Fort Larned Unified School District

Building Bridges For The Future.

BENEFIT GUIDE

2024 - 2025

Welcome to your 2024 Benefit Guide

Dear Valued Employees:

At USD 495 Ft. Larned our employees are our most important asset.

We recognize the importance of your family's financial security and understand the significance of offering you a comprehensive benefit package. Please be assured that we do our level best to find the highest benefit for your dollar.

This booklet is designed to give you a complete overview of our benefit plans.

We hope that you find these benefits useful and will participate in them to the fullest extent possible. If you have any questions regarding these plans, please contact the District Office.

Bryce Wachs
Superintendent

Employee Benefit Website

You can access the employee benefit website 24/7!

https://c2mb.ajg.com/usd495ftlarned/home/

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 40 for more details.

USD 495 Ft. Larned provides a wide range of employee benefits for you and your dependents. We encourage you to thoroughly evaluate your family's needs before enrolling or declining to participate in any of the benefit plans. This Benefit Guide contains an overview of the employee benefit plans sponsored by USD 495 Ft. Larned.

This guide is intended to provide a summary of the main features of our benefits package. It is much shorter and less technical than the legal documents and contracts that govern our benefits. We have made every effort to make sure the information in this Guide is accurate; however, in the case of any discrepancy, the provisions of the legal plan documents and insurance certificates will govern.

The benefits shown in this guide are only a summary of the benefits and do not include all the plan's limitations, exclusions, preauthorization requirements and conditions of coverage. Not all services are covered by your health plan. Refer to your plan's summary plan description, insurance company's master policy or certificate of insurance for a complete description of covered benefits. Each plan may be amended or terminated at the sole discretion of USD 495 Ft. Larned. Nothing in this guide is intended to guarantee employment of any employee with USD 495 Ft. Larned.

Welcome

Open Enrollment

Open Enrollment is the one time per year you may start, stop or change who is insured on your insurance plans. If you do not enroll at your first opportunity, you may only be able to enroll during an annual open enrollment period or during a special enrollment period. Any requests after Open Enrollment to start, stop or change who is insured must be due to a Qualifying Life Event. Proof of a qualifying life event must be provided to USD 495.

Who is Eligible?

Employee

All active full time and part-time employees are eligible to enroll in the group insurance plans described in this Benefit Guide. Part-time employees are pro-rated. New employees are eligible the first of the month following or coinciding with 30 days of employment.

Dependents

As an employee eligible to enroll in the group insurance plans, you may elect certain options for your dependents. Eligible dependents include:

- Your legal spouse;
- Your dependent child or step child up to age 26 for the medical plan and for dental;
- Any child placed with you for adoption or for whom you have legal guardianship;
- Any unmarried, disabled child of any age who resides with you, medically certified as disabled prior to his/her 26th birthday and primarily dependent upon you for support;
- Any eligible child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO) or other court or administrative order.

Qualifying Life Events

After your initial eligibility date and other than the annual open enrollment period, you may only change your benefit election and covered dependents within 30 days following a Qualifying Life Event including:

- Birth or adoption of a dependent child;
- Marriage, legal separation, annulment, or divorce;
- Death of spouse and/or dependent;
- Dependent's loss of eligibility;
- Termination or commencement of spouse's employment with health care coverage offered or open enrollment.
- Employee or spouse's eligibility for Medicare.

Healthcare Reform

Due to Healthcare Reform:

- The individual mandate became effective on 01/01/2014
- For tax year 2024, if you don't have coverage the fee/ penalty no longer applies. This is subject to change if different legislation is passed.

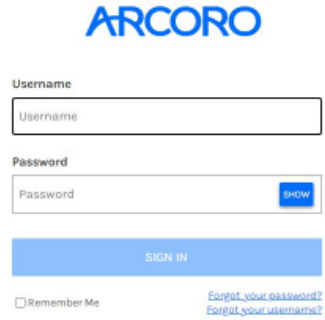
Healthcare Reform Exchanges:

- If you are eligible for benefits at USD 495 Ft. Larned, and buy coverage through the Federal Exchange, you and your family will not qualify for a subsidy through the Exchange.
- Federal and State Medicaid programs offer low cost or free medical coverage to individuals and families with limited incomes. Your eligibility will depend on your state, income, and family size. For more info visit: www.healthcare.gov.

Open Enrollment Online Instructions

→ **ALL EMPLOYEES ARE REQUIRED to log in & complete the online enrollment even if you waive all of the benefits.**
→ **If you are covering a Spouse and/or Children, you will need to have their Dates of Birth and Social Security Numbers.**

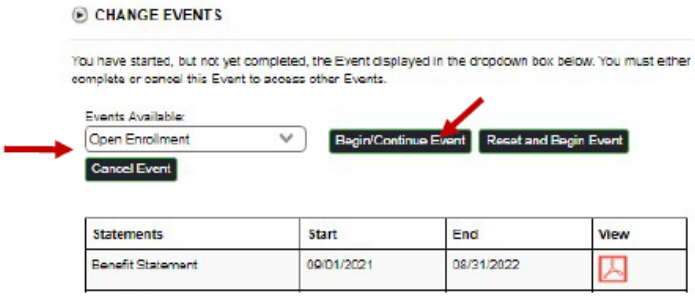
1 Login to ARCORO/INFINITY HR site



- Go to **https://identity.arcoro.com/Account/Login**
- **Choose the box on the left (Benefits) and click the arrow**
- Log In with your User ID and Password.
- If you don't remember it, click "Forgot you password/username"

*To access this system you must have a valid account created for you and have a valid email address on file.

2 Homepage



- Review Homepage
- Under Change Events, the dropdown should say "Open Enrollment.".
- Click "Begin Event"

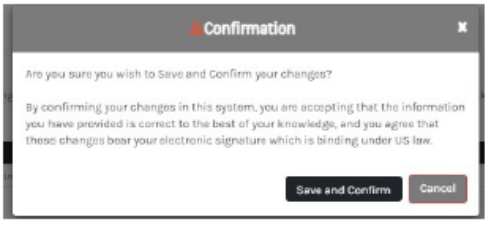
3 Complete Enrollment

- Click through both Authorization screens.
- Confirm info for yourself and then for your spouse and/or children.
- Go through each benefit screen by clicking "SAVE & CONTINUE" once your elections have been made.

4 Enter Beneficiaries

- Select a Primary Beneficiary for each benefit. If you need to add a beneficiary, click "Add Beneficiary" and complete the information. You can add multiple beneficiaries; however, the total percentage must equal 100%.
- Repeat if you choose to enter a Contingent Beneficiary. If not, leave "Primary" clicked and enter 0.
- When finished, click "Save and Continue".

5 Review and Confirm



- Review information on Review Step. If you selected a benefit that requires Evidence of Insurability (EOI), you will need to print, complete and return the form to HR.
- Click "Save & Continue" button to confirm your enrollment. A popup will appear asking if you are sure.
- On the next page, you can Print Confirmation Statement.
- You can log in & make changes until the close of Open Enrollment.

Medical Plans—United Healthcare

	Option 1 – DP2S MOD / H44S $1,500 Deductible		Option 2 – DP2T MOD / H44S $2,500 Deductible		Option 3 – DP2U MOD / H44S $3,500 Deductible		Option 4 – DP2V MOD / H44S $5,000 Deductible	
Deductible - per plan year	$1,500 individual $3,000 two or more		$2,500 individual $5,000 two or more		$3,500 individual $7,000 two or more		$5,000 individual $10,000 two or more	
Coinsurance	20%							
Out-of-Pocket Max (includes copays, deductible and coinsurance)	$7,000 Individual $14,000 Two or more							
PCP Office Visits	$0 Copay							
Specialist Office Visits	$50 Copay							
Virtual Visit	$0 Copay							
Outpatient Lab and Radiology Services	20% Coinsurance, after the medical deductible has been met							
Preventive Services	Covered at 100%							
Emergency Services Hospital ER Urgent Care Center	$250 Copay + Deductible & 20% Coinsurance $50 Copay							
Hospital—Inpatient	20% Coinsurance, after the medical deductible has been met							
Outpatient Surgery	20% Coinsurance, after the medical deductible has been met							
Benefit Period	Plan Year							
Prescription Drugs Tier 1 Tier 2 Tier 3 Tier 4	$5 Copay $40 Copay $105 Copay $250 Copay							
Deductions	District Monthly	Employee Monthly	District Monthly	Employee Monthly	District Monthly	Employee Monthly	District Monthly	Employee Monthly
Employee Only	$450	$260.89	$450	$215.24	$450	$179.70	$450	$150.58
Employee & Spouse	$550	$1,011.71	$550	$913.66	$550	$837.33	$550	$774.79
Employee & Children	$550	$982.24	$550	$886.00	$550	$811.10	$550	$749.72
Family	$550	$1,833.05	$550	$1,684.42	$550	$1,568.73	$550	$1,473.91

*****Married couples both in the district, will each receive the district monthly contribution*****

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This summary assumes eligible medical services are provided by contracting providers.

Medical Plans—United Healthcare

	Option 5 – HSA DP4I MOD / H44S $3,500 High Deductible Health Plan
Deductible - per plan year	$3,500 individual $7,000 two or more
Coinsurance	20%
Out-of-Pocket Max (includes copays, deductible and coinsurance)	$6,350 individual $12,700 two or more
PCP Office Visits	100% Covered after Deductible & Coinsurance
Specialist Office Visits	100% Covered after Deductible & Coinsurance
Virtual Visit	100% Covered after Deductible & Coinsurance
Outpatient Lab and Radiology Services	100% Covered after Deductible & Coinsurance
Preventive Services	Covered at 100%
Emergency Services Hospital ER Urgent Care Center	 100% Covered after Deductible & Coinsurance 100% Covered after Deductible & Coinsurance
Hospital—Inpatient	100% Covered after Deductible & Coinsurance
Outpatient Surgery	100% Covered after Deductible & Coinsurance
Benefit Period	Plan Year
Prescription Drugs Tier 1 Tier 2 Tier 3 Tier 4	 $5 Copay after Deductible $40 Copay after Deductible $105 Copay after Deductible $250 Copay after Deductible
Deductions Employee Only Employee & Spouse Employee & Children Family	District Monthly $450 $550 $550 $550	Employee Monthly $123.50 $716.63 $692.61 $1,385.74

*****Married couples both in the district, will each receive the district monthly contribution*****

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This summary assumes eligible medical services are provided by contracting providers.

