OPEN ENROLLMENT FOR 2023 PLAN YEAR
October 21 - November 4, 2022

IMPORTANT BENEFIT INFORMATION
FOR ALL CURRENT BENEFIT ELIGIBLE EMPLOYEES (including recent New Hires)
All employees including recent new hires will need to go online to complete your 2023 Benefit Enrollment.

Have questions?
Email us at employeebenefits@usd259.net
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Open Enrollment is your once-a-year opportunity to enroll in or change your benefits for the upcoming calendar year. Please take the time to understand your benefit options.
Notice to Enrollees

WELCOME TO YOUR 2023 BENEFITS!
It’s important for you to understand how your benefits work. The information and tools in this brochure are intended to help you make the best benefit choices for you and your family.

Who is Eligible for Benefits?
Employees who are regularly scheduled to work at least 30 hours per week or at least .75 FTE are eligible for the benefits listed in this guide.

For purposes of these benefits, eligible family members include:

• Your legal spouse
• Your dependent child or step child up to age 26
• Any child you have legally adopted or for whom you have legal guardianship
• Any eligible child for whom health care coverage is required through a Qualified Medical Child Support order (QMCSO) or other court or administrative order - even if the child does not reside with you

You can add or drop dependents during your enrollment period or within 31 days of a qualifying life event.

Qualifying Life Events
After your initial eligibility date, and other than the annual open enrollment period, you may only change your benefit election and covered dependents within 31 days following a Qualifying Life Event, such as:

• Marriage, divorce or legal separation
• Birth, adoption, legal guardianship, or medical child support order
• Death of your spouse or dependent
• Eligibility/Ineligibility for Medicare/Medicaid
• Covered dependent is no longer eligible (reaching age 26)
• Covered employee’s spouse or dependent gains or loses coverage due to his or her employment status or own employer’s open enrollment

If you experience one of these qualifying life events during the year you can make plan changes through the benefit portal at www.usd259.bswift.com within 31 days of the life event.
Important Information

2023 BENEFITS
We encourage you to read this guide carefully. Enrollment is mandatory by going online to www.usd259.bswift.com.

Current Employees
Open Enrollment is your once-a-year opportunity to enroll in or change your benefits for the upcoming calendar year. Please take the time to understand your benefit options.
Your 2022 benefit elections DO NOT carryover to 2023 so you will need to go online to complete your benefit elections for the 2023 calendar year.

New Hires including Recent New Hires
Benefit elections made during your New Hire Enrollment were for the current 2022 plan year.
You will need to go online to complete your benefit elections for 2023 as your 2022 enrollment will not carry over.
If you have questions about your benefits after reading this guide or visiting the online benefits portal at www.usd259.bswift.com please contact Employee Benefits at 316-973-4581 or by email at employeebenefits@usd259.net.

OPEN ENROLLMENT
Annual Open Enrollment for your 2023 Benefits will be:
**October 21 – November 4, 2022.**
The 2023 benefit year is **01/01/2023 - 12/31/2023**

<table>
<thead>
<tr>
<th>OFFERED BENEFIT</th>
<th>IF YOU FAIL TO MAKE CHANGES DURING OPEN ENROLLMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Plan Benefits</td>
<td>You will be automatically enrolled in the Employee Only Medical Base Plan. Additional premiums may apply.</td>
</tr>
<tr>
<td>Dental Plan Benefits</td>
<td>You will be automatically enrolled in the Employee Only Base Dental Plan.</td>
</tr>
<tr>
<td>Vision Plan Benefits</td>
<td>You will be automatically enrolled in the Employee Only Base Vision Plan.</td>
</tr>
<tr>
<td>Cash Option</td>
<td>If you do not complete online enrollment you will be automatically enrolled in the Employee Only Base Medical, Dental and Vision Plans for 2023. If you are a new enrollee in the Cash Option for 2023 and do not provide proof of coverage by 11/4/2022, you will be enrolled in the Employee Only Base Medical Plan.</td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSA)</td>
<td>You will not be able to contribute to an FSA or a Dependent Care Account for 2023.</td>
</tr>
</tbody>
</table>
Important Information

2023 BENEFITS

Newborn Coverage

Newborns must be enrolled within 31 days after the date of birth. You must go online to www.usd259.bswift.com to enroll your newborn as a dependent on your health plan. Once enrolled, you must provide a copy of the birth confirmation letter or birth certificate AND a copy of the social security card within 31 days of birth. Failure to enroll your new baby within the 31 day period and provide dependent verification documents will result in no coverage under the plan. (See page 29- Benefit Changes During the Year).

Dependent Verification Requirement

Dependent eligibility documentation is required for any new dependents added to the medical, dental or vision plans. This information must be submitted within 31 days of your hire date or qualifying life event date or by the close of open enrollment.

Copies of social security cards are required for all dependents. Individual Taxpayer Identification Numbers (ITIN) will be accepted.

You will be able to upload your documents during online enrollment by clicking on “profile” then “employee file.”

<table>
<thead>
<tr>
<th>Dependent Being Added</th>
<th>Document(s) Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Copy of Legal Marriage Certificate or notarized common law affidavit AND copy of Social Security Card</td>
</tr>
<tr>
<td>Dependent (0-26 yrs.)</td>
<td>Copy of Birth Certificate (with parental information), or hospital birth confirmation letter AND copy of Social Security Card</td>
</tr>
<tr>
<td>Adopted Children</td>
<td>Legal adoption or placement for adoption paperwork AND a copy of Social Security Card</td>
</tr>
<tr>
<td>Legal Guardianship (Court Appointed)</td>
<td>Legal guardianship paperwork AND copy of Social Security Card</td>
</tr>
</tbody>
</table>

Need a New Social Security Card?
Visit https://www.ssa.gov/ssnumber or call 1-800-772-1213

Need a New Birth Certificate?
Access www.vitalchek.com any time or call 1-877-305-8315
Important Plan Information

We are happy to announce there are no rate increases for 2023.

Enrollment
- Enrollment is mandatory for all employees including recent new hires
- Current 2022 benefit elections will not carryover to 2023
- Current cash option enrollees remaining in cash option for 2023 need to re-enroll even if covered by another district employee
- Those currently enrolled in the case option for 2022 WILL need to provide proof of coverage, even if covered by another USD 259 employee
- New hires hired after 4/1/2022 who are currently enrolled in cash option for 2022, do not need to provide proof of coverage again

Medical Plans
UMR will continue to be our third party administrator for the Base Plan and Premium Plan 1
- Access to UMR Choice Plus network which includes Wesley, Via Christi, Kansas Medical Center, Kansas Surgery & Recovery, Kansas Spine & Specialty, Kansas Heart Hospital, Mayo Clinic and the addition of many more providers
- UMR Provider search and cost transparency tool allowing you to compare provider costs and quality measures
- Additional Telemedicine services offered by Teladoc for Dermatology & Behavioral Health
Bind changed its name to Surest as of 09/01/2022 for Premium Option 2
- Co-pay only plan. No deductibles and no coinsurance
- Broad network through United Healthcare Choice Plus
  - Know the copay before making an appointment. Lower copays can be an indication of higher-value care.

