2020 Benefits Guide
for USD 259 Retirees

RETIREES CURRENTLY ENROLLED
Complete Your Open Enrollment November 4 - 15, 2019
Open Enrollment is your once-a-year opportunity to enroll in or change your benefits coverage. Your benefit elections are some of the most important decisions you will make all year. Take the time to understand your benefit options.

If you have questions about your benefits after reading this guide and visiting www.usd259.bswift.com please contact Employee Benefits at 316-973-4564.

Current Retirees on the Health Plan

Open Enrollment is your once-a-year opportunity to enroll in or change your benefits coverage. Your benefit elections are some of the most important decisions you will make all year. Take the time to understand your benefit options.

If you have questions about your benefits after reading this guide and visiting www.usd259.bswift.com please contact Employee Benefits at 316-973-4564.

Important Information

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.

Enrollment Elections

Retirees are eligible to re-enroll in only those plans you are currently enrolled in unless new plan offerings are available. You do have the option of declining coverage in medical, dental, or vision coverage separately but once you decline coverage under that plan, you forfeit future enrollment rights.

Tiered Monthly Premiums

There are four coverage levels available with each plan:

- Retiree only
- Retiree + spouse
- Retiree + child(ren) (same cost for one child or multiple children)
- Family coverage (this would include spouse and child or children)

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Annual Open Enrollment for your 2020 benefits will be
November 4 - 15, 2019

If you don’t enroll by your enrollment deadline:

Your health plan coverage will be terminated as of 12/31/2019 and you will not be eligible for reinstatement at a later date.

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. Wichita Public Schools reserves the right to change or terminate these plans at any time. This guide is in no way an attempt to constitute a contract of employment. Responsibility for making your benefit elections is yours alone. No one at Wichita Public Schools is authorized to give you advice.
Dependent Coverage

Who Can I Cover?
You may elect retiree only coverage or you may elect to cover your eligible dependents under the district’s medical, dental or vision plans if there has been a qualifying life event.

Eligible dependents include the following:
- Your legal spouse under the age of 65.
- Your children under age 26 by birth, adoption, or legal guardianship, including eligible children of your spouse.
- Your disabled child(ren) age 26 and over, including eligible disabled child(ren) of your spouse upon approval by Meritain Health.
- Children up to age 26 can stay on the USD 259 health plan, regardless of student or marital status.

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

Dependent Verification Requirements
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 qualifying life event date.

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.” (See page 14 – Uploading Documents)

<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>

IMPORTANT: Your dependents will not be added to the plan without uploading the required dependent documentation before the end of your enrollment period. (See page 14 – Uploading Documents)

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

Need a New Birth Certificate?
Access www.vitalchek.com anytime or call 1-877-305-8315
Medical Plan Benefits
When you enroll with Meritain Health, it’s important for you to understand how your health plan works so you can make the changes you want in your health and in your life.

Get the support you need for a healthy balance.
Chances are, you try every day to keep a healthy balance in your life. Time can get away from you, or you might put other details first. You can think of your healthcare benefits as your resource to protect your body, mind, and spirit.

The retiree medical plan is administered by Meritain Health and is on the Aetna Wesley Preferred Provider Network.

Free Preventive Services
The retiree medical plan includes the following free annual preventive care services per calendar year at in-network providers:

- Annual physical, including lab work
- Preventive colonoscopy
- Free Adult Vaccines (CDC Recommended)
- One preventive annual mammogram
- One annual PAP test & corresponding office visit
- One annual PSA test and corresponding office visit
- Well-Baby immunizations up to age 19 & corresponding office visits

The preventive screenings can be done anytime during the calendar year and do not have to be spaced out 12 months.

Copays
The retiree medical plan copays are outlined below:

<table>
<thead>
<tr>
<th>Office Visit Copay (in-network):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
</tr>
<tr>
<td>Specialist</td>
</tr>
<tr>
<td>Chiropractor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Copays (in-network):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teladoc</td>
</tr>
<tr>
<td>Take Care / Little Clinic</td>
</tr>
<tr>
<td>Urgent Care</td>
</tr>
<tr>
<td>ER</td>
</tr>
</tbody>
</table>

Preferred Providers
To ensure the highest benefit reimbursement, we recommend you verify your provider is in network prior to the services being rendered.

