

NORTH KANSAS CITY SCHOOLS EMPLOYEE BENEFIT REFERENCE GUIDE

North Kansas City Schools / 2000 NE 46th Street /
Kansas City, MO 64116 / Main Office – 816.321.5000

2019 – 2020
Plan Year



North Kansas City Schools BENEFITS GUIDE

2019–2020 Plan Year



Information

This Benefits Guide is an informational tool regarding the benefits of North Kansas City Schools. It is designed to provide a general understanding of your benefits, describe important features of the plans and answer some of the most commonly asked questions.

While it is intended to be as accurate as possible, the explanations contained herein are subject to the detailed provisions of the legal documents and contracts of the individual plans. In the event of a discrepancy between the guide and the plan document, the plan document will prevail.

The plan year for North Kansas City Schools' benefits is July 1st - June 30th, unless otherwise stated. However, the benefit year is January 1st through December 31st.

Qualifying Events

When you participate in our health plans or Section 125 plan, you are obligated to maintain your election through the full year. However, certain qualifying events may occur that would allow you to add, change or terminate your election(s).

Examples of qualifying events include:

- Birth or adoption of a child
- Marriage or divorce
- Legal separation
- Loss of dependent status
- Change in your employment status
- Change in the employment status of your spouse or dependent
- Gain or loss of eligibility for Medicare/Medicaid for yourself, spouse or dependent

Please note that child dependents are covered under the medical, dental, vision, life, disability, accident, critical illness with cancer and critical illness without cancer, to age 26. Your child dependents will then term end of year on 12/31 regardless of what month they turn 26.

To change any of your elections due to a qualifying event, notify the Benefits Specialist within 30 days of the event date. If the Benefits Specialist is not notified within 30 days, you will need to wait to make any changes to your elections until the annual enrollment period. Please note that proper documentation of the qualifying event will be required. Additionally, the change you make to your election must be consistent with and appropriate for your new circumstance.

Employee Assistance Program

EMPLOYEE ASSISTANCE PROGRAM OVERVIEW

Our comprehensive WorkLifeMatters Employee Assistance Program¹, available through Integrated Behavioral Health, provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

EMPLOYEE ASSISTANCE PROGRAM (EAP) CONSULTATIVE SERVICES

- **Telephonic Counseling** — Unlimited, 24/7 consultations with master's and doctoral-level counselors
- **Face-to-face Counseling** — Up to 3 visits per employee/household member per year
- **Bereavement** — Support available through telephonic or face-to-face sessions; online resources available on EAP website
- **Tobacco Cessation Coaching** — Unlimited telephonic support and resources to assist with tobacco cessation; refers members directly to the American Lung Association's Quit program
- **EAP Website Resources** — Comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP Consultant or email an EAP Counselor through the website
- **College Planning Resources** — Expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA

WORK/LIFE ASSISTANCE & RESOURCES

- **WorkLife Services** — Unlimited 24/7 access to WorkLife Specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work/life responsibilities
- **Child and Elder Care Referral** — Unlimited telephonic consultation with a WorkLife Specialist (part of WorkLife Services)
- **Employee Discounts** — Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more
- **Webinars, Podcasts, Articles and FAQs** — Various topics available on the EAP website

LEGAL/FINANCIAL ASSISTANCE & RESOURCES

- **Legal Consultation** — Unlimited telephonic support and free initial 30 minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms; extensive online law library
- **Financial Consultation** — Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- **ID Theft** — Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online
- **Will Prep** — Online self-service documents available on EAP website; 30 minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation
- **Legal Document Preparation** — Online self-service documents available on the EAP website
- **Tax Consultation** — Tax questions only can be answered as part of the Financial Consultation offering
- **Online Self-Service Documents** — Examples include, but are not limited to: Living Trust, Will, Power of Attorney, Deeds



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Password: wlm70101

Phone: 1-800-386-7055

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New York, NY 10004-4025
www.guardiananytime.com

1. WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states. 2. Office hours: Monday-Friday 6am-5pm PST.

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, contact the Benefits Specialist.

Benefits

Contact: Misty Miller, Benefits Specialist
Phone: 816-321-6078
Email: misty.miller@nkcschools.org

Insurance Consultant: Holmes Murphy & Associates

Contact:	Kevin Casey	Margot Nelson
Phone:	816-857-7822	816-857-7854
Email:	KCasey@holmesmurphy.com	MNelson@holmesmurphy.com

Medical Insurance & Health Savings Account

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Carrier: BlueCross BlueShield of Kansas City
Customer Service: 800-348-4006 or 816-395-2154
Website: www.bluekc.com
Network: Blue Select Plus
Group Number: 21847000

Health Savings Account (HSA): UMB Bank
Customer Service/lost cards: 866-520-4472

Dental Insurance

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Carrier: Delta Dental of Missouri
Customer Service: 800-335-8266
Website: www.deltadentalmo.com
Network: Delta Dental PPO and Delta Dental Premier
Group Number: 6943-1000

Vision Insurance

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Carrier: Eye Med Vision Care
Customer Service: 866-939-3633
Website: www.eyemedvisioncare.com
Network: InSight
Group Number: 1005678

Flexible Spending Accounts

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Administrator: Surency AdvantagePlus
Customer Service (lost cards): 866-818-8805
Website: www.Surency.com

Life & Disability

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Carrier: Guardian
Customer Service: 800-525-4542
Website: www.guardiananytime.com
Group Number: 489773

Additional Benefit Offerings

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Critical Illness/Cancer/Accident Insurance: Guardian
Customer Service: 888-600-1600
Carrier Address: www.guardianlife.com

Permanent Life Insurance with
Long Term Care Benefits: Trustmark
Customer Service: 800-918-8877
Carrier Address: www.trustmarksolutions.com

Identity Theft Protection InfoArmor Identity Protection Experts
Customer Service: 800-789-2720 (24 hours, 7 days a week, 365 days a year)
Carrier Address: <https://myportal.infoarmor.com>

Avant: Jenelle Iverson 816-857-7847
Benefit Portal Address: www.nkcschoolsbenefits.com

Plan Year for all benefits:

7-1-19 to 6-30-20 (Effects election choices)

Benefit Year:

1-1-19 to 12-31-19 (Effects deductibles and out of pocket maximums)

1-1-20 to 12-31-20 (Effects deductibles and out of pocket maximums)

Annual Notices

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- Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)
- Medicare Part D Notice Creditable Coverage
- General Notice of COBRA Continuation
- Health Insurance Market Place Notice
- HIPAA Notice of Special Enrollment Rights
- Women's Health and Cancer Rights Notice
- Notice of Employer-Sponsored Wellness Programs
- BCBSKC Privacy Notice
- Summary of Benefits and Coverage



MEDICAL INSURANCE

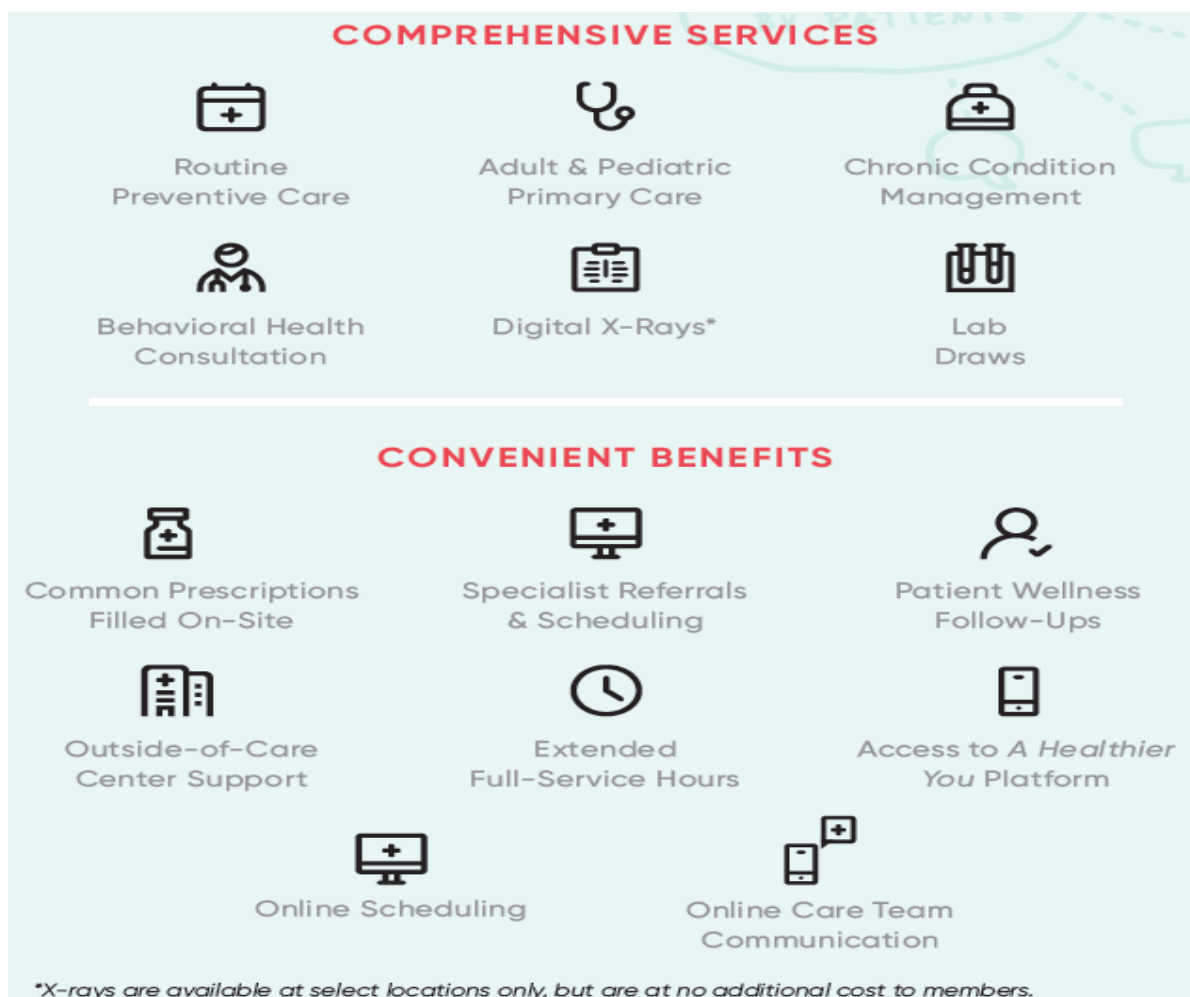
BlueCross BlueShield KC

Benefits You Receive

NKC Schools now offers three medical plan choices through BlueCross BlueShield of Kansas City. The Blue Select Plus Spira EPO will be a new offering beginning July 1, 2019. Below is a brief benefit summary of all three plans including employee pricing for all three options.

Spira Care Facilities

Blue Cross has introduced Spira Care facilities to some of their health plans in 2019. Beginning July 1, 2019, NKCS Schools will offer access to the Spira Care facilities through our Blue Select Plus QHDHP and Blue Select Plus Spira EPO plan designs. The Blue Select Plus EPO does NOT have access to the Spira Care Facilities. Below is an overview of the services provided at Spira Care. In addition, we encourage you to view the Spira Care video and brochure on the benefits website.



Blue Select Plus EPO – Option #1

Benefit	Blue Select Plus EPO	
	In-Network	Non-Network
BlueCard National Network Access (Non-KC metro)	Yes	No Coverage
Network	Blue Select Plus	No Coverage
Emergency Care Treated as In-Network	Yes	No Coverage
Access to Spira Care Facilities	No	No Coverage
Access to Meritas Clinic	Yes -\$0 copay/select 4 locations	No Coverage
Deductible (individual/family) *Calendar Year	\$0 / \$0	No Coverage
Coinsurance	100%	No Coverage
Out of Pocket Maximum (individual/family) *Calendar Year	\$3,500 / \$7,000	No Coverage
PCP Office Visit / Specialist Office Visit	\$40/\$80 copay	No Coverage
TeleHealth through AmWell	\$10 copay	
Urgent Care Office Visit	\$80 copay	
Other Radiology (MRI, CT, PET, MRA)	\$75 copay	No Coverage
Hospital Inpatient /Outpatient Surgery	\$500 copay per day/\$2,500 annual maximum	No Coverage
Emergency Room	\$150 copay	\$150 copay
Chiropractic Office Visit/Skeletal Manipulation	\$40 Copay	No Coverage
Speech, Hearing, Physical & Occupational Therapy	\$0 Copay	No Coverage
Generic	\$10 copay	No Coverage
Preferred	\$50 copay	No Coverage
Non-Preferred	\$70 copay	No Coverage
Rx Mail Order	\$30 generic / \$150 preferred brand / \$210 non-preferred brand	No Coverage
Rx Incentive Choice – If you are taking a maintenance medication, you are incentivized to fill the prescription through the mail order program. If you do not fill this prescription through mail order, you will be required to pay an additional \$10 copay at the retail pharmacy.		

