USD 231
Gardner Edgerton School District

# EMPLOYEE BENEFIT GUIDE

2027

# 2027 Quick Reference for Open Enrollment

## 2027 Open Enrollment Dates

**October 26, 2026 - November 6, 2026**

This is an **ACTIVE** enrollment. Participation is required:

- Even if you recently completed new hire enrollment
- Even if you plan to waive/decline all coverage
- Even if you plan to keep the same elections as last year

## Learn About Your Benefits

Visit **www.usd231benefits.com** for all your benefit resources - including plan documents, claim forms, carrier links & tools, and benefit video library.

## Two Ways to Enroll

During open enrollment, staff may choose **online** self-enrollment at **www.usd231benefits.com** or enroller-assisted **phone** enrollment by calling **866-434-0050.**

## Employee Wellbeing Resources

Compiled and categorized - find **physical, social & emotional, financial, career & community** wellness resources at www.usd231benefits.com. Many are free to use and are built into your elected benefits, so you can use them anytime!

# Table Of Contents



Turn to page 32 for important government-mandated notices pertaining to premium subsidies that may be available to certain individuals & for the notice of creditable pharmacy coverage. 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 (all four Blue KC plans offer creditable Rx coverage to Part D)

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*
- *Accident Insurance*
- *Critical Illness Insurance*
- *Hospital Indemnity Insurance*
- *Identity Theft & Cyber Protection*
- *Prepaid Legal*

# Benefit Customer Service Contact Directory

Refer to this list if you need to contact one of your benefit providers.

For general information, contact Amy Jackson in the USD 231 Benefits office at:
**913-856-2013 or JacksonAL@usd231.com**

### Medical

Blue Cross & Blue Shield of Kansas City (BlueKC)
BlueKC Customer Service - (816) 395-3558
Spira Customer Service - (913) 297-7472
Website – www.mybluekc.com

### Health Savings Account Administration

Central Bank of the Midwest
Customer Service – (833) 232-4676
Website – www.hsacentral.net

### Dental

Delta Dental of Kansas
Customer Service – (800) 234-3375
Website – www.deltadentalks.com

### Vision

Vision Service Plan (VSP)
Customer Service – (800) 877-7195
Website – www.vsp.com

### Flexible Spending Account Administration

Flex Made Easy
Customer Service – (855) 615-3679
Website – www.flexmadeeasy.com

### Employee Assistance Program

Optum EAP
Customer Service – (866) 248-4096
Website – www.liveandworkwell.com

### Voluntary Life Insurance:

Guardian
Customer Service – (800) 525-4542
Website – www.guardianantytime.com

### Short Term Disability Insurance

Guardian
Customer Service – (800) 268-2525
Website – www.guardianantytime.com

### Accident Insurance

Guardian
Customer Service – (800) 541-7846
Website – www.guardianantytime.com

### Critical Illness Insurance

Guardian
Customer Service – (800) 541-7846
Website – www.guardianantytime.com

### Hospital Indemnity Insurance

Guardian
Customer Service – (800) 541-7846
Website – www.guardianantytime.com

### Identity Theft + Cyber Protection Plan

Allstate Identity Protection
Customer Service – (800) 789-2720
Website - www.allstateidentityprotection.com

### Prepaid Legal Insurance

MetLaw
Customer Service – (800) 821-6400
Website – www.metlife.com/insurance/legal-plans/

### KPERS

Kansas Public Employees Retirement System
Customer Service – (888) 275-5737
Website – www.kspers.gov

### 403(b) Retirement Plan

ESSDACK
Customer Service – (866) 944-0532
Website – www.essdack.org/retirement

### 457(b) Deferred Compensation Plan:

KPERS 457
Customer Service – (800) 232-0024
Website – www.kpers457.org

### Enrollment Help Center

For phone enrollment and benefit questions:
**(866) 434-0050**
*Avant Specialty Benefits*

# Eligibility & Enrollment

## Eligibility

**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 for benefit participation.

**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 date of hire.

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

**Eligible dependents include:**
Your legal spouse and your dependent children to age 26.
Coverage for dependent children terminates as follows:

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

***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.*

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

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

## How To Enroll

Review this booklet and our benefits website at www.usd231benefits.com. If you have questions, you may contact a benefit counselor at **(866) 434-0050**.

## How To Make Changes

**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 changes in status 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, or change in spouse's benefits, employment status or open enrollment cycle. 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.

*Qualified change in status rule does not apply to 403(b) or 457(b) plan administration.*

# Health Insurance

## Blue Cross and Blue Shield of Kansas City (BlueKC)

**Employees may choose from four BlueKC plans:**

- Plan A - $4,000 Deductible PPO Base Plan
- Plan B - $3,500 Deductible PPO HSA Eligible
- Plan C - $1,000 Deductible PPO
- Plan D - $0 Deductible Spira EPO Copay Plan

**All four BlueKC plans have access to:**

- **Spira Care Centers**
- **BlueSelect Plus Network** of healthcare providers and hospitals

### Check your provider network status & prescription drug coverage details

**Existing members:** Log in/register at www.mybluekc.com to use the lookup tools in the Find Care and Pharmacy sections. This is the easiest way to get quick and accurate information - and to use the many helpful features of your member portal!

**Future members:** See if your healthcare providers and hospitals are in network by visiting www.bluekc.com. Choose "Find Care" (be sure to select the **BlueSelect Plus Network** when searching!). Don't forget to learn about **Spira Care** - all USD 231 BlueKC plans have access to no/low cost care at Spira Care Centers.

The easiest way to find out how a prescription is covered is to check the Prescription Drug List (PDL). Our plan uses BlueKC's Premium Formulary PDL (Rx lookup instructions at www.usd231benefits.com). Some Rx medications may have requirements before filling (e.g. Prior Authorization) to coordinate with your doctor.

## What is Spira Care?

It's about supporting your health with an array of advanced primary care services under one roof.

**Experience the difference advanced primary care can make.**
We're proud to offer Blue KC members health plans with exclusive access to Spira Care Centers, where we bring healthcare and coverage together to put YOU at the center of everything we do.

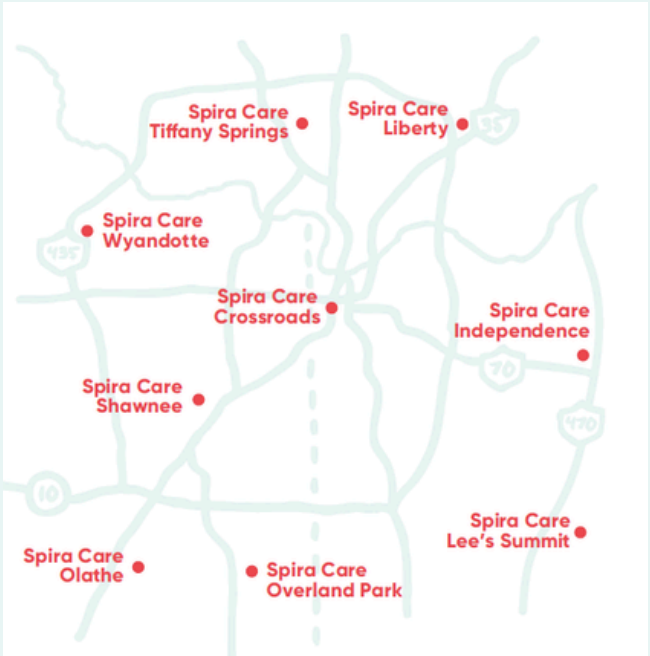
- Behavioral health consultations
- Chronic medical condition mgmt
- Comprehensive medication mgmt
- Diabetes Education/Health Coaching
- Digital X-Rays
- Injuries
- Immunizations
- Routine Lab Draws
- Routine Preventive Care*
- Sick Care

**What is the cost of a Spira Care Visit?***

**Plan A: $0** **Plan C: $0**
**Plan B: $60/visit** **Plan D: $0**
*($60 charge is required for HSA eligible Plan B)*
*Preventive services covered at 100% on all 4 plans

SPIRA CARE

**Kansas City Metro Locations for Spira Care Centers**
Learn more about these locations, including extended hours, and meet the Care Teams at SpiraCare.com.




