

# Bonner Springs / Edwardsville USD 204

2017 NEW HIRE GUIDE  
Effective September 1, 2017



**BE WELL. BE BRAVE.**

# Welcome!!

Welcome to Bonner Springs/Edwardsville USD 204. We are pleased to offer you the employee benefits outlined in this guide. We work hard to maintain competitive plans and costs that meet the needs of you and your loved ones.

The benefits outlined in this guide are effective September 1<sup>st</sup>, 2017. Please take the time to review the information and ask any questions you may have. We feel it is very important that you have a strong understanding of your benefits. If at any time throughout the course of the year you should have questions about how your plans work, or if you need clarification or assistance with a claim issue, please feel free to reach out to our CBIZ consultants listed on page 33. They are always happy to assist.

## ***How to Enroll, Waive, and Confirm Benefits***

Enrollment will held Monday, August 7<sup>th</sup> and Wednesday, August 9<sup>th</sup>. Everyone must complete the online enrollment process during this time. Failure to complete your online enrollment will result in no coverage.

Assisted Enrollment: You will sit down one-on-one with an enrollment counselor to complete your benefits enrollment. The enrollment counselor will be able to answer any outstanding questions you may have at this time. Assisted Enrollment will require that you schedule an appointment on the date enrollers are in your building. Please allow approximately 30 minutes for your enrollment session. You will sign up for your enrollment session during your New Hire Benefit Orientation on August 3<sup>rd</sup>.

[Why Schedule Your Enrollment Session](#)

[Preparing for Your Enrollment](#)

## ***Who is Eligible?***

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. Your spouse and legally dependent children to age 26 are also eligible for medical, dental and vision coverage.

## ***Benefit Enrollment Meeting***

CBIZ will hold a benefit orientation meeting to review the benefits available to you on August 3, 2017. It is at this time that you will sign up for your enrollment on Monday, August 7<sup>th</sup> or Wednesday, August 9<sup>th</sup>.

## ***How to make changes***

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan.



Our School District believes in maintaining an environment that is conducive to each person's overall wellbeing. We want you to be the best you can be whether that is here at the district, at home with your family, or building relationships in the community. It is for the reason we have developed an Employee Wellbeing Program that focuses on you!

We have a committee of individuals within our district that work together to bring you programs and resources throughout the year. We encourage you to take advantage of these opportunities, and share your ideas and any personal accomplishments along the way.

#### A Peek at 2017 Initiatives

- Onsite Biometric Screenings
- Flu Shots
- Ventures in Vitality: A total wellbeing program
- Everybody. Everyday: A physical wellbeing challenge
- Full suite of online wellbeing resources via BlueKC
- 

...Stay tuned! We have even more exciting things happening in 2017/2018 you won't want to miss!



# Healthcare Consumerism Tools & Resources

Being a knowledgeable healthcare consumer when using any of your benefits, including medical, dental and vision care, is an integral part of controlling your personal healthcare budget, as well as the District's overall benefit claims cost. We want to make sure you are aware of, and using the various healthcare tools and resources made available to you.

## New Resources Available as a Blue Cross Participant



### Medical Insurance video links for better consumerism:

[Onboarding to A-Healthier-You Portal](#)

[Building A-Healthier-You Care Plan](#)

[How the General Health in A-Healthier-You Plan Works](#)

[Rx Savings Solutions](#)

## Retail Telehealth

Blue Cross and Blue Shield of Kansas City (Blue KC) wants to improve your access to care. That's why we've partnered with American Well (Amwell) to bring you care from the comfort and convenience of your home or wherever you are. Schedule and "see" a doctor online from your phone, tablet or computer, from home, the office or while traveling using the Amwell mobile app. Signing up is free, just download the app or visit Amwell.com. Download the iOS or Android App by searching "Amwell". Sign up on the web at Amwell.com. Be sure to include your Blue KC Insurance information when creating your account. For detailed instructions, see Amwell – A Quick Guide.