Wellness Points
- The non-tobacco points will be populated based on your 2022 status. For new enrollees, the non-tobacco points will be populated at the close of open enrollment
- The final deadline for submitting wellness documentation is 11/4/2022. No exceptions!
- You and your covered spouse will each need 100 wellness points to get the wellness discount for 2023

Flexible Spending Accounts
- Healthcare Flexible Spending Account annual maximum is $2,850 with up to $570 carryover limit
- Dependent Care Flexible Spending Account annual maximum is $5,000 per family

Insurance Cards
- New Insurance ID cards will be issued to all medical plan enrollees from UMR or Surest
- MaxorPlus will only issue new prescription cards to new enrollees or those making changes
- Delta Dental will only issue new dental cards to new enrollees or those making changes
- Surency vision will issue new ID cards to all enrollees

Vision
- Surency will replace EyeMed
## Medical Plans At A Glance

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Base Plan (UMR)</th>
<th>Premium Option 1 (UMR)</th>
<th>Premium Option 2 (Surest)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$4,500</td>
<td>$9,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family</td>
<td>$12,000</td>
<td>$18,000</td>
<td>$6,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Co-Insurance</th>
<th>Base Plan (UMR)</th>
<th>Premium Option 1 (UMR)</th>
<th>Premium Option 2 (Surest)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>70%</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>Member</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Max Out-of-Pocket</th>
<th>Base Plan (UMR)</th>
<th>Premium Option 1 (UMR)</th>
<th>Premium Option 2 (Surest)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Includes Deductible, Coinsurance, and Med &amp; Rx Copays)</td>
<td>$6,150</td>
<td>$12,300</td>
<td>$4,500</td>
</tr>
</tbody>
</table>

### Benefits

#### Preventive Care
- **Plan pays 100%**
- **Not Covered**
- **Plan pays 100%**
- **Plan pays 100%**
- **$150**

#### Office Visit
- **Primary**
  - $30 Copay
- **Specialist**
  - $30 Copay
  - Deductible & 50% Coinsurance
  - Deductible & 50% Coinsurance
  - $15 to $100 Copay
  - $300

#### Telemedicine
- **(Teladoc)**
  - Not Covered
  - Not Covered
  - $0 Copay (Doctor On Demand)
  - Not Covered

#### Urgent Care Visit
- **$50 Copay**
  - Deductible & 50% Coinsurance
  - Deductible & 50% Coinsurance
  - $50 Copay
  - $150

#### Emergency Room Visits
- **$100 copay, then Deductible & 30% Coinsurance**
  - **$100 copay, then Deductible & 30% Coinsurance**
  - **$500 Copay**
  - **$500**

#### Diagnostic Lab
- **(X-Ray, Bloodwork)**
  - $30 Copay
  - Deductible & 50% Coinsurance
  - Deductible & 50% Coinsurance
  - $0 Copay
  - $0

#### Advanced Imaging
- **$100 Copay then Deductible & 30% Coinsurance**
  - **$100 Copay then Deductible & 30% Coinsurance**
  - **$100 to $725**
  - **$2,175**

#### Inpatient Hospital & Outpatient Facility
- **Deductible & 30% Coinsurance**
  - Deductible & 30% Coinsurance
  - Deductible & 30% Coinsurance
  - $2,000 (Inpatient)
  - $6,000 (Inpatient)
  - $850 to $3,000 (Outpatient)
  - Up to $9,000 (Outpatient)

#### Inpatient Mental Health
- **Deductible & 30% Coinsurance**
  - Deductible & 30% Coinsurance
  - Deductible & 30% Coinsurance
  - $2,000
  - $6,000

#### Outpatient Mental Health
- **$30 Copay**
  - Deductible & 50% Coinsurance
  - Deductible & 50% Coinsurance
  - $15 Copay
  - $150

#### Maternity Care
- **Prenatal visits**
  - No Charge
  - $50 Copay
  - Deductible & 30% Coinsurance
  - Deductible & 50% Coinsurance
  - $0
  - Included in facility fees
  - $900 to $1,700
  - $150
  - $5,100

#### Rehabilitation Services
- **Deductible & 30% Coinsurance**
  - Deductible & 30% Coinsurance
  - Deductible & 30% Coinsurance
  - $1,500 (Inpatient)
  - $10 to $85 (Outpatient)

#### Physical Therapy Clinic
- **$50 Copay**
  - Deductible & 30% Coinsurance
  - Deductible & 30% Coinsurance
  - $10 to $70
  - $210

#### Durable Medical Equipment
- **Deductible & 30% Coinsurance**
  - Deductible & 30% Coinsurance
  - Deductible & 30% Coinsurance
  - Up to $1,000
  - Up to $2,000

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This guide is a summary of the employee benefits provided by Wichita Public Schools. If there is a discrepancy between the benefits illustrated in this guide and the official plan document, the plan document will always govern.
Prescriptions

Your prescription drug benefit is included with your medical plan enrollment and is administered by MaxorPlus, a pharmacy benefits manager. When you enroll in medical coverage, you will receive a separate MaxorPlus ID card and information on locating a pharmacy near you.

Most major pharmacy chains accept MaxorPlus. Present your MaxorPlus ID card when filling prescriptions. You can save money on medications you take on a long-term basis by using mail order with Maxor. With Maxor mail order, you are getting a 90 day supply for the cost of a 60 day supply.

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>Base Plan (UMR)</th>
<th>Premium Option 1 (UMR)</th>
<th>Premium Option 2 (Surest)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx Max Out-of-Pocket</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$2,650</td>
</tr>
<tr>
<td>Individual</td>
<td>Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>$10 Copay</td>
<td>$10 Copay</td>
<td>$10 Copay</td>
</tr>
<tr>
<td>Preferred Brand Drugs</td>
<td>$30 Copay</td>
<td>$30 Copay</td>
<td>$30 Copay</td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>$55 Copay</td>
<td>$55 Copay</td>
<td>$55 Copay</td>
</tr>
<tr>
<td>Specialty Drugs</td>
<td>10% Coinsurance up to $100 Copay</td>
<td>10% Coinsurance up to $100 Copay</td>
<td>10% Coinsurance up to $100 Copay</td>
</tr>
</tbody>
</table>

MAXORPLUS – MAIL ORDER (93 DAY SUPPLY)

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>Base Plan (UMR)</th>
<th>Premium Option 1 (UMR)</th>
<th>Premium Option 2 (Surest)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx Max Out-of-Pocket</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$2,650</td>
</tr>
<tr>
<td>Individual</td>
<td>Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>$20 Copay</td>
<td>$20 Copay</td>
<td>$20 Copay</td>
</tr>
<tr>
<td>Preferred Brand Drugs</td>
<td>$60 Copay</td>
<td>$60 Copay</td>
<td>$60 Copay</td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>$110 Copay</td>
<td>$110 Copay</td>
<td>$110 Copay</td>
</tr>
<tr>
<td>Specialty Drugs</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

MAXORPLUS

<table>
<thead>
<tr>
<th>Pharmacy Network</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Costco Pharmacy</td>
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</tr>
<tr>
<td>CVS Pharmacy</td>
<td></td>
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<tr>
<td>Dillons Pharmacy</td>
<td></td>
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<tr>
<td>Hy-Vee Pharmacy</td>
<td></td>
</tr>
<tr>
<td>Medicine Shoppe</td>
<td></td>
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<tr>
<td>HEB</td>
<td></td>
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<tr>
<td>Price Chopper Pharmacy</td>
<td></td>
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<tr>
<td>Sam’s Club Pharmacy</td>
<td></td>
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<tr>
<td>Shopko Pharmacy</td>
<td></td>
</tr>
<tr>
<td>Walgreens</td>
<td></td>
</tr>
<tr>
<td>Wal-Mart Pharmacy</td>
<td></td>
</tr>
<tr>
<td>Rite Aid</td>
<td></td>
</tr>
<tr>
<td>And many more!</td>
<td></td>
</tr>
</tbody>
</table>

Free Medications

Formulary generic blood pressure, cholesterol, and select diabetic medications and supplies are free at any in-network pharmacy. Please talk to your doctor about prescribing a generic so you can save money.