**Spira Care Crossroads**
1916 Grand Boulevard
Kansas City, MO 64108

**Spira Care Independence**
3717 S Whitney Avenue
Independence, MO 64055

**Spira Care Lee's Summit**
760 NW Blue Parkway
Lee's Summit, MO 64086

**Spira Care Liberty**
8350 N Church Road
Kansas City, MO 64158

**Spira Care Olathe**
15710 W 135th Street, Suite 200
Olathe, KS 66062

**Spira Care Overland Park**
7341 W 133rd Street
Overland Park, KS 66213

**Spira Care Shawnee**
10824 Shawnee Mission Parkway
Shawnee, KS 66203

**Spira Care Tiffany Springs**
8765 N Ambassador Drive
Kansas City, MO 64154

**Spira Care Wyandotte**
9800 Troup Avenue
Kansas City, KS 66111

**We have a wide range of advanced primary care services for newborns, infants, children, adolescents, adults and seniors.**

# Health Insurance

## What is Spira Care? (continued)

**Spira Care is team-based care.** Along with doctors, physician assistants and nurse practitioners, you have a Care Team to help you with condition management, healthy eating, sleep, self-care and more. It's all about treating the whole person and working together to help you reach your health goals.

**Spira Care Centers have a variety of ways to care for patients including in-person, virtual, and telephonic** appointments with Spira Care providers. *Appointments are required at Spira Care Centers.*

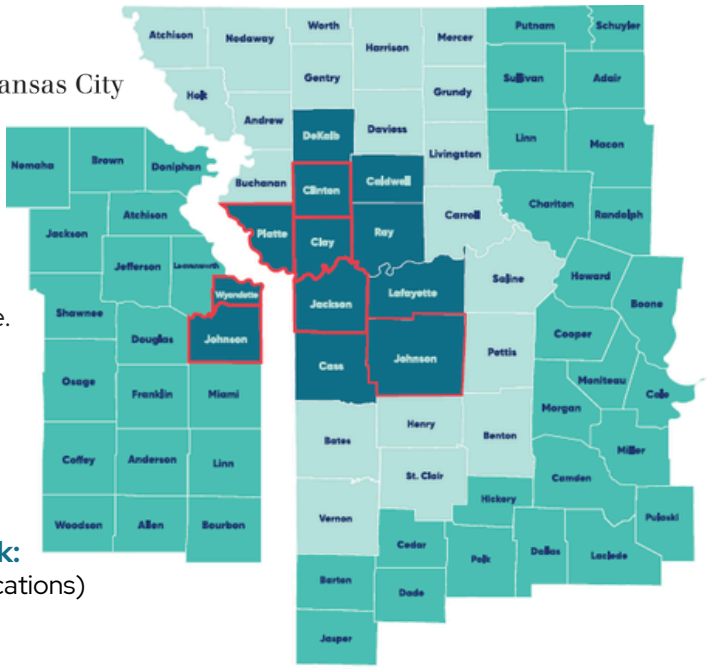
**What if I have care needs outside of Spira Care?** You have access to your plan's BlueSelect Plus network. Services beyond Spira Care (for example: a visit to a specialist or an emergency room) are subject to your plan's deductible.

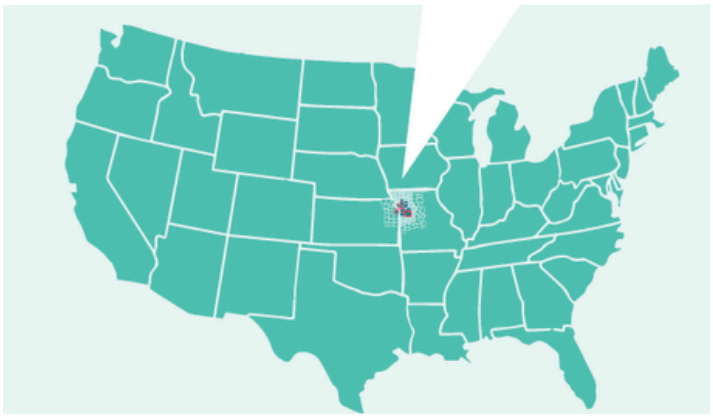

## BlueSelect Plus (local) Network and BlueCard (nationwide) Network

*BlueSelect Plus is a select network of health care providers specially designed to provide affordable access to quality care in and around the metro area.*

Kansas City

- **BlueSelect Plus Network:** Provides in-network coverage in the dark blue areas of the map. Costs apply toward your annual deductible. Hospitals located in the BlueSelect Plus network are located in the seven counties outlined in red (excludes HCA facilities and St. Luke's). Costs apply toward your annual deductible.
- **BlueCard:** Offers coverage nationwide, including counties in dark green on the map. Costs apply toward your annual deductible.
- **Out-of-Network:** The areas in light green are out-of-network.



### These hospitals are included in the BlueSelect Plus Network:

- Advent Health (College Blvd/Shawnee Mission/Overland Park locations)
- Cameron Regional Medical Center
- Children's Mercy Hospitals
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center (part of University Kansas Health System)
- Providence Medical Center
- St. Joseph Medical Center
- St. Mary's Medical Center
- University Health Truman / Lakewood Medical Centers
- University of Kansas Health System
- Western Missouri Medical Center

### These hospitals are Out-of-Network:

- Center Point Medical Center
- Lee's Summit Hospital
- Menorah Medical Center
- Overland Park Regional
- Research Medical Center
- St. Luke's (all locations)


BlueSelect Plus also includes specialty hospital Ascentist Healthcare and over 50 Ambulatory Surgical Centers (ASCs). ASCs are modern care facilities focused on providing same-day surgical care, including diagnostic and preventive procedures, and may be more cost effective.

# Health Insurance

## Member Tools and Resources

**It's easier to connect to your plan:** Your BlueKC 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.

### Inside Your Member Account

1. **My Plan** – View the types of care and treatment covered by your plan. Click any of the options to enter the Plan Navigator experience where you'll learn how your plan works when you receive care.
2. **ID Card** – Use this button to view your member ID Card. You can also send yourself a text or email with a copy of it– perfect for checking in at appointments.
3. **Plan Usage** – See how much you've spent so far this year. View helpful definitions of key insurance terms, so you always know what to expect when you receive care
4. **Recent Claims** – View your recent Claims and EOBs, all in one place. It's easy to track what your provider billed, what your plan covered, and what's left for you to pay. View a longer list of claims using the All Claims button
5. **Find Care** – When you're looking for a doctor, this section provides easy access to tools that will help you locate in-network providers, so you can get the care you need at the lowest possible price. The Find Care navigation menu at the top of the page offers even more care options
6. **Programs and Resources** – Participate available wellness programs and customize your Additional Resources pages for quick access to the information you need most often


## MYBLUEKC APP

**Puts so much in the palm of your hand.**

Find doctors and specialists in your network

Virtual Care

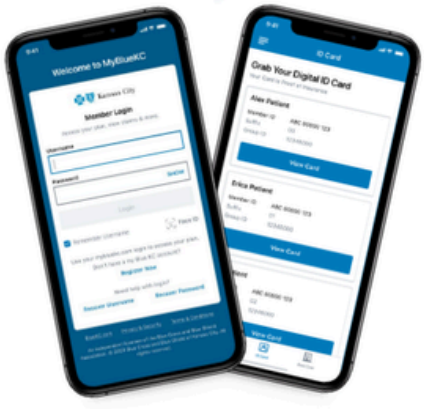
Download your digital ID card

Access benefits

Review spending for your current year

View details about your claims

Cost estimator



**Use the app to learn about other benefits and programs. Registration is simple, if you're already registered at MyBlueKC.com, use the same log-in for the app.**

# Health Insurance

## Make the Most of Your BlueKC Health Insurance Plan

SCAN TO ACCESS THE MEMBER GUIDE

Find out more about these tools & programs in your BlueKC Member Guide.