Employee Monthly Unit Cost:

****The employee cost assumes participation in the wellness plan. If you do not participate, employee cost will increase \$30 per month.****

Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	\$660.50	\$610.00	\$50.50	\$0.00
Employee + Spouse	\$1,357.08	\$610.00	\$747.08	\$0.00
Employee + Child(ren)	\$1,155.58	\$610.00	\$545.58	\$0.00
Family	\$1,447.90	\$610.00	\$837.90	\$0.00

Blue Select Plus QHDHP* – Option #2

Benefit	Blue Select Plus HDHP*	
	In-Network	Non-Network
BlueCard National Network Access (Non-KC metro)	Yes	N/A
Network	Blue Select Plus	N/A
Emergency Care Treated as In-Network	Yes	N/A
Access to Spira Care Facilities	Yes - \$60 per visit	N/A
Access to Meritas Clinic – All Clinics	Yes - Negotiated Fee Schedule	N/A
Deductible (individual/family) *Calendar Year	**\$1,350 / \$2,700	\$5,000 / \$10,000
Coinsurance	80%	50%
Out of Pocket Maximum (individual/family) *Calendar Year	\$3,750 / \$7,500	\$25,000 / \$50,000
PCP Office Visit / Specialist Office Visit	Deductible/Coinsurance	Deductible/Coinsurance
TeleHealth through AmWell	\$49 toward Deductible	
Urgent Care Office Visit	Deductible/Coinsurance	
Other Radiology (MRI, CT, PET, MRA)	Deductible/Coinsurance	Deductible/Coinsurance
Hospital Inpatient / Outpatient Surgery	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room	Deductible/Coinsurance	Deductible/Coinsurance
Chiropractic Office Visit/Skeletal Manipulation	Deductible/Coinsurance	Deductible/Coinsurance
Speech, Hearing, Physical & Occupational Therapy	Deductible/Coinsurance	Deductible/Coinsurance
Generic	Deductible/Coinsurance	Deductible/Coinsurance
Preferred	Deductible/Coinsurance	Deductible/Coinsurance
Non-Preferred	Deductible/Coinsurance	Deductible/Coinsurance
Rx Mail Order	Deductible/Coinsurance	Deductible/Coinsurance

Rx Incentive Choice – If you are taking a maintenance medication, you are incentivized to fill the prescription through the mail order program. If you do not fill this prescription through mail order, you will be required to pay an additional \$10 copay at the retail pharmacy.

*All services subject to deductible and coinsurance function as follows: Once deductible is met for any reason, the plan coinsurance picks up 80% of contracted expenses until the member's responsibility of 20% reaches the combined out of pocket maximum (which includes all deductible, coinsurance and copay amounts paid by the member). **HDHP has an aggregate deductible meaning any employee covering dependents on their plan must meet the entire family deductible before the plan will pay. Non-network deductible is also aggregate.

Employee Monthly Unit Cost:

The employee cost assumes participation in the wellness plan. If you do not participate, employee cost will increase \$30 per month.

Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	\$558.80	\$610.00	\$0.00	\$51.20
Employee + Spouse	\$1,148.14	\$610.00	\$589.34	\$51.20
Employee + Child(ren)	\$977.66	\$610.00	\$418.86	\$51.20
Family	\$1,224.98	\$610.00	\$666.18	\$51.20

Blue Select Plus Spira Care EPO – Option #3

Benefit	Blue Select Plus Spira Care EPO	
	In-Network	Non-Network
BlueCard National Network Access (Non-KC metro)	Yes	No Coverage
Network	Blue Select Plus	No Coverage
Emergency Care Treated as In-Network	Yes	No Coverage
Access to Spira Care Facilities	Yes - \$0 copay at 5 locations	No Coverage
Access to Meritas Clinic	Yes – Deductible	No Coverage
Deductible (individual/family) *Calendar Year	\$1,350 / \$2,700	No Coverage
Coinsurance	100%	No Coverage
Out of Pocket Maximum (individual/family) *Calendar Year	\$1,350 / \$2,700	No Coverage
PCP Office Visit / Specialist Office Visit	Spira Care Facility-Free/ All Others-Deductible	No Coverage
Telehealth through AmWell	\$10 copay	
Urgent Care Office Visit	Deductible	
Other Radiology (MRI, CT, PET, MRA)	Deductible	No Coverage
Hospital Inpatient /Outpatient Surgery	Deductible	No Coverage
Emergency Room	Deductible	\$150 copay
Chiropractic Office Visit/Skeletal Manipulation	Deductible	No Coverage
Speech, Hearing, Physical & Occupational Therapy	Deductible	No Coverage
Generic	\$15 copay	No Coverage
Preferred	\$50 copay	No Coverage
Non-Preferred	Deductible	No Coverage
Rx Mail Order	\$15 generic / \$125 preferred brand / Deductible non- preferred brand	No Coverage
Rx Incentive Choice – If you are taking a maintenance medication, you are incentivized to fill the prescription through the mail order program. If you do not fill this prescription through mail order, you will be required to pay an additional \$10 copay at the retail pharmacy.		

Employee Monthly Unit Cost:

****The employee cost assumes participation in the wellness plan. If you do not participate, employee cost will increase \$30 per month.****

Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	\$610.00	\$610.00	\$0.00	\$0.00
Employee + Spouse	\$1,253.32	\$610.00	\$643.32	\$0.00
Employee + Child(ren)	\$1,067.24	\$610.00	\$457.24	\$0.00
Family	\$1,337.20	\$610.00	\$727.20	\$0.00

SAVE TIME WITH TELEHEALTH

Doctor Visits from Your Phone or the Web

Live and immediate 24/7 access to care for common medical issues.

EXCLUSIVELY FOR NORTH KANSAS CITY SCHOOL DISTRICT EMPLOYEES IN 2019:

- \$10 COPAY for the **BLUESELECT PLUS EPO PLAN**
- \$10 COPAY for the **BLUESELECT PLUS SPIRA CARE EPO PLAN**
- **LOW COST OPTION** for the **BLUESELECT PLUS QUALIFIED HIGH-Deductible HEALTH PLAN**

Blue Cross and Blue Shield of Kansas City (Blue KC) wants to improve your access to care. That's why we've expanded our networks to include American Well (Amwell)¹, and to bring you care from the comfort and convenience of your home or wherever you are. Amwell is available to most Blue KC members. (Medicare Advantage members do not have access).



Use this service for easy access to care for **common medical issues** like cold, flu, fever, abdominal pain, migraines, possible ear infection, rash and sinusitis.

Get started today

1. Download the **Amwell Mobile App** or visit [Amwell.com](https://www.amwell.com).
2. Create an account in a few simple steps. Be sure to use your Blue KC member ID card in order to input your insurance information. Also be sure to choose **Blue KC** from the plan drop-down list.
3. View a list of available doctors, their experience and ratings, and select one.
4. Stream a live visit directly from the Web or your mobile device.

TELEHEALTH BENEFITS



Open 24 Hours

Doctors are available 24 hours a day, 365 days a year.



Safe & Secure

Your information is kept private throughout the visit.



Care that Goes Anywhere

Install the Amwell mobile app and access healthcare from anywhere, anytime.



No Appointments

Just sign in – no more waiting rooms.

To learn more about Amwell, visit [Amwell.com](https://www.amwell.com).

¹ American Well's Online Care Group is an independent provider contracted to participate in Blue KC's commercial provider networks.

-Health Savings Account-

(Available when you enroll in the **QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN**)

HSA Carrier: UMB Bank

Eligibility

- You have no other health coverage (ex: dual coverage through your spouse)
- You are not enrolled in any part of Medicare (including Free Part A)
- You cannot be claimed as a dependent on someone else's tax return (filing jointly with a spouse is acceptable)
- You cannot have received any health benefits from the Veterans Administration or one of their facilities, including prescription drugs, in the last three months
- You cannot be enrolled in Tricare (military insurance) as it does not offer a HDHP at this time
- You cannot have an HSA if your spouse's FSA or HRA can pay for any of your medical expenses before your HDHP deductible is met (or if you were in an FSA the previous year and have remaining funds)

Contribution Limits: (Employer + Employee)	2019 (Calendar Year)
Single	\$3,500
Family	\$7,000
HSA Catch Up (Age 55 or Older Only)	\$1,000
NKCSD Contribution effective 7-1-19 to 6-30-20	\$51.20 per month

Use Your Money

- If you enroll in the HDHP Plan, UMB will send a Welcome Kit to set up your HSA
- You will be provided a debit card
- Access your account online at www.hsa.umb.com or use a single sign-on at www.bluekc.com
- Funds may be used to pay qualified medical expenses for you, your spouse, and/or your tax dependents; regardless whether the spouse/dependent health coverage is on you HDHP Plan
- Qualified Medical Expenses include doctor visits, hospital charges, chiropractic care, prescriptions, dental/vision care, COBRA premiums and qualified long-term care insurance premiums
- To access a list of all qualified medical expenses, visit www.irs.gov/pub.irs-pdf/p502.pdf

Additional HSA Information can be found at www.hsa.umb.com or contact 1-866-520-4472.

PROS AND CONS

Health Savings Accounts

The Health Savings Account (HSA) is a growing trend in health care. They have been embraced by over 10 million Americans since first established by law in 2003.

ADVANTAGES

Health Savings Accounts offer a way to save for – and pay for – healthcare (medical, prescription, dental, vision) expenses. There are many advantages to having a Health Savings Account, including:

OTHERS CAN CONTRIBUTE TO YOUR HSA. Contributions can come from various sources, including you, your employer, a relative and anyone else who wants to add to your HSA.

PRE-TAX CONTRIBUTIONS. Contributions made through payroll deposits (through your employer) are typically made with pre-tax dollars, which means they are not subject to federal income taxes. In most states (including KS and MO), contributions are not subject to state income taxes either. Your employer can also make contributions on your behalf, and the contribution is not included in your gross income.

TAX DEDUCTIBLE CONTRIBUTIONS. Contributions made with after-tax dollars can be deducted from your gross income on your tax return, which means you may owe less tax at the end of the year. Contributions to your HSA can be made any time during the calendar year and up to April 15 of the following tax year. You can make regular contributions throughout the year, or make one lump-sum contribution whenever it's convenient.

TAX-FREE WITHDRAWALS. Withdrawals from your HSA are not subject to federal (or in most cases, state) income taxes if they are used for qualified expenses (medical, prescription, dental and vision).

TAX-FREE EARNINGS AND INTEREST. Any interest or other earnings on the assets in the account are tax free.

FUNDS ROLL OVER. If you have money left in your HSA at the end of the year, it rolls over to the next year (unlike an FSA which is subject to the "use-it-or-lose-it" rule). The funds in the account continue to build over time, with no maximum.

YOU CAN BUDGET HOW MUCH TO CONTRIBUTE. The IRS permits you to change, start and stop the amount of your pre-tax payroll contributions as often as monthly.

PORTABLE. The money in your HSA remains available for future qualified healthcare expenses even if you change health insurance plans, change employers or retire. Funds left in your account continue to grow tax free.

CONVENIENT. Most HSAs issue a debit card, so you can pay for your prescription medication and other expenses right away. If you wait for a bill to come in the mail, you can call the billing center and make a payment over the phone using your debit card. And, you can use the card at an ATM to access cash.



REDUCED PREMIUMS. HSAs go hand-in-hand with HDHPs, so monthly premiums are generally significantly less than if you have a low deductible health plan.

