refer to the United Healthcare plan summaries for more information about the prescription drug benefits offered by the plans to enrollees who are also covered by Medicare.

### 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 Gardner Edgerton School District 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 United Healthcare (UHC) customer service (866-270-5311) or the person listed below for further information.

**NOTE:** You'll get this notice each year before the next period you can join a Medicare drug plan, and if this coverage through the Gardner Edgerton School District 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](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

# General Notice of COBRA Continuation Coverage Rights

## \*\* Continuation Coverage Rights Under COBRA \*\*

### Introduction

You're getting this notice because you recently gained coverage or may become covered under the Gardner Edgerton USD 231 Group Health Plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

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

### What is COBRA continuation coverage?

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

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

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

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

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

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

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

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the Gardner Edgerton USD 231 Group Health Plan, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

### When is COBRA continuation coverage available?

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

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

***For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Amy Jackson, Benefits Manager – 913-856-2013 JacksonAL@usd231.com.***

# General Notice of COBRA Continuation Coverage Rights

## \*\* Continuation Coverage Rights Under COBRA \*\*

### How is COBRA continuation coverage provided?

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

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

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

#### **Disability extension of 18-month period of COBRA continuation coverage**

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. In order to determine if you or a covered member of your family qualify for the disability extension, you must send documentation received from Social Security verifying the disability determination to: **Amy Jackson, Benefits Manager – 913-856-2013 JacksonAL@usd231.com.**

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

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

#### **Are there other coverage options besides COBRA Continuation Coverage?**

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

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

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

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

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

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

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

#### **If you have questions**

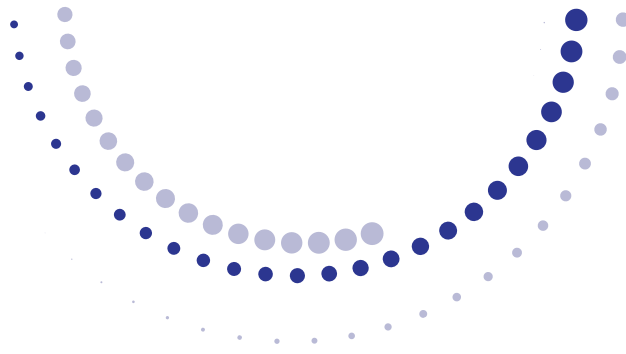
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act,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

**Keep your Plan informed of address changes** - To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

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







**Contact the USD 231 Benefits Office:**

Benefits Manager: Amy Jackson  
jacksonal@usd231.com | 913-856-2013  
231 E. Madison St, PO Box 97 | Gardner, KS 66030

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.