Pay the Difference Provision

If you or your physician request a brand name drug when a generic equivalent exists and you choose to fill the brand drug, you will be responsible to pay the brand copay plus the difference in cost between the brand and generic.
Wichita Public Schools is committed to providing the best care for our employees and their covered family members while also helping to keep healthcare costs under control.

As we work to find new ways to keep prescription drug costs down for everyone, Wichita Public Schools is excited to partner with **RxGuidance** (an innovative service provided by RxResults).

**What is RxGuidance**
Provided by RxResults, RxGuidance helps you and your doctor make informed decisions on your prescription drug(s) and pricing options so you can decide how much you are able to pay.

**Who is RxResults**
RxResults, the proven industry leader for evidence-based pharmacy risk management, directly meets the challenge of ensuring access to medications proven safe and effective while providing cost control.

**What does RxResults Do**
As a Pharmacy Risk Manager, RxResults:
- Provides a team of independent pharmacists and benefit industry experts
- Delivers unprecedented insights into drug costs and clinical options
- Identifies member savings opportunities
- Communicates directly with members and their prescribers

**How Does RxResults Work with MaxorPlus**
MaxorPlus will be administering Wichita Public Schools prescription benefit with recommendations and support by RxResults. As a team, MaxorPlus and RxResults are dedicated to giving you the best service and resources to help you and your family stay in good health.

The RxResults evidence-based prescription drug program is designed to help keep healthcare costs down for both you and your healthcare plan, while conforming to national guidelines and/or best practices with respect to drugs used to treat certain medical conditions. Managing prescription costs also helps control future health premium costs for plan participants.

RxResults will be sending, or may have already sent, personalized letter(s) on behalf of your health plan if your current drug therapy is impacted by any future periodic benefit changes. The letter will identify the drug impacted along with other related information.

An RxGuidance Overview - RxGuidance helps you and your doctor make informed decisions on your drug(s) and pricing options to help you lower your pharmacy bill.

**The Challenge**
Many prescription drugs have multiple options and price points within the same drug class

**The Solution**
Through evidence-based research for more than 1,500 drugs across 60-70 classes and sub-classes of drugs, RxResults directly meets the challenge of ensuring access to medications proven safe and effective while providing cost control. Managing prescription costs also helps control future health premium costs for all plan participants.

1. **Savings Opportunity**
   If you are taking a drug that has a savings opportunity, you and your doctor will receive a letter in the mail identifying the drug(s) you are taking and how much money you can save by asking your doctor to change your drug(s).

2. **Savings Realized**
   Keep filling your current drug(s) and potentially pay more or, you and your doctor can discuss writing a new prescription for what should be a more cost-effective drug. This option also goes towards your prescription out of pocket maximum to save on any future medical costs you may have.
## Medical & Prescription Rates

### Rates Without Wellness Discount

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Coverage</th>
<th>Annually</th>
<th>Monthly</th>
<th>Bi-weekly 20 pays</th>
<th>Bi-weekly 26 pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Base Plan (UMR)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td></td>
<td>$1,200.00</td>
<td>$100.00</td>
<td>$60.00</td>
<td>$46.15</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td></td>
<td>$2,400.00</td>
<td>$200.00</td>
<td>$120.00</td>
<td>$92.31</td>
</tr>
<tr>
<td>Employee Child(ren)</td>
<td></td>
<td>$1,200.00</td>
<td>$100.00</td>
<td>$60.00</td>
<td>$46.15</td>
</tr>
<tr>
<td>Employee Family</td>
<td></td>
<td>$2,400.00</td>
<td>$200.00</td>
<td>$120.00</td>
<td>$92.31</td>
</tr>
<tr>
<td><strong>Premium Option 1 (UMR)</strong></td>
<td></td>
<td>$1,866.24</td>
<td>$155.52</td>
<td>$93.31</td>
<td>$71.78</td>
</tr>
<tr>
<td>Employee Only</td>
<td></td>
<td>$3,798.96</td>
<td>$316.58</td>
<td>$189.95</td>
<td>$146.11</td>
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<tr>
<td>Employee + Spouse</td>
<td></td>
<td>$2,465.64</td>
<td>$205.47</td>
<td>$123.28</td>
<td>$94.83</td>
</tr>
<tr>
<td>Employee Family</td>
<td></td>
<td>$4,465.20</td>
<td>$372.10</td>
<td>$223.26</td>
<td>$171.74</td>
</tr>
<tr>
<td><strong>Premium Option 2 (Surest)</strong></td>
<td></td>
<td>$1,513.32</td>
<td>$126.11</td>
<td>$75.67</td>
<td>$58.20</td>
</tr>
<tr>
<td>Employee Only</td>
<td></td>
<td>$3,065.40</td>
<td>$255.45</td>
<td>$153.27</td>
<td>$117.90</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td></td>
<td>$1,795.32</td>
<td>$149.61</td>
<td>$89.77</td>
<td>$69.05</td>
</tr>
<tr>
<td>Employee Family</td>
<td></td>
<td>$3,371.52</td>
<td>$280.96</td>
<td>$168.58</td>
<td>$129.67</td>
</tr>
</tbody>
</table>

### Rates With Wellness Discount

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Coverage</th>
<th>Annually</th>
<th>Monthly</th>
<th>Bi-weekly 20 pays</th>
<th>Bi-weekly 26 pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Base Plan (UMR)</strong></td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employee Only</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employee Child(ren)</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employee Family</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Premium Option 1 (UMR)</strong></td>
<td></td>
<td>$666.24</td>
<td>$55.52</td>
<td>$33.32</td>
<td>$25.62</td>
</tr>
<tr>
<td>Employee Only</td>
<td></td>
<td>$1,398.96</td>
<td>$116.58</td>
<td>$69.95</td>
<td>$53.80</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td></td>
<td>$1,265.64</td>
<td>$105.47</td>
<td>$63.29</td>
<td>$48.68</td>
</tr>
<tr>
<td>Employee Family</td>
<td></td>
<td>$2,065.20</td>
<td>$172.10</td>
<td>$103.26</td>
<td>$79.42</td>
</tr>
<tr>
<td><strong>Premium Option 2 (Surest)</strong></td>
<td></td>
<td>$313.32</td>
<td>$26.11</td>
<td>$15.67</td>
<td>$12.05</td>
</tr>
<tr>
<td>Employee Only</td>
<td></td>
<td>$665.40</td>
<td>$55.45</td>
<td>$33.27</td>
<td>$25.60</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td></td>
<td>$595.32</td>
<td>$49.61</td>
<td>$29.77</td>
<td>$22.90</td>
</tr>
<tr>
<td>Employee Family</td>
<td></td>
<td>$971.52</td>
<td>$80.96</td>
<td>$48.58</td>
<td>$37.37</td>
</tr>
</tbody>
</table>
Medical Rates with Wellness Discount

All covered employees and spouses will need 100 wellness points each to get the wellness discount for 2023. New Employees hired into the district after 4/1/22 or employees hired that become benefit eligible after 4/1/22 (and applicable spouses on the plan) will automatically get the wellness discount for 2023.

Employees and spouses can each earn a $1,200 annual wellness discount by completing 100 wellness points.

Credits earned between September 1, 2021 – August 31, 2022 will apply towards the 2023 premium discount. All 100 wellness points are subject to verification and approval before the premium discount is applied.

Credits earned between September 1, 2022 – August 31, 2023 will apply towards the 2024 premium discount. All 100 wellness points are subject to verification and approval before the premium discount is applied.

Wellness Credit Verifications for 2023 Plan Year

Preventive service claims that are filed through the district health plan are loaded throughout the year into bswift. If something is missing, you will need to get proof and upload it into bswift.

