2024

Center School District

Employee Benefits Guide

2024 - 2025 Benefits Overview

Welcome to the

2024 - 2025 BENEFITS OPEN ENROLLMENT

It's that time of year again! The Center School District annual insurance open enrollment period is about to begin.

We know that benefits are an integral part of the overall compensation package provided to all of our eligible employees, which is why we take great care to review all available benefits options on an annual basis. During this year's review, We focused not only on providing quality medical plans but also on controlling the cost and financial risk for our employees. We offer multiple options to meet the individual needs of our employees and their dependents.

ENROLL ONLINE AT:
CENTER SCHOOLS – MY BENEFITS PORTAL

NOT SURE HOW TO GET STARTED?

DON'T WORRY!

Prior to open enrollment, you will receive step-by-step enrollment instructions by email from your benefits department.

Until then, now is the perfect time to prepare by doing the following:

- Check that your personal information is accurate on your Benefits Portal.
- Review the benefits in which you are currently enrolled,
- Take a look at the changes for July 1, 2024, *and*
- Get a sneak peek at the plans being offered for the coming year.

Consider this booklet your open enrollment survival guide. Inside, you'll find everything you need to make informed benefits decisions, including in-depth information regarding your plan options, our policies and more.

As always, we value you as a member of the Center School District family and look forward to a healthy and safe year.

Click here to view Center School District's Contribution Worksheet to review benefits and rates prior to electing your coverage.

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

IMPORTANT DATES

Open enrollment runs
May 6-17, 2024

2024 - 2025 UPDATES AT A GLANCE

- There will be no change in rates for Medical, Dental and Vision plans.
- Due to IRS regulations, the deductibles on the QHDHP plans will be increasing to $3,200 individual/$6,400 family
- New ID cards will be mailed to all BlueKC members for the 2024 plan year.
- Your elections for the Flexible Spending Account and Dependent Care Account does not roll to July 1, 2024. You must submit your election during open enrollment. Debit cards will only be sent to new participants.
- New voluntary benefit offerings

Table of Contents & Contact Information

MEDICAL INSURANCE
Blue Cross Blue Shield of Kansas City
www.bluekc.com
816.395.2700

DENTAL INSURANCE
Aetna
www.aetna.com
1-877.238.6200

VISION INSURANCE
Superior
www.superiorvision.com
1-800.507.3800

HEALTH SAVINGS ACCOUNT
UMB Bank
www.hsa.umb.com
816.474.4472

FLEXIBLE SPENDING ACCOUNT
Flex Made Easy
www.flexmadeeasy.com
1.855.615.3679

LIFE INSURANCE
The Standard
www.standard.com
1.800.628.8600

EMPLOYEE ASSISTANCE PROGRAM
Supportlinc
www.supportlinc.com
1.888.881.5462

SHORT TERM & LONG TERM DISABILITY
One America
Center Schools – My Benefits Portal
1.800.553.5318

ACCIDENT, CRITICAL ILLNESS WITH AND WITHOUT CANCER, & HOSPITAL INDEMNITY
MetLife
Center Schools – My Benefits Portal
1.800.438.6388

METLAW LEGAL
MetLife
Center Schools – My Benefits Portal
1.800.821.6400

UNIVERSAL LIFE & LONG TERM CARE
Trustmark
Center Schools – My Benefits Portal
1.833.890.4059

IDENTITY THEFT PROTECTION
Identity Force by CyberScout
Center Schools – My Benefits Portal
1.855.441.0270

AMBULANCE
MASA
Center Schools – My Benefits Portal
1.800.643.9023

PET INSURANCE
PetPartners
Center Schools – My Benefits Portal
1.800.956.2495

YOUR BENEFITS TEAM
Center School District
Amy Anthony-Lane
Benefits Department
benefits@center.k12.mo.us
816.349.3321

Amerilife Benefits-Benefits Direct
1.833.890.4059

Policy & Claim Contact Information

Product	Insurance Company	ID Card/Policy	Claims/Questions
Medical	Kansas City	ID Cards	(888) 989-8842 www.bluekc.com
Dental	aetna	ID Cards	(877) 238-6200 www.aetna.com
Vision	SuperiorVision	ID Cards	(800) 507-3800 https://superiorvision.com
Flexible Spending Account	FLEX MADE Easy	Receive email to set up account online New Participant - Debit Cards Mailed to Home Returning Participants - Use same Debit Card	(855) 615-3679 www.flexmadeeasy.com
Health Savings Account	UMB	Receive email to set up account online New Participant - Debit Cards and Welcome Packet Mailed to Home Returning Participants - Use same Debit Card	(866) 520-4472 www.hsa.umb.com
Life Insurance	TheStandard	Benefit Portal has Policy Certificate and other Claim Forms Center Schools – My Benefits Portal	(866) 520-4472 www.standard.com
Disability	ONEAMERICA	Benefit Portal has Policy Certificate and other Claim Forms Center Schools – My Benefits Portal	(800) 553-5318 www.employeebenefits.aul.com
Accident, Critical Illness With and Without Cancer, Hospital Indemnity	MetLife	Benefit Portal has Policy Certificate and other Claim Forms Center Schools – My Benefits Portal	(800) 438-6388 www.metlife.com/mybenefits
Pre-Paid Legal	MetLaw®	MetLaw is a MetLife Company	(800) 821-6400 info.legalplans.com Enter access code: **GetLaw**
Permanent Life & Long Term Care	Trustmark benefits beyond benefits	Policy Mailed to Home Address	(833) 890-4059
Identity Theft Protection	IdentityForce® A TransUnion® Brand	Policy Holder Specific Link Sent on Effective Date of Coverage via email	(855) 441-0270 Mobile App with Custom Coverage Dashboad
Emergency Transportation	masa	Receive email with instructions on how to download mobile app that includes digital ID card	(800) 643-9023 masaaccess.com/member
Pet Insurance	petpartners	Receive Welcome Email with login instructions	(800) 956-2495 Home | PetPartners Pet Insurance

Medical Insurance

YOUR HEALTH PLAN OPTIONS

As a full-time employee of Center School District you have the choice between **six** medical plan options: the Blue Select Plus $3,200 and $5,000 QHDHPs with Spira Care; or the Preferred Care Blue $3,200 QHDHP, $3,500 QHDHP, $750 PPO, and $1,500 PPO plans.

For each, your deductible will run from JANUARY 1 – DECEMBER 31.

HOW TO GET STARTED

SELECT YOUR MEDICAL PLAN

SPIRA CARE $3,200 OR $5,000 QHDHP

BLUESELECT PLUS NETWORK

- BlueSaver QHDHP
- Access to Spira Care Centers
- Do not have to select a primary care physician
- No coverage out-of-network
- National and international coverage
- Eligible for a Health Savings Account

PREFERRED-CARE BLUE $3,200 OR $3,500 QHDHP

- Do not have to select a primary care physician
- In and Out of Network coverage
- National and international coverage
- Eligible for a Health Savings Account

PREFERRED-CARE BLUE $750 OR $1,500 PPO

(PREFERRED PROVIDER ORGANIZATION)

- Do not have to select a primary care physician
- In and Out of Network coverage
- National and international coverage
- Copays for Office Visits, Urgent Care, and Prescription drugs
- Eligible for Flexible Spending Account

FREQUENTLY ASKED QUESTIONS

Q. How many hours do I need to work to be eligible for insurance benefits?
You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

Q. Will I receive a new Medical ID card?
You will receive a new ID card.

Q. Does the deductible run on a calendar year or policy year basis?
A calendar year basis.

Q. How long can I cover my dependent children?
Dependent children are eligible until the end of the year in which they turn age 26.

Q. I just got hired. When will my benefits become effective?
Your medical insurance benefit will begin on the 1st of the month following date of hire for regular full-time employees.