OWNERSHIP. The employee owns the account and has full control over how the account is used and invested.

FLEXIBILITY. You can use the funds in your account to pay for the expenses (medical, prescription, dental and vision) of yours, your spouse and your tax-dependent children even if they are not enrolled on your insurance plans.

DISADVANTAGES

HSAs also have a few disadvantages, including:

HIGH DEDUCTIBLE REQUIREMENT. You must be enrolled in a qualifying High Deductible Health Plan (HDHP) before you can open and establish an HSA. Even though you are paying less in premiums each month, it can be difficult – even with money in an HSA – to come up with the cash to meet a high deductible.

UNEXPECTED HEALTHCARE COSTS. Your healthcare costs could exceed what you had planned for, and you may not have enough money saved in your HSA to cover expenses.

PRESSURE TO SAVE. You may be reluctant to seek healthcare when you need it because you don't want to use the money in your HSA account.

TAXES AND PENALTIES. If you withdraw funds for non-qualified expenses before you turn 65, you'll owe taxes on the money plus a 20% penalty. After age 65 (or if you become disabled), you'll owe taxes but not the penalty.

RECORDKEEPING. You have to keep your receipts to prove that withdrawals were used for qualified health expenses.

ADDITIONAL TAX FORMS. Your HSA bank will provide you two tax forms you will need to file your taxes and save with your tax return. IRS form 8889 is filed with your income taxes to report year-to-date contributions and distributions from your HSA. IRS form 1099-SA provides you with the total distributions that were made from your HSA. IRS form 5498-SA reports the contributions made to your HSA in that particular tax year.

FEES. Some HSAs charge a monthly maintenance fee or a per-transaction fee, which varies by institution. While typically not very high, the fees do cut into your bottom line. Sometimes these fees are waived if you maintain a certain minimum balance. Oftentimes, the employer will cover the cost of the monthly fees for their full-time employees.

CONTRIBUTION LIMITS. The IRS sets contribution limits that determine how much you and/or your employer can contribute to your HSA each year. For 2019, the maximum contribution amounts are \$3,500 for self-only coverage and \$7,000 for family coverage. You can add up to \$1,000 more as a "catch-up" contribution if you are age 55 or older at the end of your tax year.

RESPONSIBILITY. You as the accountholder are required to be knowledgeable of the IRS rules regarding HSA eligibility, contributions and distributions.

A Health Savings Account can be a great choice for people who wish to limit their upfront healthcare costs while saving for future expenses. For additional information, please see IRS Publication 502 for a listing of hundreds of qualified medical, prescription, dental and vision expenses. Also, IRS Publication 969 goes into more detail on the eligibility, contribution and distribution rules associated with HSAs.



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THINKING AHEAD



EXPRESS SCRIPTS PHARMACY

Getting Started With Home Delivery

Express Scripts handles millions of prescriptions each year through home delivery.

For regulatory reasons, prescription orders are handled most effectively when the original prescription is mailed to Express Scripts. Please allow 14 days from the date that you mail your prescription for the initial fill. If a patient has less than a 14-day supply of medication on hand, a short-term supply should be obtained from a local retail pharmacy to prevent interruption of therapy.

CHOOSE FROM THREE OPTIONS TO START

1. Complete a Home Delivery Order Form Online

Home Delivery Order Forms can be located on BlueKC.com, the Blue Cross and Blue Shield of Kansas City (Blue KC) website. Visit BlueKC.com and log on as a member. Click **Pharmacy** and select the **Home Delivery** link. Click **Continue** to be redirected to the Express Scripts website.

Once redirected, select **Start a new prescription at your home delivery pharmacy** on the right-hand side of the page and follow the options to complete the form and print. Include additional information as necessary. Please read all instructions when mailing or faxing your order form and your new prescription from your doctor to Express Scripts.

2. Complete a Home Delivery Order Form

If you have a hard copy of the home delivery order form in your enrollment packet, or have received it from your Blue KC marketing representative, please complete the form as directed. Once completed, include your new prescription from your doctor and mail it in the envelope that has been provided.

3. Contact Express Scripts Patient Contact Center

Contact Express Scripts toll free at 1-888-218-2579. You will be assisted by their Member Choice Center Team to obtain information about you and your prescribing doctor. The Member Choice Center Team will contact your doctor regarding your new prescription, and set up your home delivery in one simple phone call.

Express Scripts Contact Information	
Express Scripts Patient Care Advocates (PCA)	Customer Service: 1-888-218-2579 Available 24 hours
	Physician Fax: 1-877-207-0438 Available 24 hours
	Physician Call-in: 1-800-553-3750
Home Delivery Address	<i>For physicians and physician's office use only. Some prescriptions cannot be accepted by phone or fax (Class II controlled substances).</i>
	P.O. Box 66538 St. Louis, MO 63166-9901
	<i>Remember to allow 14 days for the prescription order to be processed, and obtain a 30-day fill at retail if needed.</i>



EXPRESS SCRIPTS®

Continued on back

ORDER FORM INFORMATION

The following information is required on the home delivery order profile form. This information enables our registered pharmacists to consult patients appropriately:

- Member ID – As listed on the front of your Blue KC member ID card
- Full name – As listed on your Blue KC member ID card
- Name of the prescribing physician
- Date of birth for member seeking to fill a prescription
- Medications being taken by the member who is ordering prescriptions
- Allergies, illnesses or medical conditions (i.e., asthma, high blood pressure)

Note: If the prescription received is incomplete (i.e., missing patient information), a pharmacy technician will try once within a two-day period to contact the physician's office or patient for clarification. If Express Scripts calls or sends a fax, it is important that a response is received by the next business day to ensure fulfillment of the patient's prescription.

NEW PRESCRIPTION(S) INFORMATION

If you and your doctor agree that you are stabilized on the medication and dosage, request a new prescription from the doctor, written for up to the maximum mail order day supply, plus refills. Check the prescription before leaving the doctor's office to make sure of the following:

- The doctor's name is legible
- The exact dosage and strengths are indicated
- The exact quantity is indicated, with refills
- The full first and last name of the member is legible

Request a retail script and allow 14 days to process new mail service prescription requests.

Note: If the prescription received is incomplete (i.e., missing patient or drug information) a pharmacy technician or pharmacist will try once within a two-day period to contact the physician's office for clarification. If Express Scripts calls or sends a fax, it is important that the physician's office responds by the next business day to ensure fulfillment of the patient's prescription.

PAYMENT INFORMATION

Please do not send cash. Orders may be paid with:

- VISA, MasterCard, American Express, and/or Discover
- Bank-issued debit card
- Personal check or money order
- Bill Me Later® account (credit approval needed)

Note: If there is a credit card on file, Express Scripts will make one attempt within a two-day period to contact the patient and get approval to fill orders greater than \$500. If there is no response, and there is no past due balance on the account, the order will be released for processing. If there is a past due balance of \$40 or more for 90 days or greater, the order will be returned unfilled.

- If there is not a credit card on file, the policies in the above paragraph apply to orders greater than \$150
- Member may request to increase his/her personal dollar limit
- Member history is reviewed to determine if high dollar exception can be bypassed without contacting the patient



Kansas City

Perks of being a Blue Cross Blue Shield Kansas City Member

TELEHEALTH ONLINE DOCTOR VISITS

BCBSKC has partnered with AmWell to bring you quick, convenient, and quality care from your mobile device or computer. Use this service for easy access to care for common non-emergency medical issues like cold, flu, fever, abdominal pain, migraines, possible ear infection, rash and sinus infections. AmWell doctors are available 24 hours a day, 365 days a year.

Accessing a Telehealth Visit

1. Download the Amwell Mobile App or visit Amwell.com.
2. Create an account in a few simple steps. Be sure to use your Blue KC member ID card in order to input your insurance information.
3. View a list of available doctors, their experience and ratings, and select one.
4. Stream a live visit directly from the Web or your mobile device.
5. See benefit summary for cost.



LITTLE STARS PROGRAM

The Little Stars Prenatal program offers expecting mothers educational resources as well as support from a prenatal nurse case manager if you are experiencing a high risk pregnancy. This program is available to you at no additional cost. If you are pregnant, you can enroll in the program by calling Blue Cross Kansas City at 816-395-2154.

NURSE LINE BENEFITS

BCBSKC offers Nurse Advisors which are available 24 hours a day, to assist with symptoms or answer a health related question. No matter what the situation- from simple things like a twisted ankle, to an urgent care concern – the Blue Cross Nurse Line is there to help by calling 877-852-5422.

BLUE365 : BECAUSE HEALTH IS A BIG DEAL

Blue365

With Blue 365, you have access to a wide range of savings from top health and wellness brands around the country, plus some local favorites.

Examples Include:

- Health and Fitness club discounts
- Weight loss programs
- Savings on health related products and services



PERSONAL CARE



WELLNESS



HEALTHY EATING



DENTAL INSURANCE

Delta Dental of Missouri

Delta Dental PPO SM Benefit Plan Highlights ¹	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non- Participating Dentist
	Based on applicable PPO SM Maximum Plan Allowance -- No Balance Billing	Based on applicable Premier [®] Maximum Plan Allowance -- No Balance Billing	Based on applicable Maximum Plan allowance for Non- Participating Dentist -- Dentist Balance Bills
Diagnostic and Preventive Services <ul style="list-style-type: none">• Oral exams (all types), twice per calendar year• Cleanings (all types including periodontal maintenance), twice per calendar year• Fluoride, once per calendar year for dependents under age 19• Space maintainers, once in 5 years, to age 16• Periapical, Bitewing, full-mouth xrays	100%	80%	80%
Basic Services <ul style="list-style-type: none">• Sealants for dependent children under 19.• Restorative services• Simple and surgical extractions• Endodontics & Periodontics	100%	80%	80%
Major Services <ul style="list-style-type: none">• Prosthetics: bridges and dentures• Crowns, jackets, labial veneers, inlays and onlays• Other oral surgery, except for extractions covered under Basic Services	50%	50%	50%
Orthodontic Services <ul style="list-style-type: none">• For dependent children to age 19 that begin treatment while covered by this plan	50%	50%	50%
Calendar Year Deductible (applies to Basic and Major Services only)	\$50 per person		
Calendar Year Benefit Maximum	\$1,000 per person		
Orthodontic Lifetime Maximum- Children up to the age of 19.	\$1,000 per eligible dependent		
Dependent Age Limit: End of calendar year following 26th birthday			

24/7 Online Access to Benefits and Service: Visit www.DeltaDentalMO.com

Delta Dental PPO	Total Cost	District Benefit	Employee Cost
Employee	\$27.14	\$27.14	\$0.00
Employee + Spouse	\$55.44	\$27.14	\$28.30
Employee + Child(ren)	\$79.04	\$27.14	\$51.90
Family	\$104.96	\$27.14	\$77.82



VISION INSURANCE

EYEMED

Benefits You Receive: Vision insurance is available through EYEMED. The following chart provides an overview of the benefits you receive when you see an Insight Network.

EYEMED Vision Summary		
Plan Design	In-Network	Out-of-Network
Eye Exam	1 per Calendar Year	
Lenses or contact lenses	1 per Calendar Year	
Frames	1 per Calendar Year	
Eye exam	\$25 copay	Up to \$50
Lenses, Lens Options and Frames		
Single vision lined lenses	\$25 copay	Up to \$50
Bifocal lined lenses		Up to \$75
Trifocal lined lenses		Up to \$100
Standard progressive	\$25	Up to \$75
Premium progressive	\$25	
Frames	\$120 allowance	Up to \$70
Contact lens	\$120 allowance	Up to \$105
Contact lens fit & follow up	Standard – Up to \$55 Premium – 10% off of retail	N/A
Laser vision correction	15% off the retail price or 5% off the promotional price	
Members under 19 years of age:		
Eye Exam	2 per calendar year	
Lenses (in lieu of contact lenses)	2 per calendar year (is script changes)	
Plan Option	Monthly Rate – Employee Paid	
Employee Only	\$8.54	
Employee Spouse	\$17.00	
Employee Child(ren)	\$18.18	
Family	\$29.04	

Flexible Spending Accounts

Surency Advantage Plus

Benefits You Receive

Each eligible employee may voluntarily redirect a portion of his or her gross pay to a medical flexible spending account (FSA) and/or the dependent care account (DCA) which is administered by Surency Advantage Plus. These dollars can be used during the plan year to pay for the unreimbursed medical, dental, vision and dependent care expenses you incur.