High Deductible Health Plan & Health Savings Account

If you enroll in a High Deductible Health Plan (HDHP) which is medical Option - 5, you will be able to open a Health Savings Account (HSA). With an HSA, you can deposit money into your account and use the HSA money to pay for eligible medical expenses. When you do your taxes at the end of the year, it will be an "above the line" deduction, therefore your taxable income is reduced by the amount you contributed to your HSA.

How it works:

PART 1
High Deductible Health Plan → **Insurance to pay for medical claims after the deductible has been met.**

PART 2
Health Savings Account → **Money that can be used for expenses that are incurred prior to your deductible.**

You can open a HSA account for use on eligible expenses at any bank or credit union which offers this service. You are responsible for opening your own HSA and making contributions. This is not done through the District.

HSA CONTRIBUTION LIMITS		
	2024	**2025**
Annual Contribution Limit	Self-Only: $4,150 Family: $8,300	Self-Only: $4,300 Family: $8,550
Catch-Up Contributions (age 55+)	$1,000	$1,000

Health Savings Account (HSA) Advantages:

- You own the account
- All contributions and earnings on the account are tax free
- If you retire or leave employment the account stays with you
- Balances in the account roll-over from year to year with no aggregate maximum

You can use money in your HSA to pay for eligible expenses including:

Deductibles	Prescriptions	Orthodontics	Breast Pumps & Accessories
Copays	Dental Expenses	Glasses/Contacts	Chiropractic Care
Coinsurance	Vision Expenses	Ambulance/ER Services	Long Term Care Services
OTC Medications: Written prescriptions will no longer be required for Over the Counter (OTC) drugs, including items like Tylenol, Claritin, Tamiflu, etc. when purchased with an FSA or HSA.			
Menstrual Care Products : Menstrual care products, including items like tampons, pads, cup, etc. are now eligible expenses under an FSA or HSA.			

*See IRS Publication 502 for a full list of eligible expenses.

Health Savings Account FAQ's

1. **Who can have an HSA?** The individual must be:
    1) covered by a HDHP (only Option #5);
    2) not covered under other health insurance;
    3) not enrolled in Medicare; and
    4) not another person's dependent.
2. **Where can I open an HSA?** You choose - many banks and credit unions offer HSA's.
3. **When do I see the tax savings?** When you do your taxes at the end of the year, it will be an above the line deduction, therefore your taxable income is reduced by the amount you contributed to your HSA.
4. **If I switch jobs, do I lose my money?** No. The money in your HSA is yours. Whatever money you contribute to your HSA is yours, just like if you had a bank savings account. If you do not use all your HSA money during the year, it will roll over to the next year.
5. **How much can I contribute to my HSA account?** In 2024, with single coverage, you can contribute up to **$4,150** per year and if two or more are insured, you can contribute up to **$8,300** per year. For 2025, you can contribute **$4,300** per year and if two or more are insured, you can contribute up to **$8,550** per year. Age 55+ can contribute an additional $1,000. Limits apply.
6. **What are some examples of HSA qualifying expenses?** HSA qualifying expenses include doctor office visits, prescription drugs, eye exams, glasses, contact lenses, chiropractors, laser eye surgery and birth-control prescriptions, to name a few. There are many more eligible items you can pay for with HSA money. You can get a list of covered expenses at **www.irs.gov**.
7. **What happens if I lose my health insurance?** You may continue to use your HSA money to pay for eligible expenses, even if you do not have a qualifying health insurance plan, but you cannot keep contributing money to your HSA.
8. **Can I use my HSA money to pay for my premiums?** HSA money can pay for health insurance premiums if you are collecting Federal or State unemployment benefits or are paying COBRA premiums.
9. **What if I need medical care in another country?** You can use your HSA money for the same medical expenses anywhere in the world.
10. **Can I withdraw my HSA money if I need to?** Yes, but the withdrawal is taxable and you will pay a 20% penalty for non-qualifying withdrawals.
11. **When I die, do I lose my HSA money?** No. You can name a beneficiary to receive your HSA money.
12. **How much does it cost to set up an HSA?** This depends on the bank or credit union you choose. Most usually have a one time set up fee, monthly fee, debit card fees, printed check fees, and overdraft fees. Shop around for the lowest fees.
13. **Can my HSA be used for dependents not covered by the health insurance?** Generally, yes. Qualified medical expenses include unreimbursed medical expenses of the account holder, his or her spouse, or dependents, even if they are not insured by a qualified HDHP.
14. **Do I need to keep any records when I use my HSA?** Although some financial institutions track the use of the HSA for you, it is a good idea to keep your own records. It is your responsibility to track the use of your HSA account and you may be required to show proof of your expenditures to the IRS. We recommend you designate a place to store all your receipts so they are available when you need them.
15. **What if I do not use all of the money in my HSA account by the end of the year?** All the money deposited in your HSA, but not spent during the year, rolls over to the next year. HSA's do not have a "use or lose it" provision. You have the option of accumulating money in your HSA to pay for future eligible expenses and never pay taxes on the money.
16. **Can I deposit additional money into my HSA account without going through payroll?** Yes, you can make deposits directly to your HSA, but you will not have the advantage of a pre-tax deposit until you file your income taxes. It is your responsibility to remember to claim these direct deposits on your income tax return.
17. **Will my bank notify me if I have exceeded my allowable contribution amount?** No, it is your sole responsibility to keep track of the amounts deposited and spent from your account.

Important

You should open your HSA account prior to the effective date of your Qualified High Deductible Health Plan (QHDHP). Medical costs incurred after your HDHP is effective, but before your HSA account is established, cannot be paid with money deposited in your HSA account.

Medical Plan Information

Plan Information

EYE EXAM:

United Healthcare does not cover Eye Exams.

Provider Information

Your medical plan uses the United Healthcare Choice Plus Network. If you choose to receive your medical care from a provider who does not contract with the United Healthcare Choice Plus network, you will be responsible for a higher deductible and coinsurance amounts. In addition, your benefits will be based on an "allowed" amount which is similar to the amount received by a contracting provider. A non-contracting provider can balance bill you the difference between the "billed" and "allowed" amount. This difference could be substantial.

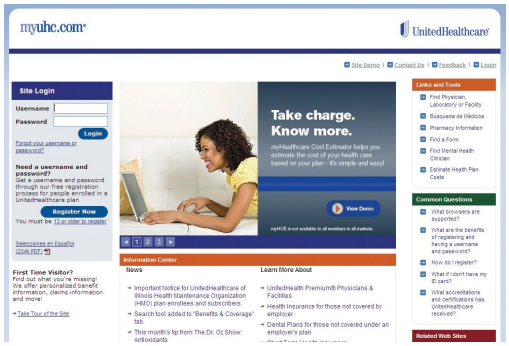
TO LOCATE A PROVIDER:

1. Go to **www.myuhc.com** and click "Find a Doctor"
2. Under Guest provider search, Click "Search as a guest"
3. Select "Medical Directory" and then "Employer and Individual Plans"
4. On the "What plan are you looking for?" page select "Choice Plus"
5. Change your location at the top, if needed, and then you can search by people, places, services etc.

*If you are a current member you can also sign in to access your provider search!

United Healthcare Online Portal

By registering on **myuhc.com**, you can find the answers to your health and benefits questions and the information you need in one easy-to-use, convenient location online.



You can:

- Check claim status
- Print a temporary ID card and request a replacement card
- "Chat" with nurses online in real-time
- Compare hospitals in quality, and cost at the procedure level
- Find in-network doctors, hospitals, and facilities

HOW TO REGISTER:

1. Go to **myuhc.com** and click the **Register Now** button
2. Enter name, date of birth, and account numbers from your UHC medical ID card (or your Social Security number)
3. Create a username & password, enter your email address, choose security questions and review website policies

UnitedHealthcare Mobile App

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

- Find nearby care options in your network.
- See your claim details and view progress toward your deductible.
- View and share your health plan ID card.
- Video chat with a doctor—without leaving the app.

Download on the App Store GET IT ON Google Play

Medication Information

Rx Information

The Prescription Drug List (PDL) will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if a medication is generic or brand, and if special programs apply. Bring this list with you when you see your doctor. It is organized by common medical conditions. Medications are then listed alphabetically. If your medication is not listed in this document, please visit myuhc.com or call the toll-free member phone number on your health plan ID card.

TO FIND THE PRESCRIPTION DRUG LIST:

1. Go to **www.uhc.com and under** "Member Resources", click "Pharmacy benefits"
2. Then click "Prescription Drug Lists"
3. Under Standard Drug Lists -
   - **Click Essential Tier 4 Prescription Drug List for UnitedHealthcare (most recent dated version)**
4. This is where you can see what tier your drug falls under, and whether your prescription drug requires things like step therapy or has supply limits.

Effective 10/01/24: CVS Pharmacy is an OUT-OF-NETWORK pharmacy.

Generic Drugs: Generic drugs are identical to brand-name drugs in dosage, safety, strength, quality and performance. Generics have the same active ingredients. Inactive ingredients such as color or flavor may be different. This means you can save money without sacrificing quality because the cost of generic drugs is much less than brand-name.

Brand Name Drugs: Brand-name drugs are medications protected by a patent. This means the manufacturer who created the drug has the sole right to sell it for a period of time. When the patent expires, other manufacturers can then apply to the FDA to sell generic versions of the drug. Brand-Name drugs cost more than generic drugs.

Specialty Drugs: Medications used to treat complex or rare conditions that you may need to get from Optum Specialty Pharmacy.

Step Therapy: When you try one or more medications before the plan will approve coverage for a different one.

Prior Authorization: When your medication requires approval by the plan before the medication can be covered.

Generic Drug Programs: Several stores offer discount prescription programs offering a variety of generic drugs at a low price (usually $4). The prescriptions included on each store's list may vary. Check it out. You may be able to save some money.

Mail Order

Whether you have a new prescription or need to transfer an existing prescription, it's easy to get started with OptumRx Mail Service Pharmacy. Here is how:

» By Phone: Just call the member phone number on the back of your ID card to talk with a representative right now. It's helpful to have your ID card and Rx bottle available.