- **Mindful (Behavioral Health)** - members can reach a Mindful Advocate 24/7 for in-the-moment support, navigating care, & help locating and referring to in-network providers.
- **A Healthier You (AHY)** - convenient online and mobile access to wellness tools - plus earn points that can be redeemed for chances to win gift cards.
- **Virtual Care -** quick & convenient access to doctors & behavioral healthcare using a computer or smartphone.
- **Preventive Care -** Preventive care keeps you a step ahead of health issues before they arise.
- **Rx Savings Solutions** - a secure, online tool that helps you find ways to save money on your prescriptions.
- **BlueKC Care Management App** - connect to our care team, making it easier to manage your health & chronic conditions such as diabetes, asthma, cancer, maternal health & more.

## Explore Options for Dependent Healthcare Coverage

### Including Eligibility for Financial Assistance in the Marketplace - HealthCare.gov

**Important update!** Did you know that your dependents are eligible to enroll for coverage through the Marketplace (Healthcare.gov) and may also be eligible for financial assistance to purchase a health insurance policy as well as cost sharing reductions for that coverage?

Under the Affordable Care Act (ACA), there is now an opportunity for your dependents to receive premium savings on health plans sold in the Marketplace at HealthCare.gov, even if your dependents were not eligible before.

The ACA has a new rule about the affordability of employer coverage for the dependents of an employee. This new rule changes how the affordability is calculated for health insurance policies for the employees' family members when using the Marketplace (Healthcare.gov) to enroll for coverage. This new ruling means more individuals will have access to financial assistance through the Marketplace (Healthcare.gov) than ever before.

Under this affordability rule, if the cost to add your dependents to the USD 231 group health plan is greater than a certain percentage of your household income, your dependents will be eligible for financial assistance through the Marketplace (Healthcare.gov). This affordability determination is done by Healthcare.gov when your dependents are applying for a health care policy in the Marketplace at Healthcare.gov.

If you would like to see if your dependents can receive financial assistance for a health care policy purchased in the Marketplace (Healthcare.gov) please go to **Healthcare.gov or call 1-800-318-2596 for further assistance.** Local agents with state-specific expertise are also available to assist families in making these important decisions.

HealthCare.gov

# Health Insurance

**Medical Plan Overview** The information provided below is intended to help you choose the plan that will work best for you & your family. Review the government-mandated SBCs & Benefit Summary documents at www.usd231benefits.com

| BlueKC | All four plans utilize the BlueSelect Plus (BSP) network from BlueKC. | | | |
|---|---|---|---|---|
| **2027** This matrix highlights the in-network level of benefits. | **Plan A** $4000 Deductible PPO Base Plan | **Plan B** $3500 Deductible PPO HSA Eligible | **Plan C** $1000 Deductible PPO | **Plan D** $0 Deductible Spira Care EPO Copay Plan |
| **Spira Care Center Eligible** | Yes | Yes | Yes | Yes |
| **HSA Eligible** | No | Yes | No | No |
| **Calendar Year Deductible** | Individual: $4,000<br>Family: $8,000 | Individual: $3,500<br>Family: $7,000 | Individual: $1,000<br>Family:$3,000 | Individual: $0<br>Family: $0 |
| **Coinsurance** | BlueKC: 90%<br>Member: 10% | BlueKC: 100%<br>Member: 0% | BlueKC: 70%<br>Member: 30% | BlueKC: 100%<br>Member: 0% |
| **Out-of-Pocket Maximum** | Individual: $5,000<br>Family: $10,000 | Individual: $3,500<br>Family: $7,000 | Individual: $4,600<br>Family: $9,200 | Individual: $5,000<br>Family: $10,000 |
| **Primary Care Office Visit** | Deductible+Coinsurance or $0 at Spira Care | Deductible, then 100% covered, or $60 at Spira | Deductible+Coinsurance or $0 at Spira Care | $75 Copay or $0 at Spira Care |
| **Specialist Office Visit** | Deductible+Coinsurance | Deductible, then 100% covered | Deductible+Coinsurance | $100 Copay |
| **Urgent Care** | Deductible+Coinsurance | Deductible, then 100% covered | Deductible+Coinsurance | $150 Copay |
| **Preventive Care** | No Charge | No Charge | No Charge | No Charge |
| **MRI'S, PET, CT etc.** | Deductible+Coinsurance | Deductible, then 100% covered | Deductible+Coinsurance | $150 Copay |
| **Labs/Digital X-rays** | Deductible+Coinsurance or $0 at Spira Care | Deductible, then 100% covered, or $60 at Spira | Deductible+Coinsurance or $0 at Spira Care | $0 Copay (Included with Office Visit) |
| **Inpatient/Outpatient Hospital Services** | Deductible+Coinsurance | Deductible, then 100% covered | Deductible+Coinsurance | $500 Copay per Day |
| **Emergency Room** | Deductible+Coinsurance | Deductible, then 100% covered | Deductible+Coinsurance | $250 Copay |
| **Hearing Aid Benefits** | Yes | Yes | Yes | Yes |
| **Retail Pharmacy Rx (Up to a 34-day supply) Tier 1/2/3** | $15 / $45 / $75 | Deductible, then 100% covered<br>Preventive Rx: No Cost | $15 / $45 / $75 | $15 / $70 / $110 |
| **Specialty Pharmacy Rx (Up to a 34-day supply) Tier 1/2/3** | $15 / $45 / $75 | Deductible, then 100% covered<br>Preventive Rx: No Cost | $15 / $45 / $75 | $15 / $110 / $220 |
| **Long-Term Retail Rx Mail Order Rx (Up to a 102-day supply) Tier 1/2/3** | $45 / $135 / $225 | Deductible, then 100% covered<br>Preventive Rx: No Cost | $45 / $135 / $225 | $37.50 / $175 / $275 |

### Understanding Health Insurance Terms

- **Out-of-Pocket Maximum:** The amount members pay each year toward covered services before BlueKC pays 100% of benefits. This includes the total of deductible, coinsurance, office visit copays and Rx drugs.
- **Coinsurance:** The percentage of costs of a covered healthcare service you pay after you've paid your deductible.
- **Copay:** The fixed amount (for example, $75) you pay for a covered healthcare service, usually when you receive the service. The amount can vary, depending on the provider and the type of healthcare service.
- **Deductible:** The amount you pay for services received before your health plan begins to pay. For example, if your deductible is $1,000, your health plan will not pay for covered services until you've paid $1,000 toward your covered healthcare expenses. Once your deductible is met, your health plan will begin to pay a portion of your covered healthcare.