Dependent Care Account

Maximum contribution if single or married filing jointly: \$5,000

This account allows working parents to pay for daycare and before/after school expenses with pre-tax dollars. Dependents must be a child under the age of 13, or, a child, spouse, or other dependent that is physically or mentally incapable of self-care and spends at least eight hours a day in your household. Expenses for kindergarten fees, elementary school expenses for a child in first grade or higher, and expenses paid to a housekeeper, maid, cook, etc. are NOT eligible (except where incidental to child or dependent adult care).

Medical Flexible Spending Account

Maximum contribution: \$2,700

The Medical FSA allows you to pay with pre-tax dollars for health, dental and vision expenses that are not covered by insurance.

Examples of Reimbursable Expenses:

- Deductibles, Copays, Coinsurance
- Splints & Casts, Prescriptions
- Wheel chairs, Crutches, X-rays
- Diabetes testing
- Dental services, fillings, root canals
- Orthodontia
- Vision exams, contacts, glasses



Surency AdvantagePlus 2019 Flex Reminders!!

If you have not used up your 2018-19 Flex dollars, you have until **9/15/2019** to incur claims. NKC Schools offers a **grace period** which means that you can incur claims in July 2019 through September 15th of 2019 and file for reimbursement from your 2018-19 flex account. You have until **September 28th, 2019 to file all claims**. Any 2018-19 funds not exhausted during the grace period WILL BE LOST.

If you have questions about qualified medical expenses, call 866-818-8805 or visit www.surency.com to view a complete list of approved expenses.

How Flexible Spending Accounts Work

You decide how much you will spend on unreimbursed health, dental, and vision expenses, and/or dependent care costs for the plan year. You elect to redirect part of your paycheck into a pre-tax FSA. This amount can be changed only at open enrollment or if you have a qualifying event. Once you've enrolled your entire election amount is available to you on the first day of the plan year. Use your FSA card for qualified expenses and simply swipe your card. If you prefer to pay upfront then be reimbursed, you can file a paper claim or send in your claim form electronically through Surency.com. or the Surency App.

Upon termination of employment, expenses can no longer be incurred after your final day worked. Claims must be submitted within 30 days of your last day worked. (Ex. Last day worked is 5/16, final day to submit claim is 6/15).

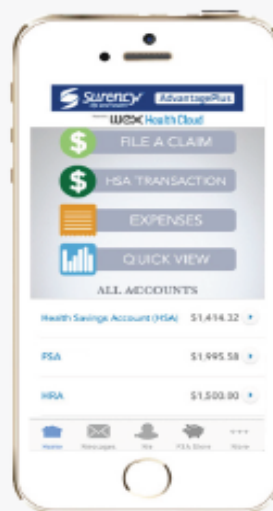
TAKE CONTROL OF YOUR HEALTHCARE EXPENSES



Want to check your health care balances and submit receipts anywhere, anytime?
We have an app for that!

With the free Surency AdvantagePlus benefits app:

- : Check your flexible spending account (FSA), dependent care flexible spending account (DC FSA), health reimbursement arrangement (HRA) and health savings account (HSA) balances.
- : File new FSA and HRA claims.
- : Contribute and distribute HSA funds.
- : Upload receipts using your mobile device's camera.
- : View account activity.
- : Access FSA Store.
- : And more!



Setting Up Your Account

1. Download the Mobile App

- : Search the Apple App Store or Google Play (Android) for **Surency AdvantagePlus**. Download the app to your device.

2. Log In to the Mobile App

- : Log in using your username and password (same as your Member Login information).
- : Select a 4-digit code for security.
- : If you are a new member and do not have a username and password, you must first log in online at **Surency.com** using the information below:

Username: first name (all lowercase) + last four digits of Social Security Number

Password: last name (all lowercase) + last four digits of Social Security Number *

* If your last name is hyphenated, your password should be entered with no hyphen or space between the two names. See Example 2 below.

Example 1: If your name is John Smith and the last four digits of your SSN are 1234, your username would be john1234 and your password would be smith1234.

Example 2: If your name is Jane Smith-Jones and the last four digits of your SSN are 1234, your username would be jane1234 and your password would be smithjones1234.

Note: If you experience any difficulty signing in to the Surency Member Login site, please call Customer Service at 866.818.8805.

Your Surency AdvantagePlus app will work just like other apps on your mobile device, making it easy to learn and use. No sensitive account information is ever stored on your mobile device and the highest level of secure encryption is used to protect all transmissions.

Surency AdvantagePlus is administered by Surency Life & Health Insurance Company.

surency life & health insurance company
866.818.8805
surency.com

Surency © 2017



LIFE AND AD&D INSURANCE

GUARDIAN

Plan Overview:

Basic Benefit Amount

Variable amounts provided based on employment type and status.

Accident Death Benefit

Amount is the same as the Basic Life amount.

Monitoring dependent age/eligibility is the responsibility of the employee. Notify Benefits Specialist immediately upon ineligibility of any dependent.

Waiver of Premium

Life insurance continues for totally disabled employees without payment of premium if:

- Disability begins while the employee is insured;
- Disability begins prior to age 60 and terminates at age 65;
- Proof of disability is given to Carrier, prior to the end of the Disability Elimination period;
- Proof of continued disability is verified periodically, according to the terms of the contract.

Living Care Benefits

If you have a qualifying medical condition, you may apply for an accelerated benefit to receive a portion of your life insurance once during your lifetime. Amount of benefit: 50% of the Life Insurance in force, but not to exceed \$250,000.

Conversion

Must apply for conversion within 31 days of termination of policy. Information will be provided with COBRA information.

Age Reduction Schedule

No reduction schedule applies to this benefit

Cost of Coverage

Basic Life and AD&D coverage is provided at no cost to all eligible district employees.

VOLUNTARY TERM LIFE INSURANCE GUARDIAN



North Kansas City Schools provides benefit eligible employees with the option to enroll in a term life insurance plan, as well as a life insurance benefit for spouses and/or child(ren). Purchasing term life insurance through NKC Schools grants you lower rates, limited underwriting requirements (if any) and superior plan features. If you have had a life event change, please remember to contact Benefits Specialist to update your beneficiary information.

Plan Feature/Provision	Plan Design Details
Employee Benefit: <ul style="list-style-type: none"> - Plan Maximum - Guarantee Issue (Initial year only) - Incremental Purchase Amounts 	<ul style="list-style-type: none"> - \$500,000 - \$300,000 - \$10,000 to \$50,000 during open enrollment without EOI
Spouse Benefit (Up to 50% of employee coverage): <ul style="list-style-type: none"> - Plan Maximum - Guarantee Issue (Initial year only) - Incremental Purchase Amounts 	<ul style="list-style-type: none"> - \$50,000 - \$50,000 – max 50% of employee election - \$5,000
Child(ren) Benefit (Up to 50% of employee coverage): <ul style="list-style-type: none"> - Plan Maximum - Guarantee Issue - Incremental Purchase Amounts 	<ul style="list-style-type: none"> - \$10,000 - \$10,000 - \$2,500
Open Enrollment	Employee can increase coverage between \$10,000 and \$50,000 without evidence of insurability
Premiums	Increase on plan anniversary after you enter next five-year age band
Portability	Yes, with age restrictions
Conversion	Yes, with restrictions, see certificate
Accelerated Life Benefit	Yes
Benefit Reductions	35% at age 65, 70% at age 70, 73% at age 75
Covered Participant's Age	Rate per \$1,000 of Benefit
< 25	\$0.042
25-29	\$0.042
30-34	\$0.042
35-39	\$0.085
40-44	\$0.119
45-49	\$0.204
50-54	\$0.315
55-59	\$0.510
60-64	\$0.842
65-69	\$1.216
70-74	\$2.355

SHORT & LONG TERM DISABILITY INSURANCE

Guardian

North Kansas City Schools provides benefit eligible employees with the option to purchase short and long term disability income benefits. In the event you become disabled from an injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits or paid leave benefits from NKCS.

Short Term Disability Income Benefits

Plan Overview	
Benefits Begin	8 th Day Following an Injury / 8 th Day Following a Sickness
Maximum Benefit Period	12 Weeks
Percentage of Income Replaced	50% of Weekly Earnings, up to \$1,000 per week
Exclusions	Benefit does not cover work-related accidents or injuries
Pre-existing Condition Waiting Period	3/12

Rates per \$10 of Weekly Benefit									
Age Band	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Rate	\$0.68	\$1.00	\$1.37	\$0.98	\$0.66	\$0.60	\$0.63	\$0.71	\$1.09

Long Term Disability Income Benefits

Plan Overview	
Benefit Amount	50% of monthly salary
Own Occupation Period	24 months
Elimination Period	90 days
Maximum Benefit Period	Social Security Normal Retirement Age (SSNRA)
Maximum Monthly Benefit Amount	\$10,000
Survivor Benefit	3 months
Pre-Existing Condition Waiting Period	12/12

Rates per \$100 of Monthly Covered Payroll									
Age Band	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Rate	\$0.10	\$0.11	\$0.12	\$0.17	\$0.23	\$0.34	\$0.46	\$0.61	\$0.85



Additional Benefit Offerings

Guardian - Critical Illness Insurance with Cancer

CRITICAL ILLNESS INSURANCE with Cancer Brochure

NORTH KANSAS CITY SCHOOL DISTRICT

Helping you focus on recovery—not your finances

The antidote for expenses not covered by medical insurance

Treatment of critical illnesses such as cancer, heart attack and stroke can lead to unexpected expenses that create an additional financial burden. Critical Illness insurance helps fill in the gaps that medical insurance doesn't cover. This may include travel to treatment centers, ongoing household bills, co-pays to experimental treatment, and everyday expenses like groceries, rent and mortgage.

How it works

Choose the level of coverage – \$5,000 to \$20,000 that works best for you and your family. As an actively at work employee, you, your spouse and your children can be covered.

Critical Illness insurance pays a lump-sum amount upon diagnosis of:

Condition	1 st Occurrence	2nd Occurrence*
Invasive Cancer	100%	50%
Carcinoma in Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Arteriosclerosis	30%	0%
Organ Failure	100%	50%
Kidney Failure	100%	50%

Additional covered conditions (first occurrence only): Addison's Disease 30%, ALS (Lou Gehrig's Disease) 100%, Alzheimer's Disease 50%, Coma 100%, Huntington's Disease 30%, Multiple Sclerosis 30%, Loss of Speech, Sight or Hearing 100%, Parkinson's Disease 100%, Permanent Paralysis 50% for 1 limb/100% for 2 limbs, Severe Burns 100%.

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. Pre-existing conditions during the 12 months prior to coverage being effective will not be covered during the first 12 months the plan is in force.



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Guardian®

in sync

Critical Illness

Enroll today

During this enrollment, you and your family are guaranteed coverage with no medical questions.

Guaranteed-Issue Amounts

Employee: \$20,000
Spouse: \$10,000
Children: \$5,000

Monthly Premiums

Non-Tobacco	Issue Age					
	18-39	40-49	50-59	60-64	65-69	70+
EMPLOYEE						
\$5,000	\$3.06	\$8.84	\$17.48	\$33.24	\$49.40	\$91.78
\$10,000	\$5.22	\$16.12	\$32.84	\$63.84	\$95.70	\$179.72
\$20,000	\$9.52	\$30.66	\$63.56	\$125.04	\$188.28	\$355.60
SPOUSE						
\$5,000	\$2.66	\$8.16	\$16.02	\$30.44	\$45.46	\$85.76
\$10,000	\$4.18	\$14.60	\$29.84	\$58.16	\$87.78	\$167.68
CHILDREN						
\$5,000	\$0.60					

Tobacco	Issue Age					
	18-39	40-49	50-59	60-64	65-69	70+
EMPLOYEE						
\$5,000	\$4.06	\$14.06	\$29.90	\$59.30	\$88.08	\$157.68
\$10,000	\$7.18	\$26.56	\$57.70	\$115.94	\$173.04	\$311.52
\$20,000	\$13.46	\$51.54	\$113.28	\$229.24	\$342.96	\$619.20
SPOUSE						
\$5,000	\$3.58	\$12.88	\$27.18	\$53.88	\$80.62	\$146.60
\$10,000	\$6.02	\$24.02	\$52.14	\$105.04	\$158.08	\$289.42
CHILDREN						
\$5,000	\$0.60					

Spouse is eligible up to 100% of the employee amount (not to exceed \$10,000). All dependent children up to age 26 can be covered for a flat \$5,000 at a monthly premium of \$0.60. Premiums listed are for issue age and will not increase due to an insured's age. Spouse premium is based on spouse age bracket. Non-tobacco or Tobacco premiums are based on the tobacco status of the employee or spouse separately.