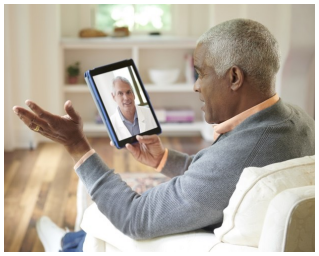
» Online: Log in to myuhc.com or use the mobile app.

» ePrescribe: Ask your doctor to send an electronic prescription to OptumRx.

Once OptumRx receives your complete order for a new prescription, your medication should arrive within 10 business days. Completed refill orders should arrive in about seven business days. Need your medication right away? Ask your doctor for a one-month supply that can be immediately filled at a participating retail pharmacy.

UHC Tools and Programs

Virtual Visits



A virtual visit lets you video chat with a doctor 24/7 on your mobile device or computer. Doctors can diagnose and treat a wide range of non-emergency medical conditions and even prescribe medications if needed.

Conditions commonly treated through a virtual visit include:

- Cold/Flu
- Diarrhea
- Fever
- Rash
- Bronchitis
- Sinus Problems
- Pink Eye
- Migraine/Headaches
- Bladder Infection/UTI
- Sore Throat
- Stomachache
- Seasonal Flu

Virtual therapy offers confidential counseling and includes:

- Private video sessions.
- Licensed therapist that can provide a diagnosis, treatment and medication of needed.
- Virtual therapy is designed to help treat conditions like Depression, Addiction, Anxiety and more.

Access Virtual Visits:

Log in to **myuhc.com**/virtualvisits and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit, you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options. For virtual therapy, log in and then go to Find a Doctor - Behavioral Health Directory - People - Provider Type - Telemental Health Providers.

Tools and Services

- **Cost Estimates**
  With such a wide variety of services, from minor procedures to major surgeries, it's a good idea to check approximate pricing first. **Visit myuhc.com > Find Care & Costs** to estimate your costs. Members who comparison shop may save up to 36% for care near them.
- **Tobacco Free Program**
  Since 1985, **Quit for Life®** has helped more than 3.5 million tobacco users quit for good. It's a personal support program available at no additional cost to you. Choose from a variety of online tools and get access to a Quit Coach® and a mobile app to customize a quit plan to help you break free from tobacco. Enroll today at **myuhc.com**.
- **Pregnancy Support**
  Learn what to expect, how to stay healthy and how to manage your health through pregnancy and postpartum with various resources and tools offered by UnitedHealthcare. Call the number on your UHC ID card to get more information.
- **Emotional Support**
  Your behavioral health benefit provides access to a network of nearby providers with options for either in-person care or a Virtual Visit 24/7. Get started and find a provider today by visiting liveandworkwell.com or call the number on your UHC ID card. The behavioral health benefit offers support for:
  - Alcohol & Drug Use Recovery
  - Coping with Grief/Loss
  - Compulsive Habits/Behaviors
  - Relationship Difficulties
  - Depression/Anxiety/Stress
  - Medication Management
- **Cancer Support**
  The **Cancer Support Program®** has dedicated cancer nurses that will help you find information and support for you and your family. They will work you throughout your cancer journey. Call the number on your UHC ID card or visit **myuhc.phs.com/cancerprograms** to learn more.

Health and Wellness Program

Simply Engaged

With Rally®, you can access the **SimplyEngaged®** health and wellness activities available to you. For each Health Action you complete, you'll earn Rally Coins,** which you can redeem for rewards. Plus, you can earn financial incentives provided through gift cards, health account deposits or premium reductions. Rally's digital experience gives you one place to track your activities and rewards. To get started, go to **myuhc.com® > Health Resources > Rally**.

» Complete the Health Survey and watch the video.

The Health Survey takes about 15 minutes and upon completion you'll receive personalized suggestions to help you set health goals. Pair this with a short Health Actions video to see your opportunities to earn rewards.

$25 + Rally Coins

» Complete a coaching program.

The results of your Health Survey will provide recommendations for coaching programs that that are available at no additional cost as part of your health plan benefits. Complete one of the following programs to earn more rewards:

- **Wellness Coaching** provides access to expert coaches and digital tools to help you reach your health goals. Choose from a variety of programs, like sleeping better, eating smarter and getting fit.
- **Real Appeal®** may help you start living a healthier life with online weight loss tools to help you achieve lifelong results, one small step at a time.
- **Quit For Life®** has helped 4 million members quit smoking or using tobacco.1 It provides the tools, 1-on-1 support and a personalized plan to help you quit your way.

$100 + Rally Coins

» Complete a Virtual Visit

Virtual Visits may be a convenient option when you need care. You can talk to a doctor—24/7—by phone or video for conditions like the flu, allergies, rashes, migraines and many more.

$75 + Rally Coins

» Complete a Biometric Screening.

A Biometric health screening may help you and your doctor make more informed decisions about your health.

$25 + Rally Coins

» Complete a Gym Check-In.

Check in to a participating fitness center at least 12 days per month on the Rally Health app. Select from a network of leading fitness centers, where you'll find boxing, climbing, cycling, yoga, Pilates, traditional gyms and more.

$20/mo. + Rally Coins

Real Appeal

Real Appeal is designed to help motivate you to improve your health and reduce your risk of developing costly, chronic conditions like cardiovascular disease and diabetes. The program combines clinically proven science with engaging content that teaches employees how to eat healthier and be active, without turning their lives upside down, to help them achieve and maintain their weight-loss goals. Real Appeal is provided at no additional cost to eligible employees as part of their medical benefit plan.

1. **SUCCESS KIT** - After attending their first group coaching session, employees receive a Success Kit with tools to help them kick-start their weight loss. The kit includes:
   - Nutrition guide with recipes
   - Fitness guide/12 Fitness DVDs
   - Electronic food scale
   - Portion Plate & Personal Blender
   - Resistance bands
   - Digital weight scale

2. **TRANSFORMATION COACH** - Coaches guide employees through the program step-by-step, customizing it to help fit their needs, personal preferences, goals and medical history.
3. **24/7 ONLINE SUPPORT & MOBILE APP** - Staying accountable to goals may be easier than ever.
   - Customizable food, activity, weight and goal trackers.
   - Unlimited access to digital content.
   - Success group support, which lets employees chat with others who are doing the Real Appeal program.
   - An online TV show that is fun, engaging and helps employees learn new ways to be healthier.

UHC-Rewards

Good news—your health plan comes with a way to earn up to $300.
UnitedHealthcare Rewards is included in your health plan at no additional cost.

There's so much good to get

With UHC Rewards, a variety of actions—including things you may already be doing, like tracking your steps or sleep—lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	**$25**
Take a health survey	**$15**
Get an annual checkup	**$25**
Get a biometric screening	**$50**

Visit UHC Rewards for the full list of rewardable activities that are available to you—and look for new ways of earning rewards to be added throughout the year.

Earn up to
$300

continued

United Healthcare

UHC-Rewards

There are 2 ways to get started

On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you—and start earning

Your health

Get in on an experience that's designed to help inspire healthier habits

Your goals

Personalize how you earn by choosing the activities that are right for you

Your rewards

Earn up to $300 for completing rewardable activities

Questions? Call customer service at **1-866-230-2505**

United Healthcare

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

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UHC-Rewards

USD 495 Ft Larned - https://c2mb.ajg.com/usd495ftlarned/home/

A biometric screening measures numbers related to blood pressure, glucose, cholesterol, weight and more. The results may help identify current health issues—and reduce risk of future ones by helping focus your efforts for a healthier you. Now with UnitedHealthcare Rewards, you can earn rewards for completing a biometric screening. Here's how:

Ready, set, schedule

- Sign in on the **UnitedHealthcare® app**
- Select **UHC Rewards**
- Scroll to **Available activities** and select **See all**
- Select **Biometric screening** and then **Get started**
- You'll arrive at the diagnostic vendor's site, where you can follow the prompts to finish your registration and choose how you want to complete your screening

Choose the screening method that works for you

Lab
Schedule online at one of the many available locations.

At-home screening
Order the self-administered test and have it delivered directly to your home.

Physician results form
Complete your screening with your provider or at a local clinic. Then, fax or upload the form.

United Healthcare

continued

Questions? Call UHC Rewards customer service at 1-866-230-2505

UHC-Rewards

SimplyEngaged is moving to UnitedHealthcare Rewards

Your 2023 health plan is replacing SimplyEngaged® and SimplyEngaged Plus with UnitedHealthcare Rewards—an all-new, next-level program that brings the best of our wellness options into a digital experience built for a healthier lifestyle and rewards.

Please encourage your employees to take the following steps

30 days before your renewal date, it's important that your employees:

1 Confirm their distribution

Visit werally.com to claim earnings and, if needed, select how rewards should be received. Deposits will be sent on the normal distribution schedule. Follow the below path:
Login to werally.com > rewards tab > select Redeem / link your bank

2 Redeem earnings

All earnings and coins need to be redeemed by the last day of the plan year.

3 Join Rewards

Download the UnitedHealthcare® app, available on iOS and AOS app stores, and start earning UnitedHealthcare Rewards.

Access to SimplyEngaged and SimplyEngaged Plus is ending soon

- 30 days after the new plan year begins, the SimplyEngaged and SimplyEngaged Plus programs end
- Contact your account manager for any reporting needs

We're here to help facilitate a smooth transition. See the back for more details.

Contact your UnitedHealthcare representative or call us at 1-855-215-0230

continued

United Healthcare

Dental Insurance

INCLUDED WITH YOUR DENTAL PLAN:

1. **Right Start 4 Kids (RS4K)**

   The Right Start 4 Kids program removes the cost barriers for dental care by providing children 12 and under 100% coverage, with no deductible, for all services covered under the plan, excluding orthodontics, when an in-network dentist is seen.

   **If an out-of-network dentist is seen, the underlying contract applies.*

2. **Unlimited Cleanings**

   Your plan allows for unlimited cleanings. This includes regular/ prophylaxis cleanings and periodontal maintenance cleanings. Cleanings are not subject to your deductible but they count toward your maximum benefit.

Delta Dental Tools

To access or set up your online account, go to **www.deltadentalks.com** and click "member". From here you can log in or register.

