NORTH KANSAS CITY SCHOOLS EMPLOYEE BENEFIT REFERENCE GUIDE

2020 – 2021 Plan Year

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



North Kansas City Schools BENEFITS GUIDE

2020–2021 Plan Year



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



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The Guardian Life Insurance Company of America 7 Hanover Square New York, NY 10004-4025 www.guardiananytime.com 1. WorkLifeMamers 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

Carrier:

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: <u>KCasey@holmesmurphy.com</u> <u>MNelson@holmesmurphy.com</u>

Medical Insurance & Health Savings Account

Aetna

Website: <u>www.aetna.com</u> Phone: 866-983-0084

Network: I-35 Preferred Aetna Health Network Only (HNO) or

I-35 Preferred PPO Network

Page 6

Group Number: 148753

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.evemedvisioncare.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

Page 32

Critical Illness/Cancer/Accident/ Guardian

Hospital Indemnity

Customer Service: 888-600-1600

Carrier Address: www.guardianlife.com

Group Number: 571809

Permanent Life Insurance with

Long Term Care Benefits: Trustmark
Customer Service: 800-918-8877

Carrier Address: www.trustmarksolutions.com

Identity Theft Protection InfoArmor Identity Protection Experts

Customer Service: 800-789-2720 (24 hours, 7 days a week, 365 days a year)

Carrier Address: https://myportal.infoarmor.com

Avant: Jenelle Iverson 816-857-7847

Benefit Portal Address: www.nkcschoolsbenefits.com

NKCSD Call Center 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 Page 49

- 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 <u>Aetna</u>. 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 <u>www.aetna.com</u>:
 - 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	No Coverage	
	Network Only (HNO)	Ç	
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) -	\$2,500 / \$7,000	N. C.	
Calendar Year	\$3,500 / \$7,000	No Coverage	
PCP Office Visit / Specialist Office Visit	\$40/\$80 copay		
Basic Teladoc Visit*	\$40 copay		
Dermatology Teledoc Visit*	\$80 copay	No Coverage	
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	No Coverage	
	brand		

^{*}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.

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

^{**} When searching the formulary online you will look for the Advanced Control Prescription Drug Formulary

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		
Basic Teladoc Visit	\$45 in 2020/\$47 in 2021		
Dermatology Teledoc Visit	\$75 copay	Deductible/Coinsurance	
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 ac pay	50% of submitted cost; after	
_	\$10 copay	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.

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

^{**\$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

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		
Basic Teladoc Visit	\$0 copay		
Dermatology Teledoc Visit	20%	No Coverage	
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	

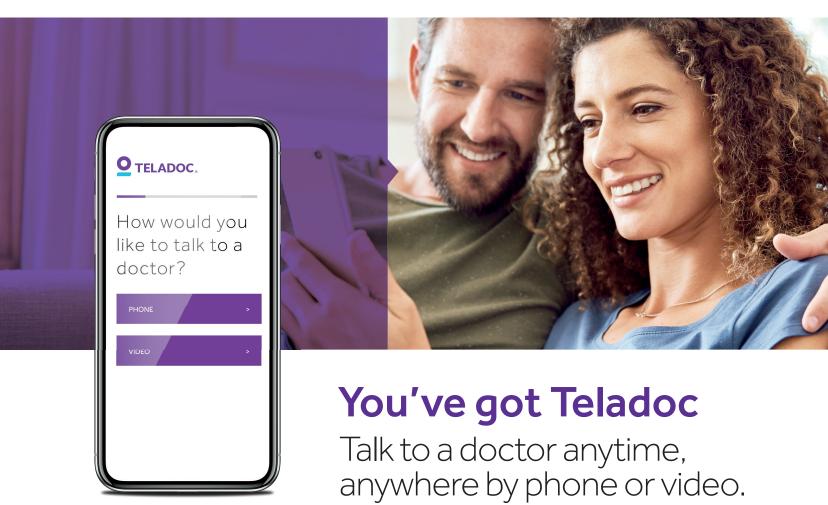
Employee Monthly Unit Cost:

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







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Talk to a doctor anytime

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PAYFLEX®

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 <u>payflex.com</u> or contact 888-678-8242.

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PROS AND CONS

Health Savings Accounts

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

ADVANTAGES

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

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

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

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

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

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

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

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

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

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



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THINKING AHEAD

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

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



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THINKING AHEAD

Aetna Additional Perks!



