

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

2020 – 2021
Plan Year



North Kansas City Schools BENEFITS GUIDE

2020–2021 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, critical illness without cancer and hospital indemnity 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.

Turn to page 45 for important government-mandated notices pertaining to premium subsidies that may be available to certain individuals. Those notices are:

- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- New Health Insurance Marketplace Coverage Options and Your Health Coverage, and
- Creditable Coverage Medicare Part D Notice

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



WWW.IBHWORKLIFE.COM

User Name: Matters

Password: wlm70101

Phone: 1-800-386-7055

Available 24 hours a day
7 days a week²

WWW.GUARDIANANYTIME.COM



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7 Hanover Square
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

Page 6

Carrier: Aetna
Website: www.aetna.com
Phone: 866-983-0084
Network: I-35 Preferred Aetna Health Network Only (HNO) &
I-35 Preferred PPO Network

Health Savings Account (HSA): PayFlex
Customer Service/lost cards: 888-678-8242

Dental Insurance

Page 24

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

Page 26

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

Flexible Spending Accounts

Page 27

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

Life & Disability

Page 29

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/
Hospital Indemnity
Customer Service: 888-600-1600
Carrier Address: www.guardianlife.com

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

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

Avant: Jenelle Iverson
Benefit Portal Address: 816-857-7847
NKCSO Call Center: www.nkcschoolsbenefits.com
844-831-0501

Plan Year for all benefits:

7-1-20 to 6-30-21 (Effects election choices)

Benefit Year:

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

1-1-21 to 12-31-21 (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
- Summary of Benefits and Coverage

MEDICAL INSURANCE

Aetna

Benefits You Receive

NKC Schools now offers three medical plan choices through **Aetna**. Below is a brief benefit summary of all three plans including employee pricing for all three options.

- A1 EPO Copays (\$\$\$)
- A2 High Deductible (\$)
- A3 EPO Primary Care 100 (\$\$)

Access your account online at www.aetna.com and or call 866-983-0084; Monday-Friday 8:00am-6:00pm (CT)

See if your doctor is in our network – or find a new one

Finding a Network Provider

You can locate a doctor through Aetna's provider search tool. Please keep in mind that the availability of any particular provider cannot be guaranteed.

Steps to locating a doctor

- Search for network providers with Aetna at www.aetna.com:
 - Click on "Find a Doctor"
 - Under "Guests", choose "Plan from an employer"
 - Enter your City and State, and modify the search radius (up to 100 miles)
 - Choose the appropriate plan as follows under "Select A Plan"
 - To search for the HDHP providers, select "I-35 Preferred - PPO" under the "Kansas & Missouri Preferred Networks" plans
 - To search for the I-35 preferred network HNO plan providers within the KC metro area, choose "I-35 Preferred Aetna Select (Open Access) and Health Network Only" under "Kansas & Missouri Preferred Networks" plans

A1 EPO Copays (\$\$\$)

Benefit	EPO with Copays	
	In-Network	Non-Network
Network	I-35 Preferred Aetna Health Network Only (HNO)	No Coverage
Emergency Care Treated as In-Network	Yes	No Coverage
Access to Meritas Clinic	Yes -\$0 copay/select 4 locations	No Coverage
Deductible (individual/family) - Calendar Year	\$0 / \$0	No Coverage
Member Coinsurance	0%	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
Basic Teladoc Visit*	\$40 copay	
Dermatology Teledoc Visit*	\$80 copay	
Behavioral Health Teledoc Visit*	\$40 copay	
Urgent Care Office Visit	\$80 copay	
Diagnostic X-ray for Complex Imaging Services	\$75 copay	No Coverage
Hospital Inpatient /Outpatient Surgery	\$500 copay per admit	No Coverage
Emergency Room	\$150 copay	No Coverage
Chiropractic Office Visit/Skeletal Manipulation	\$40 Copay	No Coverage
Speech, Hearing, Physical & Occupational Therapy	\$40 Copay	No Coverage
Generic Drugs**	\$10 copay	No Coverage
Preferred Drugs**	\$50 copay	No Coverage
Non-Preferred Drugs**	\$70 copay	No Coverage
Rx Mail Order**	\$30 generic / \$150 preferred brand / \$210 non-preferred brand	No Coverage
*Teladoc will be coded to follow the PCP/SCP copays/co-insurance per plan for regular and dermatology visits. Mental health will follow the outpatient MH benefit. ** When searching the formulary online you will look for the Advanced Control Prescription Drug Formulary		

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.

A1 EPO Copays (\$\$\$)	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	\$713.20	\$650.00	\$63.20	N/A
Employee + Spouse	\$1,465.36	\$650.00	\$815.36	N/A
Employee + Child(ren)	\$1,247.78	\$650.00	\$597.78	N/A
Family	\$1,563.40	\$650.00	\$913.40	N/A

A2 High Deductible (\$) *

Benefit	QHDHP*	
	In-Network	Non-Network
Network	I-35 Preferred PPO Network	N/A
Emergency Care Treated as In-Network	Yes	Yes
Deductible (individual/family) - Calendar Year	**\$1,400 / \$2,800	\$2,800 / \$5,600
Member Coinsurance	20%	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
Basic Teladoc Visit	\$45 in 2020/\$47 in 2021	
Dermatology Teledoc Visit	\$75 copay	
Behavioral Health Teledoc Visit**	\$190 Initial visit	
Urgent Care Office Visit	Deductible/Coinsurance	
Diagnostic X-ray for Complex Imaging Services	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 Drugs***	\$10 copay	50% of submitted cost; after applicable copay
Preferred Drugs***	\$50 copay	50% of submitted cost; after applicable copay
Non-Preferred Drugs***	\$70 copay	50% of submitted cost; after applicable copay
Rx Mail Order***	\$50 generic / \$150 preferred brand / \$210 non-preferred brand	50% of submitted cost; after applicable copay
*All services subject to deductible and coinsurance function as follows: Once deductible is met for any reason, the plan coinsurance picks up 80% or 50% of contracted expenses until the member's responsibility of 20% or 50% 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. **\$190 initial visit; then \$95 for consultation w/ psychiatrist or \$85 for consult with a therapist (non-psychiatrist) *** When searching the formulary online you will look for the Advanced Control Prescription Drug Formulary		

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.