You can:

- View your benefits and print an ID card
- Use the Delta Cost Estimator to estimate procedure costs
- Review your claims
- Access Member Perks

Find a Dentist

TO FIND CONTRACTING DELTA DENTAL PROVIDERS:

1. On the internet, go to: **www.deltadentalks.com**
2. Click on "Find a Dentist"
3. Select the "Specialty" and under "Your Plan", select "Delta Dental Premier"
4. Click "Find Dentists"

Ways to Save

- Use Delta Premier contracting dentists to receive the most benefit from your dental plan.
- Protect your teeth – brush and floss at least once per day.
- Ask your dentist for a Pre-Treatment Estimate prior to treatments and/or procedures. A treatment plan is usually submitted by a dentist for Delta Dental to review and provide an estimate of benefits before treatment starts. This can help a member budget for dental procedures and predict their out-of-pocket costs.

This summary assumes eligible dental services are provided by contracting providers. If you receive dental services from a non-contracting provider, the benefits will be substantially less. See the plan document for more information.

DELTA DENTAL®

Dental Insurance

Our Delta Dental plan is a PPO plan using the Delta Premier Network. When you receive services from a contracting dentist, you will receive the highest level of benefits allowed by the plan. You can look up the contracting dentists by visiting: **www.deltadentalks.com**

If you receive dental services from a non-contracting dentist, Delta Dental will place a limit on the allowed amount. You will be responsible for all the expenses over the allowed amount. You will minimize your out of pocket expenses by using dentists who contract with the Delta Premier Network. Referrals are not necessary for dental treatments.

MAXIMUM	$1,500.00 per person per **calendar year.**
PREVENTIVE	**No Deductible – 100% Payment** Oral examinations two times per Calendar year Bitewing x-rays – bitewings once each 12 months – full mouth once each 5 years Prophylaxis (Cleanings) – two times per Calendar year Fluoride applications - two times per Calendar year up to age 19 Space Maintainers – dependent children under age 14 Sealants – one per lifetime for dependents under age 16
DEDUCTIBLE	$25.00 per person per calendar year $75.00 maximum per family per calendar year Basic & Majors Services are combined to meet the deductible
BASIC SERVICES	**After Deductible – 80% Payment** Emergency exam by the dentist for treatment of pain Oral surgery – provides for extractions Regular Restorative – composite restorations on all teeth Endodontic – root canals Periodontics – treatment of diseases of the gums
MAJOR SERVICES	**After Deductible – 50% Payment** Individual crowns Prosthodontics – includes bridges and dentures Implants
DEPENDENTS	Married or unmarried dependents covered up to age 26.
Deductions Employee Only Employee & Spouse Employee & Children Family	**MONTHLY** $35.55 $70.39 $69.27 $118.06

Right Start 4 Kids: Children 12 & under have 100% coverage (no deductible) for all services covered under the plan.

This summary assumes eligible dental services are provided by contracting providers.
If you receive dental services from a non-contracting provider, the benefits will be substantially less. See the plan document for more information.

Voluntary Vision Plan- Option 1

Services	In Network Member Cost	Out of Network Allowances
VISION EXAM	$10	$35
CONTACT LENS FIT & FOLLOW-UP	*Contact lens fit & 2 follow-up visits are available once a comprehensive eye exam has been completed	
Standard - spherical clear contact lenses in conventional wear & planned replacement (e.g. disposable, frequent replacement, etc.)	$0	$40
Premium - all lens designs, materials & specialty fittings other than Standard Contact Lenses (e.g. toric, multifocal, etc.)	10% off Retail, then apply $55 Allowance	$40
FRAMES - any available frame at provider location	$130 Allowance	$65
STANDARD PLASTIC LENSES		
Single Vision	$25 Copay	$25
Bifocal	$25 Copay	$40
Trifocal	$25 Copay	$55
LENS OPTIONS		
Standard Polycarbonate	Adults $40 Dependents under 19: $0	$25
UV Coating	$15	Not Covered
Tint (Solid & Gradient)	$15	
Standard Scratch-Resistance	$15	
Standard Anti-Reflective Coating	$45	
Standard Progressive (Add-On to Bifocal)	$65	
Premium Progressive	$65 + 80% of Retail less $120	
Other Add-Ons & Services	20% off Retail Price	
CONTACT LENSES (contact lens allowance includes materials only)	*Allowance not available if eyeglass lenses are elected	
Conventional	$130 Allowance, 15% off balance over $130	$100
Disposable	$130 Allowance	$100
Medically Necessary	$0	$200

Service frequencies are computed by calendar year.

This summary assumes eligible vision services are provided by contracting providers.
If you receive vision services from a non-contracting provider, the benefits will be substantially less. See the plan document for more information.

Voluntary Vision Plan- Option 2

Materials Covered	In Network	Out of Network
FRAMES, LENS & OPTIONS PACKAGE Any frame, lens, & lens options available at provider locations	$200 Allowance for frame, lens & lens options, 20% off balance over $200	$200
CONTACT LENS (in lieu of frames, lens & options package)	$200 Allowance	$200

Service frequencies are computed by calendar year.

A child is eligible for coverage on both options if the child is under the age of 26.

Note: Generally, Medicare does not cover eye glasses or contact lenses.

This summary assumes eligible vision services are provided by contracting providers.
If you receive vision services from a non-contracting provider, the benefits will be substantially less. See the plan document for more information.

TO FIND CONTRACTING SURENCY PROVIDERS:

1. On the internet, go to www.surency.com and select "Surency Vision"
2. Select "Find a Provider near you"
3. Select the "Access Network"
4. Enter your location and click "Get Results"

*****If you choose a provider out of network, you will need to file a claim for reimbursement. All claims must be submitted within 6 months of the date of service.*****

***MONTHLY DEDUCTIONS**	***OPTION 1***
Employee Only	$11.44
Employee & Spouse	$24.02
Employee & Children	$20.58
Family	$38.54
***MONTHLY DEDUCTIONS**	***OPTION 2***
Employee Only	$10.94
Employee & Spouse	$22.96
Employee & Children	$19.69
Family	$37.21

*No rate changes.

Surency life and health

Basic Life Insurance

The Basic Group Life Insurance program is provided at no cost for employee coverage to ensure all our employees have some level of financial protection. This plan includes Accidental Death and Dismemberment benefits equal to the Basic Life Insurance amount.

EMPLOYEES

Life Insurance $10,000

Accidental Death & Dismemberment $10,000

Age Reduction:

Your life insurance benefits are subject to age reduction.

Your original Life Insurance Benefit will reduce:

- 35% of the pre-age 65 amount at age 65
- 50% of the pre-age 65 amount at age 70 (Terminates at Retirement)

Beneficiary:

You will need to designate a beneficiary, the person who will receive your insurance money in the event of your death. Typically, any person or entity can be named a beneficiary of a trust, will, or a life insurance policy. You should review your beneficiary designation to make sure it is up to date.

Contingent Beneficiary:

You can also name a contingent beneficiary. A contingent beneficiary is the alternative beneficiary, designated by the account holder, who is set to receive the proceeds or benefits of a financial account only if the primary beneficiary is not able to accept the benefits at the time of payment.

Additional Benefits:

- Continuation of Life insurance while totally disabled as defined by the Group Policy
- Total Control Account
- Seatbelt Benefit
- Airbag Benefit
- Common Carrier Benefit
- Portability

Voluntary Life Insurance

If you need additional Life Insurance coverage, you can purchase Term Life and Accidental Death & Dismemberment insurance for yourself, spouse and children.

You must elect coverage on yourself in order to elect coverage for your spouse and/or children. If you terminate employment, you may be able to continue your coverage if you notify Reliance within 30 days of your termination.

Employee

- Guarantee Issue for newly eligible employees- **$100,000**
- You may elect a coverage amount between $10,000 to $500,000 in $10,000 increments; anything above the guarantee issue amount will require medical questions.
- No age reduction.

Spouse

- Spouse guarantee issue- $25,000
- Spouse amount is limited to 50% of employee amount From $5,000 to $100,000 in increments of $5,000.

Children

- Child birth but less than 6 months / 6 months up to age 26 (if a full time student): Option of $1,000, $2,000, $4,000, $5,000, or $10,000.
- Children are covered up to age 26.

Additional Benefits:

- Waiver of Premium
- Portability
- Conversion
- Accelerated Benefit
- Grief Counseling
- Will Preparation
- MetLife Estate Resolution Services

2024 Open Enrollment

Employees: Currently enrolled employees may increase coverage by $10,000 up to the guaranteed issue amount of $100,000 without answering health questions.

Spouse: Currently enrolled spouses may increase coverage by $5,000 up to the guaranteed issue amount of $25,000 without answering health questions.

***Enrollments, (unless initial enrollment) or increases over the amounts above, will require completion of health questions.**

Employee Age	Employee & Spouse Coverage -- Monthly Premium For:
	Rate/$1,000
Under 30	$0.038
30-34	$0.047
35-39	$0.061
40-44	$0.092
45-49	$0.144
50-54	$0.223
55-59	$0.337
60-64	$0.459
65-69	$0.865
70+	$1.389

Due to rounding, your actual payroll deduction may vary slightly.

Dependent Child Coverage Monthly Premium For:	
$1,000	$0.24

Premium covers all dependent children regardless of number of children

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Voluntary Short-Term Disability

How long can you go without a paycheck?

If you are like most people, you do not have enough emergency savings to miss many paychecks.

What are your chances of becoming disabled and unable to work? One in four 20 year olds today will become disabled before they retire.

BENEFIT AMOUNT: 60% of your weekly earnings up to $1,000 max.

ELIMINATION PERIOD: Benefits begin the day following the 14th consecutive calendar day of disability for injury or sickness (includes pregnancy)

(The Elimination Period is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits)

Additional Benefits:

- Work Incentive
- Rehabilitation Incentive
- Family Care Incentive
- Moving Expense Incentive

MAXIMUM WEEKS: 24 weeks

PRE-EXISTING CONDITION: This plan has a Pre-Existing Limitation. Any sickness or injury for which you: 1) received medical treatment, consultation, care, or services; or 2) took prescription medication or had medications prescribed within 3 months prior to the effective date won't be covered for the first 12 months of the policy.