For services that still require verification, please ensure that each document clearly states the patients:

- Name
- Date of Service
- Screening performed
- Employee ID number

Examples of accepted documentation include:

- Itemized receipts
- Benefit Statements
- Billing Statements
- Printout from Patient Portal
- Written verification from provider
- Optional Wellness Form completed & signed by healthcare provider (available on district website or bswift portal)

Reminder:

Verify your Current Wellness Points at:
www.usd259.bswift.com/PersonalProfile/Wellness Tab
Additional Employee Paid Premiums

The premiums listed below are in addition to the premium for your selected medical plan.

Working Spouse Premium
• The working spouse premium is in addition to the premium for your selected medical plan.
• If your spouse's employer offers group health insurance, regardless of cost or if they are enrolled in it or not, then you would select “YES” to pay the working spouse premium.
• If your spouse’s employer does not offer insurance, is self employed, unemployed or also works for USD 259, you would select “NO” to the working spouse premium.
• If you select NO and then later your spouse is offered health insurance, you need to notify us within 31 days of the event as you would be required to add the spouse working premium at that point to keep the spouse on your insurance. Failing to notify us of this could result in retroactive payments due on your health insurance.

<table>
<thead>
<tr>
<th>Working Spouse</th>
<th>Bi-weekly (26)</th>
<th>Bi-weekly (20)</th>
<th>Monthly</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working Spouse</td>
<td>$92.31</td>
<td>$120.00</td>
<td>$200.00</td>
<td>$2,400.00</td>
</tr>
</tbody>
</table>

The working spouse premium will only apply if your spouse is enrolled in your medical plan.

Tobacco Premium
The additional tobacco premium applies to both the employee and spouse if enrolled under one of the medical plans. The tobacco premium applies to those who have used tobacco or nicotine products 4 or more times per week within the last 6 months. This includes cigarettes, electronic cigarettes, pipes, or any form of chewing tobacco. By selecting “NO” to tobacco use when enrolling, you and/or your spouse will be given 25 wellness points once your enrollment is approved and is subject to audit & confirmation testing.

<table>
<thead>
<tr>
<th>Tobacco Premium</th>
<th>Bi-weekly (26)</th>
<th>Bi-weekly (20)</th>
<th>Monthly</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$46.15</td>
<td>$60.00</td>
<td>$100.00</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$46.15</td>
<td>$60.00</td>
<td>$100.00</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$92.30</td>
<td>$120.00</td>
<td>$200.00</td>
<td>$2,400.00</td>
</tr>
</tbody>
</table>

Once you have been tobacco free for 6 months, you can enroll as a non tobacco user the following Open Enrollment period.

Cash Option – Declining Medical Coverage
Eligible employees who have medical coverage elsewhere may elect the cash option benefit in lieu of the Board provided group medical plan. The annual payout of $1,200 will be divided by your total number of remaining paychecks in the calendar year.

<table>
<thead>
<tr>
<th>Cash Option</th>
<th>Bi-weekly (26)</th>
<th>Bi-weekly (20)</th>
<th>Monthly</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Option</td>
<td>($46.15)</td>
<td>($60.00)</td>
<td>($100.00)</td>
<td>($1,200.00)</td>
</tr>
</tbody>
</table>

• New enrollees wishing to enroll in the Cash Option or those currently enrolled will need to go online and complete the benefit enrollment process to enroll for 2023.
• Failure to go online and elect the Cash Option benefit will result in being defaulted to the Base Medical, Dental and Vision Plans, Employee Only Coverage.
• New enrollees into the Cash Option Plan will need to upload a copy of your current medical insurance card or military ID to receive the Cash Option benefit even if covered by another USD 259 employee.
• Current 2022 Cash Option enrollees re-enrolling in Cash Option for 2023 WILL need to upload another copy of your card.
• New Hires or newly benefit eligible hired after 4/1/22 currently enrolled in the cash option will not need to provide proof of coverage again.
Get all your answers quick and easy @ UMR.com

You want managing your health care to be fast and easy, right? You got it. At umr.com, you’ll find everything you want to know – and need to do – as soon as you log in.

No hassles. No waiting. Just the answers you’re looking for anytime, night or day!

Log in now to:

- View My taskbar, your personalized benefits to-do list
- Check your benefits and see what’s covered
- Look up what you owe and how much you’ve paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and resources such as:
  - Cost Transparency Tool
  - Maternity CARE program
  - Dedicated tool-free number
  - 24-hour Nurse Line for health questions

Note: The images shown reflect available features within UMR’s desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.
You don’t need a Ph.D. to understand your benefits

We’ve made it easy to find the top things people want to know. Choose Benefits & Coverage from myMenu to find out:

- What health care services are covered?
- What’s the cost difference between an in-network and out-of-network service?
- What’s your deductible, and are you close to reaching it?
- Is there a copayment for your office visit? If so, how much?

Did your dog eat your ID card?

No worries. It’s easy to get a replacement online. Just click ID card from myMenu to see a copy of your card. With a couple more clicks you can have a new card mailed to your home.

Can’t wait for the mailman? Print a temporary copy from our desktop site. Or, use your smart phone to view your ID card or fax a copy to your doctor’s office.

Buried in paperwork?
A single click lets you track all your claims

Check in at your convenience to see if a claim has been processed and what you might owe. To get more details on a specific claim, click view claim details or view EOB. This will tell you the type of services provided, the amount billed and the amount paid, if any, and whether there’s any action that needs to be taken before the claim can be processed.

You can choose to receive a secure e-mail any time you have a new EOB. If you’re not ready to give up paper completely, you can print out copies from our claims center.

Don’t be surprised by unexpected costs

- Know the price you’ll pay ahead of time. Search treatments or procedures in the Health cost estimator.
- Get your in-network discount. Use Find a provider to look up doctors and facilities near you.

Helpful apps, calculators, videos and health information all in one place

Choose Health Center from the myMenu and select the tile shortcuts that interest you.

- Online health information: up-to-date and ad-free.
- Our top picks for healthy eating and exercise.
- Free tools, apps and calculators
Find a Provider

1. Go to umr.com and select “Find a provider”

2. Search for UnitedHealthcare Choice Plus Network using our alphabet navigation or type UnitedHealthcare Choice Plus into the search box.
For medical providers, choose **View Providers**.
For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**.

**UnitedHealthcare Choice Plus:**
The UnitedHealthcare online provider directories include network hospitals, primary physicians and specialists. The following information is available:
- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Average costs for care in your area and how different providers compare to the local average
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office

**Remember:**
Get the most from your benefit plan - use participating network health care providers whenever possible.
Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.

Get the Care you need
Teladoc doctors can treat many medical conditions, including:

- Cold & Flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.

Talk to a doctor anytime!
Visit Teladoc.com or call 1-800-Teladoc
Bind is now Surest

An overview of how the Surest plan works:
• Coverage for health services, from colds to emergency heart surgery.
• No deductible. No coinsurance.
• Check copays for tests, procedures or treatments before making an appointment.
• Shop by quality—lower copays indicate higher-value care, based on quality, efficiency, cost and overall effectiveness.
• See different treatment options. You have the information to choose what makes the most sense for your health, your lifestyle and your budget. You have more control over improving your health at the lowest cost.

Other features:
Options: Access the broad, national UnitedHealthcare Choice Plus network of doctors and hospitals. (One of the largest in the country.)
Ease of use: At Surest, there’s no deductible to meet, and no coinsurance to calculate. You pay a copay for the service, which you can see ahead of time on the Surest app or website.
Opportunities to save: When you choose quality care that helps keep you healthy, you have the opportunity to save money.
Help team: Surest Member Services customer support is available by chat, email or phone to help answer cost or coverage questions.