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 startedLog in to **aetna.com** and look for the "Stay Healthy" tab.

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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.



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



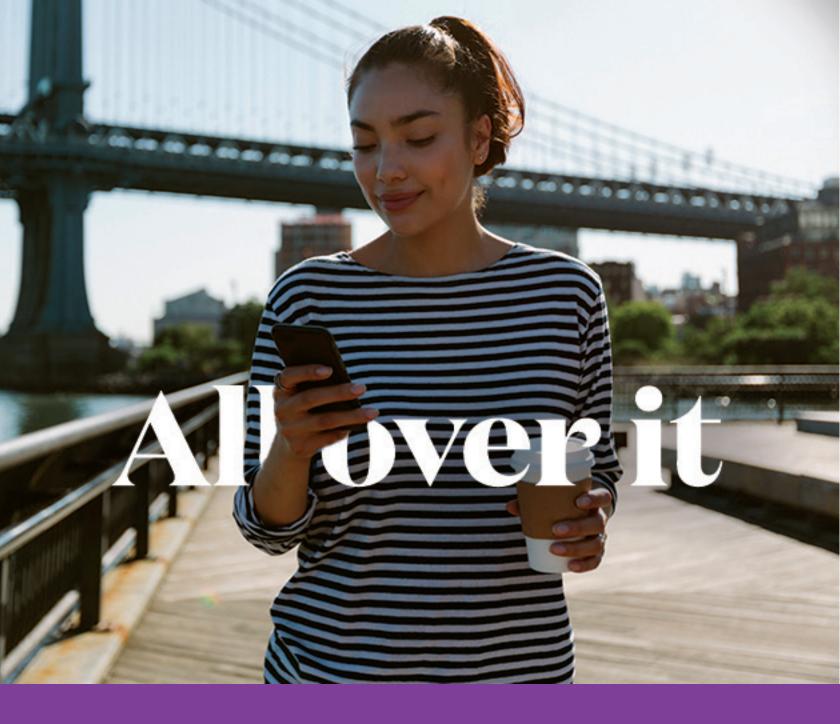
- · Take a health assessment.
- · Try health coaching.
- Start a wellness program.
- Get treatment options.
- · Save on gyms, vision and more.

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**.



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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.

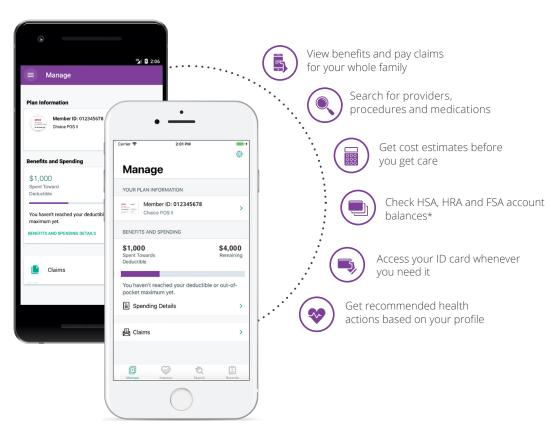
The Aetna Health app can help. From finding a doctor and estimating costs to tracking progress on your

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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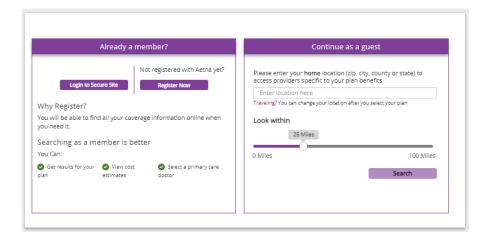


See if your doctor is in our network — or find a new one

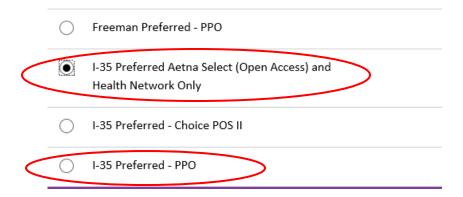
You can locate a doctor through **our provider search tool**, which is updated six days a week. Please keep in mind that the availability of any particular provider cannot be guaranteed.

Steps to locating a doctor

- 1. <u>Click here</u> to access the search tool (direct URL *αetnα.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 HeatlhFund 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.