Age	Monthly Rate per $10 of Weekly Benefit
Less than 30	$0.421
30-34	$0.448
35-39	$0.403
40-44	$0.430
45-49	$0.529
50-54	$0.654
55-59	$0.807
60-64	$0.950
65+	$1.138

To Calculate Monthly Premium

List your Weekly Earnings (Maximum is $1,666.67)	$ _____
Multiply by 0.60	$ _____
Divide by 10	$ _____
Multiply by rate per age	$ _____
Estimated Monthly Premium	$ _____

2024 Open Enrollment:

During this open enrollment, employees can elect the full 60% of their weekly salary without answering medical questions (Evidence of Insurability - EOI). When you complete your online enrollment, your benefit amount and premium will be automatically calculated for you.

**Late enrollees will be required to complete Evidence of Insurability.*

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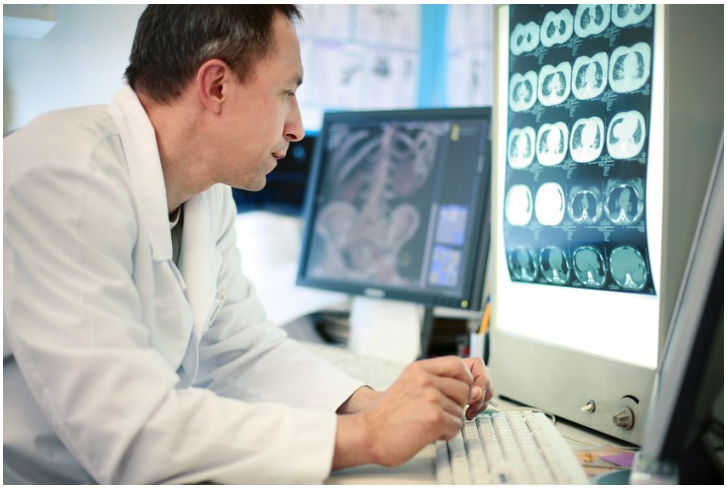
Accident Plan

Aflac's Group Accident Plan provides benefits to help cover the costs associated with unexpected medical bills. If you are like most people, you do not budget for accidents. When a covered accident occurs, the last thing you want to worry about is how to pay the medical bills.

When you have an accident - the costs add up quickly. Aflac's Group Accident Plan pays YOU the benefit regardless of any other insurance.



Additional Features:

- 24 hour coverage
- No limit on the number of claims
- Pays regardless of any other insurance
- Benefits for in-patient and out-patient treatment of covered accidents
- Guaranteed issue - no underwriting
- Dependents covered up to age 26

Hospital Benefits

- Pays $1,000 for Hospital Admission
  *Must be admitted to the hospital for 24 hours or more
- Pays $200 a day for Hospital Confinement
- Pays $400 a day for Intensive Care Confinement
- Pays $200 for Emergency Room visit if treated within 72 hours

Benefits Paid (See Brochure for complete list):

- Complete Fracture of Hip $4,000
- Complete Fracture of Leg $2,400
- Lacerations 2"-6" long $200
- Concussion $200
- Follow up visits $30
- Physical Therapy $30
- Accidental Death & Dismemberment :

  Employee $50,000

  Spouse $25,000

  Children $5,000

Pre-existing conditions are not covered for 12 months.

After 12 months of coverage:

ANNUAL WELLNESS BENEFIT - $50.00

For Employee, Spouse & Children *(if covered) each Calendar Year.*

MONTHLY PREMIUMS	
Employee	$19.65
Employee + Spouse	$29.45
Employee + Children	$34.44
Family	$44.24

Employee Issue Age 18+

Spouse Issue Age 18+

Aflac™

This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

Critical Illness Plan

$10,000 and $20,000 Employee Benefit

$5,000 and $10,000 Spouse Benefit

The Group Critical Illness Plan from Aflac helps prepare you for the added costs of battling a specific critical illness. This plan provides cash directly to you to off set out of pocket costs.

- Benefit is portable
- Rates lock in at the age bracket of initial enrollment
- Lump Sum Payment
- Dependents covered up to age 26
- Covers 9 diseases 100%
- Covers 10 diseases partial benefit

The following is a list of the covered illness and the percentage of benefit payable for each illness.

Percent Covered	Covered Illness
100%	Cancer (internal or invasive)
100%	Heart Attack (myocardial infarction)
100%	Stroke (apoplexy or cerebral vascular accident)
100%	Major Organ Transplant
100%	Renal Failure (end stage)
25%	Carcinoma in Situ+
25%	Coronary Artery Bypass Surgery

First Occurrence Benefit

A lump sum benefit is payable upon initial diagnosis of a covered critical illness.

100% - Re-occurrence Benefit

If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, the full benefit will be payable again if the two dates of diagnosis are separated by at least 12 months and the insured has been treatment free.

100% - Additional Occurrence Benefit

If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, the full benefit amount will be paid for each additional illness if occurrences are separated by at least 6 months.

*Pre-existing conditions are not covered for 12 months.

ANNUAL WELLNESS BENEFIT - $50.00

For Employee & Spouse *(if covered) each Calendar Year.*

	Monthly Premiums			
Age Bands	Employee $10,000	Employee $20,000	Spouse $5,000	Spouse $10,000
Ages 18-29	$ 6.65	$ 11.55	$ 4.20	$ 6.65
Ages 30-39	$ 10.05	$ 18.35	$ 5.90	$ 10.05
Ages 40-49	$ 19.75	$ 37.75	$ 10.75	$ 19.75
Ages 50-59	$ 32.18	$ 62.62	$ 16.97	$ 32.18
Ages 60-69	$ 50.45	$ 99.15	$ 26.10	$ 50.45

- See Aflac summary for tobacco rates

- Children covered at 50% the employee amount at no additional charge!

Employee Issue Age: 18-69

Spouse Issue Age: 18-69

*Spouse rates based on spouse age/ tobacco status

*At age 70, benefits reduce by 50%

You may elect Guaranteed Issued Coverage for you and your spouse when you are first eligible to enroll. Late enrollees will have to answer medical questions.

Aflac™

This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

Hospital Indemnity Plan

The Hospital Indemnity Plan offered by Aflac provides benefits to help cover the costs associated with a hospital stay.

Features:

- Plan covers injuries and sickness
- Guaranteed Issue
- No Pre Existing Limitations
- Plan pays regardless of any other insurance
- Coverage is portable
- Dependents covered up to age 26

Benefits Paid (See Brochure for complete details):

- **$1,000 for Hospital Admission**

  When an insured is confined to a hospital as the result of injuries received in a covered accident or because of a covered sickness.

  If insured is confined to the hospital because of the same injury or sickness, benefit will not be paid again.

- **$150 per day for Hospital Confinement**

  When an insured is confined to a hospital as the result of injuries received in a covered accident or because of a covered sickness.

  The maximum period for which a covered person can collect for benefits is 31 days.

- **$150 per day for Hospital Intensive Care**

  (not to exceed 10 days per confinement)

  When an insured is confined to a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness. **This is paid in addition to the hospital confinement benefit.**

- **Intermediate Step down Unit:**

  Pays $75 per day up to 10 days.

  Step down is a progression into or out of the ICU back to a regular confinement.

* Benefit will be paid daily but not to exceed the 30-day maximum during any one period of confinement.
* Must be admitted to the hospital for 24 hours or more.
* Must be admitted within 6 months of covered accident.
* Benefits are only payable for one hospital confinement at a time, even if the confinement is the result of more than one covered accident or sickness.

MONTHLY PREMIUMS	
Employee	$18.16
Employee + Spouse	$36.38
Employee + Children	$28.92
Family	$47.14

Employee Issue Age 18-64

Spouse Issue Age 18-64

Aflac™

This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

3-1 Supplemental Plan

The Supplemental Health Plan is three plans rolled into one –
Hospital Indemnity, Critical Illness and Accident!

This plan provides benefits to help cover additional or unexpected medical costs. The benefits pay directly to you and are not tied to the medical plans. Coverage is Guaranteed Issue which means there are no medical questions!

Accident Plan

The Accident Plan provides benefits to help cover the costs associated with unexpected medical bills. When you have an accident – the costs add up quickly! The plan pays you the benefit regardless of any other insurance and it is **24 Hour Coverage!**

Emergency Care Benefits:	
Ambulance Transportation	$100 Ground, $500 Air
Emergency Treatment	$150
Diagnostic Examination	$100 per CT/MRI scan
Initial Physician Office Visit	$50
General Treatment Benefits:	
Initial Hospital Admission	$500
Initial ICU Hospital Admission	$1,000
Hospital Confinement/ICU Confinement	$200 per day, 365 days maximum/$400 per day, 30 days maximum
Rehabilitation Facility Confinement	$50 per day, 30 days maximum
Follow-up Physician Office Visit	$50
Specified Covered Injury & Treatment Benefits:	
Fractures	To $2,500 for Non-surgical; To $5,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture
Dislocations	To $1,600 for Non-surgical; To $3,200 for Surgical; Partial—25% of full dislocation; Multiple—100% of highest dislocation benefit
Burns	To $800 for 2nd degree burns; To $6,400 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns
Blood/Plasma/Platelets	$200
Coma/Concussion	$5,000/$100
Dental Injury/Eye Injury	$150 for Crown; $50 for Extraction/$100 for removal of foreign object;
Lacerations	To $400
Paralysis Benefits:	$10,000 quadriplegia; $5,000 paraplegia/hemiplegia
Surgery Benefits:	$100 for Exploratory $300 for Knee Cartilage $1,000 for Abdominal or Thoracic
Transitional Benefits:	
Medical Appliances/Prosthesis	$100/$1000 for two or more, $500 for one
Physical Therapy	$25 per session, 6 sessions maximum

3-1 Supplemental Plan

Critical Illness Plan

A group Critical Illness Plan helps prepare you for the added costs of battling a specific critical illness. As the recovery process begins, most people begin to worry about the bills that have piled up. Our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.