To verify whether or not a doctor or healthcare facility is in-network, call 1 (800) 343-3140 or visit http://www.aetna.com/docfind/custom/mymeritain. Search for a provider in the Aetna Wesley Preferred Network.
Maternity Management Program

Available at no cost to you as part of your medical plan enrollment!

Are you, your spouse, or dependent child pregnant? If so, you can take advantage of one-to-one support from a registered nurse who will help you achieve a healthy pregnancy.

Through the Maternity Management program, you, your spouse, or dependent child will be able to speak to a nurse over the phone on a regular basis. The nurse will provide educational information and discuss ways to minimize the risks to you and your baby.

The nurse, who is experienced in all aspects of prenatal care, will also help you manage your diet and exercise and discuss other ways to stay healthy throughout your pregnancy. Even if you aren’t a first-time mom, the nurse can help you through the changes that come with each unique pregnancy.

To learn more, contact Meritain Health at 1-800-641-3224 and dial option 3.

24x7 Nurse Line

Call anytime, day or night

What do you do when you’re not sure what to do?

✓ When you don’t know where to go for care or if it’s really an emergency.
✓ When it’s 4:00 a.m. and your child can’t stop coughing.
✓ When you’ve taken a tumble and your ankle is swelling.

You can call the 24x7 Nurse Line at 1-866-726-6529 to talk to a registered nurse who will listen and give you professional, seasoned advice, making sure you get care in the right place at the right time.

Mental Health Coverage

If you are enrolled in the retiree medical plan, Meritain Health provides coverage for mental health and substance abuse. That means they are here with the help you need to work toward recovery, so you can get back to being your best.

Visit www.meritain.com and search “emotional health” to learn about various behavioral health conditions like depression and anxiety.

Not sure where to look for a mental health professional in your area? Contact Meritain Health at 1-866-760-9568 or visit their website at www.meritain.com to find:

• Psychiatrists
• Psychologists
• Clinical social workers
• Clinical counselors
• Certified addiction counselors
Teladoc is the on-demand healthcare solution that gives you the medical care you need, when you need it. You can talk to a doctor anytime, anywhere about non-emergent medical conditions. With Teladoc, you can talk to a doctor 24/7/365 by phone, online video, or mobile app.

When you use Teladoc, your medical questions will be answered by a highly qualified doctor.

**Teladoc doctors are:**
- Experienced—with an average of over 10–15 years in practice.
- Progressive—using the latest technology to provide excellent care.
- U.S. board certified and state licensed.
- Specially trained in telemedicine.

Teladoc is a great option for medical advice and care during weekends, holidays or after business hours, when general practitioners don’t typically schedule appointments. Teladoc is also perfect for those times when you are at home, traveling or do not want to take time away to see a doctor.

### Common conditions treated

- Allergies/Bronchitis
- Cold/Flu
- Rash/Skin Infections
- Headaches/Migraines
- Eye/Ear Infections
- Urinary Tract Infections
- Sinus Infections
- Stomach Ache/Diarrhea
- Many other conditions

## Benefits of Teladoc

- Saves time and money
- Quicker Recovery from illness
- Convenient prescriptions
- Choice of consultation method
- Great health means peace of mind

Contact a Teladoc physician at 1-800-362-2667 or by visiting www.MyDrConsult.com.
Prescription Drug Benefit

Your prescription drug benefit is included as part of your medical coverage and is administered by MaxorPlus, a pharmacy benefits manager. The Prescription Drug Plan is designed to help keep medications affordable for you and your family. 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 can buy up to a 93-day supply at a reduced copayment when compared to retail pharmacies.

Pharmacy Network

- COSTCO PHARMACY
- CVS PHARMACY
- DILLONS PHARMACY
- HY-VEE PHARMACY
- MEDICINE SHOPPE
- PRICE CHOPPER PHARMACY
- SAM’S CLUB PHARMACY
- SHOPKO PHARMACY
- WALGREENS
- WAL-MART PHARMACY

Plus many more participating pharmacies.

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.

For additional benefits on oral diabetic medication and formulary insulin, contact Employee Benefits at 316-973-4564, to inquire about the Dillon’s Diabetic Coaching Program.

“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.