# Health Insurance

## Gardner Edgerton School District - 2027 Monthly Insurance Rates
## Blue Cross and Blue Shield of Kansas City (BlueKC)

| Plan A - $4000 Deductible PPO Base Plan - with Spira Care | | | |
|---|---|---|---|
| **Coverage Tier** | **2027 BlueKC Total Monthly Cost** | **USD 231 Monthly Paid Benefit** | **Monthly Employee Cost** |
| **Employee Only** | $913 | $913 | $0 |
| **Employee + Spouse** | $1,883 | $913 | $970 |
| **Employee + Child(ren)** | $1,696 | $913 | $783 |
| **Family** | $2,389 | $913 | $1,476 |

| Plan B - $3500 Deductible PPO HSA Eligible - with Spira Care | | | |
|---|---|---|---|
| **Coverage Tier** | **2027 BlueKC Total Monthly Cost** | **USD 231 Monthly Paid Benefit** | **Monthly Employee Cost** |
| **Employee Only** | $944 | $913 | $31 |
| **Employee + Spouse** | $1,956 | $913 | $1,043 |
| **Employee + Child(ren)** | $1,767 | $913 | $854 |
| **Family** | $2,502 | $913 | $1,589 |

| Plan C - $1000 Deductible PPO - with Spira Care | | | |
|---|---|---|---|
| **Coverage Tier** | **2027 BlueKC Total Monthly Cost** | **USD 231 Monthly Paid Benefit** | **Monthly Employee Cost** |
| **Employee Only** | $992 | $913 | $79 |
| **Employee + Spouse** | $2,053 | $913 | $1,140 |
| **Employee + Child(ren)** | $1,854 | $913 | $941 |
| **Family** | $2,614 | $913 | $1,701 |

| Plan D - $0 Deductible Spira Care EPO Copay Plan | | | |
|---|---|---|---|
| **Coverage Tier** | **2027 BlueKC Total Monthly Cost** | **USD 231 Monthly Paid Benefit** | **Monthly Employee Cost** |
| **Employee Only** | $1,049 | $913 | $136 |
| **Employee + Spouse** | $2,160 | $913 | $1,247 |
| **Employee + Child(ren)** | $1,957 | $913 | $1,044 |
| **Family** | $2,749 | $913 | $1,836 |

| Cash In Lieu of Health Enrollment - USD 231 Paid Benefit: $20/month |
|---|
| **Employees declining USD 231 health insurance coverage have the option to receive a taxable cash benefit of $20/month (via regular paycheck) in lieu of enrollment in the USD 231 group health plan.**<br>• *Eligible employees include: All administrative and certified staff, Support staff scheduled 30+ hours/week* |
| **Cash in lieu is not automatically applied - participation in the enrollment process is required.**<br>*To qualify, employees must certify during the enrollment process that they are declining coverage under the USD 231 Plan because they have coverage under another group health plan that is compliant with the Affordable Care Act of 2010 (ACA).* |

**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.

# Health Savings Accounts (HSA)

HSA Central

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 the following advantages:

- **Tax Savings.** You contribute pre-tax dollars to the HSA. Interest accumulates tax-free and funds are withdrawn tax-free for 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. You can also 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. Funds can also be invested once the balance reaches a certain level. Any growth from invested funds is also tax-free!
- **HSA funds can be used for any qualified family member's health care expenses** - even if they are not enrolled in the USD 231 group health insurance plan.

### To be eligible for an HSA you MUST:

- **Be enrolled in BlueKC Plan B - $3,500 Deductible PPO HSA Eligible - with Spira Care**
- **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**

## 2027 HSA Contribution Limits (Per IRS Rules)

**Self-Only Coverage: $4,500**

**Family Coverage: $9,000**

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

# Health Savings Accounts (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.hsacentral.net/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
- Designate a beneficiary for your account

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 any part of Medicare (A, B, C or D).
- 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 and GESD 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 and use the resources at www.hsacentral.net.
- 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 Blue KC offers prescription coverage that is "Creditable" to Medicare Part-D prescription coverage.
- Important: Special rules apply with the interaction of Medicare and your HSA. If you delayed Medicare enrollment, be sure to stop HSA contributions six (6) months prior to your Medicare Part-A effective date.
- If you had a Medical FSA in 2026, the balance must reflect $0.00 as of 12/31/2026 in order to begin making HSA contributions on 1/1/2027. If your Medical FSA balance does not reflect $0.00 on 12/31/2026 you are not permitted to add contributions to your HSA until 4/1/2027.
- USD 231 has an arrangement with Central Bank of the Midwest to administer your HSA. You may contact the bank for additional information at www.hsacentral.net or HSA Central Consumer Services (833) 232-4676. Be sure to designate a beneficiary on your HSA account. Contact the bank for details to do so.
- 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, health insurance carrier, or USD 231.

# Dental Insurance

DELTA DENTAL®

| | Base Plan | Buy Up Plan |
|---|---|---|
| **ANNUAL MAXIMUM BENEFIT PER PERSON** For all Covered Services for each Enrollee in any one Calendar Year. | $750 | $1,500 |
| **DEDUCTIBLE** | $50 x 3 | $50 x 3 |
| **DIAGNOSTIC & PREVENTIVE (Not Subject to Deductible)** Oral evaluations, x-rays, cleanings, fluoride, space maintainers, sealants | 50% | 100% |
| **BASIC (Subject to Deductible)** Oral Surgery, fillings, endodontic treatment, | 50% | 80% |
| **MAJOR (Subject to Deductible)** Crowns, bridges, dentures, bridge & denture repair | 50% | 50% |
| **ORTHODONTIC (Subject to Deductible)** 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. |
| **Right Start 4 Kids (RS4K)** 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 calendar year in which they turn age 26. | | |

**Special Health Care Needs Benefit**: For individuals with special health care needs. Benefits include additional visits prior to treatment to help patients learn what to expect. Up to four dental cleanings in a benefit period. Anesthesia when necessary to provide dental care. There is no age limit; all covered members with a qualifying health care need are eligible.

| Dental Base Plan | | | |
|---|---|---|---|
| **Coverage Tier** | **2027 Total Monthly Cost** | **USD 231 Monthly Paid Benefit** | **Employee Cost** |
| **Employee Only** | $18.68 | $18.68 | $0.00 |
| **Employee + Spouse** | $36.48 | $18.68 | $17.80 |
| **Employee + Child(ren)** | $35.54 | $18.68 | $16.86 |
| **Family** | $59.92 | $18.68 | $41.24 |

| Dental Buy Up Plan | | | |
|---|---|---|---|
| **Coverage Tier** | **2027 Total Monthly Cost** | **USD 231 Monthly Paid Benefit** | **Employee Cost** |
| **Employee Only** | $41.24 | $18.68 | $22.56 |
| **Employee + Spouse** | $80.56 | $18.68 | $61.88 |
| **Employee + Child(ren)** | $87.06 | $18.68 | $68.38 |
| **Family** | $144.22 | $18.68 | $125.54 |

# Dental Insurance

DELTA DENTAL

## 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
- 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
- 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.*

**SCAN TO DOWNLOAD**
**DELTA DENTAL MOBILE APP**

See detailed plan summaries at www.usd231benefits.com/dental-insurance

# Vision Insurance

vsp vision care

## 2027 Monthly Vision Cost

| | |
|---|---|
| Employee Only | $10.92 |
| Employee + Spouse | $17.30 |
| Employee + Children | $17.66 |
| Family | $28.46 |

## Vision Plan Overview

| VSP Benefit | Description | Copay | Frequency |
|---|---|---|---|
| WellVision Exam | Eye Health & Overall Wellness | $10 | Every Calendar Year |
| Prescription Glasses | | $20 | See Frames & Lenses |
| Frame | $180 allowance<br>20% discount off of balance over the allowance | Included in Prescription Copay | Every Other Calendar Year |
| Lenses | • Single vision lenses<br>• Lined Bifocal & Trifocal<br>• Polycarbonate lenses (dependent children) | Included in Prescription Copay | Every Calendar Year |
| Lens Options | • Standard Progressive<br>• Premium Progressive<br>• Custom Progressive<br>• 20-25% discount on other lens options | • $0<br>• $95 - $105<br>• $150 - $175 | Every Calendar Year |
| Contacts (instead of glasses) | $180 allowance (copay does not apply)<br>Contact lens exam, fitting and evaluation | Up to $60 for fitting & evaluation | Every Calendar Year (in lieu of glasses) |

Dependent children can be covered until the end of the calendar year in which they turn age 26.