A2 High Deductible (\$\$)	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	\$603.38	\$650.00	\$0.00	\$46.62
Employee + Spouse	\$1,239.74	\$650.00	\$636.36	\$46.62
Employee + Child(ren)	\$1055.66	\$650.00	\$452.28	\$46.62
Family	\$1,322.70	\$650.00	\$719.32	\$46.62

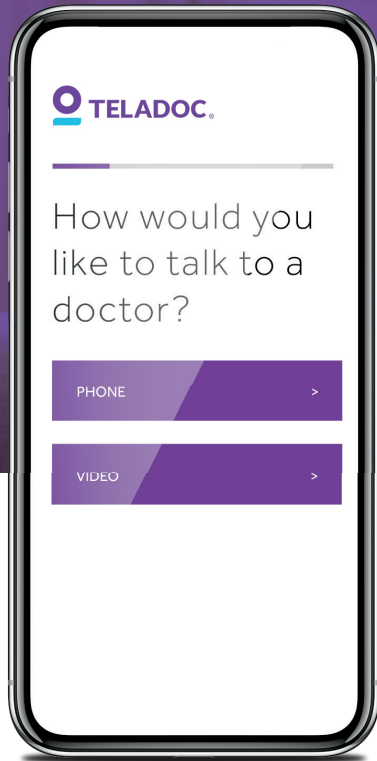
A3 EPO Primary Care 100 (\$\$)

Benefit	EPO with Coinsurance	
	In-Network	Non-Network
Network	I-35 Preferred Aetna Health Network Only (HNO)	No Coverage
Emergency Care Treated as In-Network	Yes	No Coverage
Access to Meritas Clinic	Yes – \$0	No Coverage
Deductible (individual/family) - Calendar Year	\$0 / \$0	No Coverage
Member Coinsurance	20%	No Coverage
Out of Pocket Maximum (individual/family) - Calendar Year	\$1,350 / \$2,700	No Coverage
PCP Office Visit / Specialist Office Visit	\$0 at PCP/20% coinsurance	No Coverage
Basic Teladoc Visit	\$0 copay	
Dermatology Teledoc Visit	20%	
Behavioral Health Teledoc Visit	20%	
Urgent Care Office Visit	20%	
Diagnostic X-ray for Complex Imaging Services	20%	No Coverage
Hospital Inpatient /Outpatient Surgery	20%	No Coverage
Emergency Room	20%	No Coverage
Chiropractic Office Visit/Skeletal Manipulation	20%	No Coverage
Speech, Hearing, Physical & Occupational Therapy	20%	No Coverage
Generic Drugs*	\$15 copay	No Coverage
Preferred Drugs*	\$50 copay	No Coverage
Non-Preferred Drugs*	\$70 copay	No Coverage
Rx Mail Order*	\$15 generic / \$150 preferred brand / \$175 non-preferred brand	No Coverage
* When searching the formulary online you will look for the Advanced Control Prescription Drug Formulary		

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.

A3 EPO Primary Care 100 (\$)	Total Cost	District Benefit	Employee Cost*	HSA District Monthly Contribution
Employee	\$658.66	\$650.00	\$8.66	N/A
Employee + Spouse	\$1,353.32	\$650.00	\$703.32	N/A
Employee + Child(ren)	\$1,152.38	\$650.00	\$502.38	N/A
Family	\$1,443.88	\$650.00	\$793.88	N/A



You've got Teladoc

Talk to a doctor anytime,
anywhere by phone or video.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



Create account

Use your phone, the app, or the website to create an account and complete your medical history



Talk to a doctor

Request a time and a Teladoc doctor will contact you



Feel better

The doctor will diagnose symptoms and send a prescription if necessary

Talk to a doctor anytime

1-855-TELADOC (835-2362) | Teladoc.com/Aetna

Download the app



Health Savings Account

(Available when you enroll in the **QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN – Plan A2 High Deductible (\$)**)

HSA Carrier: PayFlex

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)	2020 (Calendar Year)
Single	\$3,550
Family	\$7,100
HSA Catch Up (Age 55 or Older Only)	\$1,000
NKCSD Contribution effective 7-1-20 to 6-30-21	\$46.62 per month

Use Your Money

- Access your account online at payflex.com and or call 888-678-8242; Monday-Friday 7:00am-7:00pm (CT) Saturday 9:00am-2:00pm (CT)
- You will be provided a debit card
- 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 non-insured expenses such as 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 <https://www.irs.gov/pub/irs-pdf/p502.pdf>

Additional HSA Information can be found at payflex.com or contact 888-678-8242.

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 2020, the maximum contribution amounts are \$3,550 for self-only coverage and \$7,100 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 account holder 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

Aetna Additional Perks!



Mind and body

Natural products and services discounts

A little help reaching your best health

Relax and renew

There are many paths to your best health. Your Aetna® plan can help you find a natural one. You get discounts on natural therapy services and more through the ChooseHealthy® program.

Provider discounts on services

Whether you're feeling pain or stress, or just want to relax, you have options.*

You get discounts on:

- Massage therapy
- Acupuncture
- Chiropractic visits
- Nutrition services



Built-in plan discounts with no referrals, claims or limits. Your family can use them, too.

More savings

You can also save on a wide range of popular health and fitness products such as wearables, fitness kits and more. With free standard shipping on all orders.

You have two ways to order through ChooseHealthy:

- **Online:** Create a member account at check out to get a discount on all future orders.
- **By phone:** For more information or help finding a provider, call toll free at **1-877-335-2746**, 5 a.m. to 6 p.m. PT, Monday through Friday.



How to get started

Log in to [aetna.com](https://www.aetna.com) and look for the "Stay Healthy" tab.

You'll find discounts on natural products and services and much more.



You've got this

Making healthy simpler Your member website

You've got healthy handled with aetna.com

Log in to your Aetna® member website, and manage your benefits.



**Clean, simple
screen**



**Easy claims
walk-through**



**Money-saving
tools**



**Fitness and
wellness perks**

In Idaho, health benefits and health insurance plans are offered and/or underwritten by Aetna Health of Utah Inc. and Aetna Life Insurance Company. For all other states, health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

aetna®

aetna.com

Features that get you where you need to go

Find care



- Search network providers.
- Find walk-in clinics.
- Change your doctor.
- See past activity.

