



HEALTH WITHIN REACH

KANSAS CITY PUBLIC SCHOOLS

# 2022 EMPLOYEE BENEFITS GUIDE



## CONTACT INFORMATION



For questions regarding your benefits, please contact:

### BenefitsDirect

1-833-672-0064  
[customersupport@amerilifebenefits.com](mailto:customersupport@amerilifebenefits.com)  
[www.mybenefitsportal.com/kcps](http://www.mybenefitsportal.com/kcps)

### KCPS Benefit Specialists

**Darlene Saunders** at 816-418-7357,  
[dsaunder@kcpublicschools.org](mailto:dsaunder@kcpublicschools.org) or

**Janet Sharp Tircuit** at 816-418-7207,  
[jsharp@kcpublicschools.org](mailto:jsharp@kcpublicschools.org)

### Medical and Dental

Blue Cross Blue Shield of Kansas City  
[www.bluekc.com](http://www.bluekc.com)  
816-395-2270

### Vision

Superior Vision  
[www.superiorvision.com](http://www.superiorvision.com)  
800-507-3800

### Health Savings Account

UMB Bank  
[www.hsa.umb.com](http://www.hsa.umb.com)  
800-860-4862

### Flexible Spending Accounts

Tri-Star  
[www.tri-starsystems.com](http://www.tri-starsystems.com)  
800-727-0182

### Disability, Basic Life and AD&D, Voluntary Life, Accident, and Supplemental Health Insurance

Reliance Standard  
[www.reliancestandard.com](http://www.reliancestandard.com)  
800-351-7500

### Life Insurance with Long-Term Care

Trustmark  
[www.trustmarkbenefits.com/voluntarybenefits](http://www.trustmarkbenefits.com/voluntarybenefits)  
Customer Service: 800-918-8877  
Claims: 877-201-9373

### Critical Illness

Guardian  
[www.guardiananytime.com](http://www.guardiananytime.com)  
800-268-2525

### Cancer Insurance

Prosperity  
[www.prosperitylife.com](http://www.prosperitylife.com)  
844-801-6238

### Legal Plan

MetLife Legal  
[info.legalplans.com](mailto:info.legalplans.com)  
800-821-6400

### Identity Theft

IdentityForce  
[www.identityforce.com](http://www.identityforce.com)  
877-694-3367

## TABLE OF CONTENTS

Welcome .....	2
Contact Information & Table of Contents .....	3
How to Enroll .....	4
Medical Insurance .....	5
Your Medical Insurance Plan Options and Costs .....	6
Doctor, Urgent Care, and Hospital Finder .....	9
Hospital Comparison .....	10
Optum Rx Mail Order Service .....	11
Spira BlueSelect Plus Plan: Need to Know .....	12
Spira Frequently Asked Questions .....	14
Care Options and How to Use Them .....	15
Telehealth and Rx Savings Solutions .....	16
Understanding Health Savings Account (HSA) ...	17
HSA Frequently Asked Questions .....	18
Flexible Spending Accounts (FSAs) .....	19
Dental Insurance .....	20
Vision Insurance .....	22
Life Insurance and AD&D Plans .....	23
Life Insurance with Long-Term Care .....	25
Disability Insurance .....	26
Accident Insurance .....	27
Supplemental Health .....	28
Cancer Insurance .....	29
Critical Illness Insurance .....	30
Prepaid Legal .....	31
Identity Theft .....	31
Financial Wellness: SmartDollar .....	32
Student Federal Loan Relief Program .....	33
Glossary of Medical Terms .....	34
Important Notices .....	35

# Welcome to the 2022 Benefits Open Enrollment

Kansas City Public School's (KCPS) annual insurance open enrollment period is about to begin.

We recognize the importance of benefits within the overall compensation package provided to all of our eligible employees.

This year when we reviewed our employee benefits options, we focused not only on providing quality benefit plans but also on controlling the cost and financial risk for our employees. We offer multiple options to meet the individual needs of our employees and their dependents.

Open enrollment runs

**Oct. 11th – Oct. 22nd**

**Enroll online or make an appointment at**

[www.mybenefitsportal.com/KCPS](http://www.mybenefitsportal.com/KCPS)

## NOT SURE HOW TO GET STARTED? DON'T WORRY!

Now is the perfect time to prepare by doing the following:

- ✓ Reviewing the benefits in which you are currently enrolled
- ✓ Taking a look at the changes for 2022
- ✓ Checking out the plans being offered for the coming year
- ✓ Sending the Benefits Department applicable documents if you are adding a spouse or dependent to your benefit elections (i.e., marriage certificate or birth certificate)

In this booklet, you'll find easy-to-understand instructions to help you make your benefit decisions.

As always, we value you as a member of the KCPS family and look forward to a healthy and safe 2022.

## 2022 CHANGES AT A GLANCE

- The HMO plan is no longer available for new enrollment. In order to elect this plan for 2022, you must be currently enrolled.
- The medical plans will be renewing with no change in benefits and a slight increase in rates.
- The dental and vision plans will be renewing with no change in rates or benefits.
- The Health Care and Dependent Care FSA administrator will be changing to Tri-Star. New debit cards will be sent to all participants. **2021 FSA participants will be provided additional information in the coming weeks regarding the transition.**
- The Voluntary Identify Theft plan will be changing from InfoArmor (Allstate) to IdentityForce effective 1/1/22.
- There will be no changes to the other Voluntary benefits offered.
- **The Financial Wellness benefit, SmartDollar Plan** was implemented last year and will be available again this year. This benefit is offered to all KCPS employees at no cost to you. See page 32 for more details.

### Available Employer Paid Benefits

	Permanent	
	Full-time Employees	Part-time Employees
Medical	✓	
Dental	✓	
Life	✓	
EAP	✓	✓
SmartDollar	✓	✓
GotZoom	✓	✓

### REMEMBER:

**Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.**

## HOW TO ENROLL



- SELF-ENROLLMENT
- CALL CENTER / VIRTUAL MEETING

KCPS's standard open enrollment period will be held from **10/11/2021 TO 10/22/2021**. You can make elections through BenefitsDirect during this open enrollment period.

You have 2 options to enroll for your 2022 benefits: **Self-Enroll or scheduled One-on-One Call Center/Virtual Appointments.**

### SELF-ENROLLMENT PORTAL:

- Use this website to self-enroll in your 2022 benefits: [www.mybenefitsportal.com/kcps](http://www.mybenefitsportal.com/kcps).
- Use the "Enroll Online" button on the Home page for your 2022 benefits.
- You will need your User ID and PIN to log in.

**User ID:** First initial of your first name, your last name, and last four digits of your social security number.

Example: John Smith  
SSN#: 123-45-6780  
User ID: jsmith6780

**PIN:** Last four digits of your Social Security Number and two digit year of birth

Example: SSN#: 123-45-6780  
DOB: March 16, 1970  
PIN: 678070

- If you go back to the website after you have enrolled, please log in using the same information as described above.
- The "Enroll Online" button will be active on **Monday, October 11th.**
- **Self-enrollment is open Oct 11th - Oct 22nd.**
- Contact BenefitsDirect at 833-672-0064 if you need assistance.

### CALL CENTER/VIRTUAL APPOINTMENTS:

- Book an appointment with a call center benefit counselor by using the website [www.mybenefitsportal.com/kcps](http://www.mybenefitsportal.com/kcps).
- **Book Appointment:** Use the "Set Appointment" button in the middle of the home page to schedule an appointment with a benefit counselor in the Call Center.
- The "Set Appointment" button will be active beginning **Monday, September 27th.**
- After clicking "Set Appointment" select **2022 KCPS -Open Enrollment, select Day and Time.** You will be required to provide name, phone number (including area code) and email for the counselor to call you up to 10 minutes before or after your scheduled appointment time.
- You may schedule to talk with a counselor **Monday, October 11th through Friday, October 22nd.** Deadline to schedule appointments is October 6th.

### Remember:

Outside of Open Enrollment you cannot make any changes to your benefits unless you have a qualifying life event such as marriage, birth, adoption, etc. If the addition of a spouse is a life event reason other than marriage, then you will be required to provide additional documentation, such as, utility bill, mortgage agreement, or rent/lease agreement. Please contact a KCPS Benefits Specialist (see page 3) to determine if your situation qualifies as a change in status.

# MEDICAL INSURANCE



**CLICK ON THIS VIDEO INSERT FOR A BETTER UNDERSTANDING OF YOUR MEDICAL PLAN OPTIONS**

1

## HOW TO GET STARTED SELECT YOUR MEDICAL PLAN

- BlueSelect Plus Spira
- BlueSelect Plus EPO
- Blue-Care HMO
- BlueSelect Plus PPO
- Preferred-Care Blue PPO
- BlueSelect Plus Spira BlueSaver HDHP
- Preferred-Care Blue BlueSaver HDHP

## FREQUENTLY ASKED QUESTIONS

### ? How many hours do I need to work to be eligible for insurance benefits?

You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

### ? Will I receive a new Medical ID card?

Yes, all members will receive a new Medical ID card from Blue KC for 1/1/22 due to provisions in the Consolidated Appropriations Act.

### ? Does the deductible run on a calendar year basis?

Yes.

### ? How long can I cover my dependent children?

Dependent children are eligible until the end of the year in which they turn age 26.

### ? When will my benefits become effective?

Elections and changes made during open enrollment will begin January 1, 2022.

## YOUR HEALTH PLAN OPTIONS

As a full-time employee of Kansas City Public Schools, you have the choice between seven medical plan options.

**BlueSelect Plus Spira Plan** provides medical treatment at no cost to you if received at a Spira Care facility. Outside of the Spira Care facilities you can utilize providers in the BlueSelect Plus Network. This plan **does not** have any out-of-network benefits. Therefore it is important that you make sure the providers you want to see are a part of the BlueSelect Plus network.

**BlueSelect Plus EPO Plan** utilizes the **BlueSelect Plus Network** of providers. An EPO is a copay structure plan that does not have out-of-network benefits. Therefore it is important that you make sure the providers you want to see are a part of the BlueSelect Plus network.

**Blue-Care HMO Plan** is a copay structure plan with no out-of-network benefits and offers a larger network of providers for you to choose. If you select this plan you will be required to select a primary care physician at the time of enrollment. **Remember you must already be enrolled in the HMO to elect this plan for 2022.**

**BlueSelect Plus PPO** and **Preferred-Care Blue PPO Plans** are traditional PPO plans that include lower deductibles and coinsurance for medical care. These plans also feature copays for prescription drugs.