Plan includes a \$50 wellness benefit payable once per year for the employee, spouse and children. The wellness benefit pays when insured completes screenings such as mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation, and weight reduction programs. Benefits paid even if medical insurance is paying 100% of the cost.

* We will not pay benefits for a second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

Guardian Critical Illness Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.



Guardian - Critical Illness Insurance without Cancer

CRITICAL ILLNESS INSURANCE with out
Cancer Brochure

NORTH KANSAS CITY SCHOOL DISTRICT

Guardian®

Critical
Illness

in
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Helping you focus on recovery— not your finances

The antidote for expenses not covered by medical insurance

Treatment of critical illnesses such as cancer, heart attack and stroke can lead to unexpected expenses that create an additional financial burden. Critical Illness insurance helps fill in the gaps that medical insurance doesn't cover. This may include travel to treatment centers, ongoing household bills, co-pays to experimental treatment, and everyday expenses like groceries, rent and mortgage.

How it works

Choose the level of coverage – \$5,000 to \$20,000 that works best for you and your family. As an actively at work employee, you, your spouse and your children can be covered.

Enroll today

During this enrollment, you and your family are guaranteed coverage with no medical questions.

Guaranteed-Issue Amounts

Employee: \$20,000
Spouse: \$10,000
Children: \$5,000

Critical Illness insurance pays a lump-sum amount upon diagnosis of:

Condition	1 st Occurrence	2nd Occurrence*
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Arteriosclerosis	30%	0%
Organ Failure	100%	50%
Kidney Failure	100%	50%
Additional covered conditions (first occurrence only): Addison's Disease 30%, ALS (Lou Gehrig's Disease) 100%, Alzheimer's Disease 50%, Coma 100%, Huntington's Disease 30%, Multiple Sclerosis 30%, Loss of Speech, Sight or Hearing 100%, Parkinson's Disease 100%, Permanent Paralysis 50% for 1 limb/100% for 2 limbs, Severe Burns 100%.		

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean both Critical Illnesses are contained within the Vascular Conditions category. Pre-existing conditions during the 12 months prior to coverage being effective will not be covered during the first 12 months the plan is in force.



The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004

Guardian®

Critical
Illness

Monthly Premiums

Non-Tobacco	Issue Age					
	18-39	40-49	50-59	60-64	65-69	70+
EMPLOYEE						
\$5,000	\$2.30	\$5.34	\$9.96	\$19.22	\$28.98	\$56.52
\$10,000	\$3.70	\$9.10	\$17.80	\$35.80	\$54.86	\$109.20
\$20,000	\$6.50	\$16.64	\$33.50	\$68.94	\$106.58	\$214.58
SPOUSE						
\$5,000	\$1.84	\$4.56	\$8.78	\$17.46	\$26.84	\$53.76
\$10,000	\$2.56	\$7.38	\$15.36	\$32.20	\$50.54	\$103.70
CHILDREN						
\$5,000	\$0.48					

Tobacco	Issue Age					
	18-39	40-49	50-59	60-64	65-69	70+
EMPLOYEE						
\$5,000	\$3.06	\$9.34	\$19.66	\$40.18	\$59.98	\$109.14
\$10,000	\$5.20	\$17.10	\$37.20	\$77.70	\$116.86	\$214.44
\$20,000	\$9.48	\$32.62	\$72.28	\$152.76	\$230.60	\$425.04
SPOUSE						
\$5,000	\$2.52	\$8.08	\$17.44	\$36.46	\$55.42	\$103.24
\$10,000	\$3.90	\$14.44	\$32.66	\$70.20	\$107.70	\$202.68
CHILDREN						
\$5,000	\$0.48					

Spouse is eligible up to 100% of the employee amount (not to exceed \$10,000). All dependent children up to age 26 can be covered for a flat \$5,000 at a monthly premium of \$0.48. Premiums listed are for issue age and will not increase due to an insured's age. Spouse premium is based on spouse age bracket. Non-tobacco or Tobacco premiums are based on the tobacco status of the employee or spouse separately.

Plan includes a \$50 wellness benefit payable once per year for the employee, spouse and children. The wellness benefit pays when insured completes screenings such as mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation, and weight reduction programs. Benefits paid even if medical insurance is paying 100% of the cost.

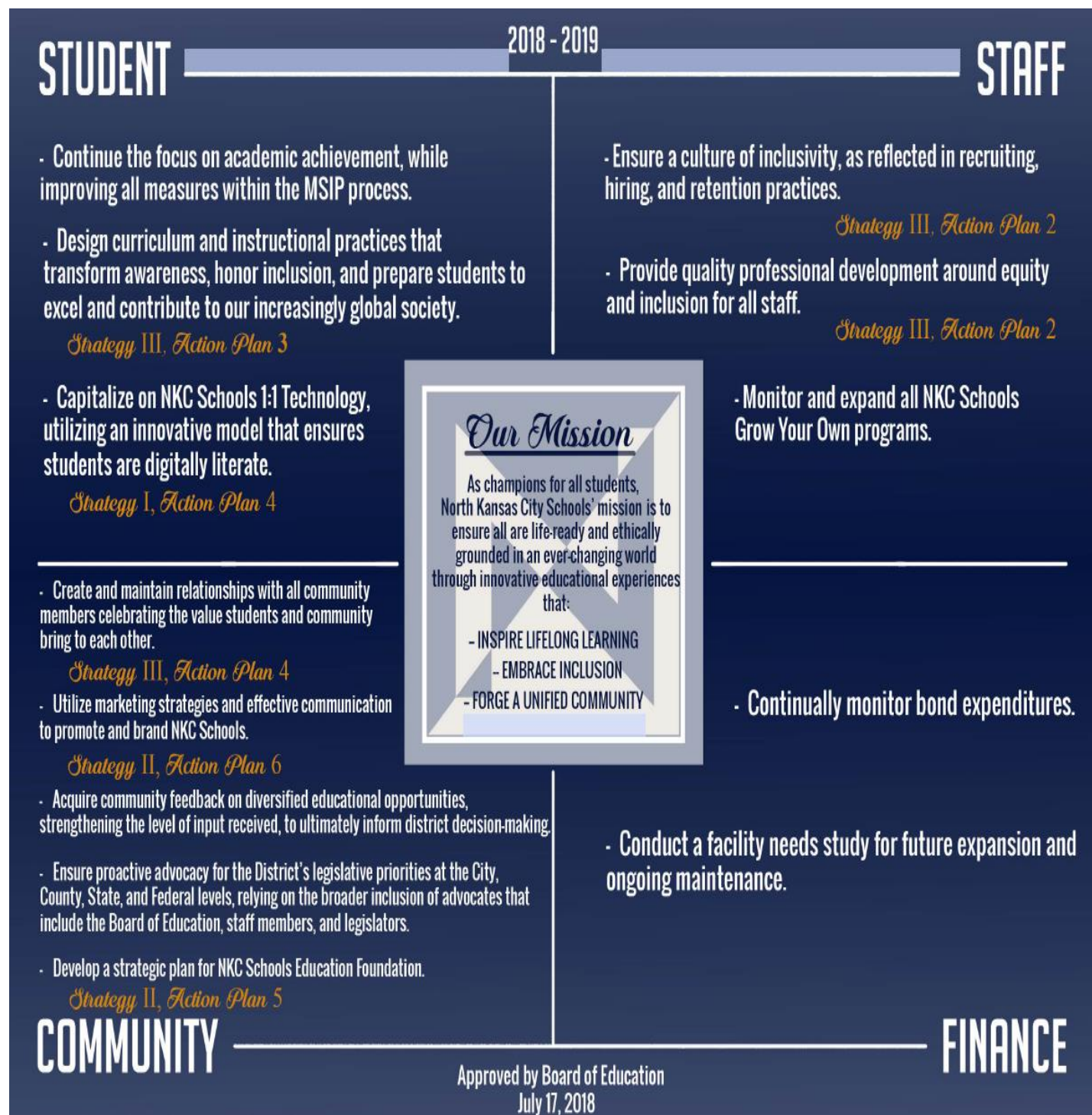
* We will not pay benefits for a second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

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NKC Schools Balanced Scorecard



Approved by Board of Education
July 17, 2018



NORTH KANSAS CITY SCHOOL DISTRICT

Group Number: 00537594

Accident Benefit Summary

About Your Benefits:

Accidents happen every day. Did you know almost 39 Million emergency room visits a year are due to an injury?¹ If you were injured from an accident, chances are you will have expenses that you were not anticipating-will you be prepared? Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work. You are guaranteed coverage, so please enroll today!

¹Injury Facts, 2011 Edition, National Safety Council.

What Your Benefits Cover:

ACCIDENT		
COVERAGE - DETAILS	Option 1: Value Plan	Option 2: Advantage Plan
Your Monthly premium	\$12.75	\$16.65
You and Spouse	\$19.59	\$25.35
You and Child(ren)	\$19.70	\$25.45
You, Spouse and Child(ren)	\$26.54	\$34.15
Accident Coverage Type	On and Off Job	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	Included	Included
ACCIDENTAL DEATH AND DISMEMBERMENT		
Benefit Amount(s)	Employee \$30,000 Spouse \$15,000 Child \$10,000	Employee \$50,000 Spouse \$25,000 Child \$10,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500	\$2,500
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
FEATURES		
Accident Emergency Room Treatment	\$150	\$175
Accident Follow-Up Visit - Doctor	\$25 up to 6 treatments	\$50 up to 6 treatments
Air Ambulance	\$500	\$1,000

Benefit information illustrated within this material reflects the plan covered by Guardian as of 02/06/2018
NORTH KANSAS CITY SCHOOL ALL ELIGIBLE EMPLOYEES Benefit Summary

FEATURES (Cont.)	Option 1: Value Plan	Option 2: Advantage Plan
Ambulance	\$100	\$150
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$100	\$125
Blood/Plasma/Platelets	\$300	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits	20% increase to child benefits
Chiropractic Visits	No Benefit	\$25 per visit up to 6 visits
Coma	\$7,500	\$10,000
Concussions	\$50	\$75
Dislocations	Schedule up to \$3,600	Schedule up to \$4,400
Diagnostic Exam (Major)	\$100	\$150
Emergency Dental Work	\$200/Crown, \$50/Extraction	\$300/Crown, \$75/Extraction
Epidural pain management	\$100, 2 times per accident	\$100, 2 times per accident
Eye Injury	\$200	\$300
Family Care	\$20/day up to 30 days	\$20/day up to 30 days
Fracture	Schedule up to \$4,500	Schedule up to \$5,500
Hospital Admission	\$750	\$1,000
Hospital Confinement	\$175/day - up to 1 year	\$225/day - up to 1 year
Hospital ICU Admission	\$1,500	\$2,000
Hospital ICU Confinement	\$350/day - up to 15 days	\$450/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$50	\$75
Joint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500	\$500
Laceration	Schedule up to \$300	Schedule up to \$400
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500	\$500
Surgery	Schedule up to \$1,000 Hernia: \$125	Schedule up to \$1,250 Hernia: \$150
Surgery - Exploratory or Arthroscopic	\$150	\$250
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500	1: \$500 2 or more: \$1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$400, 3 times per accident	\$500, 3 times per accident
X - Ray	\$20	\$30

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.