Medical Plan FAQs

Medical Insurance

Blue Cross Blue Shield of Kansas City	$5,000 QHDHP SPIRA BLUE SELECT PLUS		$3,200 QHDHP SPIRA BLUE SELECT PLUS		$3,500 QHDHP PREFERRED CARE BLUE	
	Wellness Monthly Rate	Non-Wellness Monthly Rate	Wellness Monthly Rate	Non-Wellness Monthly Rate	Wellness Monthly Rate	Non-Wellness Monthly Rate
Employee Only	$0.00*	$0.00*	$0.00	$50.00	$70.46	$120.46
Employee + Spouse	$589.72	$639.72	$715.74	$765.74	$853.16	$903.16
Employee + Children	$520.86	$570.86	$640.44	$690.44	$770.82	$820.82
Family	$1,519.62	$1,569.62	$1,732.86	$1,782.86	$1,965.42	$2,015.42

	In-Network	In-Network	In-Network
Deductible (1) Individual / Family	$5,000 / $10,000	$3,200 / $6,400	$3,500 / $7,000
Member Coinsurance	0%	0%	0%
Out-of-Pocket Maximum (2) Individual / Family	$5,000 / $10,000	$3,200 /$6,400	$3,500 / $7,000
Office Visit Primary Care Physician Specialist	Spira clinic: $60 **FMV** charge; All others: Deductible	Spira clinic: $60 **FMV** charge; All others: Deductible	Deductible Deductible
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Urgent Care	Spira clinic: $60; All others: Deductible	Spira clinic: $60; All others: Deductible	Deductible
Emergency Room	Deductible	Deductible	Deductible
Inpatient / Outpatient	Deductible	Deductible	Deductible
Prescription Drug Tier 1 Tier 2 Tier 3 3 month supply Retail Mail	 Deductible Deductible Deductible Deductible	 Deductible Deductible Deductible Deductible	 Deductible Deductible Deductible Deductible
	Out-of-Network (3)	**Out-of-Network (3)**	**Out-of-Network (3)**
Deductible (1) Individual / Family	Not Covered	Not Covered	$3,500 / $7,000
Member Coinsurance	Not Covered	Not Covered	20%
Out-of-Pocket Maximum (2) Individual / Family	Not Covered	Not Covered	$7,000 / $14,000

***For those that elect Employee Only coverage on the $5,000 BSP Spira QHDHP and are eligible to contribute to an HSA, will also receive a monthly employer HSA contribution of $64.64 (wellness) or $14.64 (non-wellness)**

(1) Family deductible is embedded; an individual covered in a family will not exceed the individual deductible

(2) Out-of-Pocket maximum includes all cost-sharing: deductible, coinsurance and copays

(3) All Out-of-Network services subject to deductible, coinsurance and balance billing

Premiums can be withheld from your paycheck on a pre-tax basis for Medical, Dental, and Vision insurance. Based upon your individual tax bracket, this could save you a considerable amount of money.

***FMV**=Fair Market Value charge that can change at any time.*

All plans are detailed in Blue Cross Blue Shield of Kansas City's July 1, 2024 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

Medical Insurance

Blue Cross Blue Shield of Kansas City	$3,200 QHDHP PREFERRED CARE BLUE		$1,500 PPO PREFERRED CARE BLUE		$750 PPO PREFERRED CARE BLUE	
	Wellness Monthly Rate	Non-Wellness Monthly Rate	Wellness Monthly Rate	Non-Wellness Monthly Rate	Wellness Monthly Rate	Non-Wellness Monthly Rate
Employee Only	$91.08	$141.08	$411.28	$461.28	$442.08	$492.08
Employee + Spouse	$893.32	$943.32	$1,517.70	$1,567.70	$1,577.72	$1,627.72
Employee + Children	$808.92	$858.92	$1,401.26	$1,451.26	$1,458.24	$1,508.24
Family	$2,033.38	$2,083.38	$3,090.08	$3,140.08	$3,191.74	$3,241.74

	In-Network	In-Network	In-Network
Deductible (1) Individual / Family	$3,200 / $6,400	$1,500 / $4,500	$750 / $2,250
Member Coinsurance	0%	20%	20%
Out-of-Pocket Maximum (2) Individual / Family	$3,200 /$6,400	$4,500 /$9,000	$3,000 / $6,000
Office Visit Primary Care Physician Specialist	 Deductible Deductible	 $20 Copay $40 Copay	 $15 Copay $30 Copay
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Urgent Care	Deductible	$40 Copay	$30 Copay
Emergency Room	Deductible	$100 Copay then 20%	$100 Copay, Deductible then 20%
Inpatient / Outpatient	Deductible	Deductible then 20%	Deductible then 20%
Prescription Drug Tier 1 Tier 2 Tier 3 3 month supply Retail Mail	 Deductible Deductible Deductible Deductible	 $12 $40 $65 $36/$120/$195	 $12 $40 $65 $36/$120/$195
	Out-of-Network (3)	**Out-of-Network (3)**	**Out-of-Network (3)**
Deductible (1) Individual / Family	$3,200 / $6,400	$1,500 / $4,500	$750 / $2,250
Member Coinsurance	20%	40%	40%
Out-of-Pocket Maximum (2) Individual / Family	$6,400 / $12,800	$9,000 / $18,000	$6,000 / $12,000

(1) Family deductible is embedded; an individual covered in a family will not exceed the individual deductible

(2) Out-of-Pocket maximum includes all cost-sharing: deductible, coinsurance and copays

(3) All Out-of-Network services subject to deductible, coinsurance and balance billing

Premiums can be withheld from your paycheck on a pre-tax basis for Medical, Dental, and Vision insurance. Based upon your individual tax bracket, this could save you a considerable amount of money.

All plans are detailed in Blue Cross Blue Shield of Kansas City's July 1, 2024 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

Medical Plan Option Considerations

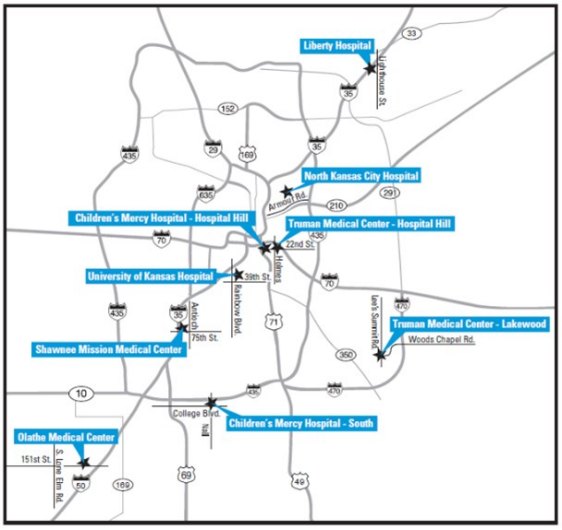
You will have **six plans** to choose from: the Blue Select Plus $3,200 and $5,000 QHDHPs with Spira Care; or the Preferred Care Blue $3,200 QHDHP, $3,500 QHDHP, $750 PPO, and $1,500 PPO plans. It is very important to consider the following four things:

1. **Each plan's network of providers and hospitals**

   You can search for providers in each network on mybluekc.com
2. **Health Savings Account and Health Reimbursement Account compatibility**
3. **Deductible and out-off-pocket maximums**
4. **Prescription coverage**

NETWORK DIFFERENCES

It is *very important* that you understand your network of providers when choosing the plan that is right for you. ***Blue Select Plus network*** has a more limited network of providers and hospitals. Because it is a **more exclusive** network of providers, Blue KC is able to provide better discounts when claims are incurred. Therefore your monthly premium is lower.



BlueSelect Plus Hospitals include only:

Children's Mercy Hospital

Children's Mercy South Hospital

Liberty Hospital

North Kansas City Hospital

Olathe Medical Center

AdventHealth Shawnee Mission

AdventHealth South Overland Park

AdventHealth College Boulevard

University Health Truman Medical Center

University Health Lakewood Medical Center

University of Kansas Health System

Cameron Regional Medical Center

Western Missouri Medical Center

Providence Medical Center

St. Joseph Medical Center

St. Mary Medical Center

All other hospitals in Blue KC service area are considered out of the BlueSelect Plus Network.

BLUE SELECT PLUS (BSP)	PREFERRED-CARE BLUE (PCB)
• Applies to the Spira Care $3,200 and $5,000 QHDHP plans.	• Applies to the $3.200 QHDHP, $3,500 QHDHP, $750 PPO, and $1,500 PPO plans.
• Smaller network, limited to 16 hospitals, **Spira Care Centers**, and over 4,100 providers.	• Larger network in Greater KC area as well as nationally and internationally.
• Provides in-network coverage only	• Provides out-of-network coverage.
• Provides access to the national Blue Card network when traveling outside the Blue KC service area.	• Provides access to the national Blue Card network when traveling outside the Blue KC area.

Care Options & When to Use Them

YOUR CARE OPTIONS

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

Primary Care vs. Urgent Care vs. ER

PRIMARY CARE

- Routine, primary/preventive care
- Non-urgent treatment
- Chronic disease management

For routine, primary/ preventive care or non-urgent treatment, we recommend going to your doctor's office.

Your doctor knows you and your health history best — and already has access to your medical records. You'll also likely pay the least amount out-of-pocket.

TELEHEALTH

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

BlueKC Virtual Care or a "virtual visit" lets you talk to a doctor anytime, anywhere from your mobile device or computer — no appointment necessary.