**BlueSelect Plus Spira BlueSaver HDHP** and **Preferred-Care Blue BlueSaver HDHP Plans** are Qualified High Deductible Health plans which offer lower monthly premiums, and if you meet certain eligibility requirements, give you the ability to open an HSA (Health Savings Account) where you can contribute all or a portion of the premium savings into the HSA. These funds can be used to cover medical expenses, including deductible, and they're yours forever—even if you leave Kansas City Public Schools.

**BlueSelect Plus Network** is a high performing network that operates primarily in a six county area (these counties include; Platte, Clay, Jackson and Clinton in Missouri and Wyandotte and Johnson in Kansas). You are highly encouraged to confirm that your providers are in the BlueSelect Plus network, prior to selecting any of the BlueSelect Plus plan options. Pages 9 and 11 provide instructions on how to find out if your doctor is in this network.

		<b>Similar Benefits, Different Network</b>	
	<b>BlueSelect Plus SPIRA</b>	<b>BlueSelect Plus EPO</b>	<b>Blue-Care HMO (not available unless currently enrolled)</b>
<b>Network</b>	BlueSelect Plus	BlueSelect Plus	Blue-Care
<b>In-Network Deductible</b>	\$1,500 individual \$3,000 family	N/A	N/A
<b>Out-of-Network Deductible</b>	N/A	N/A	N/A
<b>In-Network Coinsurance</b>	Your share: 0%	Your share: 0%	Your share: 0%
<b>Out-of-Network Coinsurance</b>	N/A	N/A	N/A
<b>In-Network Out-of-Pocket Maximum</b>	\$1,500 individual \$3,000 family	\$4,000 individual \$10,000 family	\$4,000 individual \$10,000 family
<b>Out-of-Network Out-of-Pocket Maximum</b>	N/A	N/A	N/A
<b>Office Visits</b>	Spira: No Cost; Other BSP Provider: Deductible	\$35 PCP \$30 PCMH PCP	\$35 PCP \$30 PCMH PCP
		\$70 Specialist copay	\$70 Specialist copay
<b>Preventive Care</b>	Your share: 0%	Your share: 0%	Your share: 0%
<b>Urgent Care</b>	Spira: No Cost; Other BSP Provider: Deductible	\$70 copay	\$70 copay
<b>Emergency Services</b>	Deductible	\$200 copay	\$200 copay
<b>Inpatient Hospital Services</b>	Deductible	\$400 copay per member up to \$2,000	\$400 copay per member up to \$2,000
<b>Scans (MRI's PET, CT etc.)</b>	Deductible	\$200 copay	\$200 copay
<b>Prescription Drugs</b>	\$15/\$50/Ded Retail \$15/\$125/Ded Mail	<b>Rx Deductible</b> \$100 Individual \$200 Family	<b>Rx Deductible</b> \$100 Individual \$200 Family
		then	then
		\$10/\$50/\$70 Retail	\$10/\$50/\$70 Retail
		\$20/\$100/\$140 Mail	\$20/\$100/\$140 Mail

All plans are detailed in Blue KC's 2022 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

<b>Similar Benefits, Different Network</b>		<b>Similar Benefits, Different Network</b>		
<b>BlueSelect Plus PPO</b>	<b>Preferred-Care Blue PPO</b>	<b>BlueSelect Plus Spira BlueSaver</b>	<b>Preferred-Care Blue BlueSaver</b>	
BlueSelect Plus	Preferred-Care Blue	BlueSelect Plus	Preferred-Care Blue	<b>Network</b>
\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	\$3,000 individual \$6,000 family	<b>In-Network Deductible</b>
\$3,000 individual \$6,000 family	\$1,500 individual \$3,000 family	\$6,000 individual \$12,000 family	\$3,000 individual \$6,000 family	<b>Out-of-Network Deductible</b>
Your share: 20%	Your share: 20%	Your share: 20%	Your share: 20%	<b>In-Network Coinsurance</b>
Your share: 50%	Your share: 50%	Your share: 50%	Your share: 40%	<b>Out-of-Network Coinsurance</b>
\$4,500 individual \$9,000 family	\$4,500 individual \$9,000 family	\$4,000 individual \$8,000 family	\$4,000 individual \$8,000 family	<b>In-Network Out-of-Pocket Maximum</b>
\$23,000 individual \$46,000 family	\$13,500 individual \$27,000 family	\$20,000 individual \$40,000 family	\$8,000 individual \$16,000 family	<b>Out-of-Network Out-of-Pocket Maximum</b>
Deductible then 20%	Deductible then 20%	Spira: Fair Market Value (approx. \$60); Other BSP Provider: Deductible then 20%	Deductible then 20%	<b>Office Visits</b>
Your share: 0%	Your share: 0%	Your share: 0%	Your share: 0%	<b>Preventive Care</b>
Deductible then 20%	Deductible then 20%	Spira: Fair Market Value (approx. \$60); Other BSP Provider: Deductible then 20%	Deductible then 20%	<b>Urgent Care</b>
\$150 copay then deductible then 20%	\$150 copay then deductible then 20%	Deductible then 20%	Deductible then 20%	<b>Emergency Services</b>
Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	<b>Inpatient Hospital Services</b>
Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	<b>Scans (MRI's PET, CT etc.)</b>
<b>Rx Deductible</b> \$100 Individual \$200 Family then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	<b>Rx Deductible</b> \$100 Individual \$200 Family then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Deductible then: \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Deductible then: \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	<b>Prescription Drugs</b>

# EMPLOYEE MEDICAL CONTRIBUTIONS

BlueSelect Plus Spira					
	Monthly Premium	Monthly Contribution		24 Pay Employee	20 Pay Employee
		Employer	Employee		
Employee	\$820.00	\$820.00	\$0.00	\$0.00	\$0.00
Employee + One	\$1,298.00	\$820.00	\$478.00	\$239.00	\$286.80
Family	\$1,636.00	\$820.00	\$816.00	\$408.00	\$489.60
BlueSelect Plus EPO					
	Monthly Premium	Monthly Contribution		24 Pay Employee	20 Pay Employee
		Employer	Employee		
Employee	\$938.00	\$820.00	\$118.00	\$59.00	\$70.80
Employee + One	\$1,482.00	\$820.00	\$662.00	\$331.00	\$397.20
Family	\$1,871.00	\$820.00	\$1,051.00	\$525.50	\$630.60
Blue-Care HMO					
	Monthly Premium	Monthly Contribution		24 Pay Employee	20 Pay Employee
		Employer	Employee		
Employee	\$1,033.00	\$820.00	\$213.00	\$106.50	\$127.80
Employee + One	\$1,633.00	\$820.00	\$813.00	\$406.50	\$487.80
Family	\$2,062.00	\$820.00	\$1,242.00	\$621.00	\$745.20
BlueSelect Plus PPO					
	Monthly Premium	Monthly Contribution		24 Pay Employee	20 Pay Employee
		Employer	Employee		
Employee	\$820.00	\$820.00	\$0.00	\$0.00	\$0.00
Employee + One	\$1,298.00	\$820.00	\$478.00	\$239.00	\$286.80
Family	\$1,636.00	\$820.00	\$816.00	\$408.00	\$489.60
Preferred-Care Blue PPO					
	Monthly Premium	Monthly Contribution		24 Pay Employee	20 Pay Employee
		Employer	Employee		
Employee	\$894.00	\$820.00	\$74.00	\$37.00	\$44.40
Employee + One	\$1,415.00	\$820.00	\$595.00	\$297.50	\$357.00
Family	\$1,784.00	\$820.00	\$964.00	\$482.00	\$578.40
BlueSelect Plus Spira BlueSaver					
	Monthly Premium	Monthly Contribution		24 Pay Employee	20 Pay Employee
		Employer	Employee		
Employee	\$730.00	\$820.00	\$ (90.00)*	\$ (90.00)*	\$ (90.00)*
Employee + One	\$1,188.00	\$820.00	\$368.00	\$184.00	\$220.80
Family	\$1,500.00	\$820.00	\$680.00	\$340.00	\$408.00
Preferred-Care Blue BlueSaver					
	Monthly Premium	Monthly Contribution		24 Pay Employee	20 Pay Employee
		Employer	Employee		
Employee	\$790.00	\$820.00	\$ (30.00)*	\$ (30.00)*	\$ (30.00)*
Employee + One	\$1,245.00	\$820.00	\$425.00	\$212.50	\$255.00
Family	\$1,569.00	\$820.00	\$749.00	\$374.50	\$449.40

\* District will contribute monthly to your Health Savings Account (HSA).



## EMPLOYEE MEDICAL INFORMATION



- Doctor and Hospital Finder
- Download the MyBlueKC Mobile App

### Doctor, Urgent Care, and Hospital Finder

#### USE THE DOCTOR, URGENT CARE, AND HOSPITAL FINDER TO SEARCH FOR QUALITY PROVIDERS

The Doctor, Urgent Care, and Hospital Finder helps you make more informed decisions using many features like [search filters](#), [comparison options](#), [provider reviews](#) and [quality information](#).

An important feature of this search tool is the ability to search for a [Blue Distinction Total Care doctor](#). Blue Distinction Total Care doctors focus on health care instead of sick care. These doctors go above and beyond to enhance the overall health of their patients, providing preventive services and health coaching, and supporting patients with chronic conditions to better meet their care needs.

### Download The MyBlueKC Mobile App

Thank you for trusting Blue Cross and Blue Shield of Kansas City (Blue KC). We are committed to providing you with excellent service to help you make the most of your healthcare plan.

Access your health insurance information anytime, wherever you go.

- Digital ID Cards
- Policy Information
- Find a Doctor

### START YOUR SEARCH—[mybluekc.com](https://mybluekc.com)

- Choose your health plan** – If you logged in, your plan's network should already display. If it does not, see your Blue KC member ID card; your network appears on the top of the ID.
- Location** – Select the location that you would like to search (city, ZIP code, etc.). The radius default is 25 miles; you can adjust to as low as one mile on the search results page.
- Search by** – You can search a variety of ways; simply enter a doctor or hospital name, a health condition, or even a specialist type that treats a health condition.

If you are considering changing your health plan, you can determine what network the provider accepts by click on "Plans Accepted" to the right of the provider's name.

**IMPORTANT:** If you are on the Blue-Care HMO plan and need to change your primary care physician, you must submit a written request to a KCPS Benefits Specialist (page 3). The change will take effect first of the month after the written request is received.