#### CONDITIONS COMMONLY TREATED THROUGH A VIRTUAL VISIT:

- Colds
- Flu
- Migraines
- Sinusitis
- Fever
- Rash
- Pinkeye
- Ear Infection
- Abdominal Pain



## Discover Your A Healthier You™ Portal

With just a few clicks, you can easily access your personalized health and wellness portal.

1. Visit [MyBlueKC.com](https://www.mybluekc.com) or download the Blue KC A Healthier You App.  
\*Use Google Chrome browser.
2. Enter your username and password, and click **LOG IN**. If you are a first time visitor, click **REGISTER NOW**. Be sure to have your member ID card available to reference.
3. Once logged in, click on **A Healthier You** from the “My Home” page.
4. First time users will be prompted to complete the onboarding personalization questions.

The screenshot displays the healthmine A Healthier You portal. At the top left is the healthmine logo. To the right are navigation icons and a user profile icon with 'Points: 201'. The main content area features a dark header with 'Hello Joan, Welcome to the Blue KC Family!' and a progress bar with three steps: 1. Understand Your Health (stethoscope icon), 2. Build a Care Plan (list icon), and 3. Earn Fun Rewards! (diamond icon). Below this are three circular progress indicators: 'Daily Questions 0/6 Complete', 'Health Library 0 Items', and 'Rewards 201 pts.'. A 'My Care Plans' section follows, with three cards: 'General Health 0/6 Complete' (with 'Take HRA Now' and 'Schedule Screening Now' links), 'Energy Level' (with 'Carpe diem! Increase your energy level and get the most out of each day!' and 'Configure Now' link), and 'Better Food Choices' (with 'Healthier eating starts with thinking about what and how much you're consuming.' and 'Configure Now' link). On the right side, a 'What's Next' sidebar lists: Health Risk Assessment, My Better Food Choices Plan, Connect a Device, Biometric Screening, and My Sleep Plan.





## Doctor and Hospital Finder



**FIND A DOCTOR OR HOSPITAL,  
PLUS BLUE DISTINCTION TOTAL CARE DOCTORS**

### LOG INTO MYBLUEKC.COM

To view the most accurate information related to your Blue KC network, be sure to **first log in** as a member on [MyBlueKC.com](http://MyBlueKC.com).



- 1. Log in or register**  
(if this is your first time logging in, you will need your Blue KC member ID card to reference.)
- 2. After logging in**, you will see the same menu screen at the top. Click "Find a Doctor."

## NARROW SEARCH RESULTS

After you run a search you will see the following:

- 1. Match Listing** - See how many results your search produced based on your search criteria.
- 2. Search Results** - See the providers that matched your search criteria, plus a link to view their profile.
- 3. Filters to Find Total Care Providers** - Use search filters to narrow results based on provider **gender**, **distance**, **specialty**, **languages spoken** and **quality recognitions** including the filter **"BDTC" to find a Blue Distinction Total Care doctor**.
- 4. Sort** - Sort the results based on the search criteria (default), distance, or alphabetically.
- 5. Save and Print** - Create a customized directory based on your search and save as a PDF, email or print it.



### COORDINATED CARE FOR BETTER HEALTH

Blue KC recognizes Blue Distinction Total Care doctors for the steps they are taking to go above and beyond to enhance their patient's overall health.

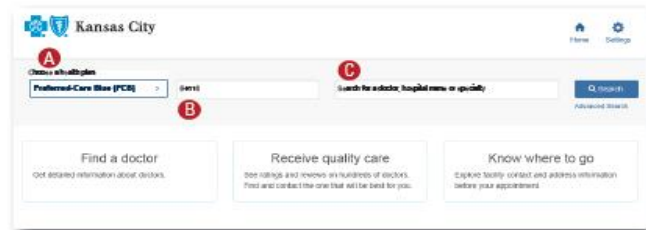


## START YOUR SEARCH

**A. Choose your health plan** – If you logged in, your plan's network should already display. If it does not, see your Blue KC member ID card; your network appears on the top of the ID.