Manage claims



- View and sort claims.
- Pay your provider.
- Get a claims breakdown.

See coverage and costs



- Get coverage details.
- See out-of-pocket costs.
- Compare costs.
- Read doctor reviews.

Manage prescriptions



- Find a pharmacy.
- Order medicine.
- See what's covered.
- Learn side effects.
- Ask a pharmacist.

Stay healthy



- Take a health assessment.
- Try health coaching.
- Start a wellness program.
- Get treatment options.
- Save on gyms, vision and more.

Visit **aetna.com**
and log in to your
member website.

This material is for information only. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. Estimated costs not available in all markets. The tool provides an estimate of what would be owed for a particular service based on the plan at that very point in time. Actual costs may differ from an estimate if, for example, claims for other services are processed after the estimate is provided but before the claim for this service is submitted. Or if the doctor or facility performs a different service at the time of the visit. Health maintenance organization (HMO) members can only look up estimated costs for doctor and outpatient facility services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **aetna.com**.

aetna®

A woman with dark hair in a ponytail, wearing a black and white horizontally striped long-sleeved shirt, stands on a wooden walkway of a bridge. She is looking down at a black smartphone in her right hand and holding a brown paper coffee cup with a white sleeve in her left hand. In the background, the bridge's steel structure and a body of water are visible under a clear sky.

All over it

Stay on top of your health care benefits
You're in charge with the Aetna HealthSM app

aetna[®]

aetna.com

Your health is in your hands

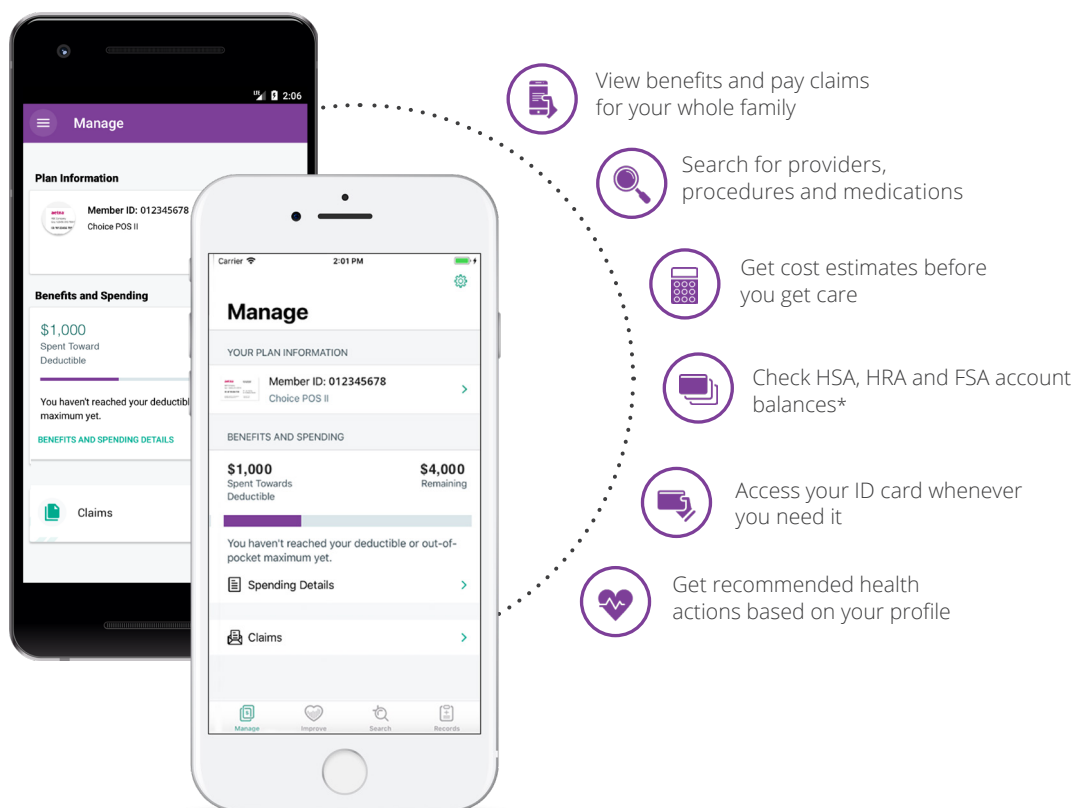
Staying healthy is important. So is keeping track of your benefits. But with everything else you have going on, managing it all can be a challenge.

The Aetna Health app can help. From finding a doctor and estimating costs to tracking progress on your

personal health goals, the app is your all-in-one resource for information and inspiration.

See for yourself how the app can make it easier to manage your health and benefits.

Download the
Aetna Health app



*Available only to members with PayFlex® services.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

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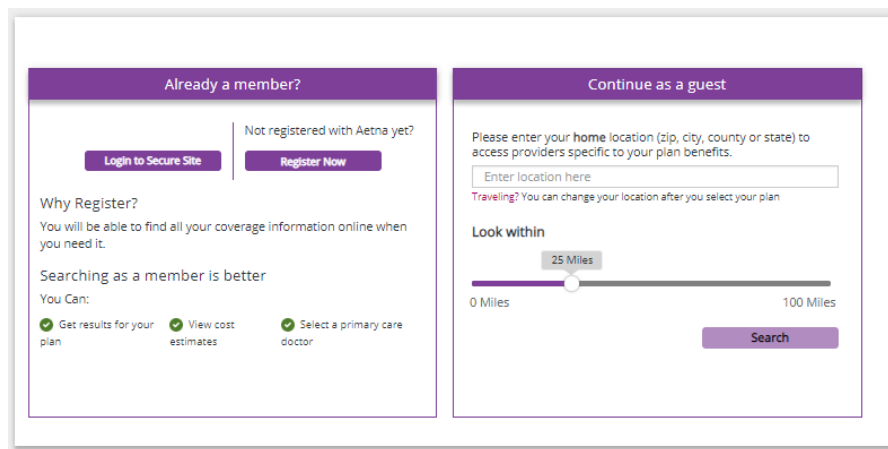
aetna®

