



SHAWNEE MISSION  
SCHOOL DISTRICT

2022  
EMPLOYEE  
BENEFITS GUIDE



# Welcome to the 2022 Benefits Open Enrollment

Shawnee Mission School District's 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 medical 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  
**September 28th – October 15th**

Enroll online at  
**WWW.BENEFITS-DIRECT.COM/SMSD**

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

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

- ✓ Checking that your personal information is accurate in the employee portal, **EMPLOYEE ONLINE**
- ✓ Reviewing the benefits in which you are currently enrolled
- ✓ Taking a look at the changes and highlights for 2022
- ✓ Checking out the plans being offered for the coming year

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 Shawnee Mission School District family and look forward to a healthy and safe 2022.

## 2022 HIGHLIGHTS AT A GLANCE

- There will be no changes to the medical plan choices or the medical benefits for 2022. Please see page 5 for the new premiums effective 1/1/22.
- There will be no changes in Dental premiums or benefits for 1/1/22.
- Vision benefits and premiums will remain the same for 2022.
- PriorityOne Health Center offers:
  - Telephonic/virtual visits for certain appointment types
  - Behavioral health services with an onsite therapistSee page 9 for more information on PriorityOne Health Center.

### 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. Please contact the SMSD Benefits Team (see page 3) to determine if your situation qualifies as a change in status. The only exception is the Metlaw which you must be enrolled in for the entire year regardless of a qualifying life event.

### ONE-ON-ONE VIRTUAL ENROLLMENT

One-one-one virtual enrollment is available from **September 28th to October 15th**



## CONTACT INFORMATION

If you have any questions regarding your benefits, please contact a member of your benefits team or call the office at 913-993-6454.

### Benefits Team

Drew Staum -  
andrewstaum@smsd.org  
Jennifer Lumley-  
jenniferlumley@smsd.org

### Medical

Blue KC  
www.bluekc.com  
816-395-3558

### Dental

Delta Dental of Kansas  
www.deltadentalks.com  
800-234-3375

### Vision

VSP  
www.vsp.com  
800-877-7195

### Health Savings Account

UMB Bank  
www.umb.com  
800-860-4862

### Flexible Spending Accounts

Flex Made Easy  
www.flexmadeeasy.com  
855-615-3679

### Voluntary Benefits

Benefits Direct  
www.benefits-direct.com/smsd  
866-674-0960

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# MEDICAL INSURANCE

## HOW TO GET STARTED

### SELECT YOUR MEDICAL PLAN

- Preferred-Care Blue - BlueSaver QHDHP
- BlueSelect Plus QHDHP
- Preferred-Care Blue PPO
- BlueSelect Plus PPO
- BlueSelect Plus EPO
- Blue-Care HMO

**TIP:** Get the most out of your insurance by using in-network providers.

### FREQUENTLY ASKED QUESTIONS

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

You must be working a minimum of 20 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 for 1/1/22 due to provisions in the Consolidated Appropriations Act.

**? Does the deductible run on a calendar year or policy year basis?**

A calendar year basis.

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

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



### YOUR HEALTH PLAN OPTIONS

As a full-time employee of Shawnee Mission School District, you have the choice between six medical plan options.

**Preferred-Care Blue - BlueSaver QHDHP** and **BlueSelect Plus QHDHP plans** are Qualified High Deductible Health plans which offer lower monthly premiums, and if you meet certain eligibility requirements, offer you the ability to open a Health Savings Account (HSA) 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 the deductible, and they're yours forever—even if you leave Shawnee Mission School District. The difference between these two plan options is the network of providers.

**Preferred-Care Blue PPO** and **BlueSelect Plus PPO plans** are traditional PPO plans which include lower deductibles and coinsurance for medical care. These plans also feature copays for prescription drugs. The difference between these two plan options is the network of providers.

**BlueSelect Plus EPO Plan** utilizes the **BlueSelect Plus Network** of providers. An EPO is a copay plan much like the HMO 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 the larger Blue-Care HMO 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.

### Important Provider Information

**BlueSelect Plus Network** is a high performance network that operates in a five county area (these counties include: Platte, Clay, Jackson in Missouri and Wyandotte and Johnson in Kansas). You are highly encouraged to confirm if your providers are in the BlueSelect Plus network, prior to selecting any of the BlueSelect Plus plan options (BlueSelect Plus QHDHP, BlueSelect Plus PPO or BlueSelect Plus EPO). Page 8 provides instructions on how to find out if your doctor is in this network.

# EMPLOYEE MEDICAL CONTRIBUTIONS

WIR = Wellness Incentive Rate

NPR = Non-Participating Rate

| Preferred-Care Blue - BlueSaver QHDHP |                 |                      |              |              |                  |          |
|---------------------------------------|-----------------|----------------------|--------------|--------------|------------------|----------|
|                                       | Monthly Premium | Monthly Contribution |              |              | HSA Contribution |          |
|                                       |                 | Employer             | Employee WIR | Employee NPR | WIR              | NPR      |
| <b>Employee</b>                       | \$642.99        | \$792.00             | \$0.00       | \$0.00       | \$149.01         | \$99.01  |
| <b>Employee + Spouse</b>              | \$1,347.72      | \$792.00             | \$555.72     | \$605.72     | N/A              | N/A      |
| <b>Employee + Child(ren)</b>          | \$1,221.68      | \$792.00             | \$429.68     | \$479.68     | N/A              | N/A      |
| <b>Family</b>                         | \$1,962.45      | \$792.00             | \$1,170.45   | \$1,220.45   | N/A              | N/A      |
| BlueSelect Plus QHDHP                 |                 |                      |              |              |                  |          |
|                                       | Monthly Premium | Monthly Contribution |              |              | HSA Contribution |          |
|                                       |                 | Employer             | Employee WIR | Employee NPR | WIR              | NPR      |
| <b>Employee</b>                       | \$577.53        | \$792.00             | \$0.00       | \$0.00       | \$214.47         | \$164.47 |
| <b>Employee + Spouse</b>              | \$1,209.82      | \$792.00             | \$417.82     | \$467.82     | N/A              | N/A      |
| <b>Employee + Child(ren)</b>          | \$1,097.30      | \$792.00             | \$305.30     | \$355.30     | N/A              | N/A      |
| <b>Family</b>                         | \$1,763.44      | \$792.00             | \$971.44     | \$1,021.44   | N/A              | N/A      |
| Preferred-Care Blue PPO               |                 |                      |              |              |                  |          |
|                                       | Monthly Premium | Monthly Contribution |              |              |                  |          |
|                                       |                 | Employer             | Employee WIR | Employee NPR |                  |          |
| <b>Employee</b>                       | \$887.41        | \$792.00             | \$95.41      | \$145.41     |                  |          |
| <b>Employee + Spouse</b>              | \$1,862.60      | \$792.00             | \$1,070.60   | \$1,120.60   |                  |          |
| <b>Employee + Child(ren)</b>          | \$1,686.08      | \$792.00             | \$894.08     | \$944.08     |                  |          |
| <b>Family</b>                         | \$2,705.49      | \$792.00             | \$1,913.49   | \$1,963.49   |                  |          |
| BlueSelect Plus PPO                   |                 |                      |              |              |                  |          |
|                                       | Monthly Premium | Monthly Contribution |              |              |                  |          |
|                                       |                 | Employer             | Employee WIR | Employee NPR |                  |          |
| <b>Employee</b>                       | \$792.00        | \$792.00             | \$0.00       | \$50.00      |                  |          |
| <b>Employee + Spouse</b>              | \$1,662.91      | \$792.00             | \$870.91     | \$920.91     |                  |          |
| <b>Employee + Child(ren)</b>          | \$1,505.97      | \$792.00             | \$713.97     | \$763.97     |                  |          |
| <b>Family</b>                         | \$2,417.31      | \$792.00             | \$1,625.31   | \$1,675.31   |                  |          |
| BlueSelect Plus EPO                   |                 |                      |              |              |                  |          |
|                                       | Monthly Premium | Monthly Contribution |              |              |                  |          |
|                                       |                 | Employer             | Employee WIR | Employee NPR |                  |          |
| <b>Employee</b>                       | \$803.53        | \$792.00             | \$11.53      | \$61.53      |                  |          |
| <b>Employee + Spouse</b>              | \$1,685.91      | \$792.00             | \$893.91     | \$943.91     |                  |          |
| <b>Employee + Child(ren)</b>          | \$1,526.72      | \$792.00             | \$734.72     | \$784.72     |                  |          |
| <b>Family</b>                         | \$2,450.51      | \$792.00             | \$1,658.51   | \$1,708.51   |                  |          |
| Blue-Care HMO                         |                 |                      |              |              |                  |          |
|                                       | Monthly Premium | Monthly Contribution |              |              |                  |          |
|                                       |                 | Employer             | Employee WIR | Employee NPR |                  |          |
| <b>Employee</b>                       | \$899.82        | \$792.00             | \$107.82     | \$157.82     |                  |          |
| <b>Employee + Spouse</b>              | \$1,888.74      | \$792.00             | \$1,096.74   | \$1,146.74   |                  |          |
| <b>Employee + Child(ren)</b>          | \$1,709.66      | \$792.00             | \$917.66     | \$967.66     |                  |          |
| <b>Family</b>                         | \$2,743.22      | \$792.00             | \$1,951.22   | \$2,001.22   |                  |          |