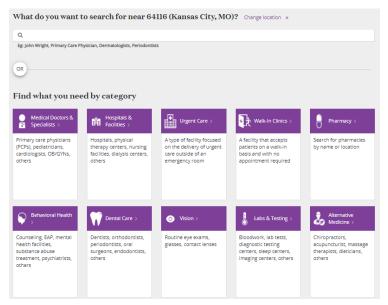


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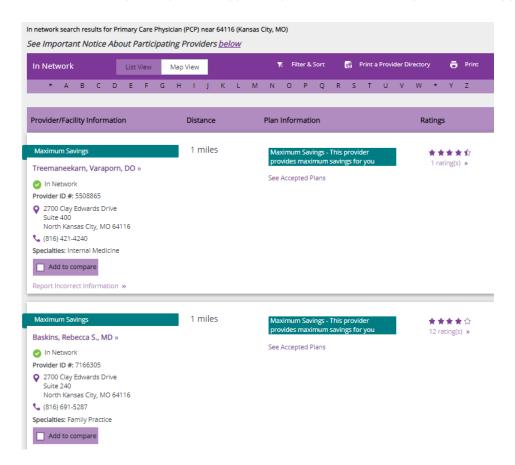


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4. Search by doctor name or by category, e.g. primary care physicians, hospitals, urgent care facilities, and more.



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



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.



Discounts and savings for you to enjoy

aetna



Healthy vision

Savings on eyewear and exams



A fit, fabulous you

Savings on gyms and health coaching

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.

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.

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 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.

^{*}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.



A natural health boost

Savings on massage and more



Hearing your world better

Savings on hearing aids and exams

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.

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	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non- Participating Dentist
Benefit Plan Highlights ¹	Based on applicable PPO SM Maximum Plan Allowance 	Based on applicable Premier® Maximum Plan Allowance 	Based on applicable Maximum Plan allowance for Non- Participating Dentist
	No Balance Billing	No Balance Billing	 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	100%	80%	80%
Periapical, Bitewing, full-mouth xrays			
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	50%	50%	50%
 Other oral surgery, except for extractions covered under Basic Services 			
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		ndent
Dependent Age Limit: End	Dependent Age Limit: End of calendar year following 26 th 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 MAX*Advantage*sm Benefit Option

Delta Dental's MAXAdvantage[™] 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.



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



- 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 MAX <i>Advantage</i> sM
Routine Care Example (2 exams, x-rays, 2 cleanings) \$1,000 annual maximum 100% coverage for routine care	Routine Care Example (2 exams, x-rays, 2 cleanings) \$1,000 annual maximum 100% coverage for routine care
Delta Dental Pays: \$300	Delta Dental Pays: \$300
Member Pays: \$0	Member Pays: \$0
Benefits Remaining:	Benefits Remaining:
\$700	\$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 Calenda	r Year	
Lenses or contact lenses	1 per Calenda	r Year	
Frames	1 per Calenda	r Year	
Eye exam	\$25 copay	Up to \$50	
Lenses, Lens Options and Frames			
Single vision lined lenses		Up to \$50	
Bifocal lined lenses	\$25 copay	Up to \$75	
Trifocal lined lenses		Up to \$100	
Standard progressive	\$25	IIa to \$75	
Premium progressive	\$25	Up to \$75	
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		
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 pretax 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 autosubstantiation (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.



MOBILE APP

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 Advantage Plus. 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:

Usemame: 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 john 1234 and your password would be smith 1234.

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

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.







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 NKCSD.

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.

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*		
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.



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



Monthly Premiums

Non Tobassa	Issue Age					
Non-Tobacco	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			

T-1	Tabassa Issue Age						
Tobacco	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.

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.



^{*} 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 without Cancer

CRITICAL ILLNESS INSURANCE with out Cancer Brochure

NORTH KANSAS CITY SCHOOL DISTRICT



Helping you focus on recovery not your finances

The antidote for expenses not covered by medical insurance

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Guaranteed-Issue Amounts

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

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

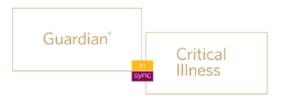
Condition	1 st Occurrence	2nd Occurrence*
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Arteriosclerosis	30%	0%
Organ Failure	100%	50%
Kidney Failure	100%	50%

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. Preexisting 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



Monthly Premiums

Non Tobacca		Issue Age					
Non-Tobacco	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							
Tobacco	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.