Blue Cross Blue Shield of Kansas City utilizes BlueKC Virtual Care to bring you care from the comfort and convenience of your home or wherever you are.

CONVENIENCE CARE

- Common infections (ear infections, pink eye, strep throat & bronchitis)
- Flu shots & Vaccines
- Pregnancy tests
- Rashes
- Screenings

If you're unable to get to your doctor's office and your condition is not urgent/an emergency, these providers serve as a good alternative.

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

URGENT CARE

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

Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to your doctor's office.

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

EMERGENCY ROOM

- Heavy bleeding
- Large open wounds
- Chest pain
- Spinal injuries
- Difficulty breathing
- Major burns
- Severe head injuries

An emergency medical condition is any condition (including severe pain) that you believe may result in serious injury or death without immediate medical care.

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

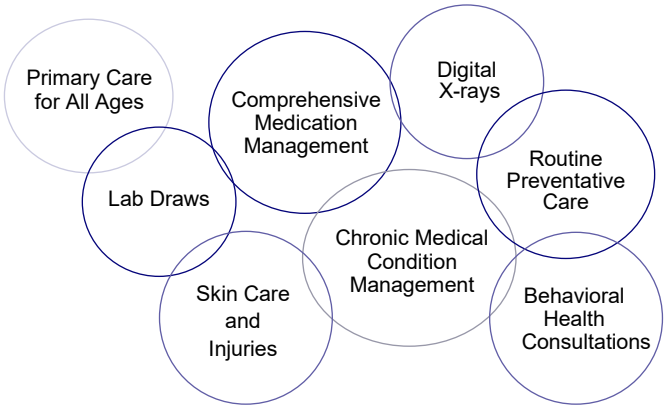
If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 9-1-1, even if your symptoms are not described here.

Spira: Need to Know

WHAT IS SPIRA CARE?

Blue KC has collaborated with one of the highest-performing Blue KC Medical Homes to create Spira Care – an innovative offering centered on a reimagined primary care experience. Spira members will benefit from the network's lower overall costs and convenient access to local providers across the metro area. Spira membership and care locations are exclusive to those employer groups enrolled.

WHAT SERVICES ARE INCLUDED IN SPIRA CARE?



THE BLUESELECT PLUS NETWORK

BlueSelect Plus network offers affordability by using a high-performance hospital and provider network. The plan is available for employees who reside in, and whose businesses are headquartered in, the 7-county Kansas City metropolitan area, which includes Clay, Jackson, Platte, Clinton and Johnson counties in Missouri, and Johnson and Wyandotte counties in Kansas. When traveling outside the 32-county Blue KC service area, BlueSelect Plus members are covered under the BlueCard PPO network.

DOWNLOAD A SPIRA CARE PATIENT GUIDE USING THIS QR CODE:

Or visit SpiraCare.com/GroupPatientGuide

SCAN ME

WHERE ARE THE CLINICS LOCATED?

CROSSROADS

1916 Grand Blvd

Kansas City, MO 64108

OVERLAND PARK

7341 W. 133rd Street

Overland Park, KS 66213

INDEPENDENCE

3717 South Whitney Avenue

Independence, MO 64055

SHAWNEE

10824 Shawnee Mission Pkwy

Shawnee, KS 66203

LEE'S SUMMIT

760 NW Blue Pkwy

Lee's Summit, MO 64086

TIFFANY SPRINGS

8765 N Ambassador Drive

Kansas City, MO 64154

LIBERTY

8350 N Church Rd

Kansas City, MO 64158

WYANDOTTE

9800 Troup Avenue

Kanas City, KS 66111

OLATHE

15710 West 135th St

Olathe, KS 66062

SPIRA CARE

Spira Care: FAQ

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

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

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

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

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

For emergency and life-threatening situations, members will be covered both in and out of the BlueSelect Plus network. Within the Kansas City metro area, BlueSelect Plus network partners with 16 hospitals and several urgent care centers. Outside the 32-county Blue KC service area, you have access to a nationwide BlueCard network as well.

Appointments Required.

Call **913-29-SPIRA (77472)**

today to schedule an appointment!

BlueCross BlueShield

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

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

WHAT IS THE COST FOR CARE AT SPIRA CENTERS?

Those who elect one of the **BlueSelect Plus Spira BlueSaver** plans will incur an affordable charge (approximately $60) for their visit to a Spira Care Center.

Virtual Care & RX Savings

BLUE KC VIRTUAL CARE

Blue KC members have affordable access to 24/7 healthcare. Blue KC Virtual Care offers the same on-demand urgent/sick visits under a new app. Blue KC Virtual Care brings you care from the comfort and convenience of your home or wherever you are.

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

URGENT/SICK CARE*

- sinus pain
- mild asthma
- mild allergic reactions
- minor headaches
- sprains
- pink eye
- nausea
- minor burns

BEHAVIORAL HEALTH CARE*

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

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

Therapy services are provided by a network of doctoral level psychologists and master's degree level therapists trained and licensed in virtual care prevention and therapy techniques.

Always private, secure and affordably priced, members can register now at MyBlueKC.com or download the My BlueKC app in the Apple App Store or in Google Play.

Most visits take about 10-15 minutes, and your doctor can write a prescription, if needed, that you can pick up at your local pharmacy.

GET STARTED TODAY WITH BLUE KC VIRTUAL CARE!

STEP 1: Download the My BlueKC App
The app can be downloaded directly to your smart phone or tablet. Or, if you prefer the web, visit MyBlueKC.com

STEP 2: Enroll
Create an account in a few simple steps. Be sure to include your Blue KC insurance information when creating your account. Your information is stored securely.

STEP 3: Choose a doctor
View a list of available doctors, their experience and ratings, and select one.

STEP 4: Visit
Engage in a secure live video visit directly from the web or your mobile device in high-quality streaming video.

Kansas City

RX SAVINGS

SAVE MONEY AT THE PHARMACY

STEP 1: GET SAVINGS ALERTS VIA TEXT AND/OR EMAIL

- Visit www.mybluekc.com. If you are a first time visitor, click REGISTER NOW. Please have your member ID card available to reference.
- Once logged in, click on the Pharmacy & Prescriptions tab on the left. Then click the button Shop & Save with RX Savings Solutions.
- Once on the RX Savings page, fill in your email address and mobile phone number to start receiving email and/or text alerts!

STEP 2: REVIEW YOUR SAVINGS OPTIONS AND SHARE WITH YOUR DOCTOR

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

STEP 3: START SAVING ON PRESCRIPTIONS

GOODRX

GoodRx compares prices for your prescriptions at pharmacies near you. GoodRx does not sell medications, they tell you where you can get the best deal on them.

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

You can access GoodRx by going to www.goodrx.com, or by downloading the app.

GoodRx

Download on the App Store

GET IT ON Google Play

Doctor and Hospital Finder

DOCTOR AND HOSPITAL FINDER FOR NEW EMPLOYEES

STEP 1: Visit BlueKC.com

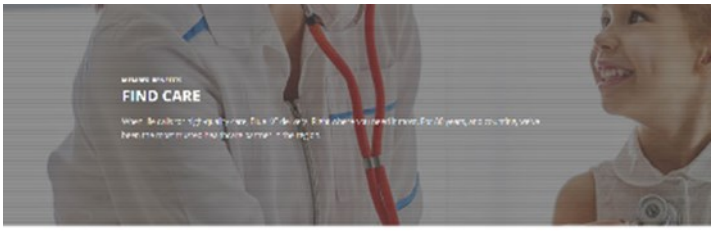
STEP 2: Select Find Care, in the upper right corner of the page

STEP 3: Select I have or might get a Blue KC health plan through my employer

STEP 4: Select your Network under the Select a Medical Network drop down

STEP 5: Select your Location by Zip Code

STEP 6: Explore your Options



DOCTOR AND HOSPITAL FINDER FOR AN EXISTING BLUE KC MEMBER

USE THE DOCTOR AND HOSPITAL FINDER TO SEARCH FOR QUALITY PROVIDERS

The Doctor and Hospital Finder helps you make more informed decisions using many features like **search filters**, **comparison options**, **provider reviews** and **quality information**.