See if your doctor is in our network — or find a new one

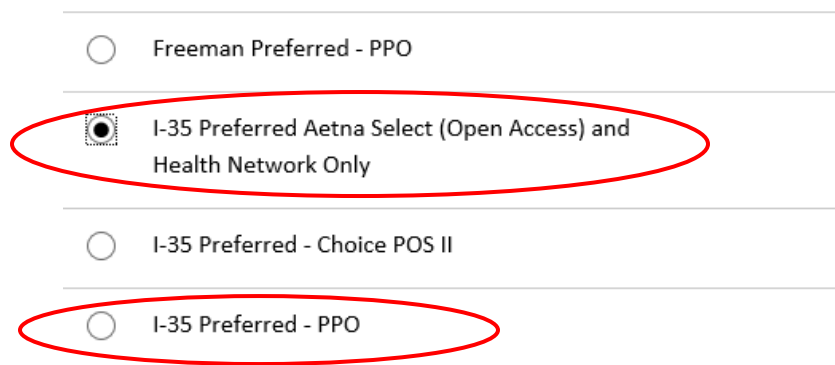
You can locate a doctor through **our provider search tool**, which is updated six days a week. Please keep in mind that the availability of any particular provider cannot be guaranteed.

Steps to locating a doctor

1. [Click here](#) to access the search tool (direct URL – aetna.com/docfind)
2. Enter your ZIP code or city/state and click search. This will allow you to search the entire directory or search for a specific provider.



3. Select a plan choice — Scroll down to the “Kansas & Missouri Preferred Networks (Includes HealthFund Plans) section and select:
 - For the A1 EPO Copay (\$\$\$) and A3 Primary Care 100 (\$) plans, select the **I-35 Preferred Aetna Select (open Access) & Health Network Only** plan option.
 - For the A2 High Deductible (\$) plan, select the **I-35 Preferred – PPO** plan option.



Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

4. Search by doctor name or by category, e.g. primary care physicians, hospitals, urgent care facilities, and more.

What do you want to search for near 64116 (Kansas City, MO)? [Change location](#)

Q

Eg. John Wright, Primary Care Physician, Dermatologists, Periodontists

OR

Find what you need by category

Medical Doctors & Specialists Primary care physicians (PCPs), pediatricians, cardiologists, OB/GYNs, others	Hospitals & Facilities Hospitals, physical therapy centers, nursing facilities, dialysis centers, others	Urgent Care A type of facility focused on the delivery of urgent care outside of an emergency room	Walk-In Clinics A facility that accepts patients on a walk-in basis and with no appointment required	Pharmacy Search for pharmacies by name or location
Behavioral Health Counseling, EAP, mental health facilities, substance abuse treatment, psychiatrists, others	Dental Care Dentists, orthodontists, periodontists, oral surgeons, endodontists, others	Vision Routine eye exams, glasses, contact lenses	Labs & Testing Bloodwork, lab tests, diagnostic testing centers, sleep centers, imaging centers, others	Alternative Medicine Chiropractors, acupuncturist, massage therapists, dieticians, others

5. Click or search for a specific provider type and your list of in-network providers will appear.

In network search results for Primary Care Physician (PCP) near 64116 (Kansas City, MO)

[See Important Notice About Participating Providers below](#)

In Network [List View](#) [Map View](#) [Filter & Sort](#) [Print a Provider Directory](#) [Print](#)

* A B C D E F G H I J K L M N O P Q R S T U V W * Y Z

Provider/Facility Information	Distance	Plan Information	Ratings
Maximum Savings Treemaneekarn, Varaporn, DO » ✓ In Network Provider ID #: 5508865 2700 Clay Edwards Drive Suite 400 North Kansas City, MO 64116 (816) 421-4240 Specialties: Internal Medicine Add to compare Report Incorrect Information »	1 miles	Maximum Savings - This provider provides maximum savings for you See Accepted Plans	★★★★☆ 1 rating(s) »
Maximum Savings Baskins, Rebecca S., MD » ✓ In Network Provider ID #: 7166305 2700 Clay Edwards Drive Suite 240 North Kansas City, MO 64116 (816) 691-5287 Specialties: Family Practice Add to compare	1 miles	Maximum Savings - This provider provides maximum savings for you See Accepted Plans	★★★★☆ 12 rating(s) »

This material is for information only. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to dental services. Information is believed to be accurate as of the production date; however, it is subject to change.



Experience the moments

Discounts and savings for you to enjoy

aetna[®]

[aetna.com](https://www.aetna.com)



Healthy vision

Savings on eyewear and exams

With EyeMed, you get:

Plenty of prescription savings

If your vision isn't 20/20, you'll love discounts on:

- Designer frames
- The latest in lens technology
- Non-disposable contact lenses
- Sunglasses, and more

Great rates on eye exams

Your eye exams are always discounted. So even if your plan covers your first exam, you can save on another one from any participating doctor.

Lots of locations

You can visit many doctors in private practice. Plus, national chains like JCPenney Optical, LensCrafters, Target Optical, Sears Optical and Pearle Vision.¹ You can find them all on your member website at **aetna.com**.

More eye-openers

- Savings on LASIK laser eye surgery
- Replacement contact lenses, delivered to your door
- Savings on eyeglass chains, lens cases and cleaners, and nonprescription sunglasses

Built-in plan discounts with
no referrals, claims or limits.
Your family can use them, too.



A fit, fabulous you

Savings on gyms and health coaching

Discounts on gym memberships

Get access to gyms close to home and on the road.

A healthier you from home

If staying home is more your style, you have choices.

Health coaching

Get one-on-one support to quit smoking, ease stress, lose weight and more. On your schedule.

At-home weight-loss program

Your body is your business. So you get weight-loss tips, menus and weigh-ins ... right in the privacy of your home. You get plans to help you lose the weight and keep it off. These plans may offer:

- Abundant menu options
- Online tools and coaching
- Counseling
- Free shipping*
- No contract or cancellation penalties**

Savings on home exercise equipment

Build your body — and your home gym — with discounts on home exercise helpers.

*Shipping fees are dependent upon the weight-loss plan selected.

**Contract/cancellation fees are vendor dependent.

¹EyeMed Select Network and Provider List. January 1, 2018.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Health Assurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.



A natural health boost

Savings on massage and more

Natural therapy services

You can try these services*** at a discount.