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
GUARDIAN Send the GUARDIAN GRI loop are recisioned service marks of The Guardian Life Insurance Company of America and are used with express permission.

[&]quot; 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.



NORTH KANSAS CITY SCHOOL DISTRICT

Group Number: 00537594

Accident Benefit Summary

About Your Benefits:

Accidents happen every day. Did you know almost 39 Million emergency room visits a year are due to an injury? 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!

What Your Benefits Cover:

	ACCIDENT			
COVERAGE - DETAILS	Option I: 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				
	Employee \$30,000	Employee \$50,000		
Benefit Amount(s)	Spouse \$15,000	Spouse \$25,000		
	Child \$10,000	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&I 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:	Seatbelts: \$10,000 & Airbags:		
Seawers and Airbags	\$15,000	\$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

Injury Facts, 2011 Edition, National Safety Council.

ATURES (Cont.)	Option I: 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
Blo od/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:	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches:
bunis (21d Degree 31d Degree)	\$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000	\$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 I year	\$225/day - up to I year
Hospital ICU Admission	\$1,500	\$2,000
Hospital ICU Confinement	\$350/day - up to 15 days	\$450/day - up to 15 days
nitial Physician's office/Urgent Care Facility Treatment	\$50	\$75
oint 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 passanger 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 Accomodation 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 I 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.				

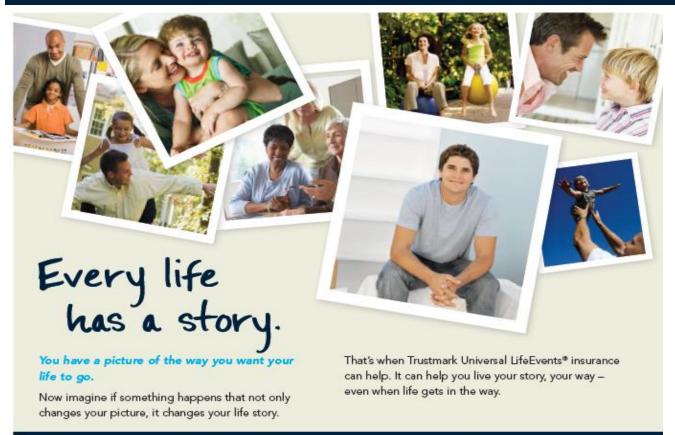
PLAN HIGHLIGHTS

- 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





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.



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 7	0	Age 70+				
Death Benef	it \$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

Living Benefits can double the value of your life insurance.

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 benefit ² 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	

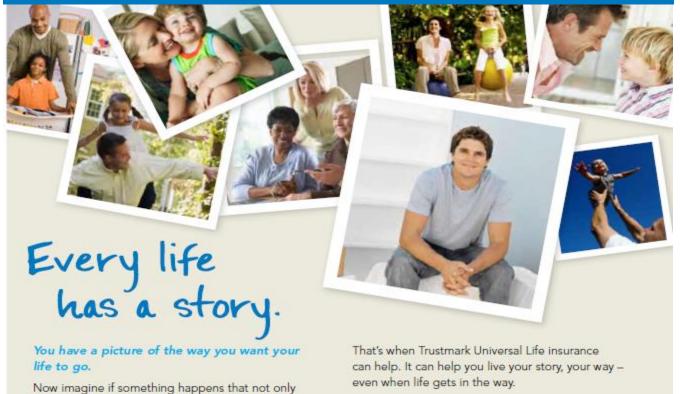
The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Living Benefits may not be available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

\$200,000

The ULE rate tables are available on your benefits web: https://www.nkcschoolsbenefits.com/permenant-life-long-term-care

Universal Life Insurance





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.

changes your picture, it changes your life story.

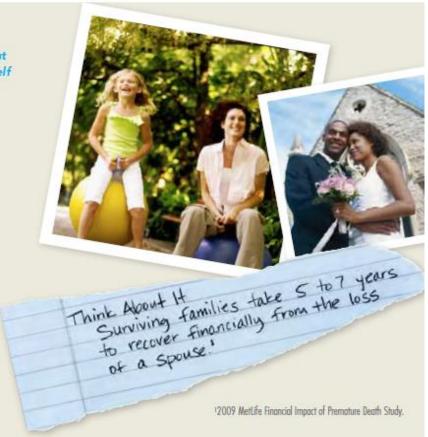
- Helps provide permanent financial protection
- Is a financial tool that helps you manage life at every stage – from supporting a family to sending your children to college to the need for long-term care
- Builds cash value over time that you can access for life's challenges and life's opportunities



Why do you need it?