- **Savings never looked so good.** VSP members save on eyewear and eye care with a VSP network doctor. You'll also receive access to Exclusive Member Extras that can save you more than $3,000. Calculate your savings and check out the Exclusive Member Extras you'll get.
- **Your eyes have options.** With thousands of locations, getting the most out of your benefits is easy with VSP Premier Edge™—including private practice doctors and Visionworks® retail locations nationwide. It's easy to find a nearby in-network doctor to maximize your vision coverage.
- **See better.** Look your best. VSP members have access to a huge selection of designer brand frames. From classic styles to the latest designer frames, you'll find a great selection of eyewear for you and your family at an eye care provider near you.

### No Member ID Card Required

Coverage is based on the employee's Social Security Number. Tell your provider you have VSP, and they can look up your coverage for you!

See detailed plan summaries at www.usd231benefits.com/vision-insurance

# Flexible Spending Accounts (FSA)

(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. **FlexMadeEasy** will continue to be the administrator of this program in 2027.

## 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.

**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.*

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.

The IRS limit in 2027 is anticipated to be **$3,500**.

## 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 full-time.

The annual maximum amount you may contribute to the Dependent Care FSA in 2027 is **$7,500 per household (or $3,750 each if married and filing separately)**.

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).

**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 2027 plan year, the annual claims filing deadline for active employees is April 30, 2028.**

# Employee Assistance Program (EAP)

OPTUM®

**The EAP is available to all full time and part time employees and all members of your household *(regardless of relationship and whether or not enrolled in any other USD 231 benefits)* 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

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
- Conflict and communication
- Family problems
- Help with relationships
- Sudden lifestyle changes
- Financial and legal services

**24-hour online access is also available at 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 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.

# 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 |
|---|---|
| **Employee Benefit** | $10,000 increments to a maximum of $500,000. See Cost Illustration page for details. |
| **Accidental Death and Dismemberment** | Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount. |
| **Spouse Benefit** | $5,000 increments to a maximum of $250,000. See Cost Illustration page for details. |
| **Child Benefit** | Your dependent children age 14 days to 26 years.<br>You may elect one of the following benefit options: $10,000.<br>Subject to state limits. See Cost Illustration page for details. |
| **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. | We Guarantee Issue coverage up to:<br>Employee $200,000.<br>Spouse $50,000.<br>Dependent children $10,000. |
| **Premiums** | Increase on plan anniversary after you enter next five-year age group |
| **Portability:** Allows you to take coverage with you if you terminate employment. | Yes, with age and other restrictions |
| **Conversion:** Allows you to continue your coverage after your group plan has terminated. | Yes, with restrictions; see certificate of benefits |
| **Accelerated Life Benefit:** A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan. | Yes |
| **Waiver of Premiums:** 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 |
| **Benefit Reductions:** 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 to access secure information about your Guardian benefits. Your online account will be set up within 30 days after your plan effective date.

See full Voluntary Life Insurance Benefit Summary at www.usd231benefits.com

## **Voluntary Life Cost Illustration -** Employee Coverage

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 (continued) –** Spouse and Child(ren) Coverage

| 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

**Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.**

## Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It ensures that you'll receive a partial income if you're injured or too sick to work.

## What does it cover?

Most disability insurance pays out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job. You choose a weekly benefit amount based on your personal needs.

## Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

## About Your Benefits:

| | Option 1 | Option 2 |
|---|---|---|
| **Coverage amount** | 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. |
| **Maximum payment period:** Maximum length of time you can receive disability benefits. | 26 weeks | 26 weeks |
| **Accident benefits begin:** The length of time you must be disabled before benefits begin. | Day 1 | Day 30 |
| **Illness benefits begin:** The length of time you must be disabled before benefits begin. | Day 8 | Day 30 |
| **Evidence of Insurability:** A health statement requiring you to answer a few medical history questions. | Health Statement may be required | Health Statement may be required |
| **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 applicant signs up for coverage during the initial enrollment period. | We Guarantee Issue $1250 in coverage | We Guarantee Issue $1250 in coverage |
| **Minimum work hours/week:** Minimum number of hours you must regularly work each week to be eligible for coverage. | Planholder Determines | Planholder Determines |
| **Pre-existing conditions:** 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 |
| **Premium waived if disabled:** Premium will not need to be paid when you are receiving benefits. | Yes | Yes |

See full Short Term Disability Benefit Summary at www.usd231benefits.com

# Short Term Disability

## Short-Term Disability Plan Monthly Cost Illustration:

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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: 1 day accident, 8 day sickness<br>26 week benefit duration | Option 2 | Benefits Begin: 30 day accident, 30 day sickness<br>26 week benefit duration |

Policy amounts shown based on sample salary amounts only.

| | < 25 | 25–29 | 30–34 | 35–39 | 40–44 | 45–49 | 50–54 | 55–59 | 60+ |
|---|---|---|---|---|---|---|---|---|---|
| Option 1 premium rate | $1.139 | $1.139 | $1.139 | $1.139 | $1.139 | $1.139 | $1.139 | $1.139 | $1.139 |
| Option 2 premium rate | $0.506 | $0.506 | $0.506 | $0.506 | $0.506 | $0.506 | $0.506 | $0.506 | $0.506 |

| | |
|---|---|
| $8,667 Minimum Annual Salary | |
| Option 1*: $100 Weekly Benefit | $11.39 |
| Option 2*: $100 Weekly Benefit | $5.06 |
| $13,000 Minimum Annual Salary | |
| Option 1*: $150 Weekly Benefit | $17.09 |
| Option 2*: $150 Weekly Benefit | $7.59 |
| $17,333 Minimum Annual Salary | |
| Option 1*: $200 Weekly Benefit | $22.78 |
| Option 2*: $200 Weekly Benefit | $10.12 |
| $21,667 Minimum Annual Salary | |
| Option 1*: $250 Weekly Benefit | $24.75 |
| Option 2*: $250 Weekly Benefit | $11.00 |
| $26,000 Minimum Annual Salary | |
| Option 1*: $300 Weekly Benefit | $34.17 |
| Option 2*: $300 Weekly Benefit | $15.18 |
| $30,333 Minimum Annual Salary | |
| Option 1*: $350 Weekly Benefit | $39.87 |
| Option 2*: $350 Weekly Benefit | $17.71 |
| $34,667 Minimum Annual Salary | |
| Option 1*: $400 Weekly Benefit | $45.56 |
| Option 2*: $400 Weekly Benefit | $20.24 |
| $39,000 Minimum Annual Salary | |
| Option 1*: $450 Weekly Benefit | $51.26 |
| Option 2*: $450 Weekly Benefit | $22.77 |
| $43,333 Minimum Annual Salary | |
| Option 1*: $500 Weekly Benefit | $56.95 |
| Option 2*: $500 Weekly Benefit | $25.30 |
| $47,667 Minimum Annual Salary | |
| Option 1*: $550 Weekly Benefit | $62.65 |
| Option 2*: $550 Weekly Benefit | $27.83 |
| $52,000 Minimum Annual Salary | |
| Option 1*: $600 Weekly Benefit | $68.34 |
| Option 2*: $600 Weekly Benefit | $30.36 |
| $56,333 Minimum Annual Salary | |
| Option 1*: $650 Weekly Benefit | $74.04 |
| Option 2*: $650 Weekly Benefit | $32.89 |
| $60,667 Minimum Annual Salary | |
| Option 1*: $700 Weekly Benefit | $79.73 |
| Option 2*: $700 Weekly Benefit | $35.42 |
| $65,000 Minimum Annual Salary | |
| Option 1*: $750 Weekly Benefit | $85.43 |
| Option 2*: $750 Weekly Benefit | $37.95 |
| $69,333 Minimum Annual Salary | |
| Option 1*: $800 Weekly Benefit | $91.12 |
| Option 2*: $800 Weekly Benefit | $40.48 |
| $73,667 Minimum Annual Salary | |
| Option 1*: $850 Weekly Benefit | $96.82 |
| Option 2*: $850 Weekly Benefit | $43.01 |
| $78,000 Minimum Annual Salary | |
| Option 1*: $900 Weekly Benefit | $102.51 |
| Option 2*: $900 Weekly Benefit | $45.54 |
| $86,667 Minimum Annual Salary | |
| Option 1*: $1,000 Weekly Benefit | $113.90 |
| Option 2*: $1,000 Weekly Benefit | $50.60 |
| $95,333 Minimum Annual Salary | |
| Option 1*: $1,100 Weekly Benefit | $125.29 |
| Option 2*: $1,100 Weekly Benefit | $55.66 |

### Replacing Income

**Mike injures his back in a bicycle accident and can't work for 13 weeks.**

Unpaid time off work: **13 weeks**
Elimination period: **1 week**

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces **$400** of his weekly income for the remaining **12 weeks** of his rehabilitation.