- Ease your stress and tension with **massage therapy**.
- Heal pain or stress points with **acupuncture**.
- Relieve neck and back pain with **chiropractic care**.
- Get advice from registered dietitians with **nutrition services**.

It's easy: You can find program professionals at **aetna.com**. Just bring your Aetna® ID card to your visit.

Natural products, too

You can also order healthy items you use every day, like **over-the-counter vitamins** and **yoga equipment**.

Plus, aromatherapy, natural body care products and herbal and nutritional supplements.

At-home products

Save on blood pressure monitors, pedometers and activity trackers, electrotherapy TENS units (devices for pain relief), and many other Omron® products.

Ready to browse and buy? Just log in to your member website at **aetna.com** for easy ordering instructions.



Hearing your world better

Savings on hearing aids and exams

You have options

With Hearing Care Solutions, you get:

- **Discounts** on a large choice of hearing aids
- **A three-year supply of batteries**, then you can join a discount battery mail-order program
- **Free in-office service** of hearing aids for one year
- **Free routine cleanings** and battery door replacements for one year after purchase from the original provider

With Amplifon Hearing Health Care, you get:

- **Discounts** on many styles of hearing aids, including programmable and digital hearing aids from leading makers
- **Savings** on hearing exams and hearing aid repairs
- **Free follow-up services** for one full year
- **A two-year supply of batteries**

***Through the ChooseHealthy® program, which is made available through American Specialty Health Administrators, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.



DENTAL INSURANCE

Delta Dental of Missouri

Delta Dental PPO SM Benefit Plan Highlights ¹	Delta Dental PPO 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 • 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 • Sealants for dependent children under 19. • Restorative services • Simple and surgical extractions • Endodontics & Periodontics	100%	80%	80%
Major Services • 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 • 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
Employee + Family	\$104.96	\$27.14	\$77.82



Delta Dental MAXAdvantageSM Benefit Option

Delta Dental's MAXAdvantageSM dental benefit option allows groups and their participants to receive most preventive and diagnostic services without reducing their plan year maximum benefit amount. This means they can maintain their preventive dental care routine while saving their annual maximum for other dental services they may need throughout the year.

Q What services are included and do not count toward the plan year maximum benefit amount?

- A**
- Routine and comprehensive dental exams, as well as periodontal exams
 - X-rays, including complete series, periapical, intraoral, extraoral, bitewings and panoramic films
 - Cleanings including perio-maintenance cleanings
 - Fluoride and fluoride varnishes

Benefits without MAXAdvantage SM	Benefits with MAXAdvantage SM
<u>Routine Care Example</u> (2 exams, x-rays, 2 cleanings) \$1,000 annual maximum 100% coverage for routine care Delta Dental Pays: \$300 Member Pays: \$0 Benefits Remaining: \$700	<u>Routine Care Example</u> (2 exams, x-rays, 2 cleanings) \$1,000 annual maximum 100% coverage for routine care Delta Dental Pays: \$300 Member Pays: \$0 Benefits Remaining: \$1,000



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 provider.

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	\$9.66	
Employee Spouse	\$19.22	
Employee Child(ren)	\$20.54	
Family	\$32.82	

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: \$2,750

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



Surency AdvantagePlus 2020 Flex Reminders!!

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

If you have not used up your 2019-20 Flex dollars, you have until **9/15/2020** to incur claims. NKC Schools offers a **grace period** which means that you can incur claims in July 2020 through September 15th of 2020 and file for reimbursement from your 2019-20 flex account. You have until **September 28th, 2020 to file all claims**. Any 2019-20 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. 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).

Substantiation – Why is it needed?

The IRS has established specific guidelines that require all Flexible Spending Account (FSA) transactions-even those made using a health care payment card-to be substantiated (verified that the purchase was an eligible medical expense). Some claims may use auto-substantiation (copay matching, recurring claims or real-time substantiation). Other claims require manual substantiation (receipt). Claims not substantiated may be recovered through payroll. This is an IRS mandate, not NKC Schools or Surency.

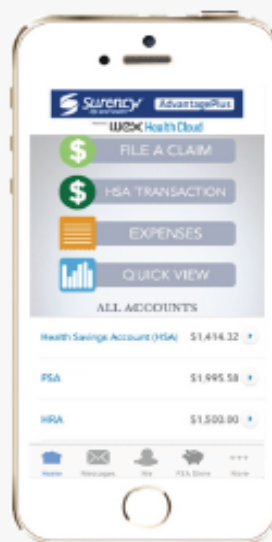
TAKE CONTROL OF YOUR HEALTHCARE EXPENSES



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

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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 the 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 the Benefits Specialist to update your beneficiary information.

Plan Feature/Provision	Plan Design Details
Employee Benefit: - Plan Maximum - Guarantee Issue (Initial year only) - Incremental Purchase Amounts	- \$500,000 - \$300,000 - \$10,000 to \$50,000 during open enrollment without EOI
Spouse Benefit (Up to 50% of employee coverage): - Plan Maximum - Guarantee Issue (Initial year only) - Incremental Purchase Amounts	- \$50,000 - \$50,000 – max 50% of employee election - \$5,000
Child(ren) Benefit (Up to 50% of employee coverage): - Plan Maximum - Guarantee Issue - Incremental Purchase Amounts	- \$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.

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



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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

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.

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.



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

Why A Hospital Indemnity insurance plan?



While many working families have health insurance, few, if any are likely to budget for unexpected out of pocket medical cost.

As the cost of healthcare increase, families have become increasingly interested in the need for insurance products that can help them offset growing co-pays and deductibles. Hospital Indemnity insurance can help manage the cost of accidental injuries and critical illnesses such as cancer, heart disease and strokes.

A Hospital Indemnity insurance plan through Guardian provides:

- A cash benefit when you are admitted to a hospital, whether or not these charges are covered by your medical plan
- Benefit payments sent directly to you and can be used for any purpose – from covering medical copays and deductibles to paying for everyday expenses such as the mortgage, groceries and utilities
- Simple enrollment with no health or medical questions to answer
- Ability to take the coverage with you if you change jobs or retire

BENEFITS	
	All Eligible
Contributory/Participation	Voluntary/Greater of 15% or 10 enrolled lives.
Hospital/ICU Admission	\$1000 / \$2000 per admission to a max of 1 admission per year, per insured
Hospital/ICU Confinement	\$200 / \$400 per day to a max of 15 days per year, per insured
Health Screenings	\$50 per day of screening to a max of 1 day per year, per insured
Dependent Age Limits	Child Birth to 26 years
Treatments Covered	Sickness and Injury
Treatment of Normal Pregnancy	Normal pregnancy is included with no 9 month limitation.