Employees:	**$5,000**	**GUARANTEED ISSUE:** **Coverage is guaranteed issue which means you don't have to qualify to get coverage!**
Spouse:	**$5,000**	
Dependent Children:	**$1,250**	

Basic: 100% of Amount of Insurance	Coma Stroke Parkinson's Alzheimer's Heart Attack Major Organ Failure Multiple Sclerosis Life Threatening Cancer Motor Neuron Disease (ALS, Lou Gehrig's) Ruptured Cerebral, Cartoid/Aortic Aneurism
Partial: 25% of Amount of Insurance **Partial: 5% of Amount of Insurance**	Coronary Disease, Carcinoma in situ Skin Cancer
Benefit Waiting Period	30 Days
Lifetime Maximum Benefit	1000% of the Amount of Insurance
Subsequent Occurrence Benefit (Different Category*)	100% of Benefit (6 months apart)
Recurrence Benefit (Same Category*)	50% of Benefit (12 months apart)
Pre-Ex Limitation	Any sickness or injury for which the insured person received treatment, consultation, care or services, in the 12 months just prior to the effective date won't be covered for the first 12 months of the policy.
Family Medical Leave/Portability	Included/Included
Portability	Included
Age Reduction	50% at age 70
Wellness (Health Screening) Benefit	$50 per person per calendar year (Up to 4 benefits per family)

3-1 Supplemental Plan

Hospital Indemnity Plan

The Hospital Indemnity Plan provides benefits to help cover the costs associated with a hospital stay.

NO PRE-EXISTING CONDITION EXCLUSIONS ON HOSPITAL INDEMNITY!

Hospital Admission Benefit	$1,000	Pays one Hospital Admission per coverage year.
Hospital Room & Board Benefits (Up to 180 days per year)	$100	

*Must be admitted to the hospital for 24 hours or more.

3-1 PLAN FEATURES & ELIGIBILITY:

- Maternity Feature:
  When a covered member is admitted to the hospital and delivers a baby, the admission/daily benefit is paid for the newborn as well as the mother.
- Includes OnCall Travel Assistance
- Employee and Spouse must be under age 70 to enroll
- Children are eligible up to age 26
- HSA compliant plan

3 - 1 Supplemental Plan Monthly Premiums	
Employee	$27.62
Employee + Spouse	$54.06
Employee + Children	$44.86
Family	$71.42

*Subject to policy exclusions and limitations. See full summary for complete list.

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Flexible Spending Accounts

Eligibility: Certified and Classified staff working at least 30 hours per week or more are eligible for the Flexible Spending Account the first of the month following 30 days of employment.

The Flexible Spending Account Plan allows you to convert a portion of your taxable income into a non-taxable employee benefit. Since you pay for these items before taxes, your take-home pay increases because federal and state income tax, FICA and Medicare tax are not deducted from your paycheck.

A Premiums Savings Plan allows you to pay your share of eligible insurance premiums on a pre-tax basis from your payroll. Since these are pre-tax from your payroll they are not eligible to be reimbursed under the Flex Spending Account. You may not stop the deductions or change how you enroll in these plans unless you have one of the below status changes.

- Termination of employment
- Spouse changes jobs
- Birth or adoption of a child
- Child no longer eligible
- Change of marital status
- Death of a dependent

FLEXIBLE SPENDING ACCOUNT

Each year you must elect to participate in the Flexible Spending Account. You estimate the amount of eligible expenses you and your dependents will likely incur, and from this amount, determine how much you would like to set aside in the Flexible Spending Account.

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT

For employees that will be contributing to a Health Savings Account, you will have the option to participate in a Limited Purpose Flexible Spending Account. It works the same, except that you can contribute pre-tax dollars to pay for **Dental and Vision expenses only.**

Maximum: $3,200 per year pre-tax

CARRY OVER:

Up to $640 of unused amounts in a current plan year's health flexible spending account (FSA) can be "carried over" to be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year. **Any balance over $640 will be forfeited.**

RUN-OUT PERIOD:

A run-out period is a pre-determined time frame *after* the plan year ends. During the run-out period, you may file both health FSA and dependent care FSA claims for expenses incurred during the plan year.

Your plan year is October 1st through September 30th; the run-out period is 60 days. Beginning October 1st through November 30th you can submit claims for reimbursement, that were incurred during the previous plan year. You can not pay the expenses yourself with your FSA debit card out of the carry over money. IRS rules state that when the run-out period is over, you forfeit any unused funds.

QUICK FACTS:

- You **do not** have to be enrolled in a medical plan to participate in a FSA!
- In most cases, you can use your FSA money to pay for expenses incurred by your spouse and dependents (up to age 26).
- The amount you contribute from your paycheck cannot be changed up or down during the year unless you have a qualified election change event.

Flexible Spending Accounts

Eligibility: Certified and Classified staff working at least 30 hours per week or more are eligible for the Flexible Spending Account the first of the month following 30 days of employment.

Surency Flex Benefits Card is a special-purpose Visa® Card that gives you an easy, automatic way to pay for eligible expenses. The Benefits Card lets you electronically access the pre-tax amounts set aside in your **Surency FSA accounts**. Use it when paying for eligible expenses at a provider or merchant that accepts Visa Cards and uses an inventory control system. These transactions may be automatically substantiated, meaning you don't have to file a claim and may not have to submit a receipt. However, always keep all documentation for tax purposes or in case Surency requests further documentation.

Keep your receipts in the event that further validation is needed. Make sure receipts include the following information:

- → **Patient's Name**. The name of the person who received the service or for whom the item was purchased. For retail store purchases, this information may be excluded.
- → **Provider's Name**. The provider that delivered the service or the merchant where the item was purchased.
- → **Date of Service**. The date when services were provided or the item was purchased.
- → **Type of Service**. A detailed description of the service provided or item purchased. A bag tag is sufficient for prescriptions.
- → **Cost**. The amount paid for the service or product and/or the portion that is not reimbursed through your insurance carrier.

DID YOU PAY OUT-OF-POCKET FOR AN ELIGIBLE EXPENSE?

Submit a claim to get paid back using money from your account. There are three ways to submit a claim:

1. SURENCY FLEX APP	2. MEMBER ACCOUNT	3. PAPER CLAIM FORM
Download the Surency Flex mobile app and submit the claim by taking a photo of your receipt.	Log into your Member Account at Surency.com to upload your receipt.	Visit Surency.com to download a paper claim form. Complete and return to Surency.

ONLINE ACCOUNT ACCESS

Create a Member Account at Surency.com or download the mobile app!

- Check balances on your Health Care Flexible Spending Account (FSA) & Dependent Care Flexible Spending Account (DC FSA)
- View account activity, payment history and tax statements
- Submit claims for expenses.
- Add or update a bank account to receive direct deposit reimbursements - this is the quickest way to receive reimbursement
- Access account funds to pay yourself back or to pay your doctor
- Report a Surency Flex Benefits Card as lost or stolen

Surency FLEX

Download on the App Store

GET IT ON Google Play

Flexible Spending Accounts

Most expenses applied to the deductible, coinsurance or copay of your health benefit plan can be submitted for reimbursement. Consider depositing money in the Flexible Spending Account so you can pay those expenses with tax-free dollars. Questions? Call 866-818-8805 or visit Surency.com to view a complete list of eligible expenses.

COMMON FSA ELIGIBLE EXPENSES

Abortion	Contraceptives	Lead-Based Paint Removal	Prosthesis
Acupuncture	Crutches	Learning Disability	Psychiatric Care
Adult Diapers	Dental Treatment	Lifetime Care Payments	Psychoanalysis
Alcohol/Drug Treatment	Denture Adhesives/Repair	Long-Term Care	Smoking Deterrents
Ambulance	Denture Pain Relief/Cleansers	Medical Conferences	Splints & Casts
Artificial Limb/Teeth	Diabetes Testing/Supplies	Medical Information Plan	Sterilization
Athletic Care	Diagnostic Devices	Mileage for medical trips	Sunscreen (SPF 15 or over)
Bandages	Eyeglasses (Prescription & Reading)	Nursing Home	Surgery
Birth Control Pills	Fertility Enhancement	Nursing Services	Telephone (Hearing Impaired)
Blood Pressure Monitors	Guide Dog	Optometrist	Therapy
Body Scan	Hearing Aids (& Batteries)	Organ Donors	Thermometers
Braille Books & Magazines	Home Care	Orthodontic Fees (braces)	Transplants
Breast Pumps & Supplies	Home Improvements	Orthopedic Supports	Transportation (Medical)
Breast Reconstruction	Hospital Services	Osteopath	Vasectomy
Capital Expenses	Hot/Cold Therapy Packs	Ovulation Kits	Vision Exams
Car (Special Hand Controls)	Infertility Treatments	Oxygen	Weight Loss (Program Fees)
Catheters	Laboratory Fees	Physical Therapy	Wheelchair
Chiropractor	Lactation Expenses	Pregnancy Test Kit	Wig (Hair Lost Due to Disease)
Contact Lenses/Solutions	Lasik Eye Surgery	Prescription Medicines	X-rays/Diagnostic Testing

Over the Counter Rx: Written prescriptions will are not required for Over the Counter (OTC) drugs, including items like Tylenol, Claritin, Tamiflu, etc. when purchased with an FSA or HSA.

Menstrual Care Products Included: Menstrual care products, including items like tampons, pads, cup, etc. are eligible expenses under an FSA or HSA.

INELIGIBLE FSA EXPENSES

Burial/Funeral Expenses	Fitness Programs	Maternity Clothes	Tanning
Cosmetic Procedures	Future Medical Services	Medicine (from Outside U.S.)	Teeth Whitening
Dance Lessons	Health Club Dues	Nutritional Supplements/ Vitamins (Over-the-Counter)	Toiletries (Toothbrush, Toothpaste, etc.)
Diapers/Diaper Service	Household Help	Piercings	Veterinary Fees
Electrolysis/Hair Removal	Illegal Treatments	Sunglasses (non-prescription)	Warranties (for Eyeglasses or Hearing Aids)
Exercise Equipment (unless prescribed)	Insurance Premiums	Swimming Lessons	Weight-Loss Programs (unless prescribed)

Flexible Spending Accounts

Eligibility: Certified and Classified staff working at least 30 hours per week or more are eligible for the Flexible Spending Account the first of the month following 30 days of employment.