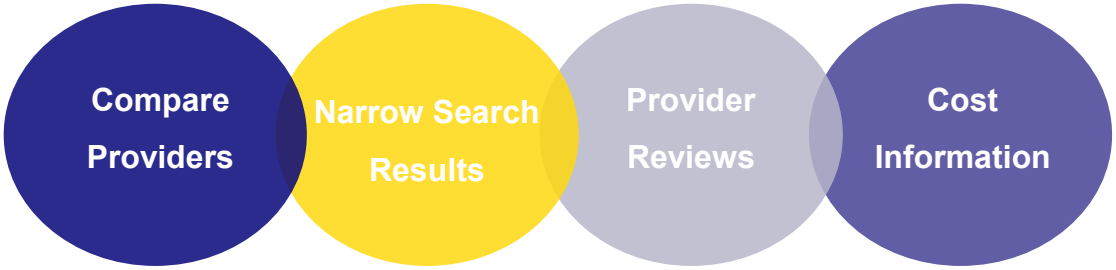
An important feature of this search tool is the ability to search for a **Blue Distinction Total Care doctor**. Blue Distinction Total Care doctors focus on *health* care instead of sick care. These doctors go above and beyond to enhance the overall health of their patients, providing preventive services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

START YOUR SEARCH

A. **Choose your health plan** – If you logged in www.mybluekc.com, your plan's network should already display. If it does not, see your Blue KC member ID card; your network appears on the top of the ID.

B. **Location** – Select the location that you would like to search (city, ZIP code, etc.). The radius default is 25 miles; you can adjust to as low as one mile on the search results page.

C. **Search by** – You can search a variety of ways: simply enter a doctor or hospital name, a health condition, or even a specialist type that treats a health condition.



BlueKC SmartShopper

WHYSHOP?

- Because costs vary between facilities, the employee chooses how they want to spend their money on healthcare.
- Choosing lower cost locations, lowers out-of-pocket costs.
- Cash rewards are paid on eligible procedures

Watch the BlueKC Find Care and SmartShopper Demonstration

SCAN ME

Example $2,500 Deductible

MRI **$4,378**

CT Scan **$ 4,351**

Ultrasound **$593**

Uretha and Bladder Scope **$2,676**

Total Spent:

Deductible: $2,500

Employer: $9,498

MRI **$686**

CT Scan **$ 510**

Ultrasound **$164**

Uretha and Bladder Scope **$577**

Total Spent:

Deductible: $1,937

Employer: $0

Rewards: $430

STEP BY STEP

Members can choose care from in-network providers.

1. Doctor recommends a medical service, procedure or test that is included in the program
2. Member logs into MyBlueKC.com to compare providers, prices, and rewards
3. SmartShopper results automatically display in the member's cost comparison search
4. Member has the procedure at a rewards-eligible location of their choice
5. SmartShopper sends a reward check to the member after claims matching is complete

Kansas City SmartShopper®

SAVE MONEY WITH SMARTSHOPPER

Earn a reward check every time you and your family choose an eligible lower-cost high-value doctor or facility for the health services listed below. Keep this list for reference of procedure categories that could earn you reward dollars through SmartShopper.

To learn more call our Personal Assistant Team at 1-866-820-6426 or visit BlueKC.com.

SAVE ON THESE HEALTH CARE SERVICES	REWARDS CAN RANGE FROM $15-$500
ACL Repair by Arthroscopy	Extremity Venous Studies
Angiography	Fetal Biophysical Profile
Angioplasty for Vein Blockage	Gall Bladder Removal
Appendix Removal	Hammertoe Correction
Artery Studies	Heart Muscle Image Spect Mult
Back Surgery	Heart Rehab
Bariatric Surgery	Hepatobiliary System Imaging
Benign Breast Tumor/Lesion Removal	Hernia Repair
Biopsy of Uterus Lining	Hip Replacement
Bladder Repair For Incontinence (Sling)	Hysterectomy
Bone and Joint Scan of Whole Body	Hysterectomy
Bone Density study of Spine or Pelvis	Hysteroscopy
Breast Biopsy	Insertion/replacement of defibrillator
Bronchoscopy	Knee Arthroscopy
Bunionectomy	Knee Replacement
Cardiac Defibrillator Implant	Laminectomy - Inpatient
Carpal Tunnel	Laparoscopic Fibroid Removal
CAT Scan	Lithotripsy - Fragmenting of Kidney Stones
Cataract Removal	Mammogram
Catheterization	MRI
Cervical Biopsy	Nasal/Sinus Surgery
Colonoscopy	PET Scan
Coronary Bypass (CABG)	Reduction Mammoplasty
CT Scan	Removal of Ovaries and/or Fallopian Tubes
Dialysis	Removal of Prostate Gland
Dilation & Curettage - D&C	Repair Detached Retina
Disk Surgery Upper- back/Neck	Rotator Cuff Repair
Doppler Echo for Carotid Artery Evaluation	Sleep Study
Ear, Nose, Mouth and/or Throat Surgery	Spinal Fusion
Echocardiogram	Spirometry Test
Thyroid Gland Removal	Urethra/Bladder Scope
Tubal Block or Tubal Ligation	Varicose Vein Treatment (Radio Wave)
Ultrasound	Vein Studies of Arms or Legs
Upper GI Endoscopy	X-Ray

BlueKC Community Support Tool

YOUR CONNECTION TO COMMUNITY RESOURCES

You can search for local support resources for help accessing food, financial assistance for medications and utilities, transportation, job training and more. The **Blue KC Community Support Tool** will connect you with help, based on a comprehensive directory of local resources dedicated to helping and strengthening families in our community

EVERYONE NEEDS A LITTLE HELP SOMETIMES

It can be difficult to ask for help and this discomfort can be a barrier to receiving the assistance you need to help you stay healthy. With the Blue KC Community Support Tool, you can search anonymously. Simply enter a ZIP code to search for resources for yourself, family members, or friends regardless of geographic location.

THE COMMUNITY SUPPORT TOOL IS FAST AND EASY

Once you are on the Community Support Tool site, you can browse by category, search by keyword, program name or organization name, and filter results to find the most relevant programs to match your needs. The search function allows anyone in need to find free and reduced cost social service programs specific to your area.

COMMUNITY-BASED ORGANIZATIONS AT YOUR FINGERTIPS

The Community Support Tool makes it easy for you to contact an organization. The green connect button on every Program Card tells you the best way to contact the program. If a community-based program does not have direct referral capability, the connect button will offer other ways to reach that program via a website, appointment as well as by phone. Each Program Card with a check mark in the top right corner indicates that the program listing is up-to-date.

GET STARTED TODAY TO FIND THE HELP YOU NEED

Scan the QR code and click on Blue KC Community Support Tool button. You may also visit BlueKC.com/CommunitySupport.

QUESTIONS?

We are here to help! Blue KC members can contact one of Blue KC's clinical social workers at:
(816) 395-2851 OR
(816) 395-2565

Kansas City

BlueKC My Health

HEALTH PROGRAMS FOR EVERY STAGE OF LIFE

Kansas City

WHOLE PERSON HEALTH CARE

Find actionable ways that empower you to improve or manage your health.

- **Mindful by Blue KC—** Support for stress, depression, anxiety, grief, substance use, and other psychological concerns.
- **A Healthier You–** Take control, stay on course in your health journey, and earn chances to win great prizes.
- **Blue365–** Makes living well more affordable with year-round discounts and exclusive offers.
- **Lifestyle Program Benefit–** Find steps and tools that can help you in your quest to lose weight and feel your best.

CHRONIC CONDITIONS

Lean on specialized Blue KC nurses and programs to help you manage your current health and find tools that may help avoid future problems.

- **Diabetes Self-Management—** Provides a simple-to-use glucose meter with real-time support, plus unlimited strips and lancets.
- **Chronic Condition Management–** Help to manage your condition every step of the way.

COMPLEX CARE

Compassionate support from a highly-trained staff means you won't have to navigate the system alone.

- **Oncology Support—** A team in your corner to help you through the night.
- **Complex Case Management–** Specialized programs for high-risk maternity, traumatic brain injury, and transplant surgery.
- **Transitions of Care Program–** Get assistance moving from a healthcare setting back home.
- **Advanced Illness Program–** Compassionate support for life's toughest moments.

VISIT BLUEKC.COM/MYHEALTH TO LEARN MORE ABOUT ALL OF THE PROGRAMS THAT ARE AVAILABLE

Health Savings Account (HSA)

UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

THERE ARE TWO WAYS YOU CAN PUT MONEY INTO YOUR HSA:

1 **Regular payroll deductions** on a pre-tax basis

2 **Lump-sum contributions** of any amount, anytime, up to the maximum limit.

WHAT IS AN HSA?

An HSA is exactly what it sounds like — a savings account where you can either direct pre-tax payroll deductions or deposit money to be used to pay for current or future qualified medical expenses for you and/or your dependents.

YOUR HSA CAN ALSO BE AN INVESTMENT OPPORTUNITY.