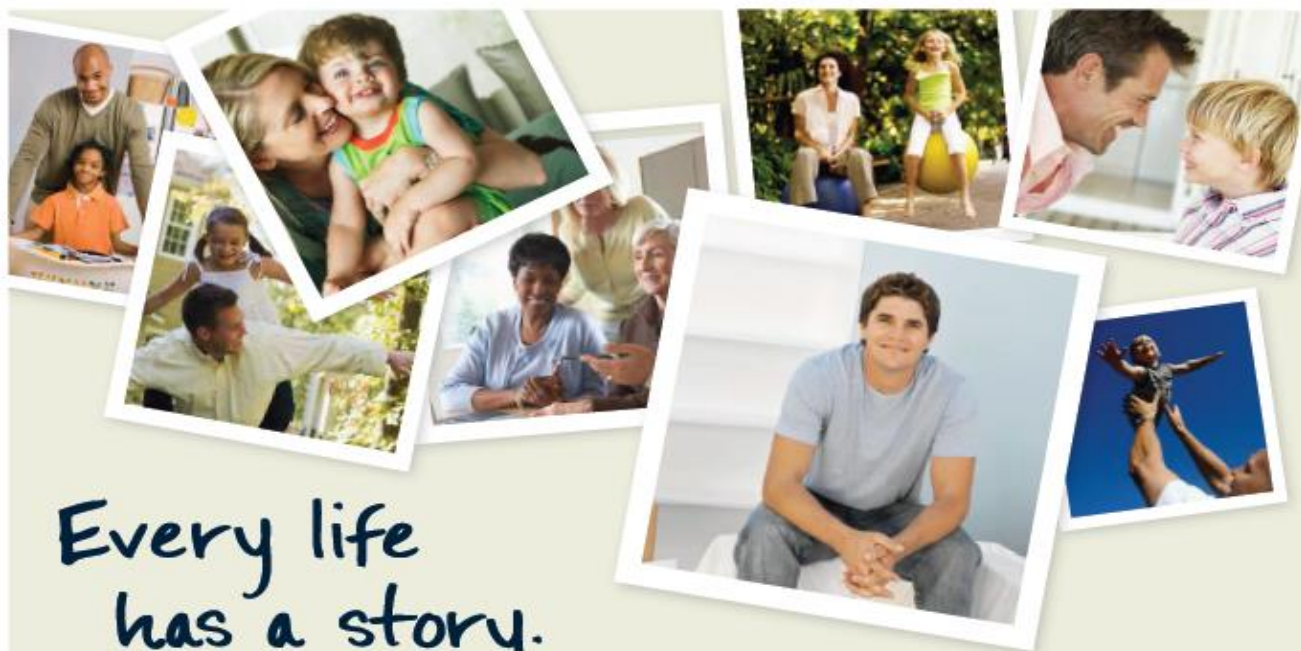
PLAN HIGHLIGHTS	
• Benefits are paid directly to the insured when they need it most and can be used however they choose: to help pay for out-of-pocket medical expenses like co-pays and deductibles or for non-medical expenses such as childcare, transportation. • Portability allows the employee to take the coverage with them even if employment has ended. An insured must port coverage prior to age 70.	

Coverage Details	
Your Monthly premium	\$22.68
You and Spouse/Domestic Partner	\$42.38
You and Child(ren)	\$35.24
You, Spouse/Domestic Partner and Child(ren)	\$54.92

Universal LifeEvents® Insurance

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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.

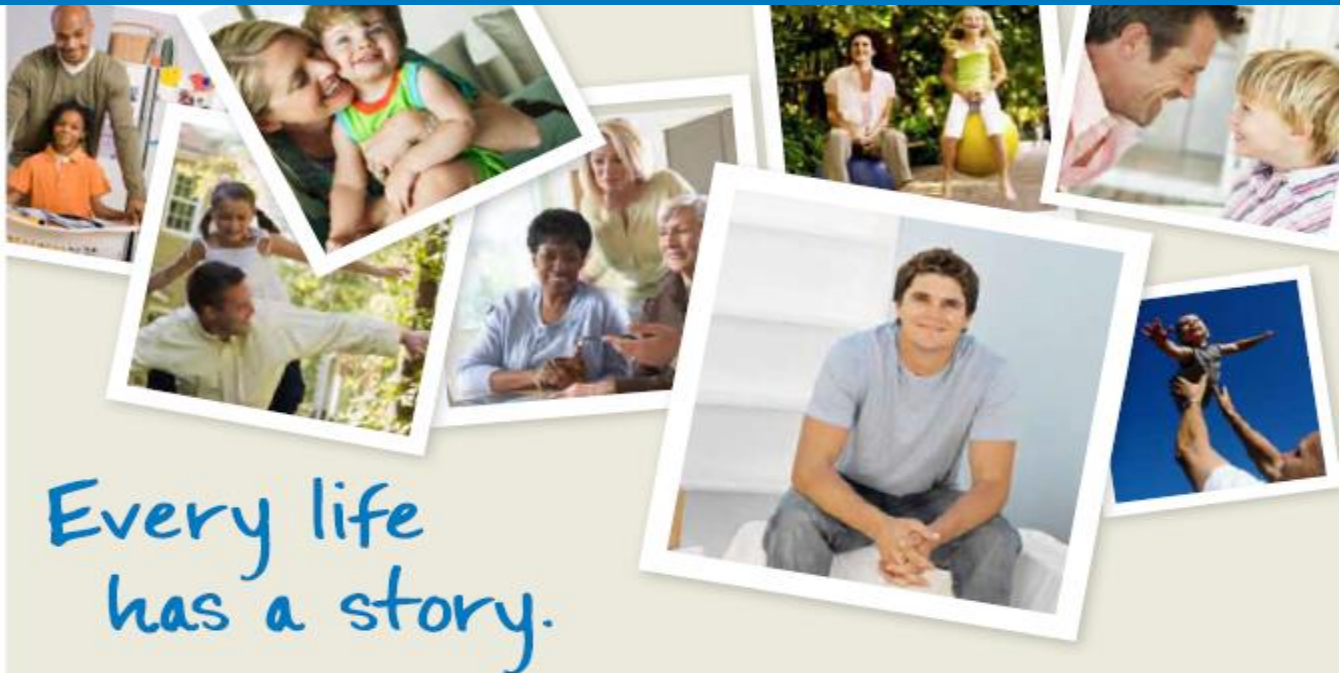
The ULE rate tables are available on your benefits web:

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

Universal Life Insurance

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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.
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Without you, how will their college dreams come true?
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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.