DEPENDENT CARE ACCOUNT

A Dependent Care Account reimburses you for eligible dependent care expenses with tax-free dollars. This is a valuable plan for employees with children or dependent parents. **The maximum amount you may set aside is $5,000 per plan year; deductions are pre-tax.**

Expenses you may claim and be reimbursed with tax-free dollars include:

- Wages paid to a babysitter, whether the care is provided in or outside of your home. However, the babysitter may not be someone you claim as a dependent on your tax return and must be over 18 years of age. Expenses for a babysitter can only be used for services provided during regular working hours. Babysitting costs for social events are not eligible.
- Services of a day care center, nursery school or Pre-K providing the center complies with state and local laws.
- Cost for care at facilities away from home, such as family day care or adult day care centers, as long as the dependent returns home for at least 8 hours of a 24-hour day.
- Wages paid to a caregiver or home aide for providing eligible care.
- Any other qualified dependent care expenses as defined by the IRS.

Eligible dependents must be under the age of 13, and/or physically or mentally unable to care for themselves and claimed as an exemption on your tax return.

If you participate in a Dependent Care Account, you can elect to have your reimbursements **Direct Deposited**. This is the fastest and easy way to be reimbursed!

If you participate in a Dependent Care Account, you may contact Surency to complete a **Reoccurring Reimbursement Form.** The completed form will serve as an ongoing receipt for the entire plan year and you won't have to submit a receipt each time you pay the care provider!

The Visa card can only be used with a Dependent Care provider with a properly registered credit card processing system including the four digit Merchant Category Code of 8351 "Child Care Services" or 8299 "Schools and Educational Services". If the merchant's credit card terminal is not setup in this way, the card will not be accepted.

Flexible Spending Account Worksheet

Estimate your out-of-pocket medical costs per year

Health insurance deductibles (not paid by insurance)	$ _____	
Co-pays (Office Visits and Rx not paid by insurance)	$ _____	
Wheelchair, crutches, medical appliances	$ _____	
Medical supplies	$ _____	
Mileage related to medical care	$ _____	
Other items	$ _____	
Total out-of-pocket medical expenses per year:		$ _____

Estimate your out-of-pocket dental costs per year:

Examinations and cleanings, x-rays, etc.	$ _____	
Braces and retainers, fillings, etc.	$ _____	
Orthodontic, implants, inlays, other	$ _____	
Total out-of-pocket dental expenses per year:		$ _____

Estimate your out-of-pocket vision costs per year:

Lenses, frames	$ _____	
Contact lenses	$ _____	
Eye Exams	$ _____	
Total out-of-pocket vision costs per year:		$ _____

Total Health Care Expenses (maximum of $3,200 per plan year) $ _____

Total Daycare Expenses ($5,000 maximum per plan year) $ _____

Legal Services

Have You Ever

www.shieldbenefits.com/fortlarnedusd

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Will/Living Will/Health Care Power of Attorney
- **Speeding Ticket Assistance** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

- **High Risk Application and Transaction Monitoring** We can detect fraud up to 90 days earlier than traditional credit monitoring services; we carefully watch all your accounts, reorders, loans and more. If a new account is opened, you will receive an alert.
- **Social Media Monitoring** for privacy concerns and reputational risks
- **Credit Monitoring** continuous credit monitoring through TransUnion
- **Monthly Score Tracker** watch your credit score and map your credit trends
- **Credit Inquiry Alerts** (instant hard inquiry alerts)
- **Consultation** on any cyber security question
- **$3 Million Insurance** (coverage for lost wages, legal defense fees, stolen funds and more)
- **Full Service Restoration & Unlimited Service Guarantee** We don't give up until your identity is restored!
- **24/7 Emergency Access** in the event of an identity theft emergency

Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

Plan	Family Price MONTHLY	Individual Price Bi-Monthly Payroll Deducted 24PP
LegalShield	$18.95	$18.95
IDShield	$18.95	$8.95
Combined	$33.90	$27.90

Prepared for: Ft Larned USD 495 LS & IDS Overview player.vimeo.com/video/402593265

Scan QR Code for Estate Planning Video

Bob Pilcher
bobpilcher58@gmail.com
316-215-5100
rpilcher.wearelegalshield.com

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A $1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.

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Legal Shield Gun Owner Supplement

LegalShield℠

Protecting & Empowering Your Legal Rights

Gun Owners Supplement

You carry a gun because you believe in the rights granted by the U.S. Constitution. LegalShield believes every person should have access to the legal system.

Who We Are

LegalShield has been a pioneer in providing legal plans for over 45 years. Our mission is a straightforward, practical approach. In a perfect world, you'd never need a lawyer, but in an unpredictable world, it helps to have a team of lawyers on your side. LegalShield has made smart legal coverage simple - in the form of accessible, affordable, full-service coverage.

A Team Of Lawyers

LegalShield has a network of dedicated law firms in 50 states and 4 Canadian provinces, all of which are made up of seasoned lawyers with an average of 22 years' experience. Our Provider Law Firms provide legal protection to over a million members in covered emergency situations, 24/7/365 days a year.

Why LegalShield

We provide legal coverage without the complexity, because life can be unpredictable, and the law can be complicated. We have created a model for legal coverage in which you know exactly what you're getting and precisely how much you're paying for it. Once you sign up, you can sit back, relax, and know you're covered by an entire law firm.

PREMIUM $12.95 Monthly
Added to Legal Plan or Bundle Plan
Covers Employee & Spouse/Partner
See Backside of page for More Details

*This is a general overview of your legal plan coverage for illustration purposes only. See a plan contract for complete terms, coverage, amounts, conditions and exclusions.

Legal Shield Gun Owner Supplement

LegalShield®

GUN OWNERS SUPPLEMENT

LegalShield is here to protect your gun rights.

Gun Owners Supplement offers the following benefits of protection:

Advice and Consultation
- Gun owner rights
- Carry and license requirements
- Advice on where carrying your concealed firearm is allowed
- Advice on where carrying your firearm is openly allowed
- Recent changes in gun laws

Emergency Access for a Firearm Incident*
24/7 toll-free access to a provider lawyer for consultation in the event of a covered firearm incident

Trial Defense for Gun Related Matters**
- Defense of covered civil and criminal lawsuits filed in state or federal court
- 60 total hours for covered lawsuits (20 hours pre-trial and 40 hours trial per plan year)

NFA Gun Trust Services
One (1) NFA Gun Trust prepared by your provider law firm per membership year for a flat fee of $250

25% Discount
As a member, you are entitled to a 25% discount off the provider lawyer's standard hourly rate for additional trial defense services and/or grand jury investigations, related to a covered firearm incident.

*Does not include assistance in making, posting, or obtaining bond, bail, or other security required for release.

**Covered lawsuit is a criminal or civil lawsuit arising from a firearm incident involving a covered person in a place where the covered person is legally permitted to possess and carry (concealed or open) his/her firearm. Appeals and trial court decisions are not included. This is a general overview of your legal plan coverage for illustration purposes only. See a plan contract for complete terms, coverage, amounts, conditions and exclusions.

See a plan contract for specific state of residence availability and for complete terms, coverage, amounts, conditions and exclusions. This supplement is not available in all states; please check your state or province for availability. Supplement does not include assistance in making, posting, or obtaining bond, bail, or other security required for release.

Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries; Pre-Paid Legal Casualty, Inc.; Pre-Paid Legal Access, Inc.; In FL: LS, Inc.; In VA: Legal Service Plans of Virginia; and PPL Legal Care of Canada Corporation.

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403(b) Retirement

The ESSDACK 403(b) Plan was created for the benefit of you! The board of trustees for the Plan consists of the ESSDACK Board President and eight active Kansas Superintendents who oversee the activities and make decisions on any changes for the betterment of the Plan and its participants. The Plan stands on a foundation based upon full disclosure, full compliance, investment funds that maximize returns, and investment education. To be able to fulfill these principles the following serve our investors and provide a 'checks and balance' system within the program.

Pre-tax Election: Your qualifying pre-tax contributions and all earnings on your account are not subject to current federal income tax until you take them out of the Plan. This tax deferral gives your retirement savings the opportunity to grow under the most favorable terms possible.

Roth Election: You can also choose to contribute to a Roth 403(b) account. This allows you to pay the taxes up front and if the account has been established for five years or longer, the earnings will be tax free.

Automatic Payroll Deductions: Choose the amount you would like to contribute and enjoy the convenience of automatic payroll deductions.

Pooled Assets under Management: The Plan pools all of the assets together rather than each participant having an individual account. This allows the Plan to leverage volume dollars against the providers to lower the management fees. The more dollars under management, the lower the fees are for you.

12b-1 Fees: 12b-1 fees are fees that fund providers return to the broker for selling their specific funds. In an effort to lower the costs further for the participants, the Plan returns all of these fees to offset any Plan expenses.

Other Benefits: No front-end load charges

- No back-end load charges
- No surrender fees
- Minimal termination fees
- In Plan Roth conversions
- Over 30 fund options

Did you know that you can consolidate your previous retirement savings into your ESSDACK 403(b) account? Combining your retirement savings can be a convenient way to keep track of your assets. Contact an Ameritime advisor to see if this is something that can work for you.

Online account access: To view your account online register your userID and password at:

https://www.yourbenefitaccount.net/yourfutureisdaily

You'll be able to see your investment returns, adjust your fund line-up, see a detailed transaction history, and much more!

Contact Info:

Luke McKee
Toll Free: 866-253-3536
lmckee@compassfr.us
1500 E. 11th, Suite 10
Hutchinson, KS 67501

AMERITIME LLC
THE PENSION SPECIALISTS

OASDI and KPERS

All eligible Employees are under the Federal OASDI Social Security System, and receive the benefits thereof in accordance with Federal laws and regulations. The cost of this benefit is paid equally by the County and the Employee, with the Employee contribution subject to payroll deduction.

All eligible Employees are members of the Kansas Public Employees Retirement System (KPERS) and receive the benefits thereof in accordance with Kansas laws and regulations. The County and Employee both contribute a share as determined by KPERS which may vary annually. Officials may participate immediately on approval of their application, with contributions beginning at the start of the next calendar quarter. Other eligible Employees may participate following one full year of employment. See below for more details.

The Federal Age Discrimination in Employment Act shall be the policy for County retirement with normal retirement benefits as allowed by KPERS and OASDI.