# MEDICAL INSURANCE OPTIONS



BlueCross BlueShield

|   | Similar Benefits, Different Network  |  | Similar Benefits, Different Network  |  |
|---|--|--|--|--|
|   | Preferred-Care Blue - BlueSaver QHDHP  | BlueSelect Plus QHDHP  | Preferred-Care Blue PPO  | BlueSelect Plus PPO  |
| <b>Network</b>  | Preferred-Care Blue  | BlueSelect Plus  | Preferred-Care Blue  | BlueSelect Plus  |
| <b>In-Network Deductible</b>  | \$3,000 individual<br>\$6,000 family   | \$3,000 individual<br>\$6,000 family   | \$1,500 individual<br>\$3,000 family   | \$1,500 individual<br>\$3,000 family   |
| <b>Out-of-Network Deductible</b>  | \$3,000 individual<br>\$6,000 family   | \$6,000 individual<br>\$12,000 family  | \$1,500 individual<br>\$3,000 family   | \$3,000 individual<br>\$6,000 family   |
| <b>In-Network Coinsurance</b>   | 20%  | 20%  | 20%  | 20%  |
| <b>Out-of-Network Coinsurance</b>                                       | 40%  | 50%  | 40%  | 50%  |
| <b>In-Network Out-of-Pocket Maximum</b>                                 | \$5,000 individual<br>\$10,000 family  | \$5,000 individual<br>\$10,000 family  | \$3,000 individual<br>\$6,000 family   | \$3,000 individual<br>\$6,000 family   |
| <b>Out-of-Network Out-of-Pocket Maximum</b>                             | \$10,000 individual<br>\$20,000 family   | \$20,000 individual<br>\$40,000 family   | \$6,000 individual<br>\$8,000 family   | \$12,000 individual<br>\$24,000 family   |
| The following benefits are based on in-network services                 |  |  |  |  |
| <b>PriorityOne Health Center</b><br><i>(See pages 9-11 for details)</i> | \$0 preventive visit<br>\$0 health coaching<br>\$30 non-preventive visit<br>\$30 behavioral health | \$0 preventive visit<br>\$0 health coaching<br>\$30 non-preventive visit<br>\$30 behavioral health | \$0 preventive visit<br>\$0 health coaching<br>\$0 non-preventive visit<br>\$0 behavioral health | \$0 preventive visit<br>\$0 health coaching<br>\$0 non-preventive visit<br>\$0 behavioral health |
| <b>Office Visits</b>  | Deductible then 20%  | Deductible then 20%  | \$40 / \$80 copay  | \$40 / \$80 copay  |
| <b>Preventive Care</b>  | \$0  | \$0  | \$0  | \$0  |
| <b>Urgent Care</b>  | Deductible then 20%  | Deductible then 20%  | \$80 copay   | \$80 copay   |
| <b>Emergency Services</b>   | Deductible then 20%  | Deductible then 20%  | \$250 copay, then deductible, then 20%   | \$250 copay, then 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>                                       | Deductible then 20%  | Deductible then 20%  | Deductible then 20%  | Deductible then 20%  |
| <b>Prescription Drugs</b>   | \$20/\$60/\$90 Retail  | \$20/\$60/\$90 Retail  | \$20/\$60/\$90 Retail  | \$20/\$60/\$90 Retail  |
| <b>Prescription Drugs</b>   | Deductible then<br>\$40/\$120/\$180 Mail   | Deductible then<br>\$40/\$120/\$180 Mail   | \$40/\$120/\$180 Mail  | \$40/\$120/\$180 Mail  |

# MEDICAL INSURANCE OPTIONS



BlueCross BlueShield

| <b>Similar Benefits, Different Network</b>   |  |   |
|--|--|---|
| <b>BlueSelect Plus EPO</b>   | <b>Blue-Care HMO</b>   |   |
| BlueSelect Plus  | Blue-Care  | <b>Network</b>  |
| N/A  | N/A  | <b>In-Network Deductible</b>  |
| N/A  | N/A  | <b>Out-of-Network Deductible</b>  |
| N/A  | N/A  | <b>In-Network Coinsurance</b>   |
| N/A  | N/A  | <b>Out-of-Network Coinsurance</b>                                       |
| \$7,900 individual<br>\$15,800 family  | \$7,900 individual<br>\$15,800 family  | <b>In-Network Out-of-Pocket Maximum</b>                                 |
| N/A  | N/A  | <b>Out-of-Network Out-of-Pocket Maximum</b>                             |
| The following benefits are based on in-network services  |  |   |
| \$0 preventive visit<br>\$0 health coaching<br>\$0 non-preventive visit<br>\$0 behavioral health | \$0 preventive visit<br>\$0 health coaching<br>\$0 non-preventive visit<br>\$0 behavioral health | <b>PriorityOne Health Center</b><br><i>(See pages 9-11 for details)</i> |
| \$40 / \$80 copay  | \$40 / \$80 copay  | <b>Office Visits</b>  |
| \$0  | \$0  | <b>Preventive Care</b>  |
| \$80 copay   | \$80 copay   | <b>Urgent Care</b>  |
| \$200 copay  | \$250 copay  | <b>Emergency Services</b>   |
| \$750 copay per day<br>up to \$3,750 per calendar year   | \$750 copay per day<br>up to \$3,750 per calendar year   | <b>Inpatient Hospital Services</b>                                      |
| \$80 copay   | \$80 copay   | <b>Scans (MRI's PET, CT etc.)</b>                                       |
| \$20/\$60/\$90 Retail  | \$20/\$60/\$90 Retail  | <b>Prescription Drugs</b>   |
| \$40/\$120/\$180 Mail  | \$40/\$120/\$180 Mail  |   |

# BLUESELECT PLUS NETWORK

## IMPORTANT NETWORK INFORMATION AND HOW TO FIND A DOCTOR

### 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 5-county Kansas City metropolitan area, which includes Clay, Jackson 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 BLUESELECT PLUS QHDHP, BLUESELECT PLUS PPO OR BLUESELECT PLUS EPO PLAN OPTIONS.

### DOCTOR AND HOSPITAL FINDER

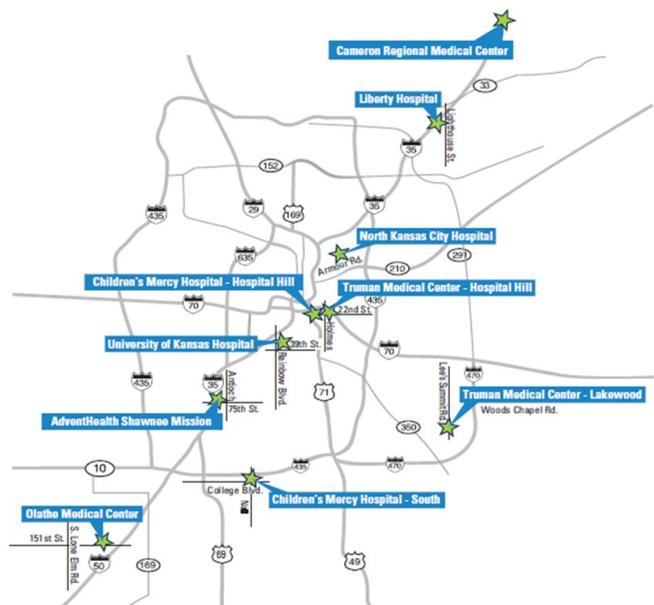
#### USE THE DOCTOR AND HOSPITAL FINDER TO SEARCH FOR QUALITY PROVIDERS

The Doctor 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.

#### START YOUR SEARCH

- Choose your health plan** – If you logged in [www.mybluekc.com](http://www.mybluekc.com), 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.



# PRIORITYONE HEALTH CENTER



**PriorityOne Health Center, powered by Marathon Health**, serves Shawnee Mission School District staff members and their families, providing high-quality healthcare services, offering convenient and affordable access to care.

[Click here](#) to watch a video on PriorityOne Health Center!



## BENEFITS

### What are the benefits of PriorityOne Health Center?

- Cost effective
  - Low or no-cost appointments
  - Select formulary of pre-packaged medications available onsite at no additional cost
- Convenient access to care
  - Extended hours, with little to no wait time
  - Same or next day appointments may be available
  - Online access to medical records, appointment scheduling and secure messaging
  - Telephonic / virtual visits for certain appointment types
- More dedicated time with a provider
- Health coaching services
- Behavioral health sessions with an onsite therapist
- **Staff members are eligible to use PriorityOne Health Center without clocking out or using leave time as long as they receive approval from their supervisor**

## ELIGIBILITY

### Who is eligible to access the services at PriorityOne Health Center?

#### Personal Health

PriorityOne Health Center is available to the following individuals **enrolled in a Shawnee Mission School District Health Insurance Plan**:

- Staff members
- Pre-Medicare retirees
- Spouses and dependents age two and older

#### Work Related Health

PriorityOne Health Center will also provide first treatment of work-related injuries to ALL staff members regardless of health plan enrollment.

#### Privacy Policy

Your personal health information is protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and any other applicable privacy laws. For more information on Marathon Health's privacy policy, visit [www.marathon-health.com/privacy](http://www.marathon-health.com/privacy).