Depending upon your HSA balance, your account can grow tax-free in an investment of your choice (like an interest-bearing savings account, a money market account, a wide variety of mutual funds — or all three). Of course, your funds are always available if you need them for qualified health care expenses.

HSA FUNDS CAN BE USED FOR YOUR FAMILY.

Your HSA doesn't just benefit you. You can use the funds for your spouse and tax dependents for their eligible expenses, too — even if they're not covered by your medical plan.

YOUR FUNDS CAN CARRY OVER AND EVEN GROW OVER TIME.

The money in your HSA always belongs to you, and we mean always. Even if you leave the company or you don't use a lot of health services now, your funds will carry over from year to year and will always be there if you need them in the future — even after retirement.

CONTRIBUTE UP TO $4,150 SINGLE, OR $8,300 FAMILY DISTRICT WILL CONTRIBUTE MONTHLY TO YOUR HSA ACCOUNT

WHAT ARE THE RULES?

- You must be covered under a Qualified High Deductible Health plan (QHDHP) in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Limited Purpose FSA.
- You cannot be enrolled in Medicare or TRICARE due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, such as your spouse's employer, unless that secondary coverage is also a Qualified High Deductible Health Plan.
- You cannot be claimed as a dependent under someone else's tax return.

WHAT ELSE SHOULD I KNOW?

- You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2024 are $4,150 for Single and $8,300 for Family coverage. If you're age 55 or older, you are allowed to make an extra $1,000 contribution each year.
- The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision expenses and over-the-counter medications, such as allergy medicine, cold and flu, pain relievers, and feminine hygiene)
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).
- There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.
- If your health care expenses are more than your HSA balance, you need to pay the remaining cost another way. Save your receipts in case you are ever audited! You can request reimbursement later, after you have accumulated more money in your account.

Health Savings Account (HSA)

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

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, laser surgery, contact lenses and solution
- Hearing aids
- Orthodontia, dental cleanings and fillings
- Prescription drugs and some over-the-counter medications (such as allergy medicine, cold and flu, pain relievers and feminine hygiene)
- Physical therapy, speech therapy and chiropractic expenses

More information about approved items, plus additional details about the HSA, is available at irs.gov.

IMPORTANT INFORMATION:

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

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

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

THIS MAY BE THE BEST PLAN OPTION FOR YOU IF ANY OF THE FOLLOWING ARE TRUE:

- You do not incur a lot of medical and prescription medication expenses.
- You would like money in a savings account to pay for Qualified Expenses permitted under Federal Law.
- You would like the opportunity to contribute pre-tax income to a Health Savings Account.
- You are enrolled in the HDHP.

What Is a Health Savings Account?

FREQUENTLY ASKED QUESTIONS

Q. What will I pay at the pharmacy with the HSA qualified plan options?
You will pay the actual discounted cost of the drug until you satisfy your calendar year deductible in full.

Q. What will I pay at the physician's office with the HSA qualified plan?
You'll provide your ID card at the time of your visit and the physician's office will submit the claim to BLUE KC. You will not owe anything at the time of your visit. Later you'll receive an Explanation of Benefits (EOB) from BlueKC that shows the charges discounted based on their contract with the physician. When you receive a bill from the physician's office, you pay the portion of the discounted cost you are responsible for as shown on the EOB.

Q. Where can I get a copy of an EOB?
You can access all of your EOB information, as well as obtain other important information, by logging on to bluekc.com.

Flexible Savings Accounts (FSAs)

SELECT YOUR FSA ACCOUNTS

- *Health Care Flexible Spending Account*
- *Dependent Care Expense Account*

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing your chance of incurring a large out-of-pocket expense early in the plan year. Be aware — any unused portion of the account at the end of the plan year is forfeited. However, there is a 2.5 month grace period to incur claims and 90 days to submit claims.

ELIGIBLE EXPENSES EXAMPLES

- Coinsurance & copayments
- Contraceptives
- Crutches
- Dental expenses
- Dentures
- Diagnostic expenses
- Eyeglasses, including exam fee
- Handicapped care & support
- Nutrition counseling
- Hearing devices & batteries
- Hospital bills
- Deductible amounts
- Laboratory fees
- Licensed practical nurses
- Orthodontia
- Orthopedic shoes
- Oxygen
- Prescription drugs
- Psychiatric care
- Psychologist expenses
- Routine physical
- Seeing-eye dog expenses
- Prescribed vitamin supplements (medically necessary)

HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with a statement of service for reimbursement. You can file a claim for reimbursement through your online account or mobile app. You can also submit by email to info@flexmadeeeasy.com or fax to 1.866.686.3539. Reimbursements are issued as direct deposit or by check. The plan year runs from July 1 - June 30 each year.

2024 MAXIMUM CONTRIBUTIONS

Health Care Flexible Spending Account	$3,200 max
Dependent Care Expense Account	$5,000 max

Full list of Health Care FSA Eligible Expenses

What is a Dependent Care FSA?

DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Qualified care centers include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

CONTACT INFORMATION

Request a full statement of your accounts at any time by calling 1.855.615.3679 or log on to https://flexmadeeasy.com to review your FSA balance.

At Flex Made Easy you can:

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

What Is a Flexible Spending Account?

Wellness Incentive

How to Earn Your 2025-2026 Wellness Incentive

Center School District Employee Blue Cross/Blue Shield Members are rewarded for healthy behaviors, such as being tobacco-free and getting preventive exams. Participation is voluntary; however, all employee-members that complete the wellness incentive requirement by May 1, 2025 are eligible for the wellness monthly rate for your selected medical plan beginning July 1, 2025. **Please note: New hires will automatically receive the wellness monthly rate for your medical plan. In order to continue to receive the wellness monthly rate for the 2025 plan year, new hires will need to complete the wellness incentive requirement by May 1, 2025.**

To earn the incentive, simply achieve 3,250 points in your "A Healthier You" portal at mybluekc.com from July 1, 2024 to May 1, 2025. Detailed information, instructions and links to forms are available at www.58fitness.com.

ALL BLUE KC-MEMBER EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN THE WELLNESS PROGRAM, REGARDLESS OF TOBACCO USE AND CURRENT WELLNESS STATUS.

There are many ways to earn 3,250 points available within your portal and can be customized based upon your health risks and interests.* When safety allows for in-person events, we will provide them; however, all points may also be earned virtually within the MyBlueKC.com portal.

- Onsite health screenings (750-1500 pts possible): Biometric screenings will be available at all school buildings in late fall/early winter.
- Online Health Risk Assessment/HRA (750 pts): Complete the confidential HRA within your portal. This gives you information about managing your own health risks and also provides your crisis, safety and wellness committee with an aggregate report (no personal information is shared) to help provide onsite programming and educational opportunities most relevant to you.
- Preventive Physical (1000 pts): BlueKC will cover one preventive physical at 100% each calendar year. Annual physicals do not have to be 365 days apart, but each must occur in its own calendar year.
- Preventive Health: Earn points for preventive health actions such as vaccinations and mammograms.
- Multiple options for earning points are offered in your MyBlueKC portal, including digital health coaching, educational courses, videos, challenges and more.
- Pair a wearable device or fitness app to your MyBlueKC portal.

Additional challenges and educational opportunities will be added. View a comprehensive list with instructions here.

Your privacy is important. It's also protected by law. Please know that the only person that will know or needs to know your screening and HRA results is you. We will only know that you achieved the required number of points and will never know how the points were achieved.

Michelle Kruse

mkruse@center.k12.mo.us

816.349.3339 or 913.515.2894

Participation in the incentive entails accepting the user and privacy terms on your portal upon registration (first time users only) to gain access to the A Healthier You portal. Once registered, employees can participate in activities of their choice to earn points towards a wellness incentive. Points for the completion of preventive exams and other health related activities are automatically awarded based on claims data.* ***Use of the portal is voluntary. If you would like a non-medical alternative way to earn the wellness incentive, please contact Michelle Kruse to schedule a personal planning session by December 22, 2024 for the 2025-2026 plan year. Some examples of alternative non-medical activities include walking, nutrition education, financial education, and volunteerism.*

Dental Insurance

AETNA IS THE DENTAL CARRIER FOR 2024

We are pleased that we will have no change in rates or benefits. You continue to have the choice of utilizing either a Dental Maintenance Organization (DMO) or a PPO plan at the same monthly premium rate.

On the DMO network, you are able to change your primary care dentist on a monthly basis by simply calling a customer service phone number. All services must be provided by in-network dentists only. There are no deductibles on this plan and there is no Annual Benefit Maximum. The benefits are higher on the DMO plan, but the provider network is smaller and more restrictive. For Kansas residents only: As a reminder, due to a legislative mandate by the State of Kansas, employees living in Kansas can no longer enroll in the DMO because the plan does not allow for out of network services.