There are 3 types of KPERS members:

KPERS 1

As an active member, you contribute 6% of your gross earnings and your contributions earn interest annually.

If you became a member:

- Before July 1, 1993, your contributions earn 8% interest
- On or after July 1, 1993, your contributions earn 4% interest

KPERS 2

As an active member, you contribute 6% of your gross earnings and your contributions earn 4% interest annually.

You are a KPERS member if:

- You started working in a covered position on July 1, 2009 or after.
- If you were previously a KPERS 1 member and withdrew your membership, or you left employment before vesting, you will be a KPERS 2 member.

KPERS 3

You contribute 6% of your salary from each paycheck. It's automatic and pretax. Your contributions earn a guaranteed 4% annual interest, paid quarterly. There is also a possibility for additional interest, paid quarterly. There is also a possibility for additional interest, depending on KPERS' investment returns. You can withdraw your account balance if you leave employment.

Additional benefits:

Disability
Basic Life AD&D

KPERS 1, 2 and 3 Additional Information

You automatically earn service credit for the years you work in a covered position. After five years of service, you are guaranteed a monthly retirement benefit for the rest of your life. This is called "vesting" your benefit.

Benefits available to you:

- ♦ Basic Life
- ♦ Job-Related Death
- ♦ Surviving Spouse Benefit
- ♦ Optional Life for Active Members
- ♦ Spouse Optional Life, if employee is enrolled
- ♦ Child Optional Life

Retirement Benefit Options:

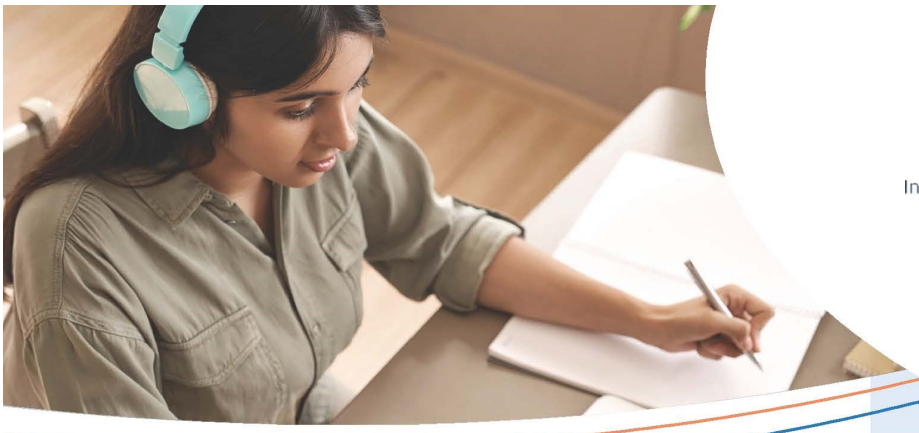
- ⇒ Maximum Monthly Payment Option
- ⇒ Joint-Survivor Option
- ⇒ Life-Certain Option
- ⇒ Partial Lump-Sum Option
- ⇒ Retiree Death Benefit

KPERS

For detailed information on the KPERS Benefits, please refer to your KPERS Membership Guide, visit the web or contact the Retirement System office.

Web Site: **www.kpers.org**
Toll Free: **888.275.5737**
In Topeka: **785.296.6166**
E-mail: **kpers@kpers.org**
Fax: **785.296.6638**
Mail: **611 S. Kansas Ave., Suite 100**
Topeka, KS 66603-3869

Benefit Advocate Center



Gallagher

Insurance | RiskManagement | Consulting

Ask Your Advocate Team

Put our team to work to maximize your healthcare benefits.

Gallagher is ready to help you get the most from your benefit program by providing support from an advocate at no cost to you. Get assistance with:

1. Explanation of benefits
   Is it unclear to you what the insurance covered on a particular claim andwhat is your responsibility?
2. Prescription challenges
   Is the pharmacy telling you that your medication is not covered or chargin you full price? Do you need help with an authorization for a medication?
3. Benefits questions
   Are you unsure if the insurance company will pay for a certain procedure?
4. Claim issues
   Did you receive a bill from a doctor but don't know why?
5. Difficult situations
   Are you having difficulty getting a referral? Has the insurance carrierdenied a procedure and you want to appeal their decision?

Connect with Us

USD 495 Fort Larned

Phone:
(833) 295-5145

Email:
BAC.UnifiedSchoolDistrict495FtLarnedAdvocates@ajg.com

Hours of operation

Monday – Friday

8 a.m. – 6 p.m. Central Time

ajg.com The Gallagher Way. Since 1927.

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Notices

HIPAA Special Enrollment Rights

USD 495 Ft. Larned Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the USD 495 Ft. Larned Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

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

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Tina Welch - Payroll & Benefits Coordinator at 620-285-3185 or tina.welch@usd495.net.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Notices

Plan 1: Option 1 – DP2S MOD / H44S $1,500 Deductible (Individual: 20% coinsurance and $1,500 deductible; Family: 20% coinsurance and $3,000 deductible)

Plan 2: Option 2 – DP2T MOD / H44S $2,500 Deductible (Individual: 20% coinsurance and $2,500 deductible; Family: 20% coinsurance and $5,000 deductible)

Plan 3: Option 3 – DP2U MOD / H44S $3,500 Deductible (Individual: 20% coinsurance and $3,500 deductible; Family: 20% coinsurance and $7,000 deductible)

Plan 4: Option 4 – DP2V MOD / H44S $5,000 Deductible (Individual: 20% coinsurance and $5,000 deductible; Family: 20% coinsurance and $10,000 deductible)

Plan 5: Option 5 – HSA DP4I MOD / H44S $3,500 High Deductible Health Plan (Individual: 20% coinsurance and $3,500 deductible; Family: 20% coinsurance and $7,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 620-285-3185 or tina.welch@usd495.net.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

USD 495 Ft. Larned is committed to the privacy of your health information. The administrators of the USD 495 Ft. Larned Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Tina Welch - Payroll & Benefits Coordinator at 620-285-3185 or tina.welch@usd495.net.

COBRA Benefits

A temporary extension of health benefits may be available in certain instances where coverage under the plan would otherwise end. Please refer to the COBRA Notice previously provided to review your rights and obligations under the continuation of coverage provisions of the law. Covered individuals experiencing a qualifying event may continue coverage as outlined in the chart below. Your coverage may be billed directly from the insurance company at the group rate plus a 2% administrative fee. The health, dental, and vision may be continued under COBRA.

Qualifying Event	Qualified Beneficiary	Number of Months
Employee terminates employment or hours reduced.	Employee and all covered dependents.	18
Employee loses coverage because the employer files for Chapter 11 bankruptcy.	Employee and all covered dependents.	18
The employee becomes disabled.	Employee and all covered dependents.	29
The employee becomes eligible for Medicare due to age while on COBRA.	All covered dependents.	36
The employee's death.	All covered dependents.	36
Divorce or legal separation.	All covered dependents.	36
Dependent child no longer qualifies as a dependent (e.g., reaches the maximum dependent age).	Dependent child upon reaching the maximum dependent age.	36

Notices

Notice of Creditable Coverage

Important Notice from USD 495 Ft. Larned

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 USD 495 Ft. Larned and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **USD 495 Ft. Larned has determined that the prescription drug coverage offered by the medical 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 USD 495 Ft. Larned coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current USD 495 Ft. Larned coverage, be aware that you and your dependents will 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 USD 495 Ft. Larned 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.

Notices

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 USD 495 Ft. Larned changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	**October 01, 2024**
Name of Entity/Sender:	**USD 495 Ft. Larned**
Contact—Position/Office:	**Tina Welch - Payroll & Benefits Coordinator**
Office Address:	**904 Corse Ave** **Larned, Kansas 67550-2439** **United States**
Phone Number:	**620-285-3185**

Notices

Notice of CHIPRA Policy

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**ALASKA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/ flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

Notices

Notice of CHIPRA Policy

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

Notices

Notice of CHIPRA Policy

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/

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Notice of CHIPRA Policy

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

Contacts

UnitedHealthcare

Member Services: 1-888-340-9716

Optum Rx:

Website: www.myuhc.com

Download the Mobile App!

- Find in-network doctors & facilities
- Access your ID card
- Review claims & coverage

Delta Dental of Kansas

Member Services: Local: 316-264-4511
1-800-234-3375

Website: www.deltadentalks.com/Subscribers

Download the Delta Dental App!

- Find in-network dentists
- Access your ID card
- Review claims & coverage

Surency Vision

Member Services: 1-866-818-8805

Website: www.surency.com/Members/SurencyVision/

Download the Surency Vision Mobile App!

- Find in-network providers
- Access your ID card
- Review claims & coverage

For questions about your claim, contact: EyeMed Vision Care at 1-866-939-3633

Surency FLEX

Member Services: 1-866-818-8805

Website: www.myflexaccount.com

Email: flex@surency.com

Download the Surency Mobile App!

- Check account balance
- View & submit claims
- Submit receipts

MetLife

Customer Service: 1-800-438-6388

Website: www.metlife.com

Reliance Standard

Customer Service: 1-800-351-7500

Website: www.reliancestandard.com

LegalShield

Contact: Bob Pilcher 316-215-5100

Website: www.bobpilcher.com

Email: Bobpilcher58@gmail.com

Aflac

Customer Service: 1-800-594-0880

Email: arthurj_gallagher@us.aflac.com

Website: www.aflac.com

Ameritime

Customer Service: 1-866-253-3536

Website: https://www.yourbenefitaccount.net/yourfutureisdaily

Email: lmckee@compassfr.us

Kansas Public Employee Retirement (KPERS)

Customer Service: 1-888-275-5737 or 785-296-6166

Email: kpers@kpers.org

Website: www.kpers.org

BAC Information

Phone: 833-295-5145

Email: BAC.UnifiedSchoolDistrict495FtLarnedAdvocates@ajg.com

Helpful Tools

GoodRx

Good Rx collects & compares prices from over 70,000 pharmacies. You can also find discounts and print free coupons.

Website: www.goodrx.com

Download the GoodRx Mobile App!

FSAstore

FSAstore is the largest online marketplace for guaranteed FSA-eligible products along with educational resources. You can search eligible items and shop on the website.

Website: www.fsastore.com

Notes

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