### CONNECT WITH US

- **ONLINE** – MyBlueKC.com or download the MyBlueKC mobile app
- **BY PHONE** – Contact Customer Service at the number on your ID card, Monday through Friday, from 8 a.m. to 8 p.m. Central Time. You do not need to include the alpha prefix when providing your member ID number.
- **IN PERSON** – Visit with our Customer Service team in our lobby at 2301 Main St., Monday through Friday from 8 a.m. to 5 p.m. Central Time.



# HOSPITAL COMPARISON

Hospital Name	HMO Blue-Care Network (in-network only)	PPO and BlueSaver Preferred-Care Blue (in and out of network)	PPO and BlueSaver BlueSelect Plus (in and out of network)	EPO BlueSelect Plus (in-network only)	Spira BlueSelect Plus
AdventHealth Shawnee Mission	YES	YES	YES	YES	YES
Cameron Regional Medical Center	YES	YES	YES	YES	YES
Cass Regional	YES	YES	NO	NO	NO
Center Point Medical Center	YES	YES	NO	NO	NO
Children's Mercy Hospitals	YES	YES	YES	YES	YES
KU Medical Center	YES	YES	YES	YES	YES
Lee's Summit Hospital	YES	YES	NO	NO	NO
Liberty Hospital	YES	YES	YES	YES	YES
Menorah Medical Center	YES	YES	NO	NO	NO
North Kansas City Hospital	YES	YES	YES	YES	YES
Olathe Medical Center	YES	YES	YES	YES	YES
Overland Park Regional	YES	YES	NO	NO	NO
Providence Medical Center	YES	YES	NO	NO	NO
Research Medical Center	YES	YES	NO	NO	NO
St. Joseph Medical Center	YES	NO	NO	NO	NO
St. Luke's (All Locations)	NO	YES	NO	NO	NO
St. Mary's Medical Center	YES	NO	NO	NO	NO
Truman Medical Center (Hospital Hill and Lee's Summit)	YES	YES	YES	YES	YES

# OPTUM Rx MAIL ORDER SERVICE



**OPTUM Rx Mail Service  
Member Select**

Mail Service Member Select is a home delivery program that makes it easy for you to receive your ongoing medications by mail. This program will save you time and help you better manage the medication you take regularly. Not only is home delivery safe and reliable, it also offers the following advantages:



**Cost savings:** You may pay less for your medication with a 3-month supply through OptumRx.



**Convenience:** Get free standard shipping on medications delivered to your mailbox.



**24/7 access and reminders:** Speak to a pharmacist who can answer your questions any time, any day. Even set up text and email reminders to help you remember to take or refill your medications.\*

## **ACTION REQUIRED: Choose your fill preference**

With your current health plan, **you will need to make a choice** where you want to get your long-term medications - also known as maintenance medications. Choose to fill your maintenance medication through either OptumRx home delivery or a retail pharmacy. The program allows you two retail pharmacy fills of your maintenance medication before you must choose. **IMPORTANT:** If you do not take action after the second retail fill, you may have to pay at the full out-of-network cost for your prescription.

If you choose a retail pharmacy, **you must disenroll** from the Mail Service Member Select program. There is no penalty to fill at a retail pharmacy as long as you declare your choice with OptumRx before your third fill.

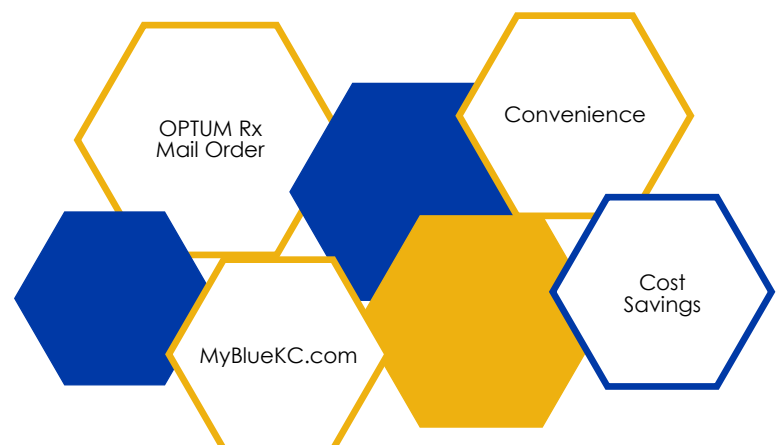


## **Declare your choice**

### **Get started with home delivery:**

- Log into **MyBlueKC.com**. Click **Plan Benefits** from the menu, then click **Pharmacy Plan Info**. From that page, click the button **View Your Pharmacy Benefits** to be taken to the OptumRx website.
- From the OptumRx homepage, click the **Information Center** drop down at the top of the screen. Click on **Programs and Forms** and then click on **home delivery order form**.
- Download the form and mail it with your written prescription to the address at the bottom of the form. Once received, OptumRx will start home delivery.

**Contact OptumRx at 1-844-579-7774 if you wish to keep filling at a retail pharmacy, or if you need help transferring maintenance medications to home delivery.**



# SPIRA BLUESELECT PLUS PLAN: NEED TO KNOW



- BlueSelect Plus Network
- Spira Care Facilities



The BlueSelect Plus Spira and BlueSelect Plus Spira BlueSaver HDHP plans are health insurance with a primary care clinic experience at little to no additional cost depending on the Spira plan you chose. Except for emergency services, members must receive **all** care from in-network providers (BlueSelect Plus network in the Kansas City area or BlueCard network outside the 32-county service area). Primary Care physician services may be obtained from providers in the BlueSelect Plus Network, however, members also have a “little to no cost” option for primary care services by visiting a Spira Care facility in the Kansas City Metro area.

## THE BLUESELECT PLUS NETWORK

BlueSelect Plus network offers affordability by using a high-performance hospital and provider network. The plan is available for employees who reside in, and whose businesses are headquartered in, the 6-county Kansas City metropolitan area, which includes Clay, Jackson, Clinton and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas. When traveling outside the 32-county Blue KC service area, BlueSelect Plus members are covered under the BlueCard PPO network.

### NETWORK HOSPITALS

- Children’s Mercy Hospital (Hospital Hill and South)
- Liberty Hospital
- North Kansas City Hospital
- Olathe Health - Olathe Medical Center
- Truman Medical Center (Lakewood and Hospital Hill)
- AdventHealth Shawnee Mission
- The University of Kansas Health System
- Cameron Regional Medical Center

## IMPORTANT!

**IF YOU UTILIZE SPECIFIC PROVIDERS, IT IS IMPORTANT THAT YOU CONFIRM THEY ARE IN THE BLUESELECT PLUS NETWORK BEFORE SELECTING THE SPIRA EPO PLAN.**

### HOW TO FIND A BLUESELECT PLUS PROVIDER

1. Go to [www.mybluekc.com](http://www.mybluekc.com), and click **Find Care** on the top right hand corner
2. Click the search box
3. Click the dropdown box under **All Plans**
4. Choose browse by **Medical Networks**
5. Select **BlueSelect Plus**
6. Type in the provider you are searching for and press enter

## SPIRA CARE

Spira Care combines primary care and health insurance into a single offering where members have access to Care Centers designed to deliver personal primary care and coordinate wellness, sick and long-term care.

Blue KC members enrolled in Spira Care have access to convenient Care Centers located across the metro area, the expertise of Care Guides to help them on their health journey, and all the benefits of the BlueSelect Plus network.

## Spira Center Locations

### Crossroads

1916 Grand Boulevard  
Kansas City, MO 64108

### Lee’s Summit

760 NW Blue Parkway  
Lee’s Summit, MO 64086

### Liberty

8350 N Church Road  
Kansas City, MO 64158

### Olathe

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

### Shawnee

10824 Shawnee Mission  
Parkway  
Shawnee, KS 66203

### Wyandotte

98th and Parallel Pkwy  
in Kansas City, KS  
(just East of Legends  
Outlets)

### Tiffany Springs

8765 N Ambassador Drive  
Kansas City, MO 64154

### Overland Park

7341 W. 133rd Street  
Overland Park, KS 66213

# SPIRA BLUESELECT PLUS PLAN: NEED TO KNOW



## SPIRA CARE SERVICES

Take a Spira Center virtual tour!

<https://www.youtube.com/watch?v=UUUtcXinnic&feature=youtu.be>

### FAST FACTS

- No copays, no deductibles and no additional costs for procedures at Spira Care Centers if you elect the **BlueSelect Plus Spira** plan.
- Those who elect the **BlueSelect Plus Spira BlueSaver** plan will incur an affordable charge (approximately \$60) for their visit to a Spira Care Center.
- Routine labs and X-rays\* at Spira Care Centers included.
- All preventive services are 100% covered
- Members have access to Care Teams, including Care Guides, and all Spira Care Centers conveniently located throughout the Kansas City metro area
- In addition to Spira Care Centers, members have access to their plan's network for things like specialty care and hospitalization.

## Extended Benefits at the Care Centers

### COMPREHENSIVE SERVICES



Routine Preventive Care



Adult & Pediatric Primary Care



Chronic Condition Management



Behavioral Health Services



Digital X-Rays\*



Lab Draws

### CONVENIENT BENEFITS



Common Prescriptions Filled On-Site\*\*



Specialist Referrals & Scheduling



Patient Wellness Follow-Ups



Outside-of-Care Center Support



Extended Full-Service Hours



Access to A Healthier You Platform

\* X-rays are available at select locations only, but are at no additional cost to members.

\*\* Select prescriptions will be offered on-site at your regular copay or deductible level.

## SPIRA FREQUENTLY ASKED QUESTIONS

### SPIRA CARE AND BLUESELECT PLUS NETWORK



#### HOW DO I KNOW IF A COMBINATION OF SPIRA CARE AND BLUESELECT PLUS NETWORK IS RIGHT FOR ME?

This offering is crafted for members looking to simplify and personalize their healthcare experience. If you believe you and your family's health needs in the next year will largely fall within primary care, including labs and x-rays, and routine behavioral health services, you can enjoy peace of mind that comes with knowing there'll be little to no additional charges outside your monthly premiums, depending on which SPIRA plan you chose.

#### WHAT PRESCRIPTIONS ARE FILLED AT SPIRA CARE?

Spira Care offers the convenience of on-site prescription services for approximately 50 of the top generic prescriptions at your regular copay level.

#### WHAT ABOUT THE PRESCRIPTIONS THAT CAN'T BE FILLED AT SPIRA CARE?

Your Care Team will facilitate prescription services through convenient mail order or at your preferred pharmacy at your regular copay level.

#### WHEN IS SPIRA CARE OPEN? ARE WALK-IN APPOINTMENTS AVAILABLE?

Spira Care offers extended hours at all locations— for details about a specific Spira Care Center, visit [SpiraCare.com](http://SpiraCare.com). While appointments are preferred, the Care Team understands that life doesn't always go according to plan, so they'll do their best to accommodate walk-in appointments whenever possible.