NORTH KANSAS CITY SCHOOL ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004

UNDERSTANDING YOUR BENEFITS (Cont.):

- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

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

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00537594

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to: declared or undeclared war, act of war or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony; intentionally self

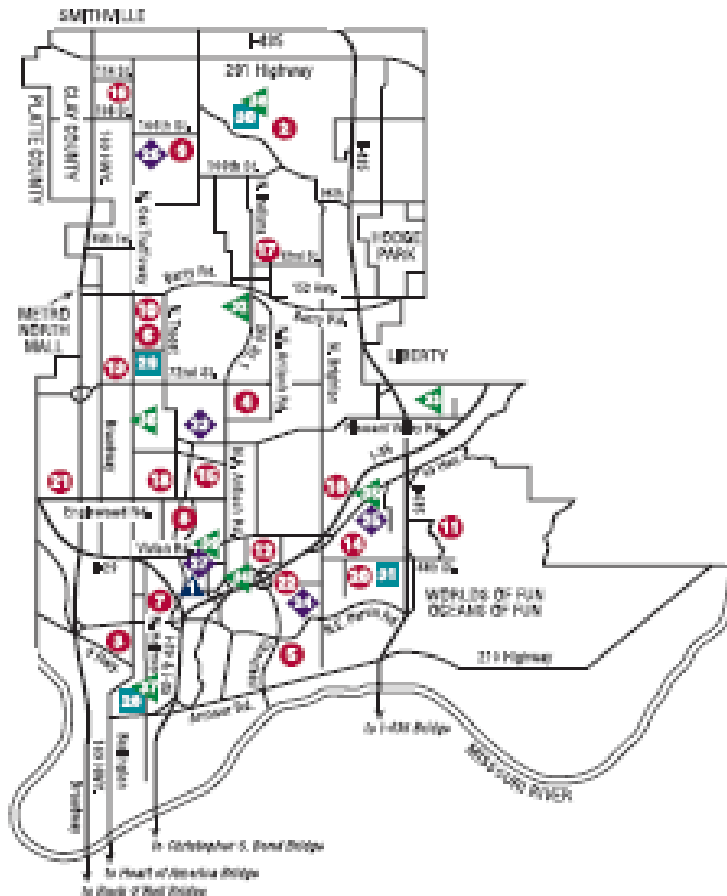
inflicted injury, while sane or insane; suicide, while sane or insane. The covered person being legally intoxicated. Treatment rendered or hospital confinement outside the United States or Canada. Travel of flight in any kind of aircraft including any aircraft owned by or for the employer except as a fare paying passenger on a common carrier. Participation in any kind of sporting activity for compensation or profit including coaching or officiating.

Riding in or driving any motor-driven vehicle in a race, stunt show or speed test. Participation in hang gliding, bungee jumping, sailgliding, parasailing, parakiting, ballooning, parachuting, and/or skydiving. Injuries to a dependent child received during the birth. An accident that occurred before the covered person is covered by this plan. Sickness, disease, mental infirmity or medical or surgical treatment.

If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

North Kansas City Schools

LOCATIONS



▲ ADMINISTRATIVE CAMPUS

- 1 **Thomas P. Cummings Administrative Center**
2000 N.E. 48th St.
(816) 321-5000
- R. B. Doolin Center for Educational Development**
1900 N.E. 48th St.
- Career & Technical Education Center**
1950 N.E. 48th St.

● ELEMENTARY SCHOOLS

- 2 **Bell Prairie**
3000 N.E. 108th St.
(816) 321-5020
- 3 **Briardiff**
4100 N. Briardiff Rd.
(816) 321-5030
- 4 **Chapel Hill**
3230 N.E. 67th Terr.
(816) 321-5040
- 5 **Chouteau**
3701 N. Jackson Ave.
(816) 321-5050
- 6 **Clardy**
8100 N. Troost Ave.
(816) 321-5060
- 7 **Crestview**
4327 N. Holmes St.
(816) 321-5070
- 8 **Davidson**
5100 N. Highland Ave.
(816) 321-5080
- 9 **Fox Hill**
545 N.E. 108th St.
(816) 321-5090
- 10 **Gashland**
500 N.E. 83rd St.
(816) 321-5100

- 11 **Gracemor**
5125 N. Sycamore Ave.
(816) 321-5110
- 12 **Lakewood**
4624 N. Norton Ave.
(816) 321-5120
- 13 **Linden West**
7333 N. Wyandotte St.
(816) 321-5130
- 14 **Maplewood**
6400 N.E. 53rd St.
(816) 321-5140
- 15 **Meadowbrook**
6301 N. Michigan Ave.
(816) 321-5150
- 16 **Nashua**
221 N.E. 114th St.
(816) 321-5160
- 17 **Northview**
9201 N. Indiana Ave.
(816) 321-5170
- 18 **Oakwood Manor**
5900 N. Flora Ave.
(816) 321-5180
- 19 **Ravenswood**
5020 N.E. 58th St.
(816) 321-5190
- 20 **Topping**
4433 N. Topping Ave.
(816) 321-5200
- 21 **West Englewood**
1506 NW Englewood Rd.
(816) 321-5210
- 22 **Winnwood**
4531 N.E. 44th Terr.
(816) 321-5220

◆ MIDDLE SCHOOLS

- 23 **Antioch**
2100 N.E. 65th St.
(816) 321-5260
- 24 **Eastgate**
4700 N.E. Parvin Rd.
(816) 321-5270
- 25 **Maple Park**
5300 N. Bennington Ave.
(816) 321-5280
- 26 **New Mark**
515 N.E. 108th St.
(816) 321-5290
- 27 **Northgate**
2117 N.E. 48th St.
(816) 321-5300
- 28 **North Kansas City**
620 E. 23rd Ave.
(816) 321-5310
- 29 **Oak Park**
825 N.E. 79th Terr.
(816) 321-5320
- 30 **Staley**
2800 N.E. Shoal Creek Pkwy.
(816) 321-5330
- 31 **Winnetonika**
5815 N.E. 48th St.
(816) 321-5340
- 32 **Community Education Services**
3100 N.E. 83rd St., Suite 2400
(816) 321-5010
- 33 **Early Childhood Education Center**
6800 Sobbie Rd.
(816) 321-5250
- 34 **Golden Oaks Education Center**
3100 N.E. 48th St.
(816) 321-5230
- 35 **Joseph G. Jacobs III Education Center**
5700 Eugene Field Rd.
(816) 321-5340
- 36 **Northland Innovation Center**
6880 N. Oak Trafficway
(816) 321-5646
- 37 **District Football Stadium**
620 E. 23rd Ave.
(North of North Kansas City High School)
- 38 **District Activities Complex**
2800 N.E. Shoal Creek Pkwy.
(East of Staley High School)
- 39 **Northgate Soccer Stadium**
2117 N.E. 48th St.
(South of Northgate Middle School)

■ HIGH SCHOOLS

◀ OTHER FACILITIES



NORTH
KANSAS CITY
SCHOOLS
A T E S

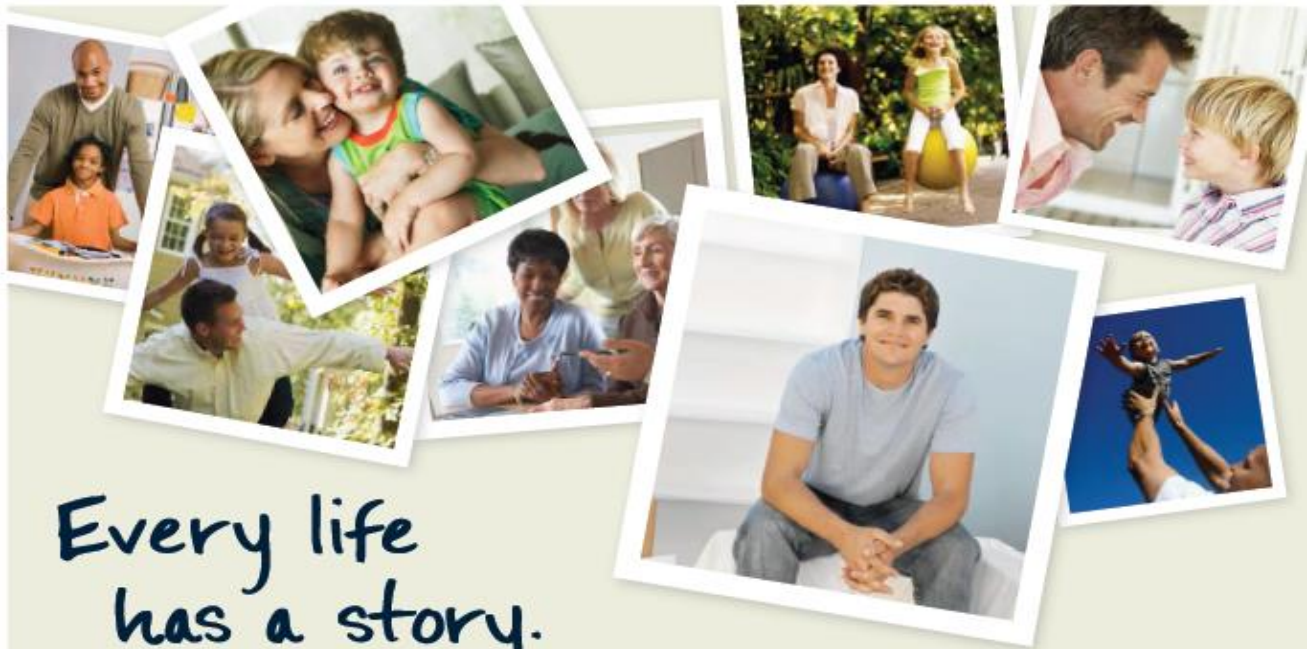
2000 NE 48th Street
Kansas City, MO 64116-2042
(816) 321-5000
nkcschools.org

North Kansas City Schools does not discriminate on the basis of race, color, national origin, age, sex, marital status, religion, disability or handicap.
Equal Opportunity Employer

Universal LifeEvents® Insurance

Trustmark
INSURANCE COMPANY
PERSONAL. FLEXIBLE. TRUSTED.

100
Years
of Trust



Every life has a story.

You have a picture of the way you want your life to go.

Now imagine if something happens that not only changes your picture, it changes your life story.

That's when Trustmark Universal LifeEvents® insurance can help. It can help you live your story, your way – even when life gets in the way.

What is Universal LifeEvents?

LifeEvents is permanent life insurance that helps shield your family from financial hardship if you or your spouse is suddenly out of the picture. It's that simple.

LifeEvents:

- Helps provide permanent financial protection
- Is a financial tool that helps you manage life at every stage – from supporting a family to sending your children to college to the need for long-term care
- Builds cash value over time that you can access for life's challenges and life's opportunities



How does it work?

With LifeEvents, benefits can be paid as a Death Benefit, as Living Benefits, or as a combination of both.

Death Benefit

The main reason people have life insurance is for the death benefit. A death benefit puts money in your family's hands quickly when they need it most. It's money they can use any way they want to help with expenses such as:

- Funeral costs
- Rent or mortgages
- A college education for your children or grandchildren
- Household debt
- Retirement and more

Living Benefits

Living benefits make it easy to advance part of your death benefit to help pay for home healthcare, assisted living, nursing home and adult day care services, should you ever need them.

Why do you need it?

Take a moment, now, to think about life as you know it. Then ask yourself this: If something happens to you, what happens to your family?

- Will they be able to keep your home?
When someone dies, family income may be significantly reduced.
- How much would your children's lives change?
Without you, how will their college dreams come true?
- If you need long-term care, will your choices be limited?
Long-term care can be expensive and may be needed at any age. If you had to pay for it yourself, it could deplete your savings and limit your care options at the same time.



Think About It
Surviving families take 5 to 7 years
to recover financially from the loss
of a spouse.¹

¹2009 MetLife Financial Impact of Premature Death Study.

The LifeEvents advantage

LifeEvents is designed to match your needs throughout your lifetime. It pays a:

- **Higher Death Benefit** during working years when expenses are high and your family needs maximum protection. Then, at age 70 when financial needs are typically lower, the death benefit reduces to one-third.²
- **Consistent Level of Living Benefits** throughout retirement when you are most likely to need long-term care services.