On the PPO network, you may obtain services from any dentist of your choice; however, you will receive discounts from in-network dentists which will help your Annual Benefit Maximum go further. Each covered member of your family can receive up to $1,500 in dental services per calendar year. Preventive care is covered at 100% of the allowed amount for both in and out of network providers on the PPO plan. In and out of network orthodontic services have a $1,000 lifetime maximum.

You can access a listing of in-network dental providers through the Aetna website at www.aetna.com or call Customer Service at (877) 238-6200, choose the Dental Maintenance Organization (DMO) or the Dental PPO/PDN as Plan type for your search. You will be able to find providers in both Kansas and Missouri through the website search.

Monthly Employee Cost	DMO	PPO
Employee Only Family	$0 $83.40	$0 $83.40
Network	**In-Network**	**Participating Network**
Office Visit Copay	$5	N/A
Deductible Individual/Family Waived for Preventive	 N/A N/A	 $25 / $75 Yes
Maximum Annual Benefit (Includes all covered services, excluding Orthodontics)	N/A	$1,500
Orthodontic Lifetime Maximum	24 months comprehensive orthodontic treatments plus 24 months retention (comprehensive excludes transitional dentition)	$1,000 (orthodontia is covered only for children-appliance must be placed prior to age 20)
Preventive	100%	100%
Basic	100%	80%
Major	70%	80%
Orthodontics (Adult and Children on DMO, Children Only on PPO)	$1,500 copay	50%

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

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

FIND A DENTAL PROVIDER

To find a Aetna Dental Provider in your area, check benefits or print an ID Card, visit the website at www.aetna.com

This is a brief summary only. For exact terms and conditions, please refer to the Aetna Dental certificate.

REVIEW YOUR VISION PLAN

SUPERIOR VISION IS THE VISION CARRIER FOR 2024

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

In addition, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers.

What is Vision Insurance

MONTHLY PREMIUM	Materials Only	Exam & Materials
Employee	$6.32	$9.04
Employee + Spouse	$12.48	$17.94
Employee + Children	$12.22	$17.58
Employee + Family	$18.58	$26.72

BENEFITS	Materials Only In-Network	Exam & Materials In-Network
Copays		
Exam	No coverage	$15
Lenses	$30	$30
Standard Contact Lens Fitting	$15	$15
Frequency of Service		
Exam	No coverage	Every 12 months
Lenses	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months
Contact Lenses	Every 12 months	Every 12 months
Lenses		
Single	Covered in full after copay	Covered in full after copay
Lined Bifocal	Covered in full after copay	Covered in full after copay
Lined Trifocal	Covered in full after copay	Covered in full after copay
Lenticular	Covered in full after copay	Covered in full after copay
Frames	$125 retail allowance 20% off amount over allowance	$125 retail allowance 20% off amount over allowance
Contacts *In lieu of glasses*	$120 retail allowance 10% off amount over allowance	$120 retail allowance 10% off amount over allowance

Out-of-Network: Benefits are based on a reimbursement schedule. See benefit summary for a full list of reimbursements by benefit or call Superior Vision at 800.507.3800.

FIND A VISION PROVIDER

How to Find A Provider: Go to www.superiorvision.com/locator/

- Enter your location and the maximum distance you are willing to travel
- Choose Insurance Through Your Employer
- Next select the Superior National network
- Click Search to view the provider results and their contact information

SUPERIOR VISION
See yourself healthy.

This is a brief summary only. For exact terms and conditions, please refer to the Superior Vision certificate.

Life Insurance & AD&D

REVIEW YOUR LIFE INSURANCE POLICY

- *Add Your Spouse*
- *Add Your Dependents*
- *Increase Your Coverage*

BASIC LIFE AND AD&D

Center School District provides 1 times your annual earnings to a maximum of $200,000 in Basic Life and Accidental Death & Dismemberment (AD&D) insurance.

This coverage is offered through The Standard at no cost to you.

What is Life and AD&D Insurance?

VOLUNTARY LIFE AND AD&D AND DEPENDENT LIFE

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

- Voluntary Employee Life & AD&D: minimum $10,000 to a maximum of 6 times your annual salary, or $500,000 (whichever is less), in $10,000 increments. Guarantee issue up to $200,000.
- Optional Spouse Life & AD&D: minimum $10,000 up to $300,000 maximum in $10,000 increments. Spouse Life & AD&D cannot exceed 100% of the employees elected amount. Guarantee issue up to $50,000.
- Optional Child Life & AD&D: minimum $2,000 up to $10,000 maximum in $2,000 increments. Guarantee issue up to $10,000.

If you don't enroll in the Voluntary Life and AD&D plan during your initial enrollment period, you'll be required to complete an Evidence of Insurability (EOI) form and be approved by TheStandard before you're able to get coverage in the future. EOI is not required to increase by one $10,000 increment, not to exceed the Guarantee Issue Amount during the annual enrollment period.

You must be enrolled in Voluntary Life and AD&D coverage in order for your spouse, and/or eligible dependent children to enroll.

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

DID YOU KNOW? Center School District provides you Basic Life and AD&D ***AT NO CHARGE.***

VOLUNTARY LIFE / AD&D AND DEPENDENT LIFE OPTIONS AND COSTS PER MONTH

The Standard	Rates per $1,000 of coverage		
	Age	*Employee*	*Spouse*
Voluntary Life and AD&D	<24	$0.060	$0.060
	25-29	$0.065	$0.065
	30-34	$0.070	$0.070
	35-39	$0.085	$0.085
	40-44	$0.115	$0.115
	45-49	$0.165	$0.165
	50-54	$0.245	$0.245
	55-59	$0.385	$0.385
	60-64	$0.505	$0.505
	65-69	$0.845	$0.845
	70-74	$1.495	$1.495
	75+	$2.535	$2.535
	Child(ren)	$0.065/month for $1,000 coverage	

REVIEW YOUR DISABILITY INSURANCE

- *Short-Term Disability*
- *Long-Term Disability*

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Short-Term Disability insurance is offered through OneAmerica. This is a voluntary benefit. The plan benefit is 60% of basic weekly earnings up to a maximum of $1,500 per week.

Benefits are paid after a waiting period of either 7 or 14 days depending on your election. The benefit is payable up to a maximum of 25 weeks, based on approval.

What is Short Term Disability?

VOLUNTARY LONG-TERM DISABILITY INSURANCE

Long-Term Disability insurance is offered through OneAmerica. This is a voluntary benefit. The plan benefit is 60% of basic monthly earnings up to a maximum of $6,000 per month.

The benefits begin after the 180th day waiting period. There are two benefit duration options to choose from. You can either elect Social Security Full Retirement Age (SSFRA) or 5 year/SSFRA.

What is Long Term Disability?

WHY SHOULD YOU CONSIDER DISABILITY INSURANCE?

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

- **.0000004%** - *Winning Mega Millions*
- **.02%** - *Being Struck by Lightning*
- **1%** - Being audited by the *IRS*
- **3%** - *Having twins*
- **25%** - *Becoming disabled*

What is Disability Insurance?

ONEAMERICA®

Nearly **40 million**
American adults live with a disability.

COULD YOU PAY THE BILLS IF YOU WEREN'T WORKING?

Less than 1/4 of U.S. consumers have enough emergency savings to cover six months or more of their expenses.

Nearly **70%** of workers that apply for Social Security Disability Insurance **are denied.**

Please visit Center Schools – My Benefits Portal for more information.

Employee Assistance Program (EAP)

Center School District is pleased to offer a comprehensive Employee Assistance Program (EAP) through SupportLinc. Our enhanced Employee Assistance Program provides you and your family members with confidential, personal, and web-based support on a wide variety of important and relevant topics.

IN-THE-MOMENT-SUPPORT

Reach a licensed clinician by phone 24/7/365 for immediate assistance.

FINANCIAL EXPERTISE

Planning and consultation with a licensed financial counselor.

LEGAL CONSULTATION

By phone or in-person with a local attorney.

SHORT TERM COUNSELING

Access in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance abuse.

CONVENIENCE RESOURCES

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.

CONFIDENTIALITY

SupportLinc ensures no one will know you have accessed the program without your written permission except as required by law.

YOUR WEB PORTAL AND MOBILE APP

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

CONVENIENT, ON-THE-GO SUPPORT

- **TEXTCOACH®** Personalized coaching with a licensed counselor on mobile or desktop
- **ANIMO** Self-guided resources to improve focus, wellbeing and emotional fitness
- **VIRTUAL SUPPORT CONNECT** Moderated group therapy sessions on an anonymous, chat-based platform

SupportLinc EAP—24 hours a day, seven days a week.