#### DOES SPIRA CARE HAVE TO REFER ME TO MY SPECIALIST WITHIN THE BLUESELECT PLUS NETWORK?

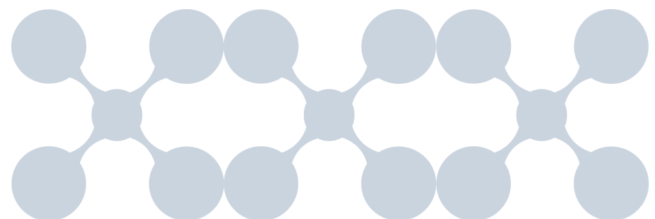
No, utilizing a Spira Care Center is your choice. You can self-refer to a specialist within the BlueSelect Plus network. However, the Care Team is available to help you find a specialist if you need assistance.

#### WHERE CAN I GO FOR URGENT OR EMERGENCY CARE OUTSIDE OF THESE HOURS?

For emergency and life-threatening situations, members will be covered both in and out of the BlueSelect Plus network. Within the Kansas City metro area, BlueSelect Plus network partners with 10 hospitals and several urgent care centers. Outside the 32-county Blue KC service area, you have access to a nationwide BlueCard network as well.

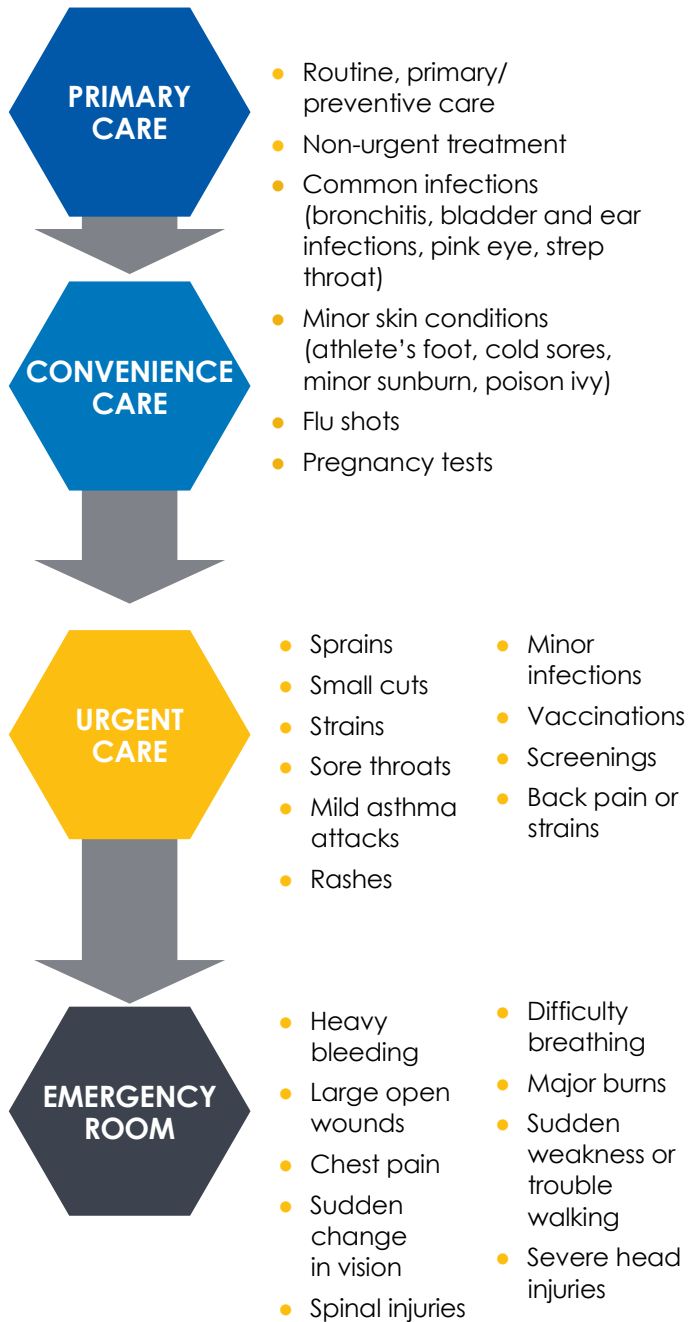
#### I ALREADY HAVE A PRIMARY CARE OR PEDIATRIC PHYSICIAN I LOVE. CAN I STILL GO THERE?

While the plan is ideal for members who utilize the no or low cost primary and pediatric care at the Spira Care Centers, members still have access to more than 3,000 providers in the BlueSelect Plus network. Members will also have nationwide coverage of the BlueCard network outside the 32-county Blue KC service area.



# CARE OPTIONS AND WHEN TO USE THEM

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. And, be sure to check that the facility is in-network by calling the toll-free number on the back of your medical ID card, or by visiting [www.bluekc.com](http://www.bluekc.com).



## PRIMARY CARE

For routine, primary/ preventive care or non-urgent treatment, we recommend going to your doctor's office. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out of pocket.

## CONVENIENCE CARE

These providers are a good alternative when you are not able to get to your doctor's office and your condition is not urgent or an emergency.

They are often located in malls or retail stores (such as CVS Caremark, Walgreens, and Target), and generally serve patients 18 months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.

Another alternative would be to utilize the Blue KC Virtual Care Telehealth option. Blue KC Virtual Care is available 24/7 and often costs less.

## URGENT CARE

Sometimes you need medical care fast, but a trip to the emergency room may not be necessary.

During office hours, you may be able to go to your doctor's office. Outside regular office hours—or if you can't be seen by your doctor immediately—you may consider going to an Urgent Care Center, where you can generally be treated for many minor medical problems faster than at an emergency room.

## EMERGENCY ROOM

An emergency medical condition is any condition (including severe pain) which you believe that without immediate medical care may result in any of the following:

- Serious jeopardy to your health or the health of an unborn child
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

If you obtain care at an emergency room, you will likely pay more out of pocket than if you were treated at your doctor's office, a Convenience Care Center, or Urgent Care facility.

Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.

If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 911, even if your symptoms are not described here.



**CALL 9-1-1**

# TELEHEALTH AND RX SAVINGS

## BLUE KC VIRTUAL CARE

Blue KC Virtual Care is available to all members enrolled in a KCPS medical insurance plan. Whether you need a doctor for a physical illness or someone to assist you with your behavioral health needs, Blue KC Virtual Care will connect you to a board certified doctor or licensed therapist using your mobile device or computer.

Blue KC Virtual Care is convenient for everyday medical health care needs such as the following:

### URGENT/SICK CARE

- sinus pain
- mild asthma
- mild allergic reactions
- minor headaches
- sore throat
- sprains
- pink eye
- nausea/vomiting

*Urgent/sick care visits are \$59 or less, depending on your plan.*

### BEHAVIORAL HEALTH CARE

In addition to sick care, members can now schedule a video visit with behavioral health therapists right from their smartphone, tablet or computer. Blue KC Virtual Care is convenient for everyday behavioral health care needs such as the following:

- anxiety
- bereavement/grief
- bipolar disorder
- depression
- OCD
- PTSD/trauma
- panic attacks

## GET STARTED TODAY WITH BLUE KC VIRTUAL CARE!

### 1 DOWNLOAD

Download the Blue KC Virtual Care Mobile App in the [Apple Store](#) or in [Google Play](#), or visit [www.bluekcvirtualcare.com](http://www.bluekcvirtualcare.com).

### 2 CREATE ACCOUNT

Create an account in a few simple steps. Be sure to use your Blue KC member ID card in order to input your insurance information.

### 3 DOCTOR SELECTION

View a list of available doctors, their experience and ratings, and select one.

### 4 VISIT

Request a visit when you are sick & stream a live visit directly from the Web or your mobile device.

## RX SAVINGS

### SAVE MONEY AT THE PHARMACY

#### Step 1: Get Savings Alerts

Set-up alerts via text and/or email

- Visit [mybluekc.com](http://mybluekc.com) if you are a first time visitor, click REGISTER NOW. Please have your member ID card available to reference.
- Once logged in, click on the Pharmacy Tab at the top. Then click the button SAVE ON PRESCRIPTIONS.
- Once on the Rx Savings page fill in your email address and mobile phone number to start receiving email and/or text alerts!

#### Step 2: Review your savings options and share with your doctor

- Switch from Pharmacy A to Pharmacy B.
- Switch to a different equally-effective medication.

#### Step 3: Start Saving on Prescriptions

## GOODRX

GoodRx compares prices for your prescriptions at pharmacies near you. GoodRx does not sell medications, they tell you where you can get the best deal on them. By using Good Rx, the charges might not go towards your deductible.

GoodRx will show you prices, coupons, discounts, and savings tips for your prescriptions.

You can access GoodRx by going to [www.goodrx.com](http://www.goodrx.com), or by downloading the app.





# UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

Two ways you can put money into your HSA: (1) Regular payroll deductions on a pre-tax basis and (2) lump-sum contributions of any amount, anytime, up to the maximum limit.

## YOU CAN USE HSA FUNDS FOR IRS-APPROVED ITEMS SUCH AS:

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, laser surgery, contact lenses and solution
- Hearing aids
- Orthodontia, dental cleanings, and fillings
- Prescription drugs and some over-the-counter medications
- Physical therapy, speech therapy, and chiropractic expenses

More information about approved items, plus additional details about the HSA, is available at [irs.gov](https://www.irs.gov).

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on those funds.

The HSA is your personal account and contains your personal funds. It can be considered an asset by a creditor and garnished as applicable.

As an HSA account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions, or earned interest associated with your account.

## IMPORTANT!

**YOU CAN SET UP AN HSA IF YOU ARE ENROLLED IN EITHER THE BLUESELECT PLUS SPIRA BLUESAVER HDHP OR PREFERRED-CARE BLUE BLUESAVER HDHP PLANS**

Contribute up to  
**\$3,650**  
Single, or  
**\$7,300**  
Family

## WHAT ARE THE RULES?

**UMB<sup>®</sup>**  
**BANK**

- You must be covered under the **BlueSelect Plus Spira BlueSaver HDHP** or **Preferred-Care Blue BlueSaver HDHP plans** in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Dependent Care or Limited Purpose FSA.
- You cannot be enrolled in Medicare, Medicaid or Tricare due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be claimed as a dependent under someone else's tax return.
- You can change your contribution amount during the year by contacting the Benefits Department.