Using Surest is straightforward for looking up conditions:

Visit Join.Surest.com to look up conditions.

Or confirming your doctor is in network:

You can learn more about Surest at britehr.app/wps2023 or scan the QR code below:
Dental

Delta Dental of Kansas

Great oral health is an essential part of a healthy lifestyle. Oral health is often overlooked, but regular oral care can help prevent common diseases and greatly influence your overall quality of life. We offer two dental insurance plans through Delta Dental to help you maximize your oral health.

Visit www.deltadentalks.com to find a provider, print ID cards, check your eligibility or claims status, and more!

<table>
<thead>
<tr>
<th>Plan Information</th>
<th>Base Plan</th>
<th>Buy-Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPO or PREMIER</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Maximum Benefit(s) Per Person</td>
<td>$1,500 Per Calendar Year</td>
<td>$1,500 Per Calendar Year</td>
</tr>
<tr>
<td>Deductible (Applies to Basic &amp; Major Services)</td>
<td>$0 Individual</td>
<td>$0</td>
</tr>
<tr>
<td>Preventive (Oral Exams, X-Rays, Cleanings, Topical Fluoride, Space Maintainers, Sealants)</td>
<td>Plan pays 100% (PPO)</td>
<td>Plan pays 60%</td>
</tr>
<tr>
<td>Basic Services (Oral Surgery, Extractions, Restorative Services, Endodontics, Periodontics)</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Major Services (Special Restorative Services, Bridges, Dentures, Implants*, TMJ**)</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

*Implant services are subject to a maximum benefit of $2,500 per lifetime, per person. Implant coverage will not be included in the annual maximum benefit.

**Temporomandibular Joint Dysfunction is subject to the annual benefit maximum of $1,500 per person, per calendar year.

<table>
<thead>
<tr>
<th>Base Plan Premiums</th>
<th>Annually</th>
<th>Monthly</th>
<th>Bi-weekly (20)</th>
<th>Bi-weekly (26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employee Child(ren)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employee Family</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Buy-Up Plan Premiums</th>
<th>Annually</th>
<th>Monthly</th>
<th>Bi-weekly (20)</th>
<th>Bi-weekly (26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$189.84</td>
<td>$15.82</td>
<td>$9.49</td>
<td>$7.30</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$398.64</td>
<td>$33.22</td>
<td>$19.93</td>
<td>$15.33</td>
</tr>
<tr>
<td>Employee Child(ren)</td>
<td>$360.60</td>
<td>$30.05</td>
<td>$18.03</td>
<td>$13.87</td>
</tr>
<tr>
<td>Employee Family</td>
<td>$588.48</td>
<td>$49.04</td>
<td>$29.42</td>
<td>$22.63</td>
</tr>
</tbody>
</table>
Surency
Visit www.surency.com/vision to find an Insight Network Provider.

<table>
<thead>
<tr>
<th>In-Network Plan Information</th>
<th>Base Plan (Exam Only)</th>
<th>Buy Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Insight Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Exam</td>
<td>$0 Copay</td>
<td>$40</td>
</tr>
<tr>
<td>Exam Frequency</td>
<td>Once Per Calendar Year</td>
<td>Once Per Calendar Year</td>
</tr>
<tr>
<td>Lens Frequency</td>
<td>Unlimited</td>
<td>Once Per Calendar Year</td>
</tr>
<tr>
<td>Frames Frequency</td>
<td>Unlimited</td>
<td>Once Every Other Calendar Year</td>
</tr>
<tr>
<td>Standard Frames</td>
<td>35% Off Retail</td>
<td>N/A</td>
</tr>
<tr>
<td>Lenses (Single, Bifocal, Trifocal)</td>
<td>$50</td>
<td>$70</td>
</tr>
<tr>
<td>Conventional Contact Lenses</td>
<td>15% Off Retail</td>
<td>N/A</td>
</tr>
<tr>
<td>Disposable Contact Lenses</td>
<td>Not Covered</td>
<td>N/A</td>
</tr>
<tr>
<td>Medically Necessary Contact Lenses</td>
<td>Not Covered</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Base Plan (Exam Only)</th>
<th>Annually</th>
<th>Monthly</th>
<th>Bi-weekly (20)</th>
<th>Bi-weekly (26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employee Child(ren)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employee Family</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Buy-Up Plan</th>
<th>Annually</th>
<th>Monthly</th>
<th>Bi-weekly (20)</th>
<th>Bi-weekly (26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$49.68</td>
<td>$4.14</td>
<td>$2.49</td>
<td>$1.91</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$94.44</td>
<td>$7.87</td>
<td>$4.73</td>
<td>$3.64</td>
</tr>
<tr>
<td>Employee Child(ren)</td>
<td>$99.48</td>
<td>$8.29</td>
<td>$4.98</td>
<td>$3.83</td>
</tr>
<tr>
<td>Employee Family</td>
<td>$146.16</td>
<td>$12.18</td>
<td>$7.31</td>
<td>$5.63</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts (FSA)

ASI

What is a Flexible Spending Account (FSA)?
We partner with ASI to pay for out-of-pocket medical, prescription, dental, vision, and dependent day care expenses with pre-tax dollars through Flexible Spending Accounts (FSA). You must enroll/re-enroll annually during open enrollment to participate for the following calendar year.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don’t pay federal income tax, social security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period.

Participants can order a debit card for the Health Care Flexible Spending Account by completing the “FSA Debit Card Application” located under Employee Benefits on the USD259 website or in the library on the bswift benefit portal.

The Two Types of FSAs:

### Health Care FSA
You can use money set aside in your Health Care FSA for eligible medical, dental, and vision expenses incurred by you, your spouse, or your taxable dependents. Great examples of this include copays, and deductibles. Cosmetic medical expenses, such as facelifts or hair removal, are not eligible. Remember to keep your receipts and/or other documentation in case it is needed to verify the medical expense. Some items may require additional documentation from your medical provider.

**The maximum amount you can contribute is $2,850 per year**

### Dependent Day Care FSA
In order for dependent care services to be eligible, they must be for the care of a taxable dependent under the age of 13 who lives with you or for a taxable dependent who is incapable of caring for himself or herself. The care must be needed so that you and your spouse (if applicable) can go to work. Because of this, care must be given during normal working hours and cannot be provided by another of your dependents.

**The maximum amount you can contribute is $5,000 per year, depending on your marital and tax-filing status.**

FSA Frequently Asked Questions

Do I need to keep any records when I use my FSA?
To be compliant with the IRS guidelines, your FSA administrator may ask for an itemized receipt or Explanation of Benefits to validate claims.

When is the FSA money deposited?
Your entire election is available on the first day beginning the plan. The election amount will be contributed through even payroll deductions throughout the plan year.