We’re Here to Help

If you have questions, please call MaxorPlus customer service at 1-800-687-0707. Representatives are available to assist Monday through Friday 7AM-9PM, Saturday 8AM-6PM, and Sunday 9AM-5PM CST (Central Standard Time).

In the event of an emergency, MaxorPlus has staff readily available 24/7 to assist you with your prescription benefit questions.
## Retiree Medical Plan At-A-Glance

### Premium Option 1 Plan

<table>
<thead>
<tr>
<th>Medical Deductible (Ded)</th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500/Individual</td>
<td>$3,000/Individual</td>
<td></td>
</tr>
<tr>
<td>$3,000/Family</td>
<td>$6,000/Family</td>
<td></td>
</tr>
<tr>
<td>$4,500/Individual</td>
<td>$9,000/Individual</td>
<td></td>
</tr>
<tr>
<td>$9,000/Family</td>
<td>$18,000/Family</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum (Including Deductible, Copayments &amp; Co-insurance)</th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500/Individual</td>
<td>$3,000/Individual</td>
<td></td>
</tr>
<tr>
<td>$3,000/Family</td>
<td>$6,000/Family</td>
<td></td>
</tr>
<tr>
<td>$4,500/Individual</td>
<td>$9,000/Individual</td>
<td></td>
</tr>
<tr>
<td>$9,000/Family</td>
<td>$18,000/Family</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Co-Insurance</th>
<th>70% Plan Pays</th>
<th>50% Plan Pays</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>100%, Deductible Waived</th>
<th>Not Covered</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Teladoc</th>
<th>Not Covered</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physician Office Visits</th>
<th>$30 Copay</th>
<th>Deduct then 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Office Visits</td>
<td>$50 Copay</td>
<td>Deduct then 50%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$30 Copay</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Room</th>
<th>$100 Copay Plus In-Network Deduct then 30%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ambulance</th>
<th>In-Network Deduct then 30%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Testing</th>
<th>Deduct then 50%</th>
</tr>
</thead>
</table>

| Diagnostic Test (x-ray, blood work) | $30 Copay |
| Imaging (CT/PET scans, MRI) | $100 Copay plus Deduct then 30% |

<table>
<thead>
<tr>
<th>Outpatient Surgery</th>
<th>Deduct then 30%</th>
<th>Deduct then 50%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hospital Inpatient Care</th>
<th>Deduct then 30%</th>
<th>Deduct then 50%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mental and Behavioral Health, Substance Abuse</th>
<th>Deduct then 50%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Outpatient Services</th>
<th>$30 Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Services</td>
<td>Deduct then 30%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternity Care</th>
<th>Deduct then 50%</th>
</tr>
</thead>
</table>

| Prenatal visits | No Charge |
| Childbirth/delivery- global professional fees | $50 Copay |
| Childbirth/delivery facility fees | Deduct then 30% |

<table>
<thead>
<tr>
<th>Home Health Care</th>
<th>Deduct then 30%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Skilled Nursing Care</th>
<th>Deduct then 30%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice</td>
<td>Deduct then 30%</td>
</tr>
<tr>
<td>Rehabilitation Services</td>
<td>Deduct then 30%</td>
</tr>
<tr>
<td>Outpatient Physical Therapy</td>
<td>Deduct then 30%</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Deduct then 30%</td>
</tr>
</tbody>
</table>

### Medical Plan Premiums - WITH Wellness Discount

#### Retiree Premium Option 1 Plan

<table>
<thead>
<tr>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>$535.01</td>
</tr>
<tr>
<td>$1,123.52</td>
</tr>
<tr>
<td>$1,016.50</td>
</tr>
<tr>
<td>$1,658.51</td>
</tr>
</tbody>
</table>

### Medical Plan Premiums - WITHOUT Wellness Discount

#### Retiree Premium Option 1 Plan

<table>
<thead>
<tr>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>$635.01</td>
</tr>
<tr>
<td>$1,323.52</td>
</tr>
<tr>
<td>$1,223.52</td>
</tr>
<tr>
<td>$1,116.50</td>
</tr>
<tr>
<td>$1,858.51</td>
</tr>
<tr>
<td>$1,758.51</td>
</tr>
</tbody>
</table>

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*This guide is a summary of the retiree health plan 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.*
Wellness Discount

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

Credits must be earned between September 1, 2018 – August 31, 2019 to apply towards the 2020 premium discount. All 100 wellness points are subject to verification and approval before the premium discount is reflected on the enrollment screen. The deadline for submitting all wellness documentation is November 15, 2019. (No exceptions)

(See page 14: Checking Wellness Points & Uploading documents)

Wellness Credit Verifications

Preventive service claims that are filed through the district health plan are loaded throughout the year 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

Plan Ahead for 2021

The wellness activities and point values will remain the same for the 2021 plan year.