## WHAT ELSE SHOULD I KNOW?

You can use the money in your HSA to pay for your deductible and other expenses not covered by your health plan, like dental or vision expenses. It's yours to:

- **SAVE:** You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2022 are \$3,650 for Single and \$7,300 for Family coverage. \*If you're age 55 or older, you are allowed to make extra \$1,000 contribution each year.
- **GROW:** The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision and some over-the-counter medications).
- **OWN:** Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- **CHOOSE:** Use for current expenses, save for the future, or explore investment options.
- Just like you report pre-tax dollars that you contribute to other benefit plans, like a 401(k), the IRS requires that you report your pre-tax contributions to your HSA using Form 8889. Your contribution will appear on your W-2 for easy reference.

# HSA FREQUENTLY ASKED QUESTIONS

## HOW DO HEALTH SAVINGS ACCOUNTS WORK?

You choose how much you'd like to save in your HSA each year and contributions are automatically made from your paycheck to your account. KCPS also contributes to your account if you are enrolled in one of the HDHP medical plans and elect employee only coverage.

You can choose to pay for current eligible medical expenses with your HSA. Or you can choose to pay for current expenses out of your pocket and save the money in your HSA to pay for future medical expenses. How you use your account and when you use it are entirely up to you.

## WHY SHOULD I CONSIDER ENROLLING IN THE HDHP WITH AN HSA?

If one or more of the following are true for you, you may want to consider making a change to the BlueSelect Plus Spira BlueSaver HDHP or Preferred-Care Blue BlueSaver HDHP:

- You are paying for insurance you're not using.
- You want an option to save for current and future medical expenses.
- You want to save on monthly premiums and take more control over how you use your health care benefits.
- You anticipate major health expenses such that you would reach the out-of-pocket maximum associated with the BlueSelect Plus Spira BlueSaver HDHP or Preferred-Care Blue BlueSaver HDHP plans.

## DOES KCPS DISTRICT CONTRIBUTE TO MY HSA? IF SO, HOW MUCH?

Yes, the District contributes depending on the HDHP plan that you chose.

## HOW MUCH CAN I CONTRIBUTE TO MY HSA?

You can choose how much to contribute to your HSA, up to IRS limits that are set each year. For 2022, the maximum contribution amount from all sources—your contributions, your employer's contributions and any other sources—is \$3,650 for employee-only coverage and \$7,300 for family coverage.

## I AM NEARING RETIREMENT. CAN I MAKE CATCH-UP CONTRIBUTIONS?

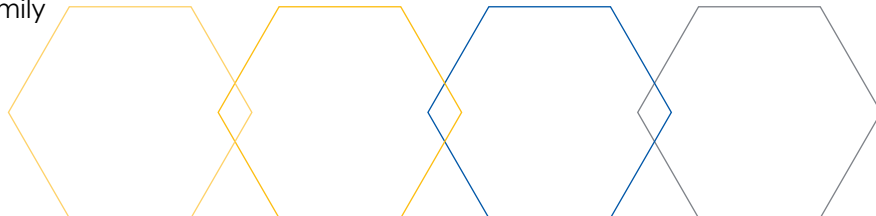
People age 55 and older can make a catch-up contribution each year that is over and above the allowable limit for the individual year. The catch-up contribution for 2022 is \$1,000. You are able to make catch-up contributions until you become Medicare active.

## WHAT WILL I PAY AT THE PHYSICIAN'S OFFICE WITH THE HSA QUALIFIED PLAN?

You'll provide your ID card at the time of the visit and the physician's office will submit the claim to Blue KC.

You'll receive an Explanation of Benefits (EOB) from Blue Cross that shows the charges discounted based on their contract with the physician. When you receive a bill from the physician's office, you pay the portion of the discounted cost you are responsible for as shown on the EOB.

If you don't have enough money in your account to pay for the entire amount of an expense (for example, if you just opened the account or KCPS has not made its full contribution yet), you can pay for a portion of that expense with your account and cover the rest with personal funds. Once the HSA funds build and are available in the account, you can reimburse yourself from the HSA.



# FLEXIBLE SPENDING ACCOUNTS

## SELECT FSA ACCOUNTS

- Health Care Flexible Spending Account
- Dependent Care Expense Account

### HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage.

The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year. Be aware—any unused portion of the account at the end of the plan year is forfeited.

**If you wish to participate in the FSA program a new election must be completed each year to participate. In 2022, a \$2.25 (\$2.70 for hourly 10 month employees) monthly administration fee will be deducted from your paycheck if you participate in the Section 125 Plan or Dependent Care Plan.**

#### Eligible Expenses Examples

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Alcoholism treatment</li> <li>• Artificial limbs</li> <li>• Ambulance</li> <li>• Braces</li> <li>• Chiropractors</li> <li>• Coinsurance and copayments</li> <li>• Contact lens solution</li> <li>• Contraceptives</li> <li>• Crutches</li> <li>• Deductible amounts</li> <li>• Dental expenses</li> <li>• Dentures</li> <li>• Dermatologists</li> <li>• Diagnostic expenses</li> <li>• Eyeglasses, including exam</li> <li>• Handicapped care</li> <li>• Nutrition counseling</li> <li>• Hearing devices and batteries</li> <li>• Hospital bills</li> </ul> | <ul style="list-style-type: none"> <li>• Laboratory fees</li> <li>• Licensed osteopaths</li> <li>• Licensed practical nurses</li> <li>• Orthodontia</li> <li>• Orthopedic shoes</li> <li>• Obstetrical expenses</li> <li>• Oxygen</li> <li>• Prescription drugs</li> <li>• Podiatrists</li> <li>• Prescribed vitamin supplements</li> <li>• Psychiatric care</li> <li>• Psychologist expenses</li> <li>• Routine physical</li> <li>• Seeing-eye dog expenses</li> <li>• Smoking cessation programs</li> <li>• Sterilization and reversals</li> <li>• Substance abuse treatment</li> <li>• Surgical expenses</li> <li>• Some over-the-counter medications</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### How the Health Care Flexible Spending Account Works

When you have eligible expenses not covered under the health insurance plan (such as copayments and deductibles), you can either use your FSA debit card to pay for out-of-pocket expenses at qualified providers or submit an FSA claim form with your receipt to Tri-Star. Reimbursement is issued to you through direct deposit.

### 2022 Maximum Contributions

Health Care Flexible Spending Account	\$2,400 max
Dependent Care Expense Account	\$5,000 max

### DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13.

Care centers which qualify include dependent care centers, preschool educational institutions, and individuals (as long as the caregiver is not a child of yours, under age 19, or anyone you can claim as a dependent for tax purposes).

Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. Either may be better, depending on your personal situation. You may not use both. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

#### Contact Information

Request a full statement of your accounts at any time by calling 800-727-0182 or log on to [www.tri-starsystems.com](http://www.tri-starsystems.com) to review your FSA balance. The address to mail claims to is 14323 S Outer Forty Rd #200, Chesterfield, MO 63017.

#### At [www.tri-starsystems.com](http://www.tri-starsystems.com) you can:

- View account information and activity
- File claims
- Manage your profile
- View notifications
- Access forms

# DENTAL INSURANCE



BlueCross BlueShield

## REVIEW YOUR DENTAL PLAN

- OPTION 1: Base Dental Plan**
- OPTION 2: Buy-Up Dental Plan**

The dental plans are PPO plans that offer coverage in and out-of-network. It is to your advantage to utilize a network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding Blue Cross Blue Shield's negotiated fees, plus any deductible and coinsurance associated with your procedure.

Base Plan					
Rates Effective January 1, 2022 – December 31, 2022					
Dental Service Type	Blue Dental PPO Providers	Blue Dental Choice Providers		Non-Participating Providers	
	Deductible, Coinsurance and Limitations				
<b>Calendar Year Deductible</b>	Combined Basic Services and Major Services: \$50 per person				
<b>Type I-Diagnostic and Preventive Services</b> <b>Deductible Does Not Apply</b> Oral evaluations – 2 per calendar year X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year Teeth cleaning – 2 per calendar year Fluoride treatment – 2 per calendar year age 19 and under Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under) Fixed and removable space maintainer (initial appliance only) Emergency treatment – temporary pain relief	100%	80%	80%	80%	80%
<b>Type II-Basic Services</b> <b>Deductible Applies</b> Fillings – composite fillings on all teeth Recementation of existing inlays, crowns and bridges Endodontics – root canals and pulpal therapy Periodontics – gum/tissue care and surgery Tooth extraction (simple and surgical including wisdom teeth) General Anesthesia – payable only if provided in connection with a covered service	70%	50%	50%	50%	50%
<b>Type III-Major Services</b> <b>Deductible Applies</b> Single crowns, inlays, onlays, bridges and dentures Maintenance of Prosthodontics – adjust/ repair of dentures	50%	40%	40%	40%	40%
<b>Dependent Limiting Age</b>	End of the year in which they turn age 26				
<b>Calendar Year Maximum</b>	\$1,000 Combined per Covered Person <i>Preventive applies towards Calendar Year Maximum</i>				
<b>Dental Rewards</b>	If you have Calendar Year claims between \$1 - \$300, you will receive \$250 in Rewards to use next year and beyond. Your accumulated Rewards total is capped at \$500.				
	<b>Monthly Premium</b>	<b>Monthly Contribution Employer</b>	<b>Monthly Contribution Employee</b>	<b>24 Pay Employee</b>	<b>20 Pay Employee</b>
<b>Employee</b>	\$28.25	\$28.25	\$0.00	\$0.00	\$0.00
<b>Employee +1</b>	\$53.11	\$28.25	\$24.86	\$12.43	\$14.92
<b>Family</b>	\$74.41	\$28.25	\$46.16	\$23.08	\$27.70

## FIND A DENTIST

To find a Blue KC provider in your area, visit the website at [www.bluekc.com/consumer/individual-family/dental-insurance.html](http://www.bluekc.com/consumer/individual-family/dental-insurance.html)

- Click on "Find a Doctor" at the top right-hand side of the page
- Scroll down to "Find a Dentist", click "Search for Dentists Nationwide"
- Enter your ZIP code and narrow the search down by distance or by the provider's last name and click "Search"