What if I do not use all of the FSA money by the end of the year?
FSA funds abide by the “use-it-or-lose it” rule. All unused FSA money in excess of a $570 rollover amount will be forfeited for the Health Care FSA. For the Dependent Care FSA, any balance not used by the deadline will be forfeited.
### FSA Eligible Items

<table>
<thead>
<tr>
<th>Qualifying Health Care Expenses</th>
<th>Health Care Expenses Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acupuncture</td>
<td>• Baby Sitting</td>
</tr>
<tr>
<td>• Alcoholism</td>
<td>• Cosmetic Surgery</td>
</tr>
<tr>
<td>• Ambulance</td>
<td>• Dancing Lessons</td>
</tr>
<tr>
<td>• Annual Physical Exam</td>
<td>• Diaper Service</td>
</tr>
<tr>
<td>• Exam</td>
<td>• Electrolysis or Hair Removal</td>
</tr>
<tr>
<td>• Artificial Limb</td>
<td>• Funeral Expenses</td>
</tr>
<tr>
<td>• Artificial Teeth</td>
<td>• Future Medical Care</td>
</tr>
<tr>
<td>• Bandages</td>
<td>• Hair Transplant</td>
</tr>
<tr>
<td>• Birth Control Pills</td>
<td>• Health Club Dues</td>
</tr>
<tr>
<td>• Blood Pressure Monitor</td>
<td>• Household Help</td>
</tr>
<tr>
<td>• Body Scan</td>
<td>• Baby Sitting</td>
</tr>
<tr>
<td>• Breast Pumps &amp; Supplies</td>
<td>• Cosmetic Surgery</td>
</tr>
<tr>
<td>• Chiropractor</td>
<td>• Dancing Lessons</td>
</tr>
<tr>
<td>• Contact Lenses</td>
<td>• Diaper Service</td>
</tr>
<tr>
<td>• Crutches</td>
<td>• Electrolysis or Hair Removal</td>
</tr>
<tr>
<td>• Dental Treatment</td>
<td>• Funeral Expenses</td>
</tr>
<tr>
<td>• Diabetic monitors, test kits, strips and supplies</td>
<td>• Future Medical Care</td>
</tr>
<tr>
<td>• Diagnostic Devices</td>
<td>• Hair Transplant</td>
</tr>
<tr>
<td>• Disabled Dependent Care</td>
<td>• Health Club Dues</td>
</tr>
<tr>
<td>• Drug Addiction</td>
<td>• Household Help</td>
</tr>
<tr>
<td>• Eyeglasses</td>
<td>• Maternity Clothes</td>
</tr>
<tr>
<td>• Eye Surgery</td>
<td>• Medicine (from Outside U.S.)</td>
</tr>
<tr>
<td>• Fertility Enhancement</td>
<td>• Non-prescription Medicines</td>
</tr>
<tr>
<td>• First Aid Kits</td>
<td>• Nutritional Supplements</td>
</tr>
<tr>
<td>• Flu Shots</td>
<td>• Swimming Lessons</td>
</tr>
<tr>
<td>• Hearing Aids</td>
<td>• Teeth Whitening</td>
</tr>
<tr>
<td>• Home Care</td>
<td>• Veterinary Fees</td>
</tr>
<tr>
<td>• Hospital Services</td>
<td>• Weight-Loss Program</td>
</tr>
<tr>
<td>• Laboratory Fees</td>
<td>• Food</td>
</tr>
<tr>
<td>• Lactation Expenses</td>
<td>• Plan Mileage (for travel to/from eligible healthcare)</td>
</tr>
<tr>
<td>• Menstrual products</td>
<td>• Prescription Medicines</td>
</tr>
<tr>
<td>• Oxygen</td>
<td>• Prosthesis</td>
</tr>
<tr>
<td>• Physical Examination</td>
<td>• Psychiatric Care</td>
</tr>
<tr>
<td>• Pregnancy Test Kit</td>
<td>• Psychologist</td>
</tr>
<tr>
<td>• Prescription Medicines</td>
<td>• Saline Solution</td>
</tr>
<tr>
<td>• Prosthesis</td>
<td>• Sterilization</td>
</tr>
<tr>
<td>• Psychiatric Care</td>
<td>• Sunglasses (SPF 15+ and “Broad Spectrum”)</td>
</tr>
<tr>
<td>• Psychologist</td>
<td>• Surgery Telephone (Hearing Impaired)</td>
</tr>
<tr>
<td>• Saline Solution</td>
<td>• Sterilization</td>
</tr>
<tr>
<td>• Sterilization</td>
<td>• Sunglasses (SPF 15+ and “Broad Spectrum”)</td>
</tr>
<tr>
<td>• Sunglasses (SPF 15+ and “Broad Spectrum”)</td>
<td>• Surgery Telephone (Hearing Impaired)</td>
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</tbody>
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**For a Complete List of Eligible Expenses, Visit** [www.irs.gov](http://www.irs.gov) or [www.fsastore.com](http://www.fsastore.com)
Life Insurance

Group Term Life Insurance
The Board provides group term life insurance coverage free of charge for all permanent employees who work 20 hours or more per week. This coverage will not be effective until the employee reports for work.

The face value of your personal term life policy is based upon your position.

- Certified employees - $30,000
- Classified / Hourly employees - $30,000
- Supervisory and technical employees - $40,000
- Administrators - $50,000

KPERS Life Insurance
As an active member of KPERS, you are provided a life insurance policy with a face value of 1.5 times your annual base pay. The effective date of coverage is your date of hire. New employees and employees who become KPERS benefit eligible will complete the KPERS designation of beneficiaries form to assign beneficiaries.

Voluntary Term Life Insurance
Wichita Public Schools understands that having a comprehensive benefits plan is important to our employees and their families.
Life insurance can provide an additional layer of financial protection for you and your loved ones. This voluntary benefit would be in addition to the district provided life insurance benefit.

What do you need to know?
During your enrollment period, you will have a special opportunity to enroll in Voluntary Term Life insurance coverage.*
You can also take advantage of the special opportunity to increase your current coverage amount and/or enroll in spouse or child coverage.

Why enroll now?
The Term Life insurance plan through Guardian provides a guaranteed benefit you can count on. Policy proceeds are usually distributed income-tax free so you can help protect those who depend on you. It also offers flexibility to update your coverage as your life changes or take it with you if you change jobs or retire. Additionally, when you enroll for coverage, you also receive an equal amount of Accidental Death & Dismemberment insurance, which provides a layer of financial protection in the event of a serious injury or death as a result of an accident.

During this enrollment period, you can enroll for the following amounts of Voluntary Term Life insurance:

**Employee:** Enroll up to $500,000 ($10,000 Increments)*
Guarantee Issue is $150,000

**Spouse:** Enroll up to $250,000 ($5,000)*
Guarantee Issue is $50,000

**Child(ren):** Enroll any eligible children for up to $10,000
Guarantee Issue is $10,000

* If you would like additional coverage, a brief application and a few health questions will be required. The additional coverage does not take effect until approval is granted.
COMPSYCH
USD 259 has partnered with ComPsych to offer an extensive Employee Assistance Program (designed to assist employees and members of their household address an array of life challenges before they become distractions that affect home life as well as work performance).

ComPsych’s GuidanceResources also includes a host of useful materials regarding fitness and nutrition, career and personal development, legal resources - including will creation, work-life balance, parenting, and many other topics. These resources are free to you and all members of your household, and can be accessed from home and at your own pace.

In an effort to support employees’ mental health, the expanded EAP benefit now provides up to 10 counseling visits per issue and referral services for employees and all household members. These services are provided in strict confidentiality and there is no cost to the employee.

EAP Can Give You the Support You Need?
- Relationship challenges
- Excessive worry or stress
- Life changing events
- Substance dependence
- Legal or financial issues
- Workplace challenges

Better Help Online Therapy
Online, real time, anytime: confidential care for you and your household members to live with balance, health and happiness.

ComPsych’s text therapy partner, Better Help, is another great way to access support without having to leave your home, and you can talk to a therapist on your own time. This option makes support more convenient than ever.