LifeEvents in action

(Example: 35-year-old, \$8/week premium, \$75,000 benefit)

Before Age 70		Age 70+	
Death Benefit	\$75,000	LTC Benefit	\$75,000
LTC Benefit	\$75,000	Death Benefit ²	\$25,000

²Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary. Issue age is 64 and under.

How Living Benefits add up

**Example: \$100,000
Death Benefit**

**Maximum Benefit
Amount**

Long-Term Care Benefit (LTC)³

Pays a monthly benefit equal to 4 percent of your death benefit for up to 25 months. The LTC benefit accelerates the death benefit and proportionately reduces it.

\$100,000

Benefit Restoration

Restores the death benefit² that is reduced to pay for LTC, so your family receives the full death benefit amount when they need it most.

\$100,000

Total Maximum Benefit
Living Benefits can double the
value of your life insurance.

\$200,000

³The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Living Benefits may not be available in all states or may be named differently. Please consult your policy for complete details.

The ULE rate tables are available on your benefits web:

<https://www.nkcschoolsbenefits.com/permenant-life-long-term-care>

Universal Life Insurance

Trustmark
INSURANCE COMPANY
PERSONAL. FLEXIBLE. TRUSTED.

100
Years
of Trust



Every life
has a story.

You have a picture of the way you want your life to go.

Now imagine if something happens that not only changes your picture, it changes your life story.

That's when Trustmark Universal Life insurance can help. It can help you live your story, your way – even when life gets in the way.

Universal Life is permanent life insurance that helps shield your family from financial hardship if you or your spouse is suddenly out of the picture. It's that simple.

- Helps provide permanent financial protection
- Is a financial tool that helps you manage life at every stage – from supporting a family to sending your children to college to the need for long-term care
- Builds cash value over time that you can access for life's challenges and life's opportunities



Why do you need it?

Take a moment, now, to think about life as you know it. Then ask yourself this: If something happens to you, what happens to your family?

- Will they be able to keep your home?
When someone dies, family income may be significantly reduced.
- How much would your children's lives change?
Without you, how will their college dreams come true?
- If you need long-term care, will your choices be limited?
Long-term care can be expensive and may be needed at any age. If you had to pay for it yourself, it could deplete your savings and limit your care options at the same time.



Think About It
Surviving families take 5 to 7 years
to recover financially from the loss
of a spouse.¹

¹2009 MetLife Financial Impact of Premature Death Study.

With Universal Life, benefits can be paid as a Death Benefit, as Living Benefits, or as a combination of both.

The main reason people have life insurance is for the death benefit. A death benefit puts money in your family's hands quickly when they need it most. It's money they can use any way they want to help with expenses such as:

- Funeral costs
- Rent or mortgages
- A college education for your children or grandchildren
- Household debt
- Retirement and more

Living Benefits make it easy to advance part of your death benefit to help pay for home healthcare, assisted living, nursing home and adult day care services, should you ever need them.

Issue age is 18-80.

How Living Benefits add up

Example: \$100,000 Death Benefit	Maximum Benefit Amount
Long-Term Care Benefit (LTC)² Pays a monthly benefit equal to 4 percent of your death benefit for up to 25 months. The LTC benefit accelerates the death benefit and proportionately reduces it.	\$100,000
Benefit Restoration Restores the death benefit that is reduced to pay for LTC, so your family receives a full death benefit when they need it most.	\$100,000
Total Maximum Benefit	\$200,000

²The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Living Benefits may not be available in all states or may be named differently. Please consult your policy for complete details.

The ULE rate tables are available on your benefits web:

<https://www.nkcschoolsbenefits.com/permanent-life-long-term-care>



Features you'll appreciate

- **Lifelong Protection** – Provides coverage that will last your lifetime.
- **Family Coverage** – Apply for your spouse even if you choose not to participate. Dependent children and grandchildren can be covered under a Universal Life policy.
- **Terminal Illness Benefit** – Accelerates up to 75% of your death benefit if your doctor determines your life expectancy is 24 months or less.
- **Portability** – Take your coverage with you and pay the same premium if you change jobs or retire.
- **Guaranteed Renewable** – Guaranteed coverage, as long as your premiums are paid. Your premium may change if the premium for all policies in your class changes.
- **Convenient Payroll Deduction** – No bills to watch for. No checks to mail. A direct bill option is available when you change jobs or retire.

Separately priced benefits

- **Accidental Death Benefit** – Doubles the death benefit if death occurs by accident prior to age 75.
- **Children's Term Life Insurance** – Covers newborns to age 23 and is convertible to Universal Life insurance without evidence of insurability.
- **EZ Value** – Automatically raises your benefits to keep pace with your increasing needs, without additional underwriting.

EZ Value Option

EZ Value automatically increases your benefits to keep pace with your increasing needs – without additional underwriting.

Death Benefit Growth

Example: Guaranteed benefit increases with \$1 increase in weekly premium per year for 10 years.



Actual values will vary by age, smoking, benefits selected and current interest rate.

Use this chart to take notes when you meet with a benefits counselor.

Coverage for me:	
Coverage for my spouse:	
Cost per pay period:	
Date deductions start:	

It's your story. Help protect it with Universal LifeEvents® insurance.

Trustmark
Voluntary Benefit Solutions
 PERSONAL. FLEXIBLE. TRUSTED.

Underwritten by Trustmark Insurance Company
 Rated A- (EXCELLENT) A.M. Best¹
 400 Field Drive • Lake Forest, IL 60045
 trustmarksolutions.com

This provides a brief description of your benefits. Your representative can provide you with costs and complete details. See Plan GUL205/1UL205; HH/LTC205; BRR205; ABR205; ADB205; and CT20 for exact terms and provisions. Benefits, exclusions and limitations may vary by state and may be named differently. Please consult your policy for complete information.

In Oregon, this policy features a no-lapse guarantee that ensures coverage will not lapse for 14 years as long as premiums are paid as planned. If you make changes to policy benefits during this period or pay only the minimum premium, you may be foregoing the advantage of building cash value or reducing the benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain the policy with a higher premium than the one you paid to satisfy the no-lapse guarantee.

¹ An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

©2014 Trustmark Insurance Company

ULE-LTC-BRR-ADB-CTR-EZV_2-14

P485-893 (R11-13)

Protecting What Matters Most

Complete Identity Protection

PrivacyArmor offers consumers a comprehensive, proactive identity theft defense. Our proprietary technology makes InfoArmor's identity protection more than enough to help fight 21st century crime.



SNAPD^{2.0} Identity Monitoring

We monitor identities to uncover identity fraud at its inception. Now with High Risk Transaction alerts, more fraud is detected sooner, including unauthorized account access, fund transfers and password resets.



CreditArmor

CreditArmor offers an annual credit report, monthly credit scores, and monitoring of your TransUnion credit file for no additional charge. Activate these credit services in your online portal with our complements.



Internet Surveillance

By scouring an ever-evolving network of compromised machines, we detect information misuse and compromised credentials in the Underground Internet and alert consumers with unparalleled accuracy.



Digital Identity

This interactive, easy-to-read report summarizes what a real-time deep Internet search finds out about a subscriber, offers a Privacy Grade and tips to better secure personal information.

Monthly Rates

Employee Only \$7.96

Family Coverage \$13.96



NEW 2015

Social Media Reputation Monitoring - January, 2015

We monitor your Facebook, LinkedIn, Twitter, and Instagram profile to give actionable alerts of reputational damage including racist, violent, derogatory, vulgar, or inappropriate comments. Let us keep tabs on your digital footprint so you don't have to.



Privacy Advocate Remediation

Our Privacy Advocates are CITRMS® Certified and ITRC Trained to be experts in identity restoration. If we detect suspicious activity, a Privacy Advocate will act as a dedicated case manager to act on behalf of the victim and resolve the issue from start to case completion.



\$25,000 Identity Theft Insurance Policy

Protect consumers from the financial damages of identity theft with our \$25,000 Identity Theft Insurance Policy* for associated costs, legal defense expenses, and lost wages.



Solicitation Reduction

We reduce the root cause of up to 20% of identity theft by decreasing junk mail, stopping pre-approved credit offers, and ending telemarketing calls.

*Identity theft insurance underwritten by insurance company subsidiaries or affiliates of AIG. This description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Learn more about the advantages of identity monitoring.

INFOARMOR • T 800.789.2720 • WWW.INFOARMOR.COM

North Kansas City Schools Wellness

“Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”

- World Health Organizations



North Kansas City Schools supports employees throughout the year with a variety of wellness resources. Visit the district's Wellness Webpage to stay informed on all the wellness opportunities.

Gym Memberships Discounts

The district has a variety of community membership discounts through the Kansas City community. Some discounts include Gladstone Community Center, YMCA, You Dance Fitness and Zone 6 Fitness.

Healthy Living Classes and Events

Monthly classes and events are offered throughout the district. Stay up to date on all the events on the Wellness Calendar found on the Wellness Webpage. Are you interested in an in-person class? Contact your building's Wellness Champion for more information.

Wellness Coaching

This service is for all employees within the district. Work with a coach one-on-one to reach your wellness goals. A coach is a great accountability partner and someone to support you as you implement healthy behaviors.



@NKCS_Wellness



www.nkcschools.org/wellness



April Anderson



**No office
visit copay for
BSP EPO
members
only.***

More Locations to Serve You

Whether you need a wellness screening, physical, cold and flu care, or treatment for a minor illness or injury, no appointment is necessary with one of our nurse practitioners at Meritas Health Express and the Meritas Health NKC Schools Clinic.



Open 7 days a week,
Monday-Friday, 8 a.m.-8 p.m.
Saturday-Sunday, 8 a.m.-5 p.m.



Open Monday, Wednesday
and Friday, 7:30 a.m.-4 p.m.
Tuesday and Thursday,
9 a.m.-5:30 p.m.

Meritas Health Express

LIBERTY HY-VEE
109 N Blue Jay Dr.
Liberty, MO 64068
816.691.1424

GLADSTONE HY-VEE
7117 N Prospect Ave.
Gladstone, MO 64119
816.691.5050

64th STREET HY-VEE
5330 NW 64th St.
Kansas City, MO 64151
816.691.3065

Meritas Health NKC Schools

2000 NE Vivion Rd., Ste. 100
North Kansas City, MO 64118
816.691.1488

*Costs still will be subject to deductible on the QHDHP.



North Kansas City Schools

Frequently Asked Questions



Meritas Health NKC Schools

2000 NE Vivion Rd., Ste. 100
North Kansas City, MO 64118
816.691.1488

Open Monday, Wednesday
and Friday, 7:30 a.m.-4 p.m.
Tuesday and Thursday,
9 a.m.-5:30 p.m.



Open 7 days a week,
Monday-Friday, 8 a.m.-8 p.m.
Saturday-Sunday, 8 a.m.-5 p.m.

LIBERTY HY-VEE

109 N Blue Jay Dr.
Liberty, MO 64068
816.691.1424

GLADSTONE HY-VEE

7117 N Prospect Ave.
Gladstone, MO 64119
816.691.5050

64th STREET HY-VEE

5330 NW 64th St.
Kansas City, MO 64151
816.691.3065

Call the locations for
information on holiday closings.

Who may use the Meritas Health North Kansas City Schools health center?

Any employee, retiree or family member covered by Blue Cross Blue Shield insurance through the school district may use the health center. Everyone on the district's BSP EPO plan may see the nurse practitioner at this location without paying the office visit copay.

What is the cost for treatment if I'm on the QHDHP plan?

If you are a member of the QHDHP plan, you have a deductible associated with your health coverage. Because office charges are based on the complexity of your visit, your cost could be within a range. For example, a new patient office visit could be \$85-\$185. For an established patient, the cost could be \$70-\$115. These costs give you an estimate of what you can expect to pay on the QHDHP plan. Other services will add to the cost of your visit.

Do I need an appointment to use the health center?

No, you do not need an appointment. However, appointments are preferred. In most cases, same-day appointments are available.

What services are provided?

Meritas Health NKC Schools provides the same services available at most family practice clinics, including lab draws, immunizations, physicals, X-rays and some urgent care. Each Meritas Health Express provides immunizations and treatment for minor illnesses and injuries.