Services rendered beginning September 1, 2019 will begin counting towards the wellness discount for the 2021 benefit year.

(See page 9 for more information)
**Wellness Credits**
for Retirees & Spouses on the Health Plan

<table>
<thead>
<tr>
<th>40 POINTS EACH</th>
<th>25 POINTS EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Annual Physical including blood work</td>
<td>□ Well-Woman Mammogram</td>
</tr>
<tr>
<td>□ Annual Eye Exam</td>
<td>□ Well-Woman Pap Test / Pelvic Exam</td>
</tr>
<tr>
<td>□ Dental Cleanings two times per year</td>
<td>□ Well-Man PSA Test</td>
</tr>
<tr>
<td></td>
<td>□ Colonoscopy or fecal testing</td>
</tr>
<tr>
<td></td>
<td>□ Annual Flu Shot or Approved CDC Vaccine</td>
</tr>
<tr>
<td></td>
<td>□ Non-Tobacco /Non-Nicotine User* &lt;br&gt;Subject to audit and confirmation testing.</td>
</tr>
</tbody>
</table>

*Nicotine gum/patches are not considered tobacco products if prescribed or recommended by a physician and/or used in conjunction with smoking cessation treatment.

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**Please Note:** Your Health Plan is committed to helping you achieve your best health. The premium waiver for participating in the wellness program is available to all employees. If you think you might be unable to meet the standard for a waiver under this wellness program, you might qualify for an opportunity to earn the same waiver by different means. Contact Employee Benefits at 973-4581 and we will work with you (and if you wish, with your doctor) to find a wellness program for the same waiver that is right for you in light of your health status.

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Retirees & Spouses must accumulate 100 points **EACH** for the 2021 Health Plan Premium Discount.
Additional Retiree Paid Premiums

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

Working Spouse Premium

The working spouse premium is in addition to the premium for your medical plan. If your spouse has an employer who offers group health insurance, then you would select **YES** to pay the working spouse premium.

If your spouse is not offered insurance, is self employed or unemployed, you would select **NO** to the working spouse premium.

<table>
<thead>
<tr>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working Spouse</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 retiree and spouse if enrolled in the retiree medical plan; The tobacco premium applies to those who have used tobacco or nicotine products four or more times within the last six months.

Tobacco and/or nicotine products include: 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 for being a non-tobacco user and may be subject to audit & confirmation testing.

<table>
<thead>
<tr>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree</td>
</tr>
<tr>
<td>Spouse</td>
</tr>
<tr>
<td>Retiree + Spouse</td>
</tr>
</tbody>
</table>

*For Kansas residents, there is no cost to enroll.*

http://www.kanquit.org/

*Once you have been tobacco free for 6 months, you can enroll as a non-tobacco user the following Open Enrollment period.*
Retiree Dental Plan At-A-Glance

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 retirees the Buy-Up Dental Plan through Delta Dental to help you maximize your oral health.

**Retiree Dental Plan** - Basic & Major Services are included. Orthodontia Coverage is NOT included. There is Limited Lifetime Implant Coverage of $2,500 per person. *Prior authorization is required for implants.*

<table>
<thead>
<tr>
<th>Service Description</th>
<th>PPO Provider</th>
<th>Premier Provider</th>
<th>Non-Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral evaluations, Bitewing x-rays</td>
<td>100%</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>Full mouth or panoramic x-rays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanings, Fluoride, Space Maintainers, Sealants</td>
<td>100%</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Basic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One emergency exam, Oral surgery, Fillings, Endodontics, Periodontics</td>
<td>80%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Major</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridges, Dentures, Repairs, Implants</td>
<td>50%</td>
<td>50%</td>
<td>40%</td>
</tr>
</tbody>
</table>

**Retiree Dental Plan Premiums**

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree Only</td>
<td>$28.47</td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>$59.78</td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$54.09</td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>$88.25</td>
</tr>
</tbody>
</table>
**Vision Benefits**

You will receive one free annual eye exam as long as your provider is in the EyeMed "Insight" Network.