What’s in it for you:
- Easy access to 2,000+ licensed therapists with a mobile device or computer
- Can text your counselor directly on a 24/7 basis
- Includes household members who are at least 18 years of age
- No cost or insurance required
- No commutes or appointments
- Confidential and provided through a secure portal
- Immediate access to emotional support
- 1:1 relationship with licensed professional
- Easy access with a mobile device or computer
- 1 week of texting therapy is equal to 1 in-person session

HOW DO I GET STARTED?
Log on to www.guidanceresources.com with passcode: usd259
Request counseling by contacting a Guidance Consultant through USD259’s dedicated number: 1-866-517-1254
Retirement Benefits

KPERS

Kansas Public Employees Retirement System (KPERS) Pension Plan
All district employees who work in KPERS covered positions are members of the Kansas Public Employees Retirement System (KPERS). Kansas law requires that all eligible employees must become members. As an active member you contribute a percentage of your gross earnings. The KPERS website has valuable information regarding your KPERS membership. Links to all KPERS publications and forms are online for members and retirees. You can review your benefits as a member of KPERS and the retirement benefits you are accruing. KPERS also has an online “Retirement Estimate Calculator” you can use to calculate your retirement benefits. To get the best possible estimate results have your latest KPERS Annual Statement available to enter years of service and salary information.

KPERS 1
Benefits Members hired before July 1, 2009

Contribution Amount: As a KPERS 1 member you contribute 6% of your income (5% for 2014 and 4% for 2013 and before).

Earning Interest: If you became a member before July 1, 1993, your contributions earn 7.75% interest. On or after July 1, 1993, your contributions earn 4% interest.

KPERS 2
Benefits Members hired July 1, 2009 through December 31, 2014

Contribution Amount: As a KPERS 2 member you contribute 6% of your income.

Earning Interest: Your contributions earn 4% interest.

KPERS 3
Benefits Members hired January 1, 2015 and after

Contribution Amount: As a KPERS 3 member you contribute 6% of your income.

Earning Interest: Your contributions earn 4% interest (quarterly). There is also a possibility of additional interest, depending on KPERS’s investment returns.

Your Retirement Credits
You earn retirement credits while working. They are based on a percentage of your pay and the number of years you’ve worked. You receive these credits quarterly and your annual credit rate increases the longer you work. They can only be used at retirement.

<table>
<thead>
<tr>
<th>Years You’ve Worked</th>
<th>Annual Credit Rate</th>
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<tr>
<td>&lt; 5 years</td>
<td>3% of your pay</td>
</tr>
<tr>
<td>5-11 years</td>
<td>4% of your pay</td>
</tr>
<tr>
<td>12-23 years</td>
<td>5% of your pay</td>
</tr>
<tr>
<td>24+ years</td>
<td>6% of your pay</td>
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NOTE: Kansas law does not allow you to borrow from your contributions
USD 259 employees have the opportunity to set up contributions to their personal investment programs through payroll deductions. There are two options available: the USD 259 endorsed 457 Deferred Compensation program with Empower, and 403(b) tax-sheltered annuity plans. Employees interested in setting up personal accounts must work with an investment counselor to determine an investment program and begin a payroll deduction.

457 (B) Deferred Compensation Plan
457(b) deferred compensation plans are employer-sponsored retirement savings plans, offered by municipalities and governmental entities, which allow employees to defer a portion of their current compensation on a tax-advantaged basis for retirement.

With a 457(b) plan, employees put a portion of their earnings into an employer-sponsored plan on a tax-advantaged basis. Employees may choose between a traditional pre-tax contribution and a Roth contribution.

Roth contributions - Contributions are made on an after tax basis. Earnings accumulate on a tax deferred basis, and distributions are tax free if made five years after the initial contribution to the plan and the employee is over 59 1/2.

Traditional pre-tax contributions - Contributions are made on a pre-tax basis, reducing the employee’s taxable income. Earnings accumulate on a tax deferred basis. All distributions are taxed as ordinary income.

Please contact Deb Anton with Retirement Plan Advisors for assistance with setting up a 457(b).
(316)210-5049 or danton@retirementplanadvisors.com

403(B) Tax Sheltered Annuity Plans
The Omni Group is our 403(b) plan administrator. The list of providers can be found on the Omni website www.omni403b.com. You can also contact Omni at 1-877-544-6664 to work with an investment advisor from one of our approved participating service providers.

Employees planning to retire from USD 259 must contact the Retirement office at least six months in advance to complete paperwork and ensure all steps for a successful retirement have been taken.

USD 259 Retirement Specialist & KPERS Designated Agent
Alexis Summers
Business: (316) 973-4590
Email: asummers@usd259.net
Additional WPS Benefits

Disability and Leave Programs

Workers Compensation
The Board provides worker’s compensation coverage under the Kansas Workers Compensation Law for all employees. Workers compensation covers injury and disease arising out of and in the course of one’s employment. Benefits include medical expenses and disability payments when applicable.

Job related accidents must be reported immediately to the worker’s supervisor and the Workers Compensation office at 316-973-4579. The Employee Report of Incident (EROI) and the Supervisor’s Report need to be completed and forwarded to the Employee Benefits and Insurance Management office as soon as possible, but no more than 24 hours after the occurrence.

Short Term Disability (STD)
The Board provides Short Term Disability benefits to eligible employees for disabilities resulting from non-occupational illness or injury, as outlined in the STD plan summary. STD replaces a portion of pay once an employee temporary leave balance has been exhausted. Disability benefits must be approved by the district’s leave administrator.

Under no circumstances will short term disability benefits be paid in excess of 180 calendar days from the date of disability. Contact Employee Benefits at 316-973-4632 for more information about FMLA, maternity leave, or medical leave.

KPERS Long Term Disability (LTD)
Membership in KPERS also includes Long Term Disability benefits. The KPERS long term disability plan provides financial protection by replacing a portion of the member’s income if he or she is disabled for a prolonged period as the result of an injury or sickness. KPERS also provides an insured death benefit to the member’s beneficiary should the member die while receiving long term disability benefits. The death benefit amount is based on the member’s salary at the time of disability.

Catastrophic Benefit Donation Pool
This pool was established for USD 259 employees in 1995 to help participants recover pay for work days that have gone into deduct pay due to an FMLA eligible, catastrophic medical event.

To become a member of this pool, benefited employees voluntarily make a one time donation of one day of their temporary leave to the pool on PeopleSoft anytime throughout the year.

Once their donation has processed, employees are eligible to apply for assistance, as long as they are actively employed in a benefited position. To participate in the Catastrophic Benefit Pool, you may go online to PeopleSoft to make this donation.

From the Employee Self Service page, click on the Tile "My Benefits". Then select the option at the left "WPS Catastrophic Benefit Pool".

Before applying: temporary leave must already be exhausted, deduct days must show on PeopleSoft, and the donation day needs to have been processed. The Catastrophic Benefit Pool is not an option on days an employee is receiving compensation under Disability or Workers’ Compensation.

Employee are eligible to apply for up to 20 work days during the period of July through June. Application forms can be found on the Employee Benefit website or through contacting Employee Benefits. All received applications are reviewed on the last Tuesday of each month.
Enrollment Portal

bswift

Your benefit decisions are important, and a lot goes into making the right choice. We have partnered with bswift, an easy to use, online benefits tool which provides a smart, simple and personalized enrollment experience to help you choose the plan that’s right for you.

You’ll find everything you need on bswift’s online portal. You can go there during enrollment and throughout the year to:

- Look up general benefits information
- Find important plan details
- Enroll in your benefits
- Make changes when you have qualifying life events
- Update life insurance beneficiaries
- View annual notices
- Upload dependent verification documents
- View wellness points and upload wellness documentation

*Note: Benefit portal does not support internet explorer*

How do I Access the Benefit Portal?

Open your internet browser and enter www.usd259.bswift.com

**Username:** 5 digit Employee ID number

**Password:** Last 4 of your ssn. You will then be prompted to re-enter the last 4 of your ssn before changing your password.