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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.

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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/IUL205; 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).

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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

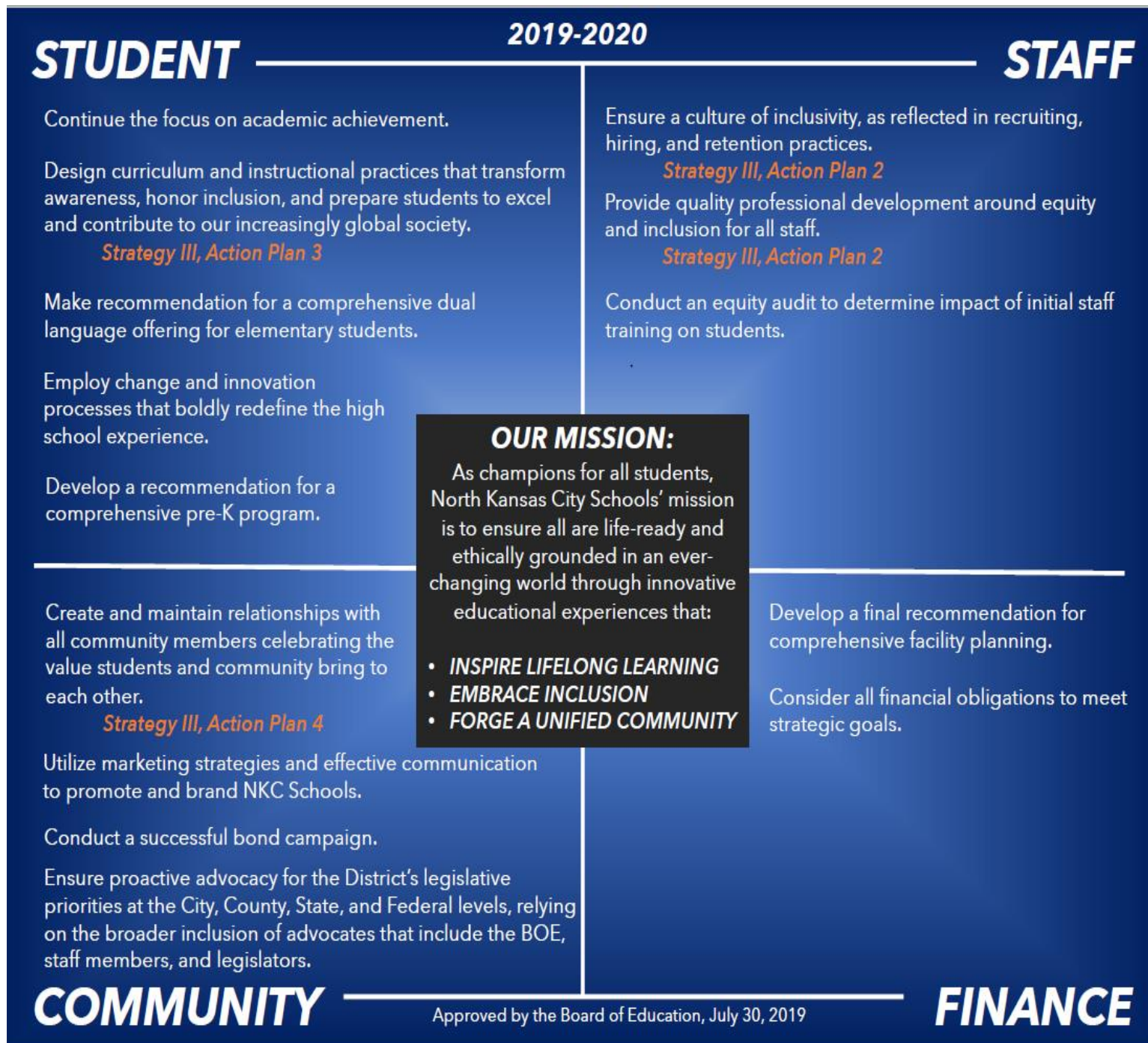
We reduce the root cause of up to 20% of identity theft by decreasing junk mail, stopping pre-approved credit offers, and ending telemarketing calls.

*Identity theft insurance underwritten by insurance company subsidiaries or affiliates of AIG. The 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.

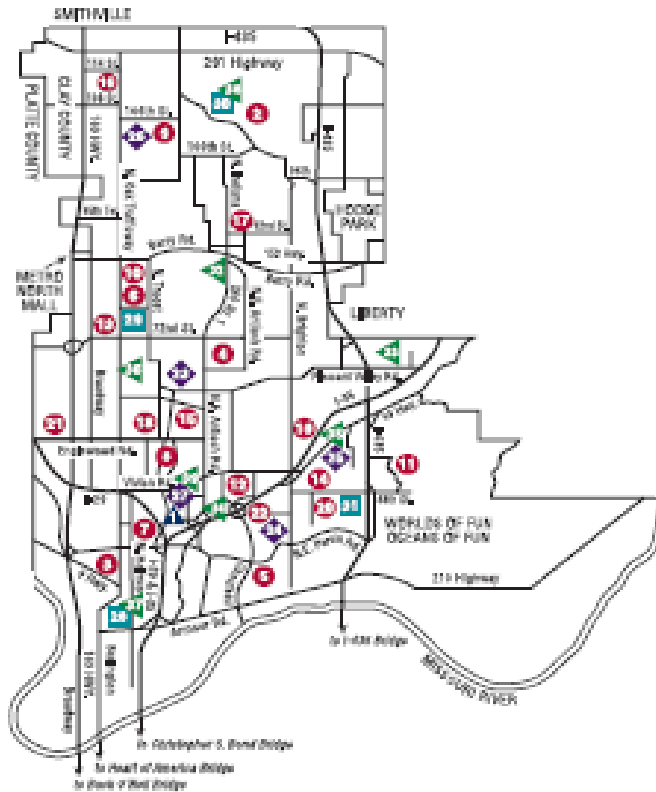
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NKC Schools Balanced Scorecard