This gives him a total of **$4,800** to cover his expenses while he's unable to work.

*This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.*

**Manage Your Benefits:**
Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your online account will be set up within 30 days after your plan effective date.

# Accident Insurance

## Accidents happen.

## With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

### Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is a great add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

### What does it cover?

Accident insurance pays you lump sum benefits after you suffer an accident. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer a special benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

### Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Accident insurance is a simple, affordable way to supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

*You will receive these benefits if you meet the conditions listed in the policy.*

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### Support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **$2,500**

Average Major Medical deductible: **$1,500**

Major Medical covers 70% of the surgical cost after the deductible is met, but Amanda's still responsible for 30%: **$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **$1,700**

Amanda's Guardian Accident policy pays her a benefit of **$1,700**, which covers all of her out-of-pocket expenses.

*This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.*

| COVERAGE - DETAILS | |
|---|---|
| **Your Monthly premium** | $16.15 |
| You and Spouse | $24.02 |
| You and Child(ren) | $32.03 |
| You, Spouse and Child(ren) | $39.90 |
| **Accident Coverage Type** | On and Off Job |
| **Portability** - Allows you to take your Accident coverage with you if you terminate employment. | Included |
| **ACCIDENTAL DEATH AND DISMEMBERMENT** | |
| **Benefit Amount(s)** | Employee $100,000<br>Spouse $50,000<br>Child $25,000 |
| **Catastrophic Loss** | Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D<br>Hemiplegia & Paraplegia: 50% of AD&D |
| **Common Carrier** | 200% of AD&D benefit |
| **Common Disaster** | 200% of Spouse AD&D benefit |
| **Dismemberment** - Hand, Foot, Sight | Single: 50% of AD&D benefit<br>Multiple: 100% of AD&D benefit |
| **Dismemberment** - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot | 25% of AD&D benefit |
| **Seatbelts and Airbags** | Seatbelts: $10,000 & Airbags: $15,000 |
| **Reasonable Accommodation to Home or Vehicle** | $2,500 |
| **WELLNESS BENEFIT** - Per Year Limit | $100 |
| **Child(ren) Age Limits** | Children age birth to 26 years |

# Accident Insurance

| FEATURES | |
|---|---|
| Air Ambulance | $1,000 |
| Ambulance | $200 |
| Blood/Plasma/Platelets | $300 |
| Burns (2nd Degree/3rd Degree) | 9 sq inches To 18 sq inches: $0/$2,000<br>18 sq inches To 35 sq inches: $1,000/$4,000<br>Over 35 sq inches: $3,000/$12,000 |
| Burns - Skin Graft | 50% of burn benefit |
| Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate. | 25% increase to child benefits |
| Chiropractic Visits | $50/visit, up to 6 visits |
| Coma | $10,000 |
| Concussions | $200 |
| Diagnostic Exam (Major) | $200 |
| Dislocations | Schedule up to $7,000 |
| Doctor Follow-Up Visits | $50, up to 6 treatments |
| Emergency Dental Work | $300/Crown, $75/Extraction |
| Emergency Room Treatment | $250 |
| Epidural Anesthesia Pain Management | $100, 2 times per accident |
| Eye Injury | $300 |
| Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident. | $20/day, up to 30 days |
| Fractures | Schedule up to $10,000 |
| Gun Shot Wound | $750 |
| Hospital Admission | $1,500 |
| Hospital Confinement | $350/day - up to 1 year |
| Hospital ICU Admission | $3,000 |
| Hospital ICU Confinement | $700/day - up to 15 days |
| Initial Dr. Office/Urgent Care Facility Treatment | $100 |
| Knee Cartilage | $1,000 |
| Laceration | Schedule up to $600 |
| Lodging - The hospital stay must be more than 50 miles from the insured's residence. | $125/day, up to 30 days for companion hotel stay |
| Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck. | Schedule up to $500 |
| Outpatient Therapies | $35/day, up to 10 days |
| Post-Traumatic Stress Disorder | $400 |
| Prosthetic Device/Artificial Limb | 1: $500<br>2 or more: $1,000 |
| Rehabilitation Unit Confinement | $100/day, up to 15 days |
| Ruptured Disc With Surgical Repair | $500 |
| Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max | Schedule up to $1,500<br>Hernia: $300 |
| Surgery (Exploratory or Arthroscopic) | $200 |
| Tendon/Ligament/Rotator Cuff | 1: $750<br>2 or more: $1,500 |
| Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident. | $0.50 per mile, limited to $500/round trip, up to 3 times per accident |

**Manage Your Benefits:**

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your online account will be set up within 30 days after your plan effective date.

See full Accident Insurance Benefit Summary at 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** | | |
| **Cancer** | **1st OCCURRENCE** | **2nd OCCURRENCE** |
| Invasive Cancer | 100% | 100% |
| Carcinoma In Situ | 30% | 0% |
| Benign Brain Tumor | 75% | 0% |
| Skin Cancer | $250 per lifetime | Not Covered |
| **Vascular** | | |
| Heart Attack | 100% | 100% |
| Stroke | 100% | 100% |
| Heart Failure | 100% | 100% |
| Coronary Arteriosclerosis | 30% | 0% |
| **Other** | | |
| Organ Failure | 100% | 100% |
| Kidney Failure | 100% | 100% |
| **ADDITIONAL CONDITIONS** | **1st OCCURRENCE ONLY** | |
| 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% | |
| **Childhood Conditions** | **1st OCCURRENCE ONLY** | |
| Cerebral Palsy | 100% | |
| Cleft Lip/Palate | 100% | |
| Club Foot | 100% | |
| Cystic Fibrosis | 100% | |
| Down's Syndrome | 100% | |
| Muscular Dystrophy | 100% | |
| Spina Bifida | 100% | |
| Type 1 Diabetes | 100% | |
| **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<br>For a spouse: $15,000<br>For a child: All Amounts | |

### 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.

### Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your online account will be set up within 30 days after your plan effective date.

See full Critical Illness Insurance Summary at 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 |

Monthly Premiums Displayed • *Election Cost Per Age Bracket*

| Issue Age | *< 30* | *30-39* | *40-49* | *50-59* | *60-69* | *70+* |
|---|---|---|---|---|---|---|
| Employee | | | | | | |
| $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 |
| **Benefit Amount Up To 50% of Employee Amount to a Maximum of $15,000** | | | | | | |
| Spouse | | | | | | |
| $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

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### About Your Benefits:

| | Hospital Indemnity |
|---|---|
| | Option 1 |
| **Coverage Details** | |
| **Your Monthly premium** | $10.62 |
| You and Spouse | $19.10 |
| You and Child(ren) | $16.87 |
| You, Spouse and Child(ren) | $25.35 |
| **Benefits** | |
| 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. |
| **Pre-Existing Conditions Limitation -** 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 |
| **Child(ren) Age Limits** | 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

# Identity Theft & Cyber Protection Insurance

**With Allstate Identity Protection, get identity and cyber protection features designed to help you defend yourself from today's risks.**

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. Our Allstate plan offers comprehensive identity, scam, and cyber protection. Our Pro+ Cyber plan safeguards members' data and enrolled devices so they can live their online life more freely. Members can now enroll 10 devices or up to 10 per adult with our family plan - with improved protection.