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

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



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



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

The ULE rate tables are available on your benefits web: https://www.nkcschoolsbenefits.com/permenant-life-long-term-care



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

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.

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

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

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

Trustmark

Voluntary Benefit Solutions.

PERSONAL FLEXIBLE TRUSTED.

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

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This provides a brief description of your benefits. Your representative can provide you with costs and complete details. See Plan GUL.205/1UL.205; HH/LTC.205; BRR.205; ABR.205; ADB.205; and CT.20 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 Ar (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.



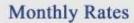
Internet Surveillance

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.



Employee Only \$7.96

Family Coverage \$13.96





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 fliest insurance underwitten by insurance company subcidances or attributes of 495. The description historia is assumancy and intended for informational purposes only and does not leaded a litters, containes and exclusions of the policies feedbase. Please not the tribute business policies for terms, containing, a policipation for any accompanies of coverages. Containing

Learn more about the advantages of identity monitoring.

INFOARMOR • T 800.789.2720 • WWW.INFOARMOR.COM

NKC Schools Balanced Scorecard

STUDENT -

2019-2020

STAFF

Continue the focus on academic achievement.

Design curriculum and instructional practices that transform awareness, honor inclusion, and prepare students to excel and contribute to our increasingly global society.

Strategy III, Action Plan 3

Make recommendation for a comprehensive dual language offering for elementary students.

Employ change and innovation processes that boldly redefine the high school experience.

Develop a recommendation for a comprehensive pre-K program.

Create and maintain relationships with all community members celebrating the value students and community bring to each other.

Strategy III, Action Plan 4

Utilize marketing strategies and effective communication to promote and brand NKC Schools.

Conduct a successful bond campaign.

Ensure proactive advocacy for the District's legislative priorities at the City, County, State, and Federal levels, relying on the broader inclusion of advocates that include the BOE, staff members, and legislators.

Ensure a culture of inclusivity, as reflected in recruiting, hiring, and retention practices.

Strategy III, Action Plan 2

Provide quality professional development around equity and inclusion for all staff.

Strategy III, Action Plan 2

Conduct an equity audit to determine impact of initial staff training on students.

OUR MISSION:

As champions for all students, North Kansas City Schools' mission is to ensure all are life-ready and ethically grounded in an everchanging world through innovative educational experiences that:

- INSPIRE LIFELONG LEARNING
- EMBRACE INCLUSION
- FORGE A UNIFIED COMMUNITY

Develop a final recommendation for comprehensive facility planning.

Consider all financial obligations to meet strategic goals.

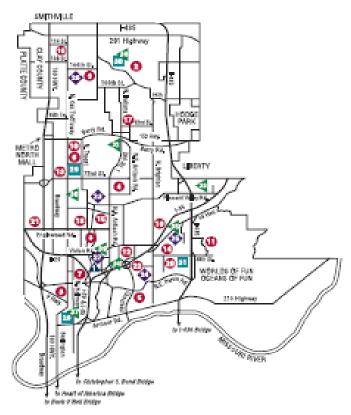
COMMUNITY

Approved by the Board of Education, July 30, 2019

FINANCE

North Kansas City Schools

LOCATIONS



▲ ADMINISTRATIVE CAMPUS

1 Thomas P. Cummings Administrative Center 2000 N.E. 46th St. (816) 321-5000

R. B. Doolin Center for Educational Development 1900 N.E. 46th St.

Career & Technical Education Center 1950 N.E. 46th St.