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
3220 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 Gasland
500 N.E. 83rd St.
(816) 321-5100

11 Gracemor
5125 N. Sycamore Ave.
(816) 321-5110

12 Lakewood
4634 N. Norton Ave.
(816) 321-5120

13 Linden West
7333 N. Wyandotte St.
(816) 321-5130

14 Maplewood
6400 N.E. 52nd 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 Ravenwood
5030 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 Winwood
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

■ HIGH SCHOOLS

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 Winnetonka
5815 N.E. 48th St.
(816) 321-5340

◀ OTHER FACILITIES

32 Community Education Services
3100 N.E. 83rd St., Suite 2400
(816) 321-5010

33 Early Childhood Education Center
6800 Scobee 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) 321-5240

36 Northland Innovation Center
6889 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)



NORTH KANSAS CITY SCHOOLS

... ..

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

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

ANNUAL MODEL NOTICES

2020

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

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 <http://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 January 31, 2020. Contact your State for more information on eligibility –

To see if any other states have added a premium assistance program since January 31, 2020 or for more information on special enrollment rights, contact either:

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

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

State	Website/E-mail	Phone
Alabama (Medicaid)	http://www.myalhipp.com	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: http://myakhipp.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx E-mail: CustomerService@MyAKHIPP.com	1-866-251-4861
Arkansas (Medicaid)	http://myarhipp.com/	1-855-692-7447
California (Medicaid)	https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx	1-800-541-5555
Colorado (Medicaid and CHIP)	Medicaid: https://www.healthfirstcolorado.com/ CHIP: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus	1-800-221-3943 1-800-359-1991 State relay 711

State	Website/E-mail	Phone
Florida (Medicaid)	http://www.flmedicaidprecovery.com/hipp/	1-877-357-3268
Georgia (Medicaid)	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp	678-564-1162 ext 2131
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/hip/ All other Medicaid: http://www.indianamedicaid.com	1-877-438-4479 1-800-403-0864
Iowa (Medicaid and CHIP)	Medicaid: https://dhs.iowa.gov/ime/members CHIP: http://dhs.iowa.gov/Hawki	1-800-338-8366 1-800-257-8563
Kansas (Medicaid)	http://www.kdheks.gov/hcf/default.htm	1-800-792-4884
Kentucky (Medicaid and CHIP)	Medicaid: https://chfs.ky.gov KI-HIPP: https://chfs.ky.gov/agencies/dms/members/Pages/kihipp.aspx KI-HIPP E-mail: KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	www.medicaid.la.gov www.ldh.la.gov/la hipp	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	http://www.maine.gov/dhhs/ofi/public-assistance/index.html	1-800-442-6003 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	http://www.mass.gov/eohhs/gov/departments/masshealth/	1-800-862-4840
Minnesota (Medicaid)	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp See Eligibility > What if I have other health insurance?	1-800-657-3739
Missouri (Medicaid)	https://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana (Medicaid)	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	1-800-694-3084
Nebraska (Medicaid)	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	http://dhcfp.nv.gov/	1-800-992-0900
New Hampshire (Medicaid)	https://www.dhhs.nh.gov/oii/hipp.htm	603-271-5218 or 1-800-852-3345, ext. 5218
New Jersey (Medicaid and CHIP)	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	Medicaid: 609-631-2392 CHIP: 1-800-701-0710
New York (Medicaid)	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina (Medicaid)	https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota (Medicaid)	http://www.nd.gov/dhs/services/medicalserv/medicaid/	1-844-854-4825
Oklahoma (Medicaid and CHIP)	http://www.insureoklahoma.org	1-888-365-3742
Oregon (Medicaid)	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html	1-800-699-9075
Pennsylvania (Medicaid)	http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx	1-800-692-7462
Rhode Island (Medicaid and CHIP)	http://www.eohhs.ri.gov/	1-855-697-4347 or 401-462-0311 (Direct Rite)
South Carolina (Medicaid)	https://www.scdhhs.gov	1-888-549-0820
South Dakota (Medicaid)	http://dss.sd.gov	1-888-828-0059
Texas (Medicaid)	http://gethipptexas.com/	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: https://medicaid.utah.gov/ CHIP: http://health.utah.gov/chip	1-877-543-7669
Virginia (Medicaid and CHIP)	https://www.coverva.org/hipp	Medicaid: 1-800-432-5924 CHIP: 1-855-242-8282
Washington (Medicaid)	https://www.hca.wa.gov/	1-800-562-3022
West Virginia (Medicaid)	http://mywvhipp.com/	1-855-699-8447
Wisconsin (Medicaid and CHIP)	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	1-800-362-3002
Wyoming (Medicaid)	https://wyequalitycare.acs-inc.com/	307-777-7531

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 ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

**Important Notice from North Kansas City Schools
About Your Prescription Drug Coverage and Medicare
This Notice pertains to the
North Kansas City Schools Group Health Care Plan**

(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. Aetna 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 Aetna 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, 2020

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, Benefits Specialist, 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, Benefits Specialist, 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, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's

plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don’t enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

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

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

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

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

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the 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. Please contact Misty Miller, Benefits Specialist at 816-321-6078 or misty.miller@nkcschools.org.

Updated: May 1, 2020

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.



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 ensure 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, 2020
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 Aetna Group Health Care Plan Summary Document or contact your plan administrator at:

Dated: July 1, 2020
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 Aetna 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.

NOTES

This image shows a full page of blank handwriting practice paper. It features approximately 20 evenly spaced, horizontal blue lines across the entire width of the page. The background is plain white, providing a clear guide for letter height and placement. There are no margins, text, or other markings present.

NOTES

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NOTES

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



North Kansas City Schools BENEFITS GUIDE

2020–2021 Plan Year

Disclaimer: 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.