We're here to offer expert guidance to help address and resolve everyday issues!

Call 888.881.5462

visit www.supportlinc.com

Group Code: centerschooldistrict

You will be prompted to create an account with a personalized username and password.

MetLife

HOW ACCIDENT INSURANCE WORKS

1. You select "Accident Insurance"

2. You injure your leg in a covered accident and go to the hospital by ambulance

3. The ER doctor diagnoses a fracture and treats you

4. You leave the hospital on crutches

5. MetLife pays your benefit

What is Accident Insurance

ACCIDENT INSURANCE

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

That's where Accident Insurance jumps in. In the event of a covered accident, the plan pays you cash benefits fast to help you pay for the costs associated with out-of-pocket expenses and bills — expenses major medical may not take care of.

METLIFE ACCIDENT INSURANCE COVERS THINGS LIKE THE FOLLOWING:

- Ambulance rides
- Wheelchairs, crutches, and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches, and casts

FEATURES:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions)
- Benefits are paid directly to you (unless you choose otherwise)
- Coverage is available for you, your spouse, and your dependent children
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire
- Fast claims payment. Most claims are processed in about four business days

BENEFITS INCLUDE:

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

Metlife Hospital Accident Plan Rates

Plan Type	Low Plan (Monthly)	High Plan (Monthly)
Employee Only	$10.82	$19.18
Employee + Spouse	$18.52	$32.16
Employee + Children	$18.88	$31.86
Employee + Spouse/Child(ren)	$26.58	$44.84

Voluntary Coverages

CRITICAL ILLNESS WITH CANCER INSURANCE

Metlife Critical Illness with Cancer insurance policy is designed to provide you with cash benefits for covered serious illnesses. This policy can help protect your income and savings from expenses that aren't covered by major medical, including: out-of-pocket medical expenses, experimental treatment, travel and lodging, drugs, etc.

You and your loved ones can rest a little easier knowing that you have protection in place to help avoid depleting your bank accounts or taking on additional debt to cover day-to-day living expenses.

FEATURES:

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

GROUP CRITICAL ILLNESS WITH CANCER COVERAGE INCLUDES:

- Health Screening Benefit
- Critical Illness with Cancer Benefit payable for:

* Cancer	* Heart attack	* Progressive Disease
* Coronary Artery Disease	* Infectious Disease	* Severe Burn
* Childhood Diseases	* Kidney failure	* Stroke
* Functional Loss	* Major organ transplant	* Sudden cardiac arrest

Premium per $1,000 of Coverage

Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	$0.79	$1.31	$1.14	$1.66
25 - 29	$0.91	$1.48	$1.26	$1.84
30 - 34	$1.09	$1.75	$1.44	$2.11
35 - 39	$1.35	$2.15	$1.71	$2.51
40 - 44	$1.79	$2.83	$2.15	$3.19
45 - 49	$2.26	$3.58	$2.61	$3.93
50 - 54	$2.85	$4.53	$3.20	$4.89
55 - 59	$3.56	$5.68	$3.91	$6.03
60 - 64	$4.58	$7.27	$4.93	$7.63
65 - 69	$5.65	$8.91	$6.00	$9.27
70 - 74	$7.04	$11.02	$7.39	$11.37
75+	$9.23	$14.30	$9.59	$14.65

What is Critical Illness Insurance?

MetLife

HOW CRITICAL ILLNESS COVERAGE WORKS

1. **Critical illness coverage is selected**

2. You experience chest pains and numbness in your left arm

3. You visit the emergency room

4. A physician determines that you have suffered a heart attack

5. MetLife Critical Illness coverage pays you a First Occurrence Benefit of the specific amount you elect.

Please visit Center Schools – My Benefits Portal for more information.

MetLife

CRITICAL ILLNESS WITHOUT CANCER

A Critical Illness policy is a type of insurance that is specifically designed to provide financial assistance in the event that you experience a serious health event, such as a heart attack or stroke.

The policy is intended to help cover the costs associated with such an event, such as medical expenses, lost income, and other financial obligations.

MetLife Critical Illness Without Cancer Insurance - Rate per $1,000 of Coverage			
		Monthly	Semi-Monthly
Employee Only	Under 30	$0.58	$0.29
	30 - 39	$0.70	$0.35
	40 - 49	$1.06	$0.53
	50 - 59	$1.68	$0.84
	60 - 69	$2.78	$1.39
	70+	$4.92	$2.46
Spouse	Under 30	$0.96	$0.48
	30 - 39	$1.16	$0.58
	40 - 49	$1.74	$0.87
	50 - 59	$2.72	$1.36
	60 - 69	$4.40	$2.20
	70+	$7.56	$3.78
Child(ren)	Included in above rates		

HOSPITAL INDEMNITY

You work hard to provide for your family. So when an unexpected bout of pneumonia lands you in the hospital for five days, your first concern is how this would affect your family's finances. But with MetLife's hospital indemnity coverage, your family's budget is protected. Hospital indemnity coverage is a benefit paid directly to you to help with the unexpected deductibles, copayments and other out-of-pocket costs. This policy is guaranteed issue and pre-existing conditions are waived!

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. If an accident lands you in the hospital, the hospital indemnity benefit will be paid directly to you.

If you are an employee working 20+ hours per week you are eligible to enroll yourself and your eligible family members. Monthly premiums are conveniently deducted through your payroll. If you should ever decide to leave Center School District , you can take your coverage with you.

Metlife Hospital Indemnity Plan Rates

Plan Type	Low Plan (Monthly)	High Plan (Monthly)
Employee Only	$14.50	$24.30
Employee + Spouse	$26.98	$44.86
Employee + Children	$22.26	$36.88
Employee + Spouse/Child(ren)	$34.72	$57.44

METLAW PREPAID LEGAL PROGRAM

WHY PREPAID LEGAL?

- Attorneys at your fingertips with over 18,000 professional across the country. Choose the best fit for you or work with your own attorney and MetLaw will reimburse you a portion or all of the attorney's fees.
- Unlimited initial consultations that covers a wide range of different legal matters and there are no restrictions on how often you may utilize your plan.
- Estate planning allows you to chose to create a will online, on your own time, in as little as 15 minutes or visit an attorney. MetLaw helps you create and file your estate planning documents.

IMPORTANT FEATURES

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

Legal	Monthly
Individual	$20.25

UNIVERSAL LIFE INSURANCE WITH LONG TERM CARE

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. Universal Life Events can help. The Universal Life Events option offers a higher death benefit during your working years, when your needs and responsibilities are the greatest. Universal Life Events includes a long term care (LTC) benefit that can help pay for these services at any age. This benefit remains at the same level throughout your life, so the full amount is always available when you need it most

FEATURES

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

Please visit Center Schools – My Benefits Portal for more information.

Voluntary Coverages

CYBERSCOUT
A TransUnion® Brand

Identity theft is the fastest growing crime in the U.S. It has been listed as the #1 consumer complaint for 12 consecutive years. Restoring your identity can be difficult. Proving that "you are you" can be time-consuming and expensive. Filing paperwork, disputes, and insurance claims can take weeks, months and even years. CyberScout's team of specialists will work with you to help clear your name, and restore your identity.

CyberScout Includes

Identity Theft Protection

- Auto-On Monitoring
- Bank Account Monitoring
- Credit Card and Debit Card Monitoring
- Payday Loan Monitoring
- Dark Web Monitoring
- Change of Address Monitoring
- Sex Offender Registry Monitoring
- High-Risk Transaction Alerts
- Active Duty Military Alert
- Data Breach Notification
- Deceased Family Member Coverage
- Identity Risk Calculator
- Lost Wallet and Document Replacement
- Mobile App (Android™ and iOS)
- Password Manager
- Social Media Reputation Monitoring
- Social Media Account Takeover
- Financial Account Monitoring
- Child Social Security Number Monitoring
- Child Dark Web Monitoring

Credit Monitoring

- Credit Freeze and Lock Assistance (Adult and Child)
- Three-Bureau Credit Monitoring
- Three-Bureau Credit Report and Scores
- Monthly Score Tracker

Resolution

- $2 Million Identity Theft Insurance
- 401K and HSA Reimbursement
- Monitored and Non-Monitored Accounts Reimbursement
- Stolen Funds Reimbursement
- Unauthorized EFT Reimbursement
- $25,000 Ransomware Reimbursement
- $25,000 Social Engineering Reimbursement
- Senior Fraud Resolution (Family Plan)
- Financial Account Takeover
- 24/7 Multilingual Expert Resolution Services
- One-click Call from Mobile Device
- Unauthorized Financial Account Creation

	Monthly Rates
Individual	$9.50
Family	$17.50

Please visit Center Schools – My Benefits Portal for more information.