**In-Network Providers:** Provider is reimbursed based on contracted fees and cannot balance bill you.

**Out-of-Network Providers:** Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

Buy-Up Plan					
Rates Effective January 1, 2022 – December 31, 2022					
Dental Service Type	Blue Dental PPO Providers	Blue Dental Choice Providers		Non-Participating Providers	
	Deductible, Coinsurance and Limitations				
<b>Calendar Year Deductible</b>	Combined Basic Services and Major Services: \$50 per person				
<b>Type I-Diagnostic and Preventive Services</b> <b>Deductible Does Not Apply</b> Oral evaluations – 2 per calendar year X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year Teeth cleaning – 2 per calendar year Fluoride treatment – 2 per calendar year age 19 and under Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under) Fixed and removable space maintainer (initial appliance only) Emergency treatment – temporary pain relief	100%	70%			50%
<b>Type II-Basic Services</b> <b>Deductible Applies</b> Fillings – composite fillings on all teeth Recementation of existing inlays, crowns and bridges Endodontics – root canals and pulpal therapy Periodontics – gum/tissue care and surgery Tooth extraction (simple and surgical including wisdom teeth) General Anesthesia – payable only if provided in connection with a covered service	80%	70%			50%
<b>Type III-Major Services</b> <b>Deductible Applies</b> Single crowns, inlays, onlays, bridges and dentures Maintenance of Prosthodontics – adjust/ repair of dentures	50%	50%			50%
<b>Type IV-Orthodontia Services (Employees and dependents to age 19)</b> <b>Deductible Does Not Apply</b>	50%	50%			50%
<b>Dependent Limiting Age</b>	End of the year in which they turn age 26				
<b>Calendar Year Maximum</b>	\$1,500 Combined per Covered Person <i>Preventive applies towards Calendar Year Maximum</i>				
<b>Orthodontia Lifetime Maximum</b>	\$1,250 per Covered Person				
<b>Dental Rewards</b>	If you have Calendar Year claims between \$1 - \$300, you will receive \$250 in Rewards to use next year and beyond. Your accumulated Rewards total is capped at \$500.				
	<b>Monthly Premium</b>	<b>Monthly Contribution</b>		<b>24 Pay Employee</b>	<b>20 Pay Employee</b>
<b>Employee</b>	\$32.88	\$28.25	\$4.63	\$2.32	\$2.78
<b>Employee +1</b>	\$71.86	\$28.25	\$43.61	\$21.81	\$26.17
<b>Family</b>	\$93.74	\$28.25	\$65.49	\$32.75	\$39.29

# VISION INSURANCE

## REVIEW YOUR VISION PLAN

- OPTION 1: Materials Only**
- OPTION 2: Exam and Materials**

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule. To find a participating provider, go to [www.superiorvision.com](http://www.superiorvision.com).



**SUPERIOR VISION**  
See yourself healthy.

## FIND A PROVIDER

- On the left side of the webpage click on "members" and then on the next page click on "Locate a Provider"
- Enter your location, coverage type, and distance
- Results list providers closest to your ZIP code first
- You can then refine your search by picking your service or name then scroll through the list

SUPERIOR VISION	Employee Cost Per Pay Period					
	Materials Only Plan			Exam and Materials		
	Monthly	24 Pay	20 Pay	Monthly	24 Pay	20 Pay
Employee	\$6.21	\$3.11	\$3.73	\$8.78	\$4.39	\$5.27
Employee + Spouse	\$12.42	\$6.21	\$7.46	\$17.57	\$8.79	\$10.54
Employee + One	\$13.70	\$6.85	\$8.22	\$19.81	\$9.91	\$11.89
Employee & Family	\$21.30	\$10.65	\$12.78	\$30.65	\$15.33	\$18.39
	In-Network		Out-of-Network	In-Network		Out-of-Network
<b>Co-Pays</b>						
Exam			N/A			\$0
Materials			\$0			\$0
Contact Lens Fitting			\$25			\$25
<b>Frequency of Service</b>						
Exam			12 Months			12 Months
Lenses			12 Months			12 Months
Frames			12 Months			12 Months
Contacts & Fittings			12 Months			12 Months
<b>Lenses</b>						
Single	Covered in Full		Up to \$29	Covered in Full		Up to \$29
Bifocal	Covered in Full		Up to \$43	Covered in Full		Up to \$43
Trifocal	Covered in Full		Up to \$53	Covered in Full		Up to \$53
Progressive	Covered in Full at Lined Trifocal Level		Up to \$53	Covered in Full at Lined Trifocal Level		Up to \$53
Lenticular	Covered In Full		Up to \$84	Covered in Full		Up to \$84
<b>Frames</b>	\$150 Allowance		Up to \$74	\$150 Allowance		Up to \$74
<b>Contact Lenses</b>	\$150 Retail Allowance		Up to \$100	\$150 Retail Allowance		Up to \$100
<b>Medically Necessary Contacts Lenses</b>	Covered in Full		Up to \$210	Covered in Full		Up to \$210
<b>Exam MD</b>	N/A		N/A	Covered In Full		Up to \$34
<b>Exam OD</b>	N/A		N/A	Covered in Full		Up to \$26

# LIFE INSURANCE AND AD&D

## REVIEW YOUR LIFE INSURANCE POLICY

- Add your spouse
- Add your dependents
- Increase your coverage

## VOLUNTARY BASIC LIFE AND AD&D

Active, full-time employees working 30 or more hours per week can purchase an additional \$20,000 in Basic Life and AD&D. This is in addition to the amount that KCPS provides.

### Employee Monthly Premiums

Age	Benefit Amount	Monthly Premium
18—64	\$20,000	\$3.00
65—69	\$13,000	\$1.95
70—74	\$8,000	\$1.20
75 +	\$4,000	\$0.60

## SUPPLEMENTAL LIFE AND DEPENDENT LIFE

You can purchase additional Life Coverage beyond what KCPS provides. Reliance Standard guarantee issues coverage during your initial enrollment period—which means you can't be turned down for coverage based on medical history.

### Eligibility

- **Employees:** Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.
- **Dependents:** You must be insured in order for dependents to be covered. Dependents are:
  - your legal spouse not legally separated or divorced from you
  - unmarried financially dependent child(ren), from 14 days to age 20 (up to age 26 if a full-time student)
  - A person may not have coverage as both an Employee and Dependent
  - Only one insured spouse may cover Dependent child(ren)

### Benefit Amount

- **Supplemental Life:** Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments (not to exceed 5 times Earnings); includes Waiver of Premium.
- **Spouse Dependent Life:** Choose from a minimum of \$5,000 to a maximum of \$500,000 in \$5,000 increments (not to exceed 100% of employee amount).
- Employee and spouse benefits reduces at age 70 by 50%
- **Child(ren) Dependent Life:**
  - Birth to less than 6 month: \$100
  - 6 months through age 19: \$10,000 (up to age 26, if full-time student)

### Guaranteed Issue (Initial Eligibility Period Only)

**Employee:** \$200,000

**Spouse:** \$50,000

**Child:** all child amounts are guaranteed issue

## BASIC LIFE AND AD&D

KCPS provides \$20,000 in Basic Life and Accidental Death & Dismemberment (AD&D) insurance.

This coverage is offered through Reliance Standard to all full-time permanent employees at no cost to you.

This coverage provides protection to your family should the unexpected occur. Basic Life and AD&D Insurance is subject to age reductions, beginning at age 65.

## SUPPLEMENTAL LIFE AND DEPENDENT LIFE

### Employee Monthly Premiums

Benefit Amount	Age 18–29	Age 30–39	Age 40–44	Age 45–49	Age 50–54	Age 55–59	Age 60–64	Age 65–69	Age 70–74	Age 75+
\$10,000	\$0.50	\$0.60	\$1.10	\$1.90	\$2.90	\$4.80	\$5.50	\$9.60	\$9.80	\$27.10
\$20,000	\$1.00	\$1.20	\$2.20	\$3.80	\$5.80	\$9.60	\$11.00	\$19.20	\$19.60	\$54.20
\$30,000	\$1.50	\$1.80	\$3.30	\$5.70	\$8.70	\$14.40	\$16.50	\$28.80	\$29.40	\$81.30
\$40,000	\$2.00	\$2.40	\$4.40	\$7.60	\$11.60	\$19.20	\$22.00	\$38.40	\$39.20	\$108.40
\$50,000	\$2.50	\$3.00	\$5.50	\$9.50	\$14.50	\$24.00	\$27.50	\$48.00	\$49.00	\$135.50
\$60,000	\$3.00	\$3.60	\$6.60	\$11.40	\$17.40	\$28.80	\$33.00	\$57.60	\$58.80	\$162.60
\$70,000	\$3.50	\$4.20	\$7.70	\$13.30	\$20.30	\$33.60	\$38.50	\$67.20	\$68.60	\$189.70
\$80,000	\$4.00	\$4.80	\$8.80	\$15.20	\$23.20	\$38.40	\$44.00	\$76.80	\$78.40	\$216.80
\$90,000	\$4.50	\$5.40	\$9.90	\$17.10	\$26.10	\$43.20	\$49.50	\$86.40	\$88.20	\$243.90
\$100,000	\$5.00	\$6.00	\$11.00	\$19.00	\$29.00	\$48.00	\$55.00	\$96.00	\$98.00	\$271.00
\$110,000	\$5.50	\$6.60	\$12.10	\$20.90	\$31.90	\$52.80	\$60.50	\$105.60	\$107.80	\$298.10
\$120,000	\$6.00	\$7.20	\$13.20	\$22.80	\$34.80	\$57.60	\$66.00	\$115.20	\$117.60	\$325.20
\$130,000	\$6.50	\$7.80	\$14.30	\$24.70	\$37.70	\$62.40	\$71.50	\$124.80	\$127.40	\$352.30
\$140,000	\$7.00	\$8.40	\$15.40	\$26.60	\$40.60	\$67.20	\$77.00	\$134.40	\$137.20	\$379.40
\$150,000	\$7.50	\$9.00	\$16.50	\$28.50	\$43.50	\$72.00	\$82.50	\$144.00	\$147.00	\$406.50
\$160,000	\$8.00	\$9.60	\$17.60	\$30.40	\$46.40	\$76.80	\$88.00	\$153.60	\$156.80	\$433.60
\$170,000	\$8.50	\$10.20	\$18.70	\$32.30	\$49.30	\$81.60	\$93.50	\$163.20	\$166.60	\$460.70
\$180,000	\$9.00	\$10.80	\$19.80	\$34.20	\$52.20	\$86.40	\$99.00	\$172.80	\$176.40	\$487.80
\$190,000	\$9.50	\$11.40	\$20.90	\$36.10	\$55.10	\$91.20	\$104.50	\$182.40	\$186.20	\$514.90
\$200,000	\$10.00	\$12.00	\$22.00	\$38.00	\$58.00	\$96.00	\$110.00	\$192.00	\$196.00	\$542.00