Visit our website! More information is available at:  
<https://bit.ly/PriorityOneHC>

TIP! Bookmark this page on your device's browser



SCAN ME

**Note:** For information regarding PriorityOne Health Center during the COVID-19 pandemic, including details on telephonic/virtual visits, safety and sanitation processes in place, and more, visit: <https://bit.ly/PriorityOneHCCOVID19>

## PRIORITYONE HEALTH CENTER SERVICES

PriorityOne Health Center is a resource to manage your acute illnesses and minor injuries, assist with chronic conditions, provide preventive care exams and services and support the overall health and wellbeing of you and your family. Below are examples of services provided at PriorityOne Health Center.

### Personal Health

#### Preventive Services

- Routine well-woman and well-man exams
- Preventive lab work
- Vaccinations
- Flu shot
- Sports / camp / school physicals

#### Acute Illness

- Bronchitis
- Common cold
- Constipation
- Cough
- Diarrhea
- Eye Infections
- Headache
- Nausea and vomiting
- Nosebleed
- Sinus infections
- Skin infections
- Strep throat
- ...and more!

#### Minor Injuries

- Muscle and joint pain
- Sprains and strains
- Cuts and stitches
- Mole removals

#### Chronic Condition Coaching

- Arthritis
- Asthma
- COPD
- Depression
- Diabetes
- Heart health
- Low back pain
- Sleep apnea

#### Medication

- Prescribe medication, after thorough assessment
- Dispense pre-packaged medications, if available in the Health Center

#### Coordination with Outside Providers

#### Referral to Specialists

#### Behavioral Health

- Behavioral health sessions with an onsite therapist

#### Lab Work and Vaccinations

- Administer shots / vaccinations
- Order, conduct, interpret and consult on routine diagnostic lab work
- The following lab tests can be collected and processed in the Health Center:
  - Hemoglobin A1C
  - Lipid panel
  - Glucose, blood sugar
  - Rapid strep
  - Mono
  - Urinalysis
  - Oxygen saturation
  - Pregnancy
- Additional labs can be collected at the Health Center and sent out for results
- Can complete lab draw with orders from outside provider

#### Work Related

#### Work Related Injury Treatment and Occupational Health Services

- Initial triage and follow up of work related injuries
- Occupational testing

### Health Coaching

PriorityOne Health Center will partner with you to improve your health. By offering support, education, and encouragement, your Marathon Health providers help you care for yourself.

The providers will help you set goals for health improvement that are in line with your needs and aspirations. Once you've chosen areas you would like to work on, they can help you create a realistic, actionable health plan. Some of the individualized health coaching areas include:

- Chronic conditions
- Nutrition
- Physical activity
- Tobacco cessation
- Stress management
- Weight loss

PriorityOne Health Center will keep you accountable to your personalized plan and will celebrate your success as you accomplish more in health.

### Behavioral Health

PriorityOne Health Center offers behavioral health sessions **with an onsite therapist**.

Whether you're dealing with grief, stress, anxiety, depression, relationship issues, PTSD, eating disorders, substance abuse, or self-image - *the therapist is here to listen*.

Note: Available for ages 12+.

[Click here to learn more and meet the therapist!](#)

## HOURS

PriorityOne Health Center is currently open the following hours <sup>1</sup> :

| Day              | Hours <sup>1</sup> |
|------------------|--------------------|
| <b>Monday</b>    | 7 AM - 4 PM        |
| <b>Tuesday</b>   | 9 AM - 6 PM        |
| <b>Wednesday</b> | 7 AM - 4 PM        |
| <b>Thursday</b>  | 9 AM - 6 PM        |
| <b>Friday</b>    | 7 AM - 4 PM        |

<sup>1</sup> The hours of operation are subject to change. If this occurs, changes that affect the established schedule will be communicated. The website will be kept up-to-date with hours of operation: <http://bit.ly/PriorityOneHC>

## LOCATION

PriorityOne Health Center is conveniently located next to the fitness center in the Center for Academic Achievement, on the northwest side of the building at Door 13. Reserved parking spaces are available.

Address: **8200 West 71<sup>st</sup> Street  
Shawnee Mission, KS 66204**

### DON'T FORGET!

Staff members are eligible to use PriorityOne Health Center **without clocking out or using leave time** as long as they receive approval from their supervisor.

## APPOINTMENTS

### A FEW REMINDERS ABOUT APPOINTMENTS:

- **Appointments are required.** Please schedule an appointment prior to arriving at PriorityOne Health Center.
- Same or next day appointments may be available. If you don't see an appointment time online that works for you, please call the center.
- **To ensure you and your fellow staff members have the shortest wait times and best experience possible, please schedule an appointment prior to arriving by calling (913) 549-9970 or online at <https://my.marathon-health.com>.**
- The PriorityOne Health Center staff will do their best to fit you in; however, if a same day appointment is not currently available, the staff will work to get you in as quickly as possible.
- Please bring your photo ID and current Blue KC health insurance card with you to your visit. You will also need a credit, debit or HSA card if you are on the Qualified High Deductible plan.

### HOW TO SCHEDULE AN APPOINTMENT

You can schedule an appointment two ways:

by calling  
**(913) 549-9970**, or

online at  
**my.marathon-health.com**  
or in Marathon Health  
Mobile App



**New Mobile App!** Scan this QR Code with your smartphone's camera to download the **Marathon Health** mobile app in the App Store or on Google Play.

- Schedule/view appointments
- Message care team
- Request medication refills

## COST OF SERVICES

PriorityOne Health Center will have the following cost for members enrolled in Shawnee Mission School District's medical insurance plan.

We want you to be prepared that the visit fee will be collected at the time of service via a credit or debit card. For safety reasons, PriorityOne Health Center does not accept cash. If you have an HSA debit card, this a great time to use it!

### VISIT FEE SCHEDULE

| Visit Type                            | HMO, PPO, or EPO Plans | Qualified High Deductible Health Plans |
|---------------------------------------|------------------------|--|
| <b>Preventive Care Visit</b>          | Free                   | Free                                   |
| <b>Non-Preventive Care/Sick Visit</b> | Free                   | \$30 <sup>2</sup>                      |
| <b>Health Coaching Visit</b>          | Free                   | Free                                   |
| <b>Behavioral Health Visit</b>        | Free                   | \$30 <sup>2</sup>                      |

### <sup>2</sup> VISIT FEES

Due to IRS regulations, HSA eligible plan members must pay a minimal visit fee for non-preventive visits, including chronic care or other significant benefits. All fees apply towards deductible and out of pocket maximum.

**This fee is still considerably less than you would pay for similar services at a physician office, convenience care or urgent care center.**

The visit fee will be re-evaluated on an annual basis.

# CARE OPTIONS AND WHEN TO USE THEM

While we recommend that you seek routine medical care from PriorityOne Health Center or 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. 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

(PriorityOne Health Center, and/or your Primary Care Physician)

- Routine, primary / preventive care
- Vaccinations
- Non-emergency treatment for illnesses, minor injuries, rashes, etc.
- Chronic disease or condition management

**Note:** Also includes the service examples under Virtual Care convenience care and urgent care

## PRIMARY CARE

**For routine, primary/preventive care or non-emergent treatment for minor injuries or illnesses, we recommend utilizing, either:**

- **PriorityOne Health Center, or**  
(TIP: [Click here for information on PriorityOne Health Center](#))
- **your Primary Care Physician**  
(TIP: [Click here to log in and search for in-network Primary Care Physicians](#))

Your doctor knows your health history and has access to your medical records. You will pay less out-of-pocket than many of the other options.

**Telephonic/Virtual Care can be a convenient alternative to in-person care at PriorityOne Health Center. Additionally, when you are not able to access PriorityOne Health Center or your Primary Care Physician, you may find the BlueKC Virtual Care, Convenience Care or Urgent Care to be a good alternative.**

Please Note: The services listed for these care options can also be provided at PriorityOne Health Center or your Primary Care Physician's office. The services outlined are not an exhausted list by location, but simply examples of when you might use them.

## TELEPHONIC/ VIRTUAL CARE

- Cold/flu
- Diarrhea
- Fever
- Rash
- Sinus Problems

## TELEPHONIC/VIRTUAL CARE

Telephonic/virtual Care visits at PriorityOne Health Center are a good alternative when you have an acute need, but cannot make it in to be seen in person. They allow you to connect with PriorityOne Health Center providers through phone or video, for certain appointment types during PriorityOne Health Center operating hours.

BlueKC Virtual Care is a good alternative when you have an urgent non-emergency room situation and are unable to obtain an appointment at PriorityOne Health Center. BlueKC Virtual Care allows you to see and talk to a doctor from your mobile device or computer without an appointment, anytime and anywhere  
(TIP: [Click here for information on accessing BlueKC Virtual Care.](#))

## CONVENIENCE CARE

- Common infections (bronchitis, bladder and ear infections, pink eye, strep throat)
- Minor skin conditions (athlete's foot, cold sores, minor sunburn, poison ivy)
- Flu shots
- Pregnancy tests

## CONVENIENCE CARE

These providers are a good alternative when you are not able to get to your doctor's office, PriorityOne Health Center or are unable to access Telephonic/Virtual Care and you need immediate care but your condition is not urgent or an emergency. They are often located in malls or retail stores (such as CVS, Walgreens, Wal-Mart, 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.