NORTH
KANSAS CITY
SCHOOLS

est. 1913

MeritasHealth.com

MF_0318

ANNUAL MODEL NOTICES

2019

Each year, North Kansas City Schools is required to provide certain notices to you. Please see the following notices presented in this guide for your convenience.

- Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)
- Medicare Part D Notice of Creditable Coverage
- General Notice of COBRA Continuation
- Health Insurance Market Place Notice
- HIPAA Notice of Special Enrollment Rights
- Women's Health and Cancer Rights Notice
- Notice of Employer-Sponsored Wellness Programs
- BCBSKC Privacy Practices Notice

Summaries of Benefits and Coverage

The government-required Summaries of Benefits and Coverage (SBCs), which summarize important information about North Kansas City School's medical plan is available online at www.nkcschoolsbenefits.com website. A paper copy is also available, free of charge, by contacting the benefits department.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

KANSAS – Medicaid	MISSOURI – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)

**Important Notice from North Kansas City Schools
About Your Prescription Drug Coverage and Medicare
This Notice pertains to the
Blue Select Plus EPO, Blue Select Plus - HDHP Plan & \$1,350 Spira Care**

(INDIVIDUAL **CREDITABLE** COVERAGE DISCLOSURE NOTICE OMB 0938-0990)

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 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 North Kansas City Schools Group Health Plan coverage will not be affected. Please refer to the Blue Cross Blue Shield of Kansas City Health Care Plan Summary document for an explanation of the prescription drug coverage plan provisions/options under the North Kansas City Schools Group Health Care Plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D. 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 your current North Kansas City Schools Group Health Care Plan coverage, be aware that you and your dependents will not be able to get this coverage back unless you reenroll on the active employee group health plan during the annual open enrollment period or experience a mid-year qualifying status change event.

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

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

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

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

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will get it before the next period you can join a Medicare drug plan, and if this coverage through the North Kansas City Schools Group Health Care Plan changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Dated: July 1, 2019
North Kansas City Schools
Misty Miller, Benefits Specialist
816-321-6078; misty.miller@nkcschools.org

General Notice of COBRA Continuation Coverage Rights

**** Continuation Coverage Rights Under COBRA****

Introduction

You are receiving this notice because you have recently become or may become covered under the North Kansas City Schools group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive 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 coverage would otherwise end because of a life event. This is also called as 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 are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- 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 any of the following qualifying events happens:

- 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 North Kansas City Schools, 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 with respect to the bankruptcy. 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 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: Misty Miller at 2000 NE 46th Street, Kansas City, MO 64116 or 816-321-6078 or misty.miller@nkcschools.org.

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 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 receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage. In order to determine if you or a covered member of your family qualify for the disability extension, you must send documentation received from Social Security verifying the disability determination to Misty Miller at 2000 NE 46th Street, Kansas City, MO 64116 or 816-321-6078 or misty.miller@nkcschools.org.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 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 notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving COBRA continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or 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, Medicaid, 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.

If you have questions

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

Keep your Plan informed of address changes

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

Plan Contact Information

Dated: July 1, 2019
North Kansas City Schools
Misty Miller, Benefits Specialist
816-321-6078
misty.miller@nkcschools.org



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law took effect in 2014, there were new ways to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in November 2015 for coverage starting as early as January 1, 2016.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.69% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: **Misty Miller, Benefits Specialist, 2000 NE 46th Street, Kansas City, MO 64116, 816-321-6078 or misty.miller@nkcschools.org**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: Misty Miller, Benefits Specialist, misty.miller@nkcschools.org, 816-321-6078

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name North Kansas City Schools	4. Employer Identification Number (EIN) 44-6003683	
5. Employer address 2000 NE 46 th Street	6. Employer phone number 816-321-6078	
7. City Kansas City	8. State MO	9. ZIP code 64116
10. Who can we contact about employee health coverage at this job? Misty Miller, Benefits Specialist		
11. Phone number (if different from above)	12. Email address misty.miller@nkcschools.org	

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

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

- ☐ All employees.
- ☒ Some employees. Eligible employees are: •
EMPLOYEES REGULARLY SCHEDULED TO WORK 30 OR MORE HOURS PER WEEK.
- ☒ We do offer coverage. Eligible dependents are:
THE EMPLOYEE'S SPOUSE, DOMESTIC PARTNER, & DEPENDENT CHILDREN (UP TO AGE 26 (END OF YEAR) & OVER AGE 26 IF DISABLED).
- ☐ 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.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

This notice is being provided to insure that you understand your right to apply for the North Kansas City Schools Group Health Care Plan. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). **However, you must request enrollment within 30 days after your or your dependents' other coverage ends** (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify us within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Marriage, Birth, or Adoption

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

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. During the year you get married. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

For More Information or Assistance

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

Dated: July 1, 2019
North Kansas City Schools
Misty Miller, Benefits Specialist
816-321-6078
misty.miller@nkcschools.org

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

North Kansas City Schools is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

The North Kansas City Schools Group Health Care Plan provides coverage for mastectomies and the related procedures listed above, subject to the same copays, deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please refer to your Blue Cross Blue Shield of Kansas City Group Health Care Plan Summary Document or contact your plan administrator at:

Dated: July 1, 2019
North Kansas City Schools
Misty Miller, Benefits Specialist
816-321-6078
misty.miller@nkcschools.org

North Kansas City School District Wellness Program Notice

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

However, employees who choose to participate in the wellness program will receive an incentive of \$30 per month for your participation in both the screening and HRA. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the \$30 monthly incentive.

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 Misty Miller, Benefits Specialist, 816-321-6078.

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

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is our Blue KC Healthier you nurses and health coaches.

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 protection against discrimination and retaliation, please contact Misty Miller, Benefits Specialist, 816-321-6078.

BLUE CROSS AND BLUE SHIELD OF KANSAS CITY

PRIVACY PRACTICES NOTICE

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Summary of Our Legal Duty and Privacy Practices

To provide health insurance and health plan related services to you as our member, we will collect personal and medical information regarding your health conditions, the health care services you receive, and the payment for those conditions and services. We are required by applicable federal and state law to maintain the privacy of the personal and medical information we collect from and about you. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect October 1, 2018 and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all personal and medical information we maintain, including medical information we created or received before we made the change. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

Please review this entire notice for details about the uses and disclosures we may make of your personal and medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

Contact Information

The complete Notice of Privacy Practices is available on our website – www.BlueKC.com

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice or copies in other languages, please contact our Privacy Office.

Contact Office: Privacy Office

Blue Cross and Blue Shield of Kansas City

P. O. Box 417012

Kansas City, MO 64141

Telephone: 816-395-3784 or toll free at 1-800-932-1114

Fax: 816-395-2862 E-mail: privacy@bluekc.com

Organizations Covered by this Notice

This notice applies to the privacy practices of the organizations listed below. They may share with each other your medical information, (medical information includes data submitted by providers, lab results and other health care programs you elect to participate in) and the medical information of others they service, for the health care operations of their joint activities.

Blue Cross and Blue Shield of Kansas City

Blue-Advantage Plus of Kansas City, Inc.

Good Health HMO, Inc.

Missouri Valley Life and Health Insurance Company

Uses and Disclosures of Your Medical Information

Treatment: We may disclose your medical information, without your permission, to a physician or other health care provider to treat you.

Payment: We may use and disclose your information, without your permission, for payment activities. Payment activities include paying claims from physicians, hospitals and other health care providers for services delivered to you that are covered by your health plan, determining your eligibility for benefits, coordinating your benefits with other payers, determining the medical necessity of care delivered to you, obtaining premiums for your health coverage, issuing explanations of benefits to the subscriber of the health plan in which you participate, and the like. We may disclose your medical information to a health care provider or another health plan for their payment activities.

Health Care Operations: We may use and disclose your medical information, without your permission, for health care operations. Health care operations include:

- health care quality assessment and improvement activities;
- reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention;
- underwriting and premium rating our risk for health coverage, and obtaining stop-loss and similar reinsurance for our health coverage obligations (although we are prohibited from using or disclosing any genetic information for these underwriting purposes); and
- business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, de-identifying medical information, and creating limited data sets for health care operations, public health activities, and research.

We may disclose your information to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider

has or had a relationship with you and the medical information is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Health Information Exchange. To facilitate the above described uses and disclosures of your information, we may participate in an information network or exchange that involves other health plans or healthcare providers.

Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time.

Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. To the extent (if any) that we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. Also, to the extent (if any) that we use or disclose your information for our fundraising practices, we will provide you with the ability to opt out of future fundraising communications. In addition, most (but not all) uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of protected health information, require your authorization. Unless you give us written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice.

Family, Friends, and Others Involved in Your Care or Payment for Care: We may disclose your medical information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose only the medical information that is relevant to the person's involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing

your medical information is in your best interest under the circumstances.

Your Employer: We may disclose to your employer whether you are enrolled or disenrolled in a health plan that your employer sponsors.

We may disclose summary health information to your employer to use to obtain premium bids for the health insurance coverage offered under the group health plan in which you participate or to decide whether to modify, amend or terminate that group health plan. Summary health information is aggregated claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. Although summary health information will be stripped of all direct identifiers of these enrollees, it still may be possible to identify medical information contained in the summary health information as yours.

We may disclose your medical information and the medical information of others enrolled in your group health plan to your employer to administer your group health plan. Before we may do that, your employer must amend the plan document for your group health plan to establish the limited uses and disclosures it may make of your medical information. Please see your group health plan document for a full explanation of those limitations.

Health-Related Products and Services: Where permitted by law, we may use your personal information to communicate with you and certain state/federal government agencies: (1) in support of efficient operation of a health insurance marketplace (e.g., qualified health plan application assistance); (2) to communicate with you about health-related products, benefits and services, and (3) payment for those products, benefits and services that we provide or

include in our benefits plan. We may use your medical information to communicate with you about treatment alternatives that may be of interest to you.

These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to our benefits plans.

Public Health and Benefit Activities: We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and public benefit activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies;
- for research;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims and criminal activities;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

Your Rights

If you wish to exercise any of the rights set out in this section, you should submit your request in writing to our Privacy Office. You may obtain a form by calling Customer Service at the phone number on the back of your ID card to make your request.

Access: You have the right to examine and to receive a copy of your personal and medical information or have a copy of your medical information provided to another person on your behalf, with limited exceptions. This may include an electronic copy in certain circumstances. Your request must be made in writing.

We may charge you reasonable, cost-based fees for a copy of your personal and medical information, for mailing the copy to you, and for preparing any summary or explanation of your personal and medical information you request. Contact our Privacy Office for information about our fees.

Disclosure Accounting: You have the right to a list of instances in which we disclose your personal and medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact our Privacy Office for information about our fees.

Amendment: You have the right to request that we amend your personal and medical information.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the

unamended information to your detriment, as well as persons you want to receive the amendment.

Restriction: You have the right to request that we restrict our use or disclosure of your personal and medical information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

Confidential Communication: You have the right to request that we communicate with you about your personal and medical information in confidence by means or to locations that you specify. You must make your request in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you request.

We will accommodate your request if it is reasonable, specifies the means or location for communicating with you, and continues to permit us to collect premiums and pay claims under your health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

Electronic Notice: If you receive this notice on our Web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact our Privacy Office to obtain this notice in written form.

Breach Notification: In the event of breach of your unsecured personal and health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

Complaints

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your personal and medical information, about amending your personal and medical information, about restricting our use or disclosure of your personal and medical information, or about how we communicate with you about your personal and medical information, you may complain to our Privacy Office.

You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, HHH Building, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019 or e-mail ocrmail@hhs.gov. We support your right to the privacy of your personal and medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service, 816-395-6340 (local), 844-395-7126 (Toll free), languagehelp@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

NOTES

This image shows a full page of blank handwriting practice paper. It features approximately 20 evenly spaced, horizontal blue lines running across the width of the page. The lines are thin and consistent in color, providing a guide for letter height and placement. There are no margins, text, or other markings on the page.

NOTES

[illegible]



North Kansas City Schools BENEFITS GUIDE

2017–2018 Plan Year



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your Benefits Manager.