### Spouse Monthly Premiums

Benefit Amount	Age 18–29	Age 30–39	Age 40–44	Age 45–49	Age 50–54	Age 55–59	Age 60–64	Age 65–69	Age 70–74	Age 75+
\$5,000	\$0.25	\$0.30	\$0.55	\$0.95	\$1.45	\$2.40	\$2.75	\$4.80	\$4.90	\$13.55
\$10,000	\$0.50	\$0.60	\$1.10	\$1.90	\$2.90	\$4.80	\$5.50	\$9.60	\$9.80	\$27.10
\$15,000	\$0.75	\$0.90	\$1.65	\$2.85	\$4.35	\$7.20	\$8.25	\$14.40	\$14.70	\$40.65
\$20,000	\$1.00	\$1.20	\$2.20	\$3.80	\$5.80	\$9.60	\$11.00	\$19.20	\$19.60	\$54.20
\$25,000	\$1.25	\$1.50	\$2.75	\$4.75	\$7.25	\$12.00	\$13.75	\$24.00	\$24.50	\$67.75
\$30,000	\$1.50	\$1.80	\$3.30	\$5.70	\$8.70	\$14.40	\$16.50	\$28.80	\$29.40	\$81.30
\$35,000	\$1.75	\$2.10	\$3.85	\$6.65	\$10.15	\$16.80	\$19.25	\$33.60	\$34.30	\$94.85
\$40,000	\$2.00	\$2.40	\$4.40	\$7.60	\$11.60	\$19.20	\$22.00	\$38.40	\$39.20	\$108.40
\$45,000	\$2.25	\$2.70	\$4.95	\$8.55	\$13.05	\$21.60	\$24.75	\$43.20	\$44.10	\$121.95
\$50,000	\$2.50	\$3.00	\$5.50	\$9.50	\$14.50	\$24.00	\$27.50	\$48.00	\$49.00	\$135.50

Employee and spouse rates change as insured moves from one age bracket to the next.

### Dependent Child(ren) Monthly Premiums

Benefit Amount	
\$10,000	\$0.70

(One rate and benefit for all eligible children in family, regardless of number)



## LIFE INSURANCE WITH LONG-TERM CARE

### PROTECT YOUR FUTURE

### LIFE INSURANCE WITH LONG-TERM CARE

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. Universal Life Events can help.

The Universal Life Events option offers a higher death benefit during your working years, when your needs and responsibilities are the greatest.

Universal Life Events includes a long-term care (LTC) benefit that can help pay for these services at any age. This benefit remains at the same level throughout your life, so the full amount is always available when you most need it.

#### FEATURES:

- You can collect 4% of your Universal Life Events death benefit per month for up to 25 months to help pay for long-term care services.
- If you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries.
- Accelerated death benefit—75% of death benefits when diagnosed with a terminal illness.
- Apply for coverage for family members—spouse, children and grandchildren
- Keep your coverage at the same price and benefits if you change jobs or retire.
- Waive your policy payments if your doctor says you are totally disabled.
- Rates are based on employee and spouse age and smoker status. **Note: your rate is "locked in" at your age at purchase.**

For more rates and more information visit:

<https://mybenefitsportal.com/kcps/summaries>

#### How Universal LifeEvents works

- A **higher death benefit** during working years.
- **Long-term care** (LTC) benefits that **stay the same** throughout your life.

#### Example: \$25,000 policy

Before age 70	After age 70
Death benefit <b>\$25,000</b>	Death benefit <b>\$8,333</b>
LTC benefits <b>\$25,000</b>	LTC benefits <b>\$25,000</b>

*Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary*

# DISABILITY INSURANCE

## REVIEW YOUR DISABILITY COVERAGE

- Voluntary Disability Insurance

## DISABILITY INSURANCE

Disability insurance provides income protection if or when you can't work because of an illness or injury. You are eligible for this insurance if you are an Active, Full-time employee working 30 or more hours per week.

### Options

You may select from the following elimination periods:

#### Disability due to Injury

- **Option 1:** 0 days for injury, 3 days for sickness
- **Option 2:** 14 days for injury, 14 days for sickness
- **Option 3:** 30 days for injury, 30 days for sickness
- **Option 4:** 60 days for injury, 60 days for sickness
- **Option 5:** 90 days for injury, 90 days for sickness
- **Option 6:** 180 days for injury, 180 days for sickness

#### Disability due to Sickness

- **Option 7:** 0 days for injury, 3 days for sickness
- **Option 8:** 14 days for injury, 14 days for sickness
- **Option 9:** 30 days for injury, 30 days for sickness
- **Option 10:** 60 days for injury, 60 days for sickness
- **Option 11:** 90 days for injury, 90 days for sickness
- **Option 12:** 180 days for injury, 180 days for sickness

### Benefit Amount

- Choose from a minimum of \$200 to a maximum of \$7,500 in \$100 increments (not to exceed 66.67% of your covered salary).
- Amounts are guaranteed issued with 3/12 Pre-Ex
- If at any time the monthly benefit you have chosen exceeds 66.67% of your covered salary, your benefit amount will be reduced to the highest increment for which you are eligible.
- After 12 months of benefit payments, the amount of benefit you receive or are eligible to receive from various sources will reduce your benefit amount.

RELIANCE STANDARD

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### Duration of Benefit

**Applicable for Options 1—6 and applicable for disability due to injury for Options 7—12:** Benefits will not extend beyond the longer of Social Security Normal Retirement Age or Duration of Benefits below for injury.

Age at Disablement	Duration of Benefits (in years)
Age 61 or less	To Age 65
62	3½ years
63	3 years
64	2½ years
65	2 years
66	1¾ years
67	1½ years
68	1¼ years
69 or older	1 year

**Applicable for disability due to sickness for Options 7—12:**

Age at Disablement	Duration of Benefits (in years)
Less than 69	3 years
69 or more	1 year

**FOR RATES AND ADDITIONAL PLAN FEATURES PLEASE VISIT:**

<https://mybenefitsportal.com/kcps/summaries> or schedule an appointment with a BenefitsDirect Benefits Counselor

# ACCIDENT INSURANCE

## PROTECT YOUR FINANCES

### ACCIDENT INSURANCE

A voluntary accident plan through Reliance Standard offers coverage for accidents, injuries, ambulance services, and accidental death in addition to your primary medical insurance. It is available to your spouse and children so your whole family can be protected.

#### Why do I need accident coverage?

Voluntary accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

#### Eligibility

**Employees:** Active full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis. Employee must be under age 70 at date of application.

**Dependents:** You must be insured in order for Dependents to be covered. Dependents are:

- Your legal spouse. Spouse must be under age 70 at date of application.
- Your dependent children\* from birth to 26 years.

\*natural, legally adopted, children dependent on Insured during waiting period before adoption, stepchildren, and foster children in your custody

#### Benefit Reduction Due To Age - AD&D (applicable to employee/spouse coverage)

Age	Original Benefit Reduced to:
65	50%
70	25%

#### Features

- Portability to employee age 70
- FMLA/MSLA Continuation

#### Exclusions

Benefits will not be paid for any loss caused by: sickness; suicide; war; air travel (except as a passenger on commercial flights); assault/felony; acute or chronic intoxication; voluntary consumption of illegal or controlled substance or prescribed narcotic or drug; or injuries arising out of or in the course of employment for wage or profit. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

*This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9453-0111 ,et al.*

### Accident Insurance Monthly Employee Premiums

Plan "A" - Low Plan				
Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18—70	\$11.66	\$17.25	\$25.00	\$30.94
Plan "C" - High Plan				
Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18—70	\$19.75	\$29.73	\$34.64	\$45.67

For more information visit <https://mybenefitportal.com/kcps/summaries>

# SUPPLEMENTAL HEALTH

PROTECT YOUR FINANCES

RELIANCE STANDARD  
A MEMBER OF THE TOKIO MARINE GROUP



## SUPPLEMENTAL HEALTH

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

### Eligibility:

**Employees:** Active full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

**Dependents:** You must be insured in order for Dependents to be covered. Dependents are:

- Your legal spouse.
- Your dependent children\* from birth to 26 years.

\*natural, legally adopted, children dependent on Insured during waiting period before adoption, stepchildren, and foster children in your custody

### Features:

- Guaranteed issue; no medical questions
- No pre-existing conditions exclusions
- No deductibles
- Eligible for continuation of coverage
- HIPAA privacy compliant
- Overlying Major Medical Plan NOT Required
- Coverage Offered on a Voluntary Basis

### Benefits:

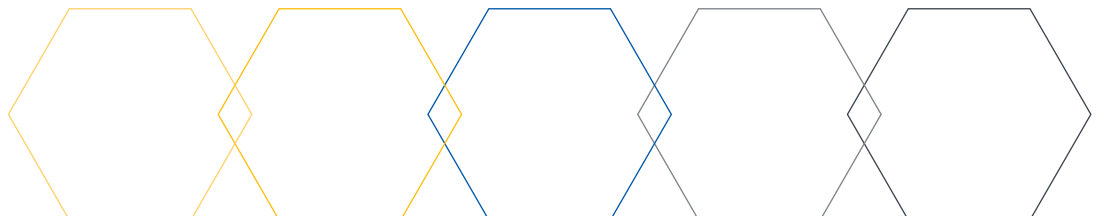
- Room & Board Benefit per Day (180 Daily Benefits per Coverage Year) \$100
- Hospital Admission Benefit
  - One Daily Benefit per per Coverage Year \$1,000

### Exclusions:

Benefits will not be paid for any loss caused by: suicide; war; assault/felony; dental care except hospitalizations for the care of sound, natural teeth and gums required on account of accidental injury that happens while covered, and that occur within 6 months of the accident; hospitalizations that occur while outside the United States of America; or care or treatment rendered in connection with cosmetic surgery, except hospitalizations for cosmetic surgery needed for breast reconstruction following a mastectomy or for an accident that happens while covered. The cosmetic surgery needed for an accidental injury must be performed within 90 days of the accident.

*This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage.*

Monthly Employee Premium			
Employee	Employee & Spouse	Employee & Child(ren)	Family
\$11.46	\$24.20	\$17.20	\$29.92



# CANCER INSURANCE

PROTECT YOUR FINANCES



## CANCER INSURANCE

With the cancer plan, you'll receive benefits that follow a positive diagnosis of an internal cancer during the term of your coverage. You and your loved ones can rest a little easier knowing you have protection in place to help avoid depleting your bank accounts or taking on additional debt to cover day-to-day living expenses.

### Why do I need cancer coverage?

Cancer plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payment
- Hire extra help for around the house
- Help cover medical bills as well as therapy and training
- Pay for travel to treatment facilities away from home

In addition to the physical and emotional effects, people who are diagnosed with cancer may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with cancer.