## URGENT CARE

- Sprains
- Small cuts
- Strains
- Sore throats
- Mild asthma attacks
- Rashes
- Minor infections
- Vaccinations
- Screenings
- Back pain or strains

## 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 PriorityOne Health Center or 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

- Heavy bleeding
- Large open wounds
- Chest pain
- Sudden change in vision
- Spinal injuries
- Difficulty breathing
- Major burns
- Sudden weakness or trouble walking

## EMERGENCY ROOM

Used for an emergency medical condition including severe pain which you believe that without immediate medical care may result in any of the following:

- Serious harm 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 any other 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.**



# TELEHEALTH AND RX SAVINGS

## BLUE KC VIRTUAL CARE

Blue KC Virtual Care is available to all members enrolled in a District 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 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:

Contribute up to

**\$3,650**  
Single, or

**\$7,300**  
Family

- 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.



## WHAT ARE THE RULES?

- You must be covered under the Preferred-Care Blue - Bluesaver QHDHP Plan or BlueSelect Plus QHDHP 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.

## 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 an \$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 certain 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, 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 Contribution*                     |          |                       |          |
|---------------------------------------|----------|-----------------------|----------|
| Preferred-Care Blue - Bluesaver QHDHP |          | BlueSelect Plus QHDHP |          |
| WIR                                   | \$149.01 | WIR                   | \$214.47 |
| NPR                                   | \$99.01  | NPR                   | \$164.47 |

\*District will contribute monthly to your HSA account  
WIR stands for Wellness Incentive Rate  
NPR stands for Non-Participation Rate

# 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. Shawnee Mission School District 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 Preferred-Care Blue - Bluesaver QHDHP or the BlueSelect Plus QHDHP plan with an HSA:

- 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 Preferred-Care Blue - Bluesaver QHDHP or the BlueSelect Plus QHDHP plan.

## DOES SHAWNEE MISSION SCHOOL DISTRICT CONTRIBUTE TO MY HSA? IF SO, HOW MUCH?

Yes, the District contributes to the HSA for employee only coverage depending on the plan that you chose and if you have completed the wellness requirement.

## 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?

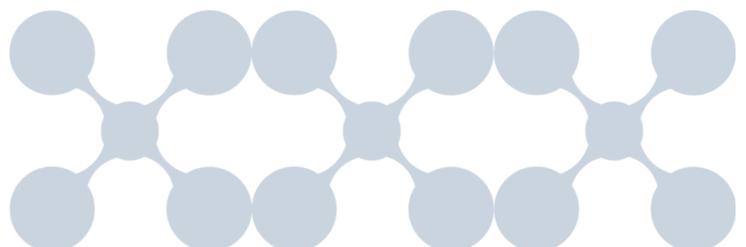
People age 55 and older can make a catch-up contribution each year that is over and above the allowable limit for the individual year. The catch-up contribution for 2022 is \$1,000. You are able to make catch-up contributions until you become Medicare active.

## 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 KC 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 Shawnee Mission School District 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 (FSA)



## FLEXIBLE SPENDING ACCOUNTS

- Flexible Spending Account
- Limited Flexible Spending Account
- Dependent Care Flex Spending Account

### FLEXIBLE SPENDING ACCOUNT (FSA)

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your health insurance plan (or your spouse's or eligible dependent children) with pre-tax dollars. You can also pay health care expenses for dependents, even if you choose single (vs. family) coverage. The maximum amount you're able to contribute is based on the IRS maximum (\$2,750 in 2022) prorated by the number of months remaining in the plan year. The Flex Spending Account is pre-funded which means you may file claims for incurred health care expenses up to your total election amount at any time in the plan year. Even though the total amount has not been withheld from your pay your eligible expense will be reimbursed and, your payroll deductions continue for the remainder of the plan year. **Be aware - any unused portion of your FSA at the end of the plan year is forfeited.**

### LIMITED FLEXIBLE SPENDING ACCOUNT

For those employees who enroll in either the Preferred-Care Blue - Bluesaver QHDHP or BlueSelect Plus QHDHP and who contribute to an HSA, IRS rules state you are not eligible to participate in the District's traditional flexible spending account. You are, however, eligible to participate in the Limited Flexible Spending Account, allowing you to pay for dental and vision care expenses ONLY. All rules that apply to the traditional flexible spending account also apply to the Limited FSA, i.e. once you make your annual election your contributions will remain unchanged unless you experience a qualifying event. You can file claims for any amount up to your total annual contribution at any time, even if you have not yet had the amount withheld from your pay and any unused amounts at the end of the plan year are forfeited.

### HOW THE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket health care expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to Flex Made Easy. Reimbursement is issued through direct deposit into your bank account, or if you prefer, a check can be issued to you. Debit card charges require you to substantiate the charge by uploading your receipt.

### DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

The Dependent Care FSA gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for your dependent's day care expenses. Unlike the Flexible Spending Account, with this account your entire annual election is not available upfront.

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 day care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care FSA, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. 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.

The Dependent Care FSA can also be used for Adult (Elder Care). Please refer to the Flex Made Easy Brochure on the HR Benefits website for more information.

| 2022 Maximum Contributions           |             |
|--------------------------------------|-------------|
| Flexible Spending Account            | \$2,750 max |
| Limited Flexible Spending Account    | \$2,750 max |
| Dependent Care Flex Spending Account | \$5,000 max |

#### Contact Information

Request a full statement of your accounts at any time by calling 855-615-3679, or log on to [www.flexmadeeasy.com](http://www.flexmadeeasy.com) to review your FSA balance. The address to mail claims to is 4551 W. 107th Street, Suite 310, Overland Park, KS 66207.

At [www.flexmadeeasy.com](http://www.flexmadeeasy.com) you can:

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

# DENTAL INSURANCE



## REVIEW YOUR DENTAL PLAN

- PPO Plan
- Premier Plan

| Monthly Rates     | PPO Plan |
|-------------------|----------|
| Employee          | \$30.34  |
| Employee + One    | \$61.52  |
| Employee & Family | \$104.12 |

As a full-time employee of Shawnee Mission School District, you have the choice between two dental plan options.

## PPO PLAN

### SUMMARY OF BENEFITS

The Delta Dental PPO program covers the following types of care:

**PREVENTIVE:** exams, x-rays, cleanings, fluoride treatments

**BASIC:** extractions, root canals, oral surgery, restorations

**MAJOR:** crowns, dentures, bridges

**ORTHODONTICS:** lifetime maximum \$1,000. Payment for Orthodontic Services shall not be included in determining the Maximum Benefit for each calendar year. Orthodontics benefit for dependent children under age nineteen (19) and adults

**Annual Maximum Benefit:** \$1,000 in any one calendar year. Calendar year means January 1st thru December 31st

Dependents are covered to the end of the calendar year in which they turn the age of twenty-six (26)

### DENTIST SELECTION REQUIREMENT

As a participant in the Delta Dental PPO program, you MUST choose a PPO network dentist from the Delta Dental PPO Directory for all of the dental care needs of you and your family. Benefits are only available with dentists participating in the Delta Dental PPO Network.

Dental Services which are not performed by a Delta Dental PPO Dentist will not be covered by the program.

## ADVANTAGES

### NO DEDUCTIBLES

There are no required deductibles to pay, so your benefits begin immediately following your effective date of coverage. Fixed copayments and non-covered benefits are the only expenses. For listings of fixed copayments, go to <https://benefits-direct.com/smsd/dental-insurance>.

### NO PRE-EXISTING CONDITIONS RESTRICTIONS

Pre-existing conditions are NOT excluded under this program.

### NO WAITING PERIODS

You may receive benefits for services beginning on your first day of coverage. Even major restorative procedures are not subject to waiting periods.

### CHOICE OF PPO DENTISTS

Delta Dental of Kansas provides you with an extensive choice of Delta Dental PPO participating dentists. You may choose any Delta Dental PPO dentist. Please refer to the Delta Dental PPO directory at [www.deltadentalks.com](http://www.deltadentalks.com).

### YOUR OUT-OF-POCKET EXPENSES ARE CLEARLY DEFINED

The "Patient Payment Schedule" identifies your total cost for each procedure. A procedure listed as "No Cost" requires no payment from you.

# PREMIER PLAN

The Premier plan offers 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 Delta Dental's negotiated fees, plus any deductible and coinsurance associated with your procedure.

## Premier Plan Benefits and Costs

| Delta Dental of Kansas   | Employee Cost Per Pay Period   |                |
|--|--|----------------|
|  | <b>Premier Plan</b>  |                |
| Employee   | \$36.79  |                |
| Employee + One   | \$78.06  |                |
| Employee & Family  | \$119.27   |                |
|  | In-Network   | Out-of-Network |
| <b>Annual Maximum</b>  | \$1,000  |                |
| <b>Deductible</b>  | \$50 Individual / \$150 Family   |                |
|  | Applied to Basic, Major & Orthodontia Services   |                |
| Diagnostic and Preventive Services (Not Subject to Deductible or Annual Maximum) | 100%   | 80%            |
|  | <ul style="list-style-type: none"> <li>Oral Examinations</li> <li>Bitewing X-rays</li> <li>Sealants</li> <li>Cleanings</li> <li>Fluoride</li> <li>Space Maintainers</li> </ul> |                |
| Basic Services   | 80%  | 50%            |
|  | <ul style="list-style-type: none"> <li>Full Mouth X-Rays</li> <li>Ancillary Emergency Examination</li> <li>Regular Restorative</li> <li>Periodontics</li> </ul>                |                |
| Major Services   | 50%  | 40%            |
|  | <ul style="list-style-type: none"> <li>Oral Surgery</li> <li>Endodontics</li> <li>Special Restorative</li> <li>Prosthodontics</li> </ul>                                       |                |
| Orthodontia Services   | 50%  | 50%            |
|  | <ul style="list-style-type: none"> <li>Children to age 19</li> <li>Lifetime maximum: \$1,000</li> </ul>  |                |

### FIND A DENTIST

To find a Delta Dental of Kansas provider in your area, visit the website at [www.deltadentalks.com](http://www.deltadentalks.com).