ELEMENTARY SCHOOLS

2 Bell Prairie 3000 N.E. 108th St. (816) 321-5020

3 Briarcliff 4100 N. Briarcliff 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. 106th St. (816) 321-5090

10 Gashland 500 N.E. 83rd St. (816) 321-5100 11 Gracemor 5125 N. Sycamore Ava. (816) 321-5110

12 Lakewood 4624 N. Norton Ave. (816) 321-5120

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

14 Maplewood 6400 N.E. 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 Northylew 9201 N. Indiana Ave. (816) 321-5170

18 Oakwood Manor 5900 N. Flora Ave. (816) 321-5180

19 Raverwood 5020 N.E. 58th St. (816) 321-5190

20 Topping 4433 N. Topping Ava. (816) 321-5200

21 West Englewood 1506 NW. Englewood Rd. (816) 321-5210

22 Winnwood 4531 N.E. 44th Terr. (816) 321-5220

◆ MIDDLE SCHOOLS

23 Antioch 2100 N.E. 65th St. (816) 321-5260

24 Eastgate 4700 N.E. Parvin Rd. (816) 321-5270

25 Maple Park 5300 N. Bennington Ave. (816) 321-5280

26 New Mark 515 N.E. 106th 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 Sobble 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

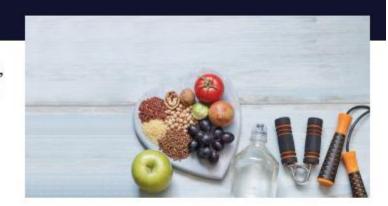
2000 NE 46th Street Karsas City, MO 64116-2042 (816) 321-5000 nkcschools.org

North Kansa City Schools does not discriminate on the basis of race, color, national origin, age, we, martial status, wilgion, 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 Welless Webpage to stay informed on all the wellness opporunities.

Gym Memberships Discounts

The district has a variety of community membership discounts throught 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 throughtout 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.







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 www.nkcschoolsbenefits.com website. A paper copy is also available, free of charge, by contacting the benefits department.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp	

CALIFORNIA – Medicaid	INDIANA – Medicaid
Website:	Healthy Indiana Plan for low-income adults 19-64
https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_	Website: http://www.in.gov/fssa/hip/
<u>cont.aspx</u>	Phone: 1-877-438-4479
Phone: 916-440-5676	All other Medicaid
	Website: https://www.in.gov/medicaid/
	Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website:	Website:
https://dhs.iowa.gov/ime/members	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Medicaid Phone: 1-800-338-8366	Phone: 1-800-694-3084
Hawki Website:	
http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	
	NIEDD ACIZA - M. P ' I
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
1 none. 1-000-/92-4004	Lincoln: 402-473-7000
	Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium	Medicaid Website: http://dhcfp.nv.gov
Payment Program (KI-HIPP) Website:	Medicaid Phone: 1-800-992-0900
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.asp	
<u>X</u>	
Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov	
Elliali. KITHT : ROOKAWEKY.gov	
KCHIP Website:	
https://kidshealth.ky.gov/Pages/index.aspx	
Phone: 1-877-524-4718	
Kentucky Medicaid Website: https://chfs.ky.gov	
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: <u>www.medicaid.la.gov</u> or <u>www.ldh.la.gov/lahipp</u>	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-	Toll free number for the HIPP program: 1-800-852-3345,
5488 (LaHIPP)	ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website:	Medicaid Website:
https://www.maine.gov/dhhs/ofi/applications-forms	http://www.state.nj.us/humanservices/
Phone: 1-800-442-6003	dmahs/clients/medicaid/
TTY: Maine relay 711	34 1 1 DI C C
	Medicaid Phone: 609-631-2392
Private Health Insurance Premium Webpage:	CHIP Website: http://www.njfamilycare.org/index.html
1 //	
https://www.maine.gov/dhhs/ofi/applications-forms	CHIP Website: http://www.njfamilycare.org/index.html
Phone: -800-977-6740.	CHIP Website: http://www.njfamilycare.org/index.html
Phone: -800-977-6740. TTY: Maine relay 711	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
Phone: -800-977-6740. TTY: Maine relay 711 MASSACHUSETTS – Medicaid and CHIP	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 NEW YORK – Medicaid
Phone: -800-977-6740. TTY: Maine relay 711 MASSACHUSETTS – Medicaid and CHIP Website:	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 NEW YORK – Medicaid Website:
Phone: -800-977-6740. TTY: Maine relay 711 MASSACHUSETTS – Medicaid and CHIP	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 NEW YORK – Medicaid
Phone: -800-977-6740. TTY: Maine relay 711 MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshe	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 NEW YORK — Medicaid Website: https://www.health.ny.gov/health_care/medicaid/
Phone: -800-977-6740. TTY: Maine relay 711 MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 NEW YORK — Medicaid Website: https://www.health.ny.gov/health_care/medicaid/
Phone: -800-977-6740. TTY: Maine relay 711 MASSACHUSETTS — Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshe alth/ Phone: 1-800-862-4840 MINNESOTA — Medicaid Website:	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 NEW YORK — Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 NORTH CAROLINA — Medicaid Website: https://medicaid.ncdhhs.gov/
Phone: -800-977-6740. TTY: Maine relay 711 MASSACHUSETTS — Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshe alth/ Phone: 1-800-862-4840 MINNESOTA — Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 NORTH CAROLINA – Medicaid
Phone: -800-977-6740. TTY: Maine relay 711 MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshe alth/ Phone: 1-800-862-4840 MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 NEW YORK — Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 NORTH CAROLINA — Medicaid Website: https://medicaid.ncdhhs.gov/
Phone: -800-977-6740. TTY: Maine relay 711 MASSACHUSETTS — Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshe alth/ Phone: 1-800-862-4840 MINNESOTA — Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 NEW YORK — Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 NORTH CAROLINA — Medicaid Website: https://medicaid.ncdhhs.gov/

MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: httm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/ Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820 SOUTH DAKOTA - Medicaid	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p- 10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs- and-eligibility/ Phone: 1-800-251-1269

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

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

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

Paperwork Reduction Act Statement

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

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

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

Important Notice from North Kansas City Schools About Your Prescription Drug Coverage and Medicare This Notice pertains to the NKCSD HN Only (A1), NKCSD PPO HSA (A2) & NKCSD HN Only (A3) Plans

(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:

- 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 <u>www.medicare.gov</u>
- 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 <u>Creditable Coverage</u> 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

CMS Form 10182-CC

816-321-6078; misty.miller@nkcschools.org

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CMS Updated April 1, 2011

General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA**

Introduction

You are receiving this notice because you have recently become or may become covered under the North Kansas City Schools group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

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

What is COBRA Continuation Coverage?

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

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

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

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

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

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

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

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

When is COBRA Coverage Available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Misty Miller at 2000 NE 46th Street, Kansas City, MO 64116 or 816-321-6078 or misty.miller@nkcschools.org.

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. In order to determine if you or a covered member of your family qualify for the disability extension, you must send documentation received from Social Security verifying the disability determination to Misty Miller at 2000 NE 46th Street, Kansas City, MO 64116 or 816-321-6078 or misty.miller@nkcschools.org.

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

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

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group

health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

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

Keep your Plan informed of address changes

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

Plan Contact Information

Dated: July 1, 2020 North Kansas City Schools Misty Miller, Benefits Specialist 816-321-6078 misty.miller@nkcschools.org

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved OMB No. 1210-0149 (expires 6-30-2023)

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: <u>Misty Miller, Benefits Specialist, 2000 NE 46th Street, Kansas City, MO 64116, 816-321-6078 or misty.miller@nkcschools.org.</u>

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, <u>misty.miller@nkcschools.org</u>, 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		4. Employer ident	iffication Number (EIN)	
North Kansas City Schools			44-6003683	3
5. Employer address		6. Employer phon	e number	
2000 N	IE 46 th Street		816-321-6078	
7. City			8. State	9. ZIP code
Kansas	City		MO	64116
10. W	no can we co	ntact about employee he	ealth coverage at this jo	b?
Misty N	Miller, Benefit	s Specialist		
11. Ph	one number	(if different from above)) 12. Email address	
			misty.miller@nk	cschools.org
Here is		ormation about health cover ployer, we offer a health plan All employees. Some employees. Eligible EMPLOYEES REGULARLY S	to: employees are: •	er: OR MORE HOURS PER WEEK.
		We do offer coverage. Elig THE EMPLOYEE'S SPOUSE (END OF YEAR) & OVER A We do not offer coverage.	, DOMESTIC PARTNER, & D GE 26 IF DISABLED).	EPENDENT CHILDREN (UP TO AGE 26
		s coverage meets the minimple, based on employee wage		cost of this coverage to you is intended

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

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

Loss of Other Coverage

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

<u>Example:</u> 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.**

<u>Example:</u> 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 Blue KC Healthier you nurses and health coaches.

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

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

If you have questions or concerns regarding this notice, or about protection against discrimination and retaliation, please contact Misty Miller, Benefits Specialist, 816-321-6078.

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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.