MEDICAL TRANSPORT SOLUTIONS

When emergencies happen, employees are exposed to uncovered costs and complex medical transport needs. Help them stay protected and prepared. Shield them from financial loss and connect them to expert service with MASA.

COVERAGE FOR ANY AMBULANCE, NATIONWIDE

According to Consumer Reports, 79% of all ground ambulance rides could result in an out-of-network bill. 1 If an emergency hits and your health insurance carrier denies their claim, employees may automatically be responsible for thousands of dollars. With MASA, employees never have to worry about being “out-of-network,” because 100% of ambulance providers are covered nationwide. No matter when or where an emergency happens, medical transport claims are covered.

MASA BENEFITS:

- Emergency Ground Ambulance Coverage
- Emergency Air Ambulance Coverage
- Repatriation to Hospital Near Home Coverage
- Hospital to Hospital Ambulance Coverage

NOTE: If you are on a QHDHP, you must meet the $1,600 statutory minimum payment before MASA will pay a claim.

PET INSURANCE BEGINS WITH PETPARTNERS

Take the stress out of unexpected vet bills. Pet insurance reimburses you for the cost of accidents and illnesses. Coverage Includes: emergency treatments, surgeries, medications, laboratory services, and more. Plus, you can visit any licensed veterinarian or specialist. Please visit Center Schools – My Benefits Portal for more information on optional preventative care.

Benefits (per insured pet)	Accident/Illness
Annual Deductible	$300
Coinsurance	80%
Annual Limit	$5,000
Age (Min/Max/Expiration)	8 weeks/10 years/None
Benefit Waiting Periods:	
☐ **Injuries & Illness**	Injuries & Illness—Waived
☐ **Orthopedics**	6 Months
Pre-Existing Conditions	Injuries or Illnesses that come up or show symptoms within 6 months before your plan becomes effective will not be covered until 12 months after your
Prior Coverage Credit	Included

PetPartners Pet Insurance		
Monthly (per insured pet)	**Accident/Illness**	**Accident/Illness & Wellness**
Dog	$40.80	$59.78
Family	$20.86	$35.62

Video Resources

MEDICAL PLANS

- Medical Plans Explained
- Primary Care vs. Urgent Care vs. ER
- PPO Overview
- HDHP vs. PPO
- HDHP with HSA Overview

INSURANCE 101

- Benefits Key Terms Explained
- How to Read an EOB
- What is a Qualifying Event?

IMPORTANT DATES

Open enrollment runs
May 6-17, 2024

TAX ADVANTAGE SAVINGS ACCOUNTS

- What is a Health Savings Account
- What is a Flexible Spending Account
- What is a 401(k) Retirement Plan
- What is a Dependent Care FSA?

ANCILLARY BENEFITS

- What is Dental Insurance?
- What is Vision Insurance?
- What is Life and AD&D Insurance
- What is Accident Insurance?
- What is Critical Illness Insurance?
- What is Disability Insurance?

Glossary of Medical Terms

INSURANCE TERMS

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

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

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

> ***Embedded Deductible–** The single team member deductible is *embedded* into the family deductible, meaning no one person covered under the plan can contribute more than the single amount toward the family deductible.

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

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

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

Preauthorization (also known as Prior Authorization (PA))—A process conducted by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

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

MEDICAL TERMS

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

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

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

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

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

IMPORTANT NOTICES

MEDICARE PART D CREDITABLE COVERAGE

Important Notice from Center School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Center School District 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. Center School District has determined that the prescription drug coverage offered by the Blue KC health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Center School District 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:	07/01/2024
Name of Entity/Sender:	Center School District
Contact--Position/Office:	Benefits Department
Address:	8434 Paseo Blvd Kansas City, MO 64131
Phone Number:	816-349-3321

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 January 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

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	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 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://kidshealth.ky.gov/Pages/index.aspx 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/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	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

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. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	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**
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.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 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	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
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 January 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

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

INITIAL COBRA NOTICE

INTRODUCTION

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

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

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

WHAT IS COBRA CONTINUATION COVERAGE?

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

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

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

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

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

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

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

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to [*enter name of employer sponsoring the Plan*], and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: *Benefits Department at benefits@center.k12.mo.us or 816-349-3321.*

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

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

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

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

DISABILITY EXTENSION OF 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

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

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

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

This notice is a summary. For a full description of all of Center School Districts benefit plans, please refer to the Certificate of Coverage, located at : Center Schools – My Benefits Portal

CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

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

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

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

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

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

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact your State Departments of Insurance or Department of Health and Human Services in your area or email guidance@hhs.gov. For more information about the Marketplace, visit www.HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

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

PLAN CONTACT INFORMATION

Benefits Department

benefits@center.k12.mo.us

(816) 349.3321

MARKETPLACE COVERAGE OPTIONS

PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

DOES EMPLOYMENT-BASED HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment -based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 8.39% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 8.39% of the employee's household income.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

MARKETPLACE COVERAGE OPTIONS CONTINUED

WHEN CAN I ENROLL IN HEALTH INSURANCE COVERAGE THROUGH THE MARKETPLACE?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

WHAT ABOUT ALTERNATIVES TO MARKETPLACE HEALTH INSURANCE COVERAGE?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

MARKETPLACE COVERAGE OPTIONS CONTINUED

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name: Center School District	**Employer Identification Number (EIN):** 44-600-2102
Employer Address: 8434 Paseo Blvd Kansas City, MO 64131	**Employer Phone Number:** (816) 349-3321
Who can we contact about employee health coverage at this job? Benefits Department	**Phone Number:** (816) 349-3321 **Email Address:** benefits@center.k12.mo.us

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

- As your employer, we offer a health plan to:

  All employees. Eligible employees are:

  ☒ Full time employees, working a minimum 30 + per week on a regular basis. Employees will be effective the 1st day of the month, following date of hire.

  ☐ Some employees. Eligible employees are:

- With respect to dependents:

  ☒ We do offer coverage. Eligible dependents are: your spouse and dependent child(ren) who meet the eligibility requirements stated in the plan document.

  ☐ We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Above is the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

This notice is a summary. For a full description of all of Center School Districts benefit plans, please refer to the Certificate of Coverage, located at : Center Schools – My Benefits Portal

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

- Blue Select Plus Spira Qualified High Deductible Health Plan: $5,000 deductible, 0% coinsurance
- Blue Select Plus Spira Qualified High Deductible Health Plan: $3,200 deductible, 0% coinsurance
- Preferred Care Blue Qualified High Deductible Health Plan: $3,500 deductible, 0% coinsurance
- Preferred Care Blue Qualified High Deductible Health Plan: $3,200 deductible, 0% coinsurance
- Preferred Care Blue PPO: $1,500 deductible, 20% coinsurance
- Preferred Care Blue PPO: $750 deductible, 20% coinsurance

If you would like more information on WHCRA benefits, please contact your Benefits Department at 816-349-3321

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more full-time employees, we are required to provide 1095-C forms to each employee who was employed as a full-time employee for at least one month during the calendar year, without regard to whether they were covered by our group health plan. These employees should expect to receive their Form 1095-C in early March 2025. We are also required to send a copy of your 1095-C form to the IRS.

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

SPECIAL ENROLLMENT NOTICE

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

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

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

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

To request special enrollment or obtain more information, contact the Benefits Department at benefits@center.k12.mo.us or 816-349-3321.

NOTICE OF MATERIAL CHANGE

Center School District has amended the Medical plan. This benefit guide contains a summary of the modifications that were made. It should be read in conjunction with Certificate of Coverage, which is available to you by the carriers. If you would like a copy, please submit your request to your Benefits Department.

NOTICE REGARDING WELLNESS PROGRAM

Center School District's Wellness Incentive Program is a voluntary wellness program available to all Blue KC Member Employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to earn 3,250 points by going to mybluekc.com. There is a $50 per month incentive added to the Board of Education-paid portion of your health insurance premium for participation in this program. As part of the points system, you may complete an Online Health Risk Assessment (HRA) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also complete a biometric screening, which will include a blood test for cholesterol and glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

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

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Michelle Kruse at 913-515-2894 or Mkruse@center.k12.mo.us

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

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

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

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your Benefits Department at benefits@center.k12.mo.us or 816-349-3321.

This notice is a summary. For a full description of all of Center School Districts benefit plans, please refer to the Certificate of Coverage, located at : Center Schools – My Benefits Portal

Your Notes

SCHOOL CENTER DISTRICT

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