#### Directions:

- Hover over "Find a Provider" tab at the top of the page
- Click on "Find a Dentist"
- Select "Delta Dental PPO" as the plan you have access to. You also have access to the Premier network, but the PPO will provide the greatest discounts
- You can then search for dentists. You have the option to narrow your search based on your location, dentist last name, practice name, and more



# VISION INSURANCE

## REVIEW YOUR VISION PLAN

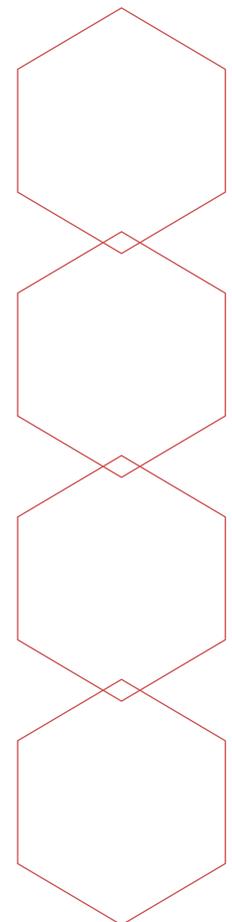
The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

### FIND A DOCTOR

- Go to [www.vsp.com](http://www.vsp.com)
- Enter your ZIP code and click the "Search" button on "Find a Doctor"
- Results list providers closest to your ZIP code first
- Click on the "'Full Practice Info" button next to the provider to display products, services, doctors, etc. for that location
- OR, you can call 800-877-7195 to speak with a Customer Service representative

### Vision Insurance Plan Options and Costs

| VSP   | Employee Cost Per Paycheck   |  |
|---|--|--|
| Employee<br>Employee + One / Employee + Family              | \$14.99<br>\$32.30   |  |
|   | In-Network   | Out-of-Network   |
| <b>Examination Copay</b>                                    | \$10 copay   | <u>Reimbursement</u><br>Up to \$50   |
| <b>Frequency of Service</b>                                 | Every 12 months<br>Every 12 months<br>Every 24 months                              |  |
| <b>Lenses</b>   |  | <u>Reimbursement</u>   |
| Single  | \$20 copay   | Up to \$50   |
| Bifocal   | \$20 copay   | Up to \$75   |
| Trifocal  | \$20 copay   | Up to \$100  |
| Lined Lenticular  | \$20 copay   | Up to \$75   |
| Standard Progressive Lenses                                 | No copay   | Up to \$125  |
| <b>Frames</b>   | \$20 copay;<br>\$200-\$220 allowance,<br>20% off balance over<br>allowance         | <u>Reimbursement</u><br>Up to \$70   |
| <b>Conventional Contacts</b><br><i>(Instead of glasses)</i> | \$200 allowance for<br>materials; \$20 copay for<br>fitting and evaluation<br>exam | <u>Reimbursement</u><br>Up to \$105 for<br>materials; No benefit<br>for fitting and<br>evaluation exam |



# LIFE INSURANCE AND AD&D

## REVIEW YOUR LIFE INSURANCE POLICY

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



## VOLUNTARY LIFE AND AD&D AND DEPENDENT LIFE

You can purchase additional Life and AD&D Coverage beyond what Shawnee Mission School District provides. Coverage will be guaranteed during your initial enrollment period—which means you can't be turned down for coverage based on medical history.

- **Voluntary Employee Life & AD&D:** minimum \$10,000 up to a maximum of \$350,000, in \$10,000 increments. Guaranteed Issue is \$250,000 when first eligible for coverage.
- **Voluntary Dependent Life & AD&D for Spouse:** minimum \$5,000 up to 100% of the employee amount, to \$175,000 maximum in \$5,000 increments. Guaranteed Issue is \$25,000 when first eligible for coverage.
- **Voluntary Dependent Life & AD&D for Children:** Choose an option of either a \$5,000 benefit or a \$10,000 benefit. Guarantee issue up to \$10,000.
- **Annual Increases During Open Enrollment:** Annual increases are allowed during open enrollment if you are currently enrolled in Voluntary Life. Employee life can be increased by \$10,000 each year with completion of an enrollment application, up to the Guarantee Issue amount of \$250,000. Spouse life can be increased by \$5,000 each year with completion of an enrollment application, up to the Guarantee issue of \$25,000. No underwriting is required on annual increases within the guidelines explained above.
- Increases over 10K on employee life and increases over 5K on spouse life

**Please note:** If you elect Voluntary Life for yourself and/or your dependents, Voluntary AD&D is an automatic election based on the Voluntary Life Insurance amount.

If you don't enroll in the Voluntary Life and AD&D plan during your initial enrollment period, you'll be required to complete an Evidence of Insurability form and be approved by The Standard before you're able to get coverage in the future.

**Please see the next two pages regarding rates.**

**Employee Life with AD&D Monthly Premiums**

Employee's Age as of your last birthday

| Coverage Amount | < 30  | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59  | 60-64  | 65-69  | 70-74* | 75+*   |
|-----------------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|
| \$10,000        | 0.37  | 0.51  | 0.60  | 0.82  | 1.23  | 1.80  | 3.19   | 4.40   | 9.26   | 8.24   | 5.54   |
| \$20,000        | 0.74  | 1.02  | 1.20  | 1.64  | 2.46  | 3.60  | 6.38   | 8.80   | 18.52  | 16.48  | 11.07  |
| \$30,000        | 1.11  | 1.53  | 1.80  | 2.46  | 3.69  | 5.40  | 9.57   | 13.20  | 27.78  | 24.72  | 16.61  |
| \$40,000        | 1.48  | 2.04  | 2.40  | 3.28  | 4.92  | 7.20  | 12.76  | 17.60  | 37.04  | 32.96  | 22.14  |
| \$50,000        | 1.85  | 2.55  | 3.00  | 4.10  | 6.15  | 9.00  | 15.95  | 22.00  | 46.30  | 41.21  | 27.68  |
| \$60,000        | 2.22  | 3.06  | 3.60  | 4.92  | 7.38  | 10.80 | 19.14  | 26.40  | 55.56  | 49.45  | 33.21  |
| \$70,000        | 2.59  | 3.57  | 4.20  | 5.74  | 8.61  | 12.60 | 22.33  | 30.80  | 64.82  | 57.69  | 38.75  |
| \$80,000        | 2.96  | 4.08  | 4.80  | 6.56  | 9.84  | 14.40 | 25.52  | 35.20  | 74.08  | 65.93  | 44.28  |
| \$90,000        | 3.33  | 4.59  | 5.40  | 7.38  | 11.07 | 16.20 | 28.71  | 39.60  | 83.34  | 74.17  | 49.82  |
| \$100,000       | 3.70  | 5.10  | 6.00  | 8.20  | 12.30 | 18.00 | 31.90  | 44.00  | 92.60  | 82.41  | 55.35  |
| \$110,000       | 4.07  | 5.61  | 6.60  | 9.02  | 13.53 | 19.80 | 35.09  | 48.40  | 101.86 | 90.65  | 60.89  |
| \$120,000       | 4.44  | 6.12  | 7.20  | 9.84  | 14.76 | 21.60 | 38.28  | 52.80  | 111.12 | 98.89  | 66.42  |
| \$130,000       | 4.81  | 6.63  | 7.80  | 10.66 | 15.99 | 23.40 | 41.47  | 57.20  | 120.38 | 107.13 | 71.96  |
| \$140,000       | 5.18  | 7.14  | 8.40  | 11.48 | 17.22 | 25.20 | 44.66  | 61.60  | 129.64 | 115.37 | 77.49  |
| \$150,000       | 5.55  | 7.65  | 9.00  | 12.30 | 18.45 | 27.00 | 47.85  | 66.00  | 138.90 | 123.62 | 83.03  |
| \$160,000       | 5.92  | 8.16  | 9.60  | 13.12 | 19.68 | 28.80 | 51.04  | 70.40  | 148.16 | 131.86 | 88.56  |
| \$170,000       | 6.29  | 8.67  | 10.20 | 13.94 | 20.91 | 30.60 | 54.23  | 74.80  | 157.42 | 140.10 | 94.10  |
| \$180,000       | 6.66  | 9.18  | 10.80 | 14.76 | 22.14 | 32.40 | 57.42  | 79.20  | 166.68 | 148.34 | 99.63  |
| \$190,000       | 7.03  | 9.69  | 11.40 | 15.58 | 23.37 | 34.20 | 60.61  | 83.60  | 175.94 | 156.58 | 105.17 |
| \$200,000       | 7.40  | 10.20 | 12.00 | 16.40 | 24.60 | 36.00 | 63.80  | 88.00  | 185.20 | 164.82 | 110.70 |
| \$210,000       | 7.77  | 10.71 | 12.60 | 17.22 | 25.83 | 37.80 | 66.99  | 92.40  | 194.46 | 173.06 | 116.24 |
| \$220,000       | 8.14  | 11.22 | 13.20 | 18.04 | 27.06 | 39.60 | 70.18  | 96.80  | 203.72 | 181.30 | 121.77 |
| \$230,000       | 8.51  | 11.73 | 13.80 | 18.86 | 28.29 | 41.40 | 73.37  | 101.20 | 212.98 | 189.54 | 127.31 |
| \$240,000       | 8.88  | 12.24 | 14.40 | 19.68 | 29.52 | 43.20 | 76.56  | 105.60 | 222.24 | 197.78 | 132.84 |
| \$250,000       | 9.25  | 12.75 | 15.00 | 20.50 | 30.75 | 45.00 | 79.75  | 110.00 | 231.50 | 206.03 | 138.38 |
| \$260,000       | 9.62  | 13.26 | 15.60 | 21.32 | 31.98 | 46.80 | 82.94  | 114.40 | 240.76 | 214.27 | 143.91 |
| \$270,000       | 9.99  | 13.77 | 16.20 | 22.14 | 33.21 | 48.60 | 86.13  | 118.80 | 250.02 | 222.51 | 149.45 |
| \$280,000       | 10.36 | 14.28 | 16.80 | 22.96 | 34.44 | 50.40 | 89.32  | 123.20 | 259.28 | 230.75 | 154.98 |
| \$290,000       | 10.73 | 14.79 | 17.40 | 23.78 | 35.67 | 52.20 | 92.51  | 127.60 | 268.54 | 238.99 | 160.52 |
| \$300,000       | 11.10 | 15.30 | 18.00 | 24.60 | 36.90 | 54.00 | 95.70  | 132.00 | 277.80 | 247.23 | 166.05 |
| \$310,000       | 11.47 | 15.81 | 18.60 | 25.42 | 38.13 | 55.80 | 98.89  | 136.40 | 287.06 | 255.47 | 171.59 |
| \$320,000       | 11.84 | 16.32 | 19.20 | 26.24 | 39.36 | 57.60 | 102.08 | 140.80 | 296.32 | 263.71 | 177.12 |
| \$330,000       | 12.21 | 16.83 | 19.80 | 27.06 | 40.59 | 59.40 | 105.27 | 145.20 | 305.58 | 271.95 | 182.66 |
| \$340,000       | 12.58 | 17.34 | 20.40 | 27.88 | 41.82 | 61.20 | 108.46 | 149.60 | 314.84 | 280.19 | 188.19 |
| \$350,000       | 12.95 | 17.85 | 21.00 | 28.70 | 43.05 | 63.00 | 111.65 | 154.00 | 324.10 | 288.44 | 193.73 |