Present your EyeMed card for annual eye exams.

EyeMed is America’s largest vision network with more independent providers than anyone.

You can shop at your favorite national retail chains like LensCrafters, Pearle Vision, Target Optical and Sears Optical, plus a wide selection of regional retailers, such as America’s Best, Shopko, MyEyeDr. and more.

You can also save up to $50 on non-prescription sunglasses at Sunglass Hut and get members-only savings on eyewear, LASIK, hearing aids and more on the member website. [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

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### EyeMed Voluntary Buy-Up Hardware Plan Summary

<table>
<thead>
<tr>
<th>Product or Service</th>
<th>In-Network / Member Cost</th>
<th>Out-of-Network / Member Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam</strong> (with dilation as necessary)</td>
<td>$0 copay</td>
<td>$40</td>
</tr>
<tr>
<td><strong>Eyeglass Frames</strong></td>
<td>$0 copay, $150 allowance, 20% off balance over $150</td>
<td>$105</td>
</tr>
<tr>
<td><strong>Lenses per Pair</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$25 copay</td>
<td>$30</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$25 copay</td>
<td>$50</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$25 copay</td>
<td>$70</td>
</tr>
<tr>
<td>Standard Progressive</td>
<td>$80 copay</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Covered Lens Options</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Anti-Reflective</td>
<td>$45 copay</td>
<td>$5</td>
</tr>
<tr>
<td>Premium Anti-Reflective Tier 1</td>
<td>$57 copay</td>
<td>$5</td>
</tr>
<tr>
<td>Premium Anti-Reflective Tier 2</td>
<td>$68 copay</td>
<td>$5</td>
</tr>
<tr>
<td>Premium Anti-Reflective Tier 3</td>
<td>$85 copay</td>
<td>$5</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong> (includes materials only)</td>
<td>$0 copay, $150 allowance, 15% off balance over $150</td>
<td>$120</td>
</tr>
<tr>
<td>Conventional</td>
<td>$0 copay, $150 allowance, plus balance over $150</td>
<td>$120</td>
</tr>
<tr>
<td>Disposable</td>
<td>$0 copay, Paid-in-Full</td>
<td>$210</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>$40</td>
<td></td>
</tr>
<tr>
<td>Standard Fit &amp; Follow-up</td>
<td>10% off retail price</td>
<td></td>
</tr>
</tbody>
</table>

**Frequency**

- Exam, Lenses, Contact Lenses: Once every calendar year
- Frames: Once every two calendar years

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### Retiree Buy-Up Hardware Plan Premiums

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree Only</td>
<td>$5.18</td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>$9.84</td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$10.36</td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>$15.23</td>
</tr>
</tbody>
</table>
BSWIFT Online Enrollment Portal

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

How to Access the Benefit Portal

You can access the benefit portal 24/7 from any computer. Open your internet browser and enter www.usd259.bswift.com

Username: Employee ID  (located on the address block of this benefit guide)
Password: The password you previously set up

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.**
Wellness Verifications

In order to view the current status of your wellness points, please log in to www.usd259.bswift.com

Your username = Your 5 digit Employee ID #

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

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.
How to Enroll

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

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

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.
Start selecting your benefits
From this screen you can select which benefits to enroll in. As you progress through each benefit types, you will see your selections.

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.

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.

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You will need to check the box next to each dependent you wish to cover under the plan.
Review & Confirm Your Selections
Take another moment to look over your selections and make any necessary changes. Remember, if all your wellness points have not yet been verified, that discount will not show in the total cost.

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

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.

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.

After You Enroll
ID Cards
Here is what you need to know about ID cards. ID cards will only be issued if there has been a change in your enrollment from 2019 so make sure to hold on to your current cards if there is no change. New cards will be issued prior to January 1, 2020 for those making changes.