### Here's how it works

Benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. The base benefit is available to you upon your initial cancer diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own and you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

*Product is issued by Shenandoah Life Insurance Company, a member of Prosperity Life Group. Prosperity Life Group is a marketing name for the member companies of Prosperity Life Insurance Group LLC. The issuing company is solely responsible for its own financial and contractual obligations. AM Best rating is as of date of publication.*

## Cancer Insurance Monthly Employee Premiums

Monthly Rate	Option 1 (Low)	Option 2 (High)
Employee Only	\$21.33	\$25.48
Employee & Spouse	\$33.24	\$39.86
Employee & Child(ren)	\$24.03	\$28.60
Family	\$35.81	\$42.84

# CRITICAL ILLNESS INSURANCE

PROTECT YOUR FINANCES

## CRITICAL ILLNESS INSURANCE

If you suffer a critical illness such as heart attack or stroke, your financial burden may include many expenses not covered by medical insurance. Even with the best medical insurance you will still be responsible for copays and more. Guardian Critical Illness coverage is an affordable way to protect yourself from these unaffordable expenses. Your benefits go directly to you and can be used for any purpose.

### Benefits Amount:

- Employee First Diagnosis lump-sum benefit  
\$5,000 - \$30,000
- Spouse First Diagnosis lump-sum benefit  
\$2,500 - \$15,000 up to 50% of employee benefit
- Includes wellness benefit for preventive services

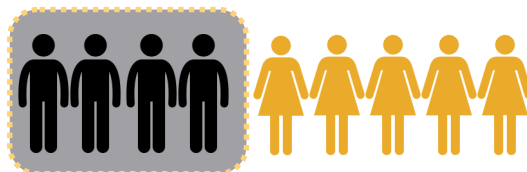
### Critical Illness Insurance Covers:

- Heart attack (myocardial infarction)
- Stroke
- Kidney failure (end-stage renal failure)
- Major organ transplant
- Coma
- Loss of sight, speech, or hearing
- Coronary artery bypass surgery
- Severe burns
- Permanent paralysis due to an accident

### FOR RATES AND ADDITIONAL PLAN FEATURES PLEASE VISIT:

<https://mybenefitsportal.com/kcps/summaries> or schedule an appointment with a BenefitsDirect Benefits Counselor

Critical Illness can affect any one at any time



**1 in 4 men** and **1 in 5 women**

is affected by critical illness before they reach retirement age

## ADDITIONAL VOLUNTARY BENEFITS

- Prepaid Legal: MetLife Legal
- Identity Theft: InfoArmor



### Prepaid Legal MetLife

Prepaid legal through MetLife Legal covers you, your spouse and dependents. Telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice.

#### Plan Features

- Estate Planning Documents
- Document Preparation
- Document Review
- Traffic Offenses
- Personal Property Protection
- Family Law
- Immigration Assistance
- Financial Matters
- Elder Law Matters
- Juvenile Matters
- Real Estate Matters
- Consumer Protection

#### Employee Monthly Premium

**\$18.75**

### Identity Theft Protection IdentityForce™

Identity theft protection through IdentifyForce is available for you and your family. The plan offers protection for your privacy, identity and finances. In the event of identity theft, the plan will fully manage the process of restoring your identity.

#### Plan Features

- Identity and credit monitoring
- High-risk transaction alerts
- Dark web monitoring
- 24/7 Privacy Advocate remediation
- Social media monitoring
- Financial threshold monitoring
- Digital exposure monitoring
- Identity restoration management
- \$2 million identity theft restoration insurance
- Social Engineering and Ransomware expense reimbursement
- Senior Fraud Resolution

#### Employee Monthly Premium

<b>Employee Only</b>	<b>\$9.50</b>
<b>Family</b>	<b>\$17.50</b>



## FINANCIAL WELLNESS: SmartDollar



KCPS cares about your overall well-being, which is why we are pleased to be partnering with SmartDollar. **It is available at no cost to you**, and all your data will remain confidential and secure.

### WHAT IS SmartDollar?

SmartDollar is an online financial wellness program. The program offers video lessons and interactive tools, that will teach you how to achieve your financial goals.

Stop worrying about your everyday expenses and jump-start your savings with tips and motivation from our team of experts, including bestselling authors and financial experts Dave Ramsey, Chris Hogan and Rachel Cruze.

*WATCH: Superintendent Mark Bedell encourages KCPS staff members to sign-up for SmartDollar (click on the image)*



KCPS wants to see you thrive and accomplish your money goals, and the foundation for that success starts with building smart money habits.

**SIGN UP FOR FREE!**  
[HTTPS://WWW.SMARTDOLLAR.COM/ENROLL/KCPS](https://www.smartdollar.com/enroll/kcps)



# STUDENT FEDERAL LOAN RELIEF PROGRAM



## GotZoom Student Federal Loan Debt Relief Advantage

**GotZoom** identifies, maximizes, enrolls and re-certifies an organization's employees into federal student loan repayment and loan forgiveness programs for which they are currently eligible. GotZoom provides a no-obligation benefit analysis to all employees with federal student loans and only charge for our services when the employee fully understands and agrees to the program benefits.

**GotZoom saves your employee's an average reduction of 83.4% on their federal student loan monthly payments!**

Average **GotZoom** Monthly Savings: \$468

Average **GotZoom** Annual Savings: \$5,616



### THE PROCESS

The process begins with the identification of a company's employees with federal student loan debt. GotZoom reaches out to employees via email, phone, webinar and/or onsite presentation to explain the service offering, answer questions and begin the intake process (form-based or online).

### NO-OBLIGATION FEDERAL STUDENT LOAN REPAYMENT PROGRAM & LOAN FORGIVENESS ANALYSIS

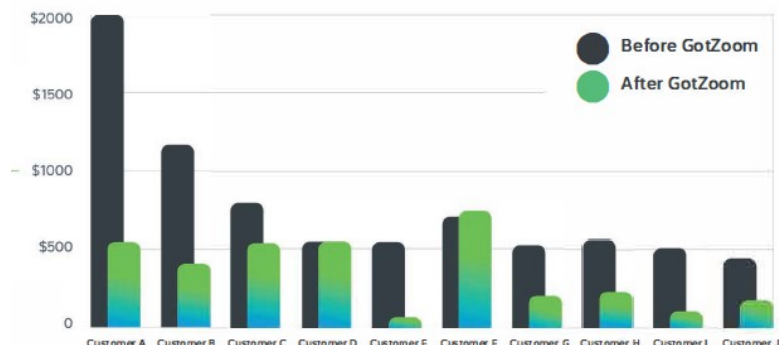
Once the GotZoom intake form is 100% completed (with the required supporting documentation such as proof of income) and returned, GotZoom will provide a no-cost program benefit analysis to employees within four business days. This analysis will inform employees of how much they can save on their federal student loan debt by maximizing their use of federal repayment and/or loan forgiveness programs.

Once a participant agrees to utilize **GotZoom's** services and a case file has been created and submitted to the U.S. Department of Education (DOE) and Servicer, most employees have access to 60-90-day abatement program (i.e., employees can stop making their monthly federal student loan payment for said period).

### GOTZOOM GUARANTEE

**GotZoom** will save enrolled employees at least an average of 20% on their federal student loans for every 100 participating employees or **GotZoom** will waive/return all initial processing fees.

ENROLL AT  
[WWW.GZENROLL.COM/KCPS](http://WWW.GZENROLL.COM/KCPS)



## GLOSSARY OF MEDICAL TERMS

**Coinsurance**—The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

**Copays**—A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

**Deductible**—The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

**Emergency Room**—Services you receive from a hospital for any serious condition requiring immediate care.

**Lifetime Benefit Maximum**—All plans are required to have an unlimited lifetime maximum.

**Medically Necessary**—Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

**Network Provider**—A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

**Out-of-pocket Maximum**—The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

**Preauthorization**—A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

**Prescription Drugs**—Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

**Preventive Services**—All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

**UCR (Usual, Customary and Reasonable)**—The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

**Urgent Care**—Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

**MEDICARE PART D CREDITABLE COVERAGE**

Important Notice from Kansas City Public Schools About Your Prescription Drug Coverage and Medicare

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

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

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

**When Can You Join A Medicare Drug Plan?**

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

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

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

If you decide to join a Medicare drug plan, your current Kansas City Public Schools coverage **may** be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the Kansas City Public Schools medical plan, **be aware that you and your dependents may not be able to get this coverage back.**

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

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

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Kansas City Public Schools changes. You also may request a copy of this notice at any time.

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

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

## For more information about Medicare prescription drug coverage:

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

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

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

**Date:** 10/01/2021  
**Name of Entity/Sender:** Kansas City Public Schools  
**Contact--Position/Office:** Darlene Sanders  
**Address:** 2901 Troost Ave, Kansas City, MO 64109  
**Phone Number:** 816-418-7357

## SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 31 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 31 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

To request special enrollment or obtain more information, contact Human Resources.

## NOTICE OF PRIVACY PRACTICES

Kansas City Public Schools is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: [insert deductibles and coinsurance applicable to these benefits]. If you would like more information on WHCRA benefits, contact Darlene Sanders at 816-418-7357.

## IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more full-time employees, we are required to provide 1095-C forms to each employee who was employed as a full-time employee for at least one month during the calendar year, without regard to whether he/she was covered by our group health plan. These employees should expect to receive their Form 1095-C in early March 2022. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

## NOTICE REGARDING WELLNESS PROGRAM

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

However, employees who choose to participate in the wellness program will receive an incentive of a discount on their medical premiums for completing. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive a discount on their medical premiums. Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health points.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Rachel Mize at 816-418-7204.

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

## PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are health professionals in order to provide you with services under the wellness program.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Rachel Mize at 816-418-7204.

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
<b>ALASKA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>ARKANSAS – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>CALIFORNIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584

<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>MONTANA – Medicaid</b>
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>
<b>KANSAS – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<b>KENTUCKY – Medicaid</b>	<b>NEVADA – Medicaid</b>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<b>LOUISIANA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
<p>Website: <a href="http://www.medicare.la.gov">www.medicare.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<b>MAINE – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
<p>Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: -800-977-6740.  TTY: Maine relay 711</p>	<p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
<p>Website: <a href="https://www.mass.gov/info-details/mashealth-premium-assistance-pa">https://www.mass.gov/info-details/mashealth-premium-assistance-pa</a>  Phone: 1-800-862-4840</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
<p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>	<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>



<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>OREGON – Medicaid</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)



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The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plans as described in this material and official plan documents, the language of the documents shall govern.