\* Coverage amounts reduce to 67 percent at age 70 and to 45 percent at age 75.

**Spouse Life Monthly Premiums**

Spouse's Age as of your last birthday

| Coverage Amount | < 30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69  | 70-74* | 75+*  |
|-----------------|------|-------|-------|-------|-------|-------|-------|-------|--------|--------|-------|
| \$5,000         | 0.11 | 0.18  | 0.23  | 0.34  | 0.54  | 0.83  | 1.52  | 2.13  | 4.56   | 4.09   | 2.75  |
| \$10,000        | 0.22 | 0.36  | 0.45  | 0.67  | 1.08  | 1.65  | 3.04  | 4.25  | 9.11   | 8.17   | 5.49  |
| \$15,000        | 0.33 | 0.54  | 0.68  | 1.01  | 1.62  | 2.48  | 4.56  | 6.38  | 13.67  | 12.26  | 8.24  |
| \$20,000        | 0.44 | 0.72  | 0.90  | 1.34  | 2.16  | 3.30  | 6.08  | 8.50  | 18.22  | 16.35  | 10.98 |
| \$25,000        | 0.55 | 0.90  | 1.13  | 1.68  | 2.70  | 4.13  | 7.60  | 10.63 | 22.78  | 20.44  | 13.73 |
| \$30,000        | 0.66 | 1.08  | 1.35  | 2.01  | 3.24  | 4.95  | 9.12  | 12.75 | 27.33  | 24.52  | 16.47 |
| \$35,000        | 0.77 | 1.26  | 1.58  | 2.35  | 3.78  | 5.78  | 10.64 | 14.88 | 31.89  | 28.61  | 19.22 |
| \$40,000        | 0.88 | 1.44  | 1.80  | 2.68  | 4.32  | 6.60  | 12.16 | 17.00 | 36.44  | 32.70  | 21.96 |
| \$45,000        | 0.99 | 1.62  | 2.03  | 3.02  | 4.86  | 7.43  | 13.68 | 19.13 | 41.00  | 36.78  | 24.71 |
| \$50,000        | 1.10 | 1.80  | 2.25  | 3.35  | 5.40  | 8.25  | 15.20 | 21.25 | 45.55  | 40.87  | 27.45 |
| \$55,000        | 1.21 | 1.98  | 2.48  | 3.69  | 5.94  | 9.08  | 16.72 | 23.38 | 50.11  | 44.96  | 30.20 |
| \$60,000        | 1.32 | 2.16  | 2.70  | 4.02  | 6.48  | 9.90  | 18.24 | 25.50 | 54.66  | 49.04  | 32.94 |
| \$65,000        | 1.43 | 2.34  | 2.93  | 4.36  | 7.02  | 10.73 | 19.76 | 27.63 | 59.22  | 53.13  | 35.69 |
| \$70,000        | 1.54 | 2.52  | 3.15  | 4.69  | 7.56  | 11.55 | 21.28 | 29.75 | 63.77  | 57.22  | 38.43 |
| \$75,000        | 1.65 | 2.70  | 3.38  | 5.03  | 8.10  | 12.38 | 22.80 | 31.88 | 68.33  | 61.31  | 41.18 |
| \$80,000        | 1.76 | 2.88  | 3.60  | 5.36  | 8.64  | 13.20 | 24.32 | 34.00 | 72.88  | 65.39  | 43.92 |
| \$85,000        | 1.87 | 3.06  | 3.83  | 5.70  | 9.18  | 14.03 | 25.84 | 36.13 | 77.44  | 69.48  | 46.67 |
| \$90,000        | 1.98 | 3.24  | 4.05  | 6.03  | 9.72  | 14.85 | 27.36 | 38.25 | 81.99  | 73.57  | 49.41 |
| \$95,000        | 2.09 | 3.42  | 4.28  | 6.37  | 10.26 | 15.68 | 28.88 | 40.38 | 86.55  | 77.65  | 52.16 |
| \$100,000       | 2.20 | 3.60  | 4.50  | 6.70  | 10.80 | 16.50 | 30.40 | 42.50 | 91.10  | 81.74  | 54.90 |
| \$105,000       | 2.31 | 3.78  | 4.73  | 7.04  | 11.34 | 17.33 | 31.92 | 44.63 | 95.66  | 85.83  | 57.65 |
| \$110,000       | 2.42 | 3.96  | 4.95  | 7.37  | 11.88 | 18.15 | 33.44 | 46.75 | 100.21 | 89.91  | 60.39 |
| \$115,000       | 2.53 | 4.14  | 5.18  | 7.71  | 12.42 | 18.98 | 34.96 | 48.88 | 104.77 | 94.00  | 63.14 |
| \$120,000       | 2.64 | 4.32  | 5.40  | 8.04  | 12.96 | 19.80 | 36.48 | 51.00 | 109.32 | 98.09  | 65.88 |
| \$125,000       | 2.75 | 4.50  | 5.63  | 8.38  | 13.50 | 20.63 | 38.00 | 53.13 | 113.88 | 102.18 | 68.63 |
| \$130,000       | 2.86 | 4.68  | 5.85  | 8.71  | 14.04 | 21.45 | 39.52 | 55.25 | 118.43 | 106.26 | 71.37 |
| \$135,000       | 2.97 | 4.86  | 6.08  | 9.05  | 14.58 | 22.28 | 41.04 | 57.38 | 122.99 | 110.35 | 74.12 |
| \$140,000       | 3.08 | 5.04  | 6.30  | 9.38  | 15.12 | 23.10 | 42.56 | 59.50 | 127.54 | 114.44 | 76.86 |
| \$145,000       | 3.19 | 5.22  | 6.53  | 9.72  | 15.66 | 23.93 | 44.08 | 61.63 | 132.10 | 118.52 | 79.61 |
| \$150,000       | 3.30 | 5.40  | 6.75  | 10.05 | 16.20 | 24.75 | 45.60 | 63.75 | 136.65 | 122.61 | 82.35 |
| \$155,000       | 3.41 | 5.58  | 6.98  | 10.39 | 16.74 | 25.58 | 47.12 | 65.88 | 141.21 | 126.70 | 85.10 |
| \$160,000       | 3.52 | 5.76  | 7.20  | 10.72 | 17.28 | 26.40 | 48.64 | 68.00 | 145.76 | 130.78 | 87.84 |
| \$165,000       | 3.63 | 5.94  | 7.43  | 11.06 | 17.82 | 27.23 | 50.16 | 70.13 | 150.32 | 134.87 | 90.59 |
| \$170,000       | 3.74 | 6.12  | 7.65  | 11.39 | 18.36 | 28.05 | 51.68 | 72.25 | 154.87 | 138.96 | 93.33 |
| \$175,000       | 3.85 | 6.30  | 7.88  | 11.73 | 18.90 | 28.88 | 53.20 | 74.38 | 159.43 | 143.05 | 96.08 |

\* Coverage amounts reduce to 67 percent at age 70 and to 45 percent at age 75.