Any premium rate changes will be reflected on the 15th of the month prior to the benefit effective date.
IMPORTANT: Dependents must be added to or dropped from the Health Plan within 31 days of a life event (birth, marriage, divorce).

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

Once you are logged into bswift, you would select “All Other Life Events” under the Life Event Section.

The system will then walk you through step by step.

Once your changes are completed, click on “My Profile” then “Employee File” to upload the appropriate documentation.

The benefit change will not be approved until the appropriate documentation is submitted.

Benefits Changes During the Year

IRS regulations limit when you can make changes to your benefits during the year. After you have made your elections during your first 31 days of eligibility, you cannot change your medical, dental, or vision elections outside the annual Open Enrollment period (held each fall), unless you have a qualifying life event that permits you to make benefits changes under IRS rules.

Examples of qualifying life events that may allow you to make benefit changes:

- Marriage
- Divorce or legal separation
- Birth or adoption
- Loss of eligibility for other health coverage
- Dependent Losing Eligibility – dependent child reaches the maximum age of 26
- Death of a dependent
- Change in employment status
- Medicare eligibility
Useful Contacts

bswift

For problems with the online enrollment system or problems logging 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.

MERITAIN HEALTH

Customer Service
1-(866)-780-9688
www.meritain.com

The Wichita Public Schools dedicated customer service phone number will be located on the front of your ID card.

MAXOR PLUS

Pharmacy Benefit Questions
1-(800) 687-0707 Customer Service
1 (800) 687-6629 Mail Order
1-(800) 629-6773 Specialty Pharmacy
http://www.maxor.com/maxorplus/members

OTELADOC

Get Started Today
1-(800)-362-2667
www.MyDrConsult.com

EyeMed

Vision - EyeMed
1-(866) 939-3633
www.eyemedvisioncare.com

DELTADENTAL

Customer Service
1-(800) 234-3375
(316) 264-4511
www.deltadentalks.com

Employee Benefits & Insurance Management
employeebenefits@usd259.net
(316)973-4564 or (316)973-4581
Glossary of Medical Terms

Health coverage pays for provided services, medications, hospital care, and special equipment when you’re sick. It is also important when you’re not sick. Here are explanations of some key health insurance words that you may hear.

**Copayment** An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor’s visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay $30 for a doctor’s visit or $10 for a prescription.

**Co-insurance** An amount you may be required to pay as your share of the cost for services after your deductible is satisfied. Co-insurance is usually a percentage (for example, 30%).

**Deductible** The amount you owe for health care services before your health insurance plan begins to pay.

**Explanation of Benefits (EOB)** A summary of health care charges that your insurance company sends you after you see a provider or receive a service. It is not a bill. It is a record of the health care you or individuals covered on your policy received and how much your provider is charging your insurance company. If you have to pay more for your care, your provider will send you a separate bill.

**Formulary** A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

**Hardware** This includes glasses, frames, and contacts under the EyeMed vision plan.

**In-network** The facilities, providers, and suppliers your health plan has contracted with to provide health care services.

**Non-formulary** Drugs that are not included in the list of preferred medications that a committee of pharmacists and doctors deems to be the safest, most effective and most economical. They are drugs not included in the drug list approved by Maxor Plus.

**Out-of-network** A provider or facility who does not have a contract with your health plan to provide services to you. You will pay more to use them.

**Out-of-pocket Maximum** The most you pay during a calendar year before your health insurance or plan starts to pay 100% for covered essential health benefits. The out-of-pocket maximum includes the yearly deductible, co-insurance and copayments.

**Out-of-network Co-insurance** The percent (for example, 50%) you pay of the allowed amount for covered health care services to providers who don’t contract with your health insurance or plan. Out-of-network co-insurance costs you more than in-network co-insurance.

**Preauthorization** Sometimes called prior authorization, prior approval, or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization is not a guarantee of benefits.

**Specialist** A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of healthcare.

**Urgent Care** Urgent care is non-preventive or non-routine health care service needed to prevent serious deterioration of a person's health following an unforeseen illness, injury or condition. Urgent care includes conditions that could not be adequately managed without immediate care or treatment, but do not require the level of care provided in an Emergency Room. Often referred to as Immediate Care.
Name
Mailing Address
Mailing Address
City, State, Zip