- **NEW** Allstate Scam ProtectionSM with alerts and education plus phone and text scam blocking, mobile scam alerts, enhanced email thread scan, web protection, URL blocking, and scam takedown
- **NEW** Reimbursement categories for scams, social engineering, cyberbullying, cryptocurrency, and ransomware payments
- **NEW** In-portal conveniences like one-on-one personal coaching, Identity Fraud Finder, online scheduler and specialist chat
- **NEW** Data removal tool discovers and removes your data on broker sites automatically
- **UPGRADED** Full-service identity restoration with up to $5 million in expense reimbursement† for stolen funds and out-of-pocket costs due to identity theft including ransomware expense reimbursement
- Allstate Digital Footprint®, our proprietary privacy tool, shows where your data lives online and how it might be exposed
- Comprehensive identity and financial monitoring
- Identity Health Status gives you at-a-glance insight into your risk
- Allstate Security Pro® delivers updates and education on scams and emerging threats relevant to you
- Social media account takeover monitoring
- Tri-bureau credit monitoring with annual reporting and credit score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- Dark web monitoring
- **NEW** Digital household assistant, powered by Trustworthy

## Cyber protection

- **UPGRADED** Device protection tools for up to 10 devices
  - Malware and anti-virus protection
  - Safe browsing
  - Phishing protection
  - Anti-tracker
  - Missing and stolen device tools (Android only)
  - Smart watch protection (Android only)
  - Firewall (Windows only)
  - Webcam protection (Windows only)
  - Safe pay (Windows only)
  - File shredder (Windows only)
- Network security • Military-grade VPN with thousands of servers to stay safe without slowing down
- Password manager

## Opt for a family plan and get:

- **NEW** Child credit check
- **UPGRADED** Family mobile and desktop device protection for up to 10 devices per adult
- Coverage can extend to you and family members "under your roof or wallet" plus senior family members aged 65+ who don't live with you or who are not financially dependent up on you
- Family digital safety tools from Bark that monitor 30+ apps and websites for signs of danger plus location tracking, screen time management, and web filtering
- **NEW** Free access to TalkSpace Go for family plan members and their loved ones including tailored help and $100 off TalkSpace Therapy

## Scammers are getting smarter

Even the most tech-savvy are falling for AI-powered scams

**80%**
of scam victims said they thought they could spot a scam before falling for one

**49%**
of scam victims experienced two or more scams in just the past two years

**95%**
of our members were satisfied with the identity theft recovery support they received

## All-in identity and scam protection that never clocks out

### It's easy to get started

**1. Enroll in Allstate Identity Protection Pro + Cyber**
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.

Allstate℠
IDENTITY PROTECTION

| Allstate Identity Theft & Cyber Protection |
|---|
| **$7.95** per person / month |
| **$13.95** per family / month |

# Prepaid Legal Insurance

## Helping you navigate life's planned and unplanned events.

**Cost: $18.75/month**

For a monthly fee, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter.

| | | | |
|---|---|---|---|
| **Money Matters** | • Debt Collection Defense<br>• Identity Theft Defense<br>• Identity Restoration[3] | • Negotiations with Creditors<br>• Personal Bankruptcy<br>• Promissory Notes | • Tax Audit Representation<br>• Tax Collection Defense |
| **Home & Real Estate** | • Boundary or Title Disputes<br>• Deeds<br>• Eviction Defense<br>• Foreclosure | • Home Equity Loans<br>• Mortgages<br>• Property Tax Assessments<br>• Refinancing of Home | • Sale or Purchase of Home<br>• Security Deposit Assistance<br>• Tenant Negotiations<br>• Zoning Applications |
| **Estate Planning** | • Codicils<br>• Complex Wills<br>• Healthcare Proxies<br>• Living Wills | • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) | • Revocable & Irrevocable Trusts<br>• Simple Wills |
| **Family & Personal** | • Adoption<br>• Affidavits<br>• Conservatorship<br>• Demand Letters<br>• Garnishment Defense<br>• Guardianship | • Immigration Assistance<br>• Juvenile Court Defense, Including Criminal Matters<br>• Name Change<br>• Personal Property Protection | • Prenuptial Agreement<br>• Protection from Domestic Violence<br>• Review of ANY Personal Legal Document<br>• School Hearings |
| **Civil Lawsuits** | • Administrative Hearings<br>• Civil Litigation Defense | • Disputes Over Consumer Goods & Services<br>• Incompetency Defense | • Pet Liabilities<br>• Small Claims Assistance |
| **Elder-Care Issues** | Consultation & Document Review for your parents:<br>• Deeds<br>• Leases | • Medicaid<br>• Medicare<br>• Notes<br>• Nursing Home Agreements | • Powers of Attorney<br>• Prescription Plans<br>• Wills |
| **Traffic & Other Matters** | • Defense of Traffic Tickets[4] | • Driving Privileges Restoration | • Repossession |

### 1 Easy to find an attorney

Visit **members.legalplans.com** to learn more about your plan. Search for an attorney based on your ZIP code and filters such as attorney experience, specialty, or minority, veteran, or LGBTQ-owned. Or call the Client Service Center to speak with an experienced representative that can match you with the right attorney.

### 2 Easy to make an appointment

Call the attorney directly after searching on our website. Meet with an attorney in person or over the phone. Or call the Client Service Center at **800-821-6400** and we will schedule your appointment directly with the attorney.

### 3 Easy from start to finish

That's it! There are no limits on the number of times you can use the benefit. And no copays, deductibles or claim forms when you use a network attorney for a covered matter.

# 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.

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

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

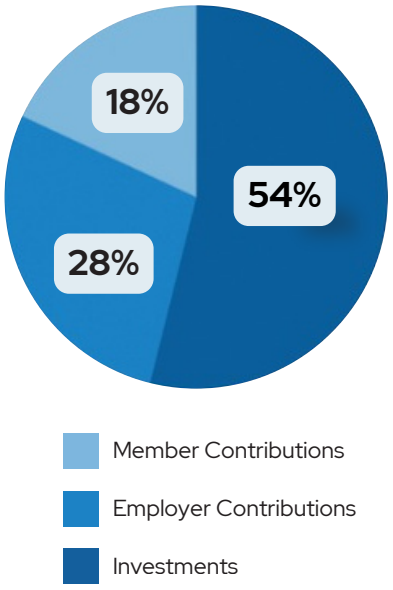
The amount you put in is set by the Legislature. Your employer takes it out of each paycheck and sends it to KPERS.

### 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 it Adds 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, KPERS uses a formula to figure out how much you'll get.
  - Final Average Salary x Statutory Multiplier x Years of Service = Yearly Benefit ÷ 12 = Monthly Benefit
- To calculate **KPERS 3** benefits, KPERS uses your account balance, retirement credit value and other factors.

### Log In/Register at www.kspers.gov

**With Your Online Account You Can:**

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

### 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 Benefits
- Death Benefits
- Surviving Spouse
- Life Insurance (basic & optional)

# 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.yourbenefitaccount.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.)

**TO ENROLL in a 403(b):** Visit www.usd231benefits.com/retirement for online enrollment instructions, or contact the USD 231 Benefits Manager at jacksonal@usd231.com.

## KPERS 457(b)

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 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!