**Child Life Monthly Premiums**

| Coverage Amount | Premium |
|-----------------|---------|
| \$5,000         | 0.75    |
| \$10,000        | 1.50    |

\* Regardless of the number of eligible children covered.

# SHORT TERM DISABILITY

## REVIEW YOUR DISABILITY COVERAGE

### SHORT TERM DISABILITY

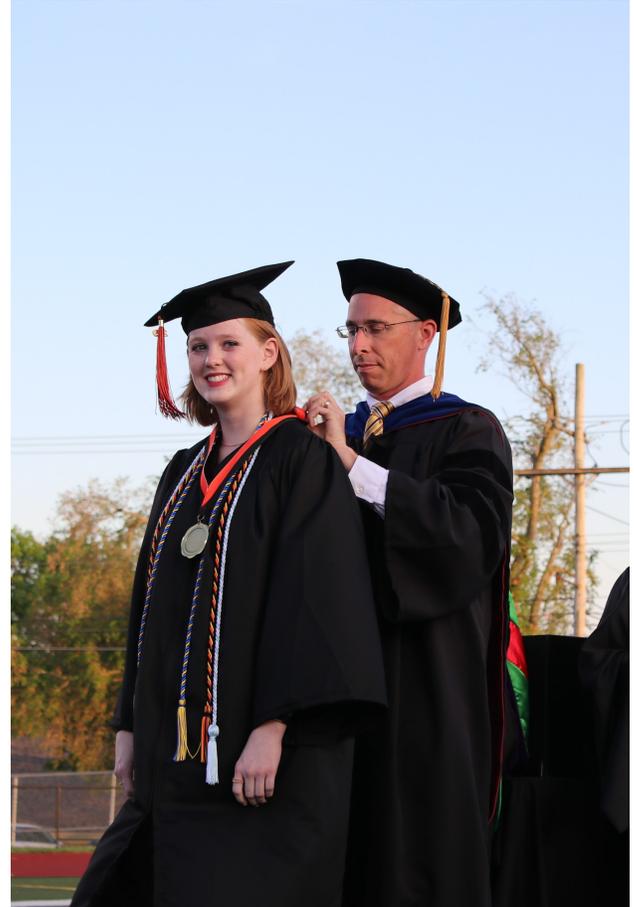
Disability insurance provides income protection if or when you can't work because of an illness or injury.

Short Term Disability insurance is offered through Sun Life. The plan benefit is 70% of basic weekly earnings up to a maximum of \$1,100 per week.

Benefits are paid after a waiting period of five days. Benefits can continue for up to 25 weeks.

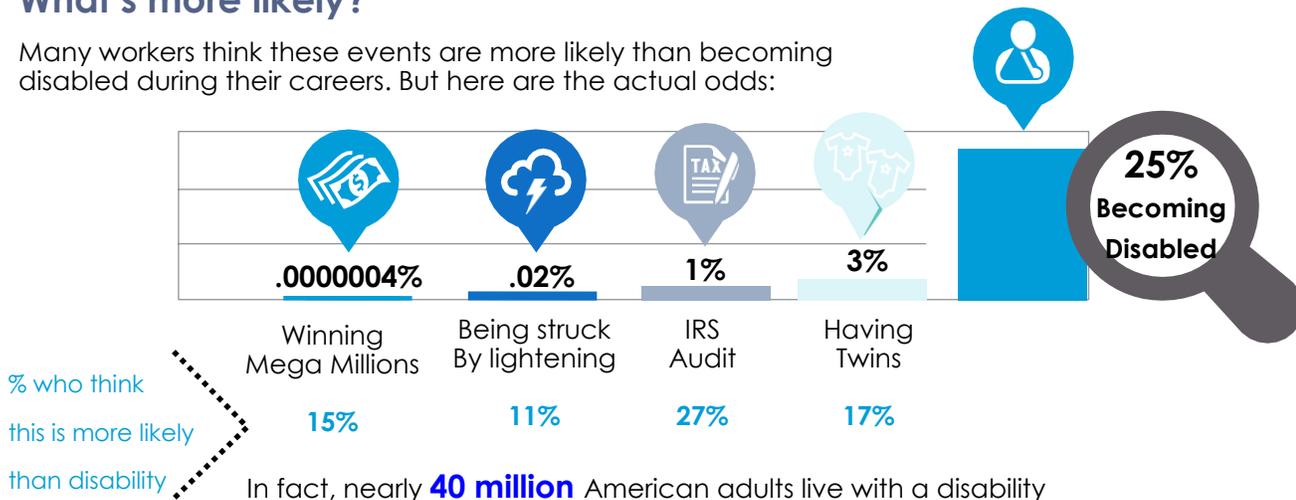
All paid time off must be exhausted before claim can be paid off.

You are considered disabled if a non-work related injury, sickness, or pregnancy requires you to be under the regular care and attendance of a physician and prevents you from performing your regular occupation.



### What's more likely?

Many workers think these events are more likely than becoming disabled during their careers. But here are the actual odds:



## VOLUNTARY COVERAGE

- Critical Illness Insurance
- Accident Insurance
- Cancer Insurance
- Long-Term Care with Lifetime Life
- Hospital Indemnity
- Prepaid Legal
- Identity Theft

For more detailed information about these plans please visit: <https://benefits-direct.com/smsd/>

**RELIANCE STANDARD**  
LIFE INSURANCE COMPANY



### CRITICAL ILLNESS INSURANCE

While it is impossible to prepare for the physical and emotional consequences of being diagnosed with a critical illness, you can prepare for the consequences such an illness may have on your personal finances.

While major medical insurance may pay for a good portion of the costs associated with the illness, there are a lot of expenses that are just not covered—from deductibles and copays to living expenses.

This Critical Illness insurance policy from Reliance Standard can help with the treatment costs of a covered critical illnesses—such as a heart attack or stroke. More importantly, it can help you focus on recuperation instead of the distraction of out-of-pocket costs.

With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

See below for Critical Illness rates from Reliance Standard.

| CRITICAL ILLNESS INSURANCE |                   |                       |
|----------------------------|-------------------|-----------------------|
| Age                        | Tobacco User Rate | Non-tobacco User Rate |
| 0-29                       | \$0.63            | \$0.45                |
| 30-39                      | \$1.03            | \$0.65                |
| 40-49                      | \$2.11            | \$1.16                |
| 50-59                      | \$3.76            | \$1.99                |
| 60-69                      | \$6.88            | \$3.67                |
| 70+                        | \$13.72           | \$10.94               |

### GROUP CRITICAL ILLNESS COVERAGE INCLUDES:

- Health Screening Benefit
- Critical Illness Benefit payable for:

| DIAGNOSIS ADULT                               | BENEFIT |
|---|---------|
| Alzheimer's Disease                           | 100%    |
| Benign Brain Tumor                            | 100%    |
| Coma  | 100%    |
| Coronary Disease – Partial Benefit            | 25%     |
| Heart Attack                                  | 100%    |
| Loss of Hearing                               | 100%    |
| Loss of Sight                                 | 100%    |
| Loss of Speech                                | 100%    |
| Major Organ Failure                           | 100%    |
| Motor Neuron Disease (ALS; Lou Gehrig's)      | 100%    |
| Multiple Sclerosis                            | 100%    |
| Occupational Hepatitis                        | 100%    |
| Paralysis                                     | 100%    |
| Parkinson's Disease                           | 100%    |
| Ruptured Cerebral; Carotid or Aortic Aneurysm | 100%    |
| Severe Brain Damage                           | 100%    |
| Stroke  | 100%    |

### FEATURES:

- Benefits are paid directly to you, unless you choose otherwise
- Coverage is available for you, your spouse, and dependent children
- You can take your coverage with you if you change jobs or retire (with certain stipulations)
- Fast claims payment (most claims are processed in about four days)

## ACCIDENT INSURANCE

If you're like most people, you don't budget for life's unexpected moments. One mishap can send you on an unexpected trip to your local emergency room—and leave you with a flurry of unexpected bills.

That's where Accident Insurance jumps in.

| Accident Insurance  |              |              |
|---------------------|--------------|--------------|
|                     | Level 1 Plan | Level 2 Plan |
| Employee            | \$11.04      | \$17.92      |
| Employee + Spouse   | \$17.96      | \$29.52      |
| Employee + Children | \$25.12      | \$42.06      |
| Employee + Family   | \$32.58      | \$54.56      |

### BENEFITS INCLUDE:

- A Wellness Benefit for covered preventive screenings
- Transportation and Lodging Benefits
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma and paralysis
- An Accidental-Death Benefit
- Dismemberment Benefit

### ACCIDENT INSURANCE COVERS THINGS LIKE THE FOLLOWING:

- Ambulance rides • Wheelchairs/crutches • Emergency room visits • Surgery/anesthesia • Bandages/casts

## CANCER INSURANCE

Why do I need cancer coverage?