**Forgot Password?**
If you have forgotten your password or are having trouble logging in, please click on the Forgot Password link to reset, using the security question you have already provided.
If you are still unable to log in, contact bswift at 1-866-524-5063. Representatives are available Monday through Friday from 8:00 a.m. to 6:00 p.m. CST. Do not contact the 259 Help Desk as they will not be able to assist you.
How to Enroll

1. Once you have logged in to the benefit enrollment website, click on the Start Your Enrollment button to begin enrolling in your benefits.

2. Enter your personal information
   Make sure all your personal information, including your address and telephone number are correct.

3. Enter and/or review your family information
   Enter and/or review your spouse’s information, along with your eligible dependent children, whom you would like to enroll in your benefits.
   *This is only necessary if you want to add them to your health plan

4. Start selecting your benefits
   From this screen you can select which benefits to enroll in or to enroll in the cash option. As you progress through each benefit you will see your selections.

5. View your plan options
   From this screen, click on the green view plan options to make your selections under each benefit type. As you progress through each benefit type, you’ll see your selections completed on this screen.

6. Select dependents to be covered
   After you click on the green view options button, you will be asked to select who you would like to cover with the plan at the top of the page, then view all of your plan options below.
   You will need to check the box next to each dependent you wish to cover under this plan.

7. Review and confirm your selections.
   You cannot complete your enrollment without reviewing all benefits.
   There are nine benefit options for you to review:
   • Medical Plans
   • Dental Plans
   • Vision Plans
   • Health Care Spending Account
   • Dependent Care Spending Account
   • Supplemental Employee Life
   • Basic Employee Life
     - You will only be able to edit and view information (e.g. beneficiaries) here.
     - You cannot select different options or opt out. This benefit is provided by the district to you at no cost.
   • KPERS Life
     - You will not be able to edit KPERS Life insurance through bswift, you will only be able to view your current beneficiaries.
     - Go to www.KPERS.org to change your beneficiaries.
   • Employee Assistance
     - You will only be able to view information here. You cannot select different options or opt out. This benefit is provided by the district to you at no cost.

8. Select “Complete Your Enrollment”.
   You’re finished - view your confirmation statement.

Reminder:
Pay special attention to the dependents you enrolled and verify they show as covered under your plans. “X” waived means they are not enrolled in that plan. If changes need to be made, you can go back into your enrollment anytime during the enrollment period to make and save those changes.
After You Enroll

Benefits Confirmation Statement
You have the option to email or print your confirmation statement from the online benefits portal once you have completed your enrollment. Review your elections carefully as changes will not be allowed once your enrollment window closes unless you have a qualifying life event.

If you choose to email a copy of your statement to yourself it will be sent to the preferred email you have listed in bswift. If you have your personal email listed be sure to check your email account frequently through Open Enrollment.

We recommend you save a copy of your final benefit confirmation statement for your records.

ID Cards and Flex Debit Cards
Here is what you need to know about ID cards and flex debit cards.

Medical:
You will receive new cards if you enroll in one of the medical plans for 2023. Your ID card will list all covered dependents.

Prescription:
You will only receive new cards if you made changes or are a new enrollee. The Maxor cards will have all covered dependents listed.

Dental:
You will only receive new cards if you made changes or are a new enrollee. Your dental card will only have the employee’s name listed.

Vision:
Everyone will receive new cards this year once enrolled.

Flexible Spending Debit Card:
(For health FSA only) The debit card is not sent automatically. You must complete the debit card application located in the bswift library or at www.asiflex.com and submit to ASI for processing.

Making Life Event Changes
If you experience a qualifying life event during the year you can make plan changes through the benefit portal within 31 days of the life event. To make a change, follow the steps below:

1. Once you are logged into bswift, you would select "All Other Life Events" under the Life Event Section.
2. The system will then walk you through step by step.
3. Once your changes are completed, click on "My Profile" then "Employee File" to upload the appropriate documentation.
4. The benefit change will not be approved until the appropriate documentation is submitted.
Wellness Verification

ALL employees and spouses who wish to enroll in the medical plan will be required to have their wellness items verified in order to receive the Wellness Premium Discount. Employees and spouses each earn a $1,200 annual wellness discount by completing 100 wellness points.

Credits must be earned between September 1, 2021 – August 31, 2022 to apply towards the 2023 premium discount. All 100 wellness points are subject to verification and approval before the premium discount is reflected on the enrollment screen.

Your username = Your Employee ID#

From the Home page, select “My Profile” from the tool bar. Then, on the “Personal Information” page select the “Wellness tab”.

New hires hired after 4/1/2022 or those transferred to a benefitted position after 4/1/2022 will automatically get the wellness discount for 2022 and for 2023.

Uploading Documents

- From the home page, click on the “My Profile” tab
- Then select “Employee file”
- To upload new documentation, click on the appropriate option (e.g. Add Birth Certificate)
- Change the document title to reflect the documentation
- Leave the Description field blank
- Check the document type to verify that it states the appropriate option (e.g. Add Social Security Card)
- Browse your computer for the correct document.
- Click upload
- Repeat this process for each document you need to upload
Helpful Information

Insurance Terms

Copay or Copayment is an amount you pay for a covered medical service. Copays are usually paid at the time you receive the service.

Deductible is the amount you pay 100% before the insurance company begins to pay.

Out-of-pocket Maximum is the total amount you pay for covered services during a benefit year. These are the amounts you pay for copays, deductibles and coinsurance.

In-Network Providers contract with the insurance company and charge discounted fees. In-network providers or contracting providers apply to HMO, POS and PPO organizations.

Out-of-Network Providers do not contract with the insurance company. Non-contracting providers will probably bill you for the difference between the out-of-network provider’s charge and the insurance company’s “allowed” amount. You are responsible for the difference and this amount can be significant.

Primary Care Provider (PCP) are usually family practice physicians or pediatricians who are responsible for monitoring and coordinating all your medical care. If you are insured on a POS plan, you must coordinate all care through your PCP. If you need to see a Specialist, the PCP will provide you with a written referral before seeing the Specialist.

Specialists are physicians who have additional education and training for a specific condition. Examples of specialists are dermatologist, urologist, cardiologist, orthopedic surgeon, endocrinologist, ophthalmologist, thoracic surgeon, and pulmonologist, to name a few.

Generic Prescriptions

What are generic drugs? Generic drugs are identical to brand-name prescription drugs in dosage, safety, strength, quality and performance. Generics have the same active ingredients. In-active ingredients such as color or flavor may be different. This means you can save money without sacrificing quality.

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

What’s the difference? The cost of Generic drugs are usually much less than brand-name drugs. Generic drugs cost less for one reason: drug manufacturers spend a lot of money on researching, developing, marketing and advertising brand-name drugs. Manufacturers of generic equivalents do not have these expenses and the savings are passed on to you.

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

Generic Insurance Tips to Saving Money

Be Smart - If your employer offers two or more medical plans, learn what your out of pocket cost will be for each plan and how much each plan will cost you. Then choose the plan best meeting your needs. You might be throwing money away by choosing the wrong medical plan.

Prevention - An annual routine physical might save your life and a bunch of money. An annual checkup allows your doctor to run lab tests to see if you have any health issues.

Over There - If medical coverage is available where your spouse works, you might save money by splitting your coverage between both employers. Many employers pay a higher percentage of the premium for single coverage.

Free Advice - Pharmacists know a lot about prescription drugs, so talk to yours about the drugs you take. Your pharmacist might be able to suggest a less expensive alternative you can ask your physician about and save money.

Urgent vs. Emergency - Consider going to an Urgent Care Center instead of the Emergency Room. Urgent Care Centers are similar to doctors offices and are much less expensive.
This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.