**TO ENROLL in a 457(b):** Contact the USD 231 Benefits Manager at jacksonal@USD231.com for plan enrollment codes to enroll at www.kpers457.org

# 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:

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

The government-mandated BlueKC SBCs (Summary of Benefits and Coverage) and Benefit Summaries are housed on the USD 231 benefits web portal at www.usd231benefits.com

## 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;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

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

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

## 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**.

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** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

**If you live in one of the States here, you may be eligible for assistance paying your employer health plan premiums. The list of States is current as of July 31, 2026. Contact your State for further information on eligibility.**

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

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

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

| STATE | WEBSITE/EMAIL | PHONE |
|---|---|---|
| **Alabama**<br>Medicaid | myalhipp.com | 855-692-5447 |
| **Alaska**<br>Medicaid | Premium Payment Program:<br>myakhipp.com | 866-251-4861 |
| **Arkansas**<br>Medicaid | http://myarhipp.com/ | 855-MyARHIPP<br>(855-692-7447) |
| **California**<br>Medicaid | dhcs.ca.gov/hipp<br>Email: hipp@dhcs.ca.gov | 916-445-8322<br>916-440-5676 (fax) |
| **Colorado**<br>Medicaid and CHIP | Medicaid:<br>healthfirstcolorado.com | 800-221-3943 Relay 711<br>800-359-1991 Relay 711 |
| **Florida**<br>Medicaid | flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index. | 877-357-3268 |
| **Georgia**<br>Medicaid | HIPP:<br>medicaid.georgia.gov/health- | 678-564-1162, press 1<br>678-564-1162, press 2 |
| **Indiana**<br>Medicaid | HIPP:<br>https://www.in.gov/fssa/dfr/ | 800-403-0864<br>800-457-4584 |
| **Illinois – Medicaid** | **Website** https://abe.illinois.gov<br>email: mhfs.boc.hipp@illinois.gov | HIPP: 217-524-8268 |
| **Iowa**<br>Medicaid and CHIP | Medicaid:<br>hhs.iowa.gov/programs/welcome- | 800-338-8366<br>800-257-8563 |
| **Kansas**<br>Medicaid | kancare.ks.gov | 800-792-4884<br>HIPP: 800-967-4660 |
| **Kentucky**<br>Medicaid and CHIP | KI-HIPP:<br>chfs.ky.gov/agencies/dms/memb | KI-HIPP: 855-459-6328 |
| **Louisiana**<br>Medicaid | ldh.la.gov/healthy-louisiana or<br>www.ldh.la.gov/lahipp | Medicaid: 888-342-6207<br>LaHIPP: 877-697-6703 |
| **Maine**<br>Medicaid | Enrollment:<br>mymaineconnection.gov/benefits | Enroll: 800-442-6003<br>Private HIP: 800-977-6740 |
| **Massachusetts**<br>Medicaid and CHIP | mass.gov/masshealth/pa<br>Email: | 800-862-4840<br>TTY/Relay: 711 |
| **Minnesota**<br>Medicaid | mn.gov/dhs/health-care-coverage | 800-657-3672 |
| **Missouri**<br>Medicaid | dss.mo.gov/mhd/participants/pages/hipp.htm | 573-751-2005 |
| **Montana**<br>Medicaid | HIPP:<br>dphhs.mt.gov/MontanaHealthcar | 800-694-3084 |
| **Nebraska**<br>Medicaid | ACCESSNebraska.ne.gov | 855-632-7633<br>Lincoln: 402-473-7000 |
| **Nevada**<br>Medicaid | Medicaid: dhcfp.nv.gov | 800-992-0900 |

| STATE | WEBSITE/EMAIL | PHONE |
|---|---|---|
| **New Hampshire** Medicaid | dhhs.nh.gov/programs-services/medicaid/health- | 603-271-5218 or 800-852-3345, ext. 15218 |
| **NewJersey** Medicaid and CHIP | Medicaid: state.nj.gov/humanservices/dmahs/clients/medicaid | Medicaid: 800-356-1561 CHIP Premium Assist: 609-631-2392 |
| **NewYork** Medicaid | health.ny.gov/health_care/medicaid | 800-541-2831 |
| **NorthCarolina** Medicaid | medicaid.ncdhhs.gov | 919-855-4100 |
| **NorthDakota** Medicaid | hhs.nd.gov/healthcare | 844-854-4825 |
| **Oklahoma** Medicaid and CHIP | insureoklahoma.org | 888-365-3742 |
| **Oregon** Medicaid | healthcare.oregon.gov/Pages/index.aspx | 800-699-9075 |
| **Pennsylvania** Medicaid and CHIP | Medicaid: pa.gov/en/services/dhs/apply- | Medicaid: 800-692-7462 CHIP: 800-986-KIDS (5437) |
| **RhodeIsland** Medicaid and CHIP | eohhs.ri.gov | 855-697-4347 or 401-462-0311 (Direct RIte) |
| **SouthCarolina** Medicaid | scdhhs.gov | 888-549-0820 |
| **SouthDakota** Medicaid | dss.sd.gov | 888-828-0059 |
| **Texas** Medicaid | hhs.texas.gov/services/financial/health-insurance-premium- | 800-440-0493 |
| **Utah** Medicaid and CHIP | UPP: medicaid.utah.gov/upp/ UPP Email: upp@utah.gov | UPP: 877-222-2542 |
| **Vermont** Medicaid | dvha.vermont.gov/members/medicaid/hipp-program | 800-250-8427 |
| **Virginia** Medicaid and CHIP | coverva.dmas.virginia.gov/learn/premium-assistance/famis-select | Medicaid/CHIP: 800-432-5924 |
| **Washington** Medicaid | hca.wa.gov | 800-562-3022 |
| **West Virginia** Medicaid and CHIP | dhhr.wv.gov/bms/ mywvhipp.com/ | Medicaid: 304-558-1700 CHIP: 855-699-8447 |
| **Wisconsin** Medicaid and CHIP | dhs.wisconsin.gov/badgercareplus/p-10095.htm | 800-362-3002 |
| **Wyoming** Medicaid | health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility | 800-251-1269 |

# 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 **10.22%** of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:
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 for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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

**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).**

☐ We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, **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 | • Employee may enroll the employee (if not previously enrolled).<br>• Employee may also enroll newly-eligible spouse and/or newly-eligible stepchild(ren). |
| Acquisition of New Child due to birth or adoption (including placement for adoption) | • Employee may enroll the employee (if not previously enrolled).<br>• Employee may also enroll spouse and/or newly-eligible child(ren). |
| Gain Eligibility for Premium Assistance Subsidy under Medicaid or CHIP | • Employee may enroll the employee and the spouse or child(ren) who have become eligible for the premium assistance. |
| Loss of Other Health Coverage if due to:<br>• Loss of eligibility.<br>◦ Death of spouse; divorce, legal separation<br>◦ Child loses status (e.g. reaches age limit)<br>Employment change (e.g. termination, reduction in hours, unpaid FMLA)<br>• Expiration of COBRA maximum period<br>• Moving out of HMO plan's service area<br>• Other employer terminates its plan(or discontinues employer contributions) | • Employee may enroll the employee (if not previously enrolled).<br>• Employee may also enroll spouse and/or children who have lost other health coverage.<br>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. |
| Loss of Medicaid or CHIP coverage | • Employee may enroll the employee and the spouse or child(ren) who have lost Medicaid/CHIP entitlement. |

**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).

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

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

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

## This Creditable Coverage Notice Pertains to all of the Group Health Plan options through BlueKC

**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. **BlueKC 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 BlueKC 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 BlueKC customer service (816-395-3558) 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
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

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

# 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**.

**Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**
In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of:
- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.
If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.
For more information visit **https://www.medicare.gov/medicare-and-you**.

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

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

.1 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 I 913-856-2013
231 E. Madison St, PO Box 97 I 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.

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