A supplemental cancer insurance policy through Prosperity Life can also help protect your income and savings from expenses that aren't covered by your major medical coverage, including:

- Out-of-pocket medical expenses
- Out-of-network specialists
- Experimental cancer treatment
- Drug trials and special diet needs
- Travel and lodging when treatment is far from home

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 first occurrence diagnosis benefit is available to you after your initial diagnosis of internal cancer, 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.

| Cancer Insurance    |               |           |
|---------------------|---------------|-----------|
|                     | Standard Plan | High Plan |
| Employee            | \$18.90       | \$27.72   |
| Employee + Spouse   | \$29.56       | \$43.52   |
| Employee + Children | \$21.30       | \$31.06   |
| Employee + Family   | \$31.94       | \$46.78   |

## LONG-TERM CARE



At any point in your life you may need to long-term care services which could cost hundreds of dollars per day. Universal LifeEvents 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.

| VOLUNTARY LONG-TERM CARE |  |
|--------------------------|--|
| Amount                   | 4% of death benefit per month  |
| Duration                 | Up to 25 months  |
| Restoration              | If you collect on Long Term Care your full death benefit is still available for your beneficiaries |

## FINANCIAL SECURITY AFTER A LOSS

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 LifeEvents provides a higher death benefit when your needs and responsibilities are the greatest. You can choose a plan and benefit amount that provides the right protection for you. Universal LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the ending of one story won't stop the beginning of another.

- ✓ Employee Guarantee Issue Amount \$125,000
- ✓ Spouse & Child Coverage Available
- ✓ Completely Portable
- ✓ Your rate is "locked in" at your age of purchase.



**HOSPITAL INDEMNITY**

Hospital Indemnity through Reliance pays cash benefits when you're hospitalized.

**FEATURES:**

- Receive a cash benefit regardless of any other insurance you have
- Don't worry about a physical exam; its not required
- Pay your premiums through payroll deductions



**HOW IT WORKS:**

You'll be reimbursed specified amount for covered hospital confinement, exams, and office visits. Benefits are paid directly to you and you can use the cash however you want.

| Hospital Indemnity  |         |
|---------------------|---------|
| Employee            | \$12.04 |
| Employee + Spouse   | \$25.40 |
| Employee + Children | \$18.06 |
| Employee + Family   | \$31.42 |



**PRE-PAID LEGAL**

Know your rights in any situation. Metlaw provides access to legal advice no matter how trivial or traumatic. Direct access to attorneys for real estate, traffic issues, family law, consumer finance, estate planning and identity theft legal services.

Enrollment in this product is for one year beginning 1/1/21 through 12/31/21. You cannot make any changes to your election until Open Enrollment for next year for a 1/1/22 effective date.

For detailed information about the legal services provided for personal matters by the Metlaw contract, go to <http://metlaw.com>.

**\$18.76 per month**



IdentityForce.

**IDENTITY THEFT**

**Do I really need to worry about identity theft**

Yes. Identity theft is America's fastest growing crime. Simply put, it's when someone uses your personal information for their gain and your loss.

Identity Force provides you the protection you need.

| Identity Theft |         |
|----------------|---------|
| Employee       | \$9.50  |
| Family         | \$17.50 |

## ADDITIONAL SERVICES

### FITNESS CENTER



The Fitness Center provides comprehensive health and fitness programs to meet your needs and goals for a healthier lifestyle. The center is staffed with qualified fitness professionals trained in exercise instruction and programming.

Available free-of-charge to all Shawnee Mission School District employees, their spouses and dependents 16 years of age and older. District retirees who still use the district's medical plan will have access to the facility during limited hours.

The professional staff will offer equipment orientation, physical assessments and personalized exercise programs. Additional services offered include group exercise classes, fitness challenges, locker rooms and showers.

The Shawnee Mission School District Fitness Center, located in the Center for Academic Achievement, **8200 W 71st Street Shawnee Mission, KS 66204 (Door 13)**, is a state of the art facility tailored to all fitness levels.

**For hours of operation and additional details visit the SMSD Fitness Center webpage at <https://www.smsd.org/human-resources/staff-wellness/fitness-center>.**

The program provides assistance for a number of services to help you balance home and work:

- Workplace conflicts
- Interpersonal difficulties
- Marriage and family concerns
- Stress management
- Emotional upsets
- Financial matters
- Alcohol and drug problems

When you call, a licensed EAP professional will help you resolve problems and offer you any needed referrals to community and treatment resources.

**Available 24 hours a day, 365 days a year.**  
**Up to 6 visits are covered at no cost to you.**

Your concern will be treated with confidentiality consistent with all state and federal mandates.

## 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.

## IMPORTANT NOTICES

### MEDICARE PART D CREDITABLE COVERAGE

#### Important Notice from Shawnee Mission School District 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 Blue Cross and Blue Shield of Kansas City 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:

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.

Shawnee Mission School District 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 Shawnee Mission School District 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 Shawnee Mission School District 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 Park Hill School District 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 Park Hill School District changes. You also may request a copy of this notice at any time.

Contact: Drew Staum 913-993-6354

## **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 <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 <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).**

|                                  |   |
|----------------------------------|---|
| <b>Date:</b>                     | October 1, 2021                           |
| <b>Name of Entity/Sender:</b>    | Shawnee Mission Public Schools            |
| <b>Contact--Position/Office:</b> | Drew Staum                                |
| <b>Address:</b>                  | 8200 W. 71st St. Shawnee Mission KS 66204 |
| <b>Phone Number:</b>             | 913-993-6354                              |

## 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 30 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 30 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.

## 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:

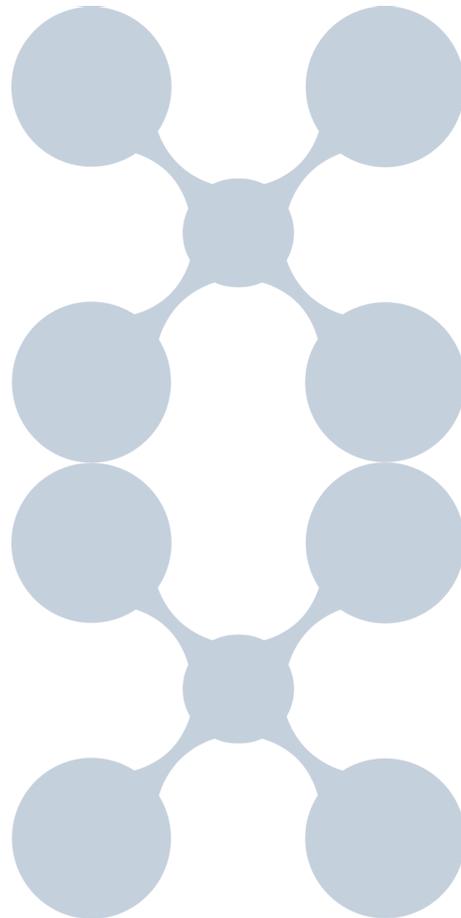
- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Protheses.
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

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 Tammie McCoy at 913-993-6494.

## 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 2021. 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 for Employer-Sponsored Wellness Programs**

New rules published on May 17, 2016, under the Americans with Disabilities Act (ADA) require employers that offer wellness programs that collect employee health information to provide a notice to employees informing them what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential. The EEOC has published the sample notice below to help employers comply with the ADA:

### **Notice Regarding Wellness Program**

SMSD Wellness 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 SMSD wellness program Option A, 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 levels. 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 be eligible for a \$600 (\$50 per month) wellbeing incentive toward monthly medical insurance premiums. For eligible staff members who have selected the Health Savings Account (HSA) or Qualified High Deductible Health Plan (QHDHP) this benefit will contribute \$600 to those plans.

Additional incentives are available for employees who participate in SMSD Wellness program Option B (complete a total of four Marathon on-site educational seminars or online workshops) and Option C (complete two health coaching sessions with a PriorityOne provider). If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Tammie McCoy at [tammiemccoy@smsd.org](mailto:tammiemccoy@smsd.org) or 913-993-6494.

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

## **Protections from Disclosure of Medical Information**

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a doctor, a registered nurse or a health coach 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 Tammie McCoy at [tammiemccoy@smsd.org](mailto:tammiemccoy@smsd.org) or 913-993-6494.

## 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><br>Phone: 1-855-692-5447  | Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711<br>CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>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><br>HIBI Customer Service: 1-855-692-6442 |
| <b>ALASKA – Medicaid</b>   | <b>FLORIDA – Medicaid</b>   |
| The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>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><br>Phone: 1-877-357-3268   |
| <b>ARKANSAS – Medicaid</b>   | <b>GEORGIA – Medicaid</b>   |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>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><br>Phone: 678-564-1162 ext 2131  |
| <b>CALIFORNIA – Medicaid</b>   | <b>INDIANA – Medicaid</b>   |
| Website:<br>Health Insurance Premium Payment (HIPP) Program<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>   | Healthy Indiana Plan for low-income adults 19-64<br>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br>Phone 1-800-457-4584   |

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

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|--|---|
| <b>OKLAHOMA – Medicaid and CHIP</b>  | <b>UTAH – Medicaid and CHIP</b>   |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742  | Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>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><br><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a><br>Phone: 1-800-699-9075 | Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br>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><br>Phone: 1-800-692-7462  | Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a><br><a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a><br>Medicaid Phone: 1-800-432-5924<br>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><br>Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)  | Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>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><br>Phone: 1-888-549-0820  | Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>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><br>Phone: 1-888-828-0059  | Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002  |
| <b>TEXAS – Medicaid</b>  | <b>WYOMING – Medicaid</b>   |
| Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br>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><br>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.