**B. Location** – Select the location that you would like to search (city, ZIP code, etc.). The radius default is 25 miles; you can adjust to as low as one mile on the search results page.

**C. Search by** – You can search a variety of ways; simply enter a doctor or hospital name, a health condition, or even a specialist type that treats a health condition.



## PROVIDER REVIEWS

Easily read and write provider reviews and rate your care on a scale of one to five stars. Your feedback helps doctors and staff make improvements, plus, by rating your doctor, you will help others locate physicians with high patient satisfaction scores. Surveys are confidential – doctors will not know you rated them.



## COST INFORMATION

The Blue KC cost forecaster uses 12 months of claims data to provide a cost range for over 1,000 of the most common, elective procedures. *For example, the total cost for a knee replacement at a specific hospital may be \$19,000 to \$23,000.*

The cost forecaster tool can be found on the **Get Care** page of [MyBlueKC.com](http://MyBlueKC.com), then click **What I Need to Pay**.

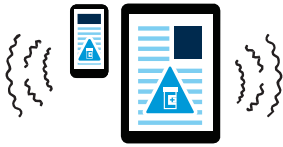


## Rx Savings Solutions

Rx Savings Solutions was created by a pharmacist who found ways to help consumers save money. Prescription prices can vary widely, even within the same ZIP code. This is a new way to save on prescription medications by bringing cutting-edge technology that will notify you when you and your family can save at the pharmacy.

### STEP 1

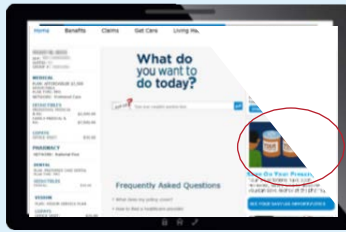
GET SAVINGS ALERTS



Set-up alerts via text and/or email

**A** Visit [MyBlueKC.com](http://MyBlueKC.com).

**C** Once logged in, click on the **Pharmacy Savings** image.



**B** If you are a first time visitor, click **REGISTER NOW**. Please have your member ID card available to reference.

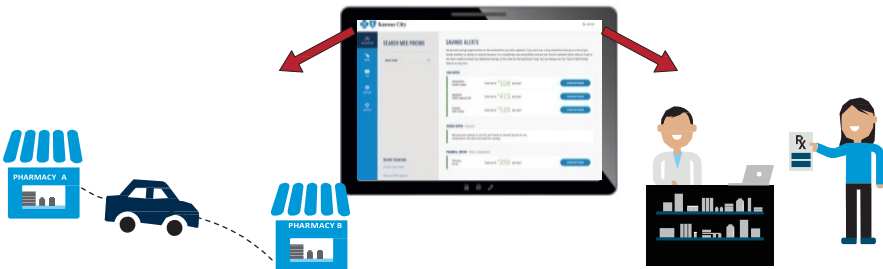
**D** Fill in your **email address** and **mobile phone number**.

Start receiving email and/or text alerts from Rx Savings Solutions!



### STEP 2

REVIEW YOUR SAVINGS OPTIONS AND SHARE WITH YOUR DOCTOR



Example: Switch from Pharmacy A to Pharmacy B.

Example: Switch to a different, equally-effective medication.\*

### STEP 3

START SAVING ON PRESCRIPTIONS



## Convenience Care

Sometimes, you may not be able to get to your doctor's office, and your condition is not urgent or an emergency. In these situations, you may want to consider a Convenience Care Center that can be an alternative to seeing your doctor.

Convenience Care Centers are conveniently located often in malls or some retail stores, such as CVS Caremark, Walgreens, Wal-mart and Target, and offer services without the need to schedule an appointment. Services at a Convenience Care Center may be provided at a lower out-of-pocket cost than an urgent care center visit and are subject to the deductible/coinsurance.

Services at a Convenience Care Center are generally available to patients 18 months of age or older. Services that are available may vary per center. We do, however, recommend that you seek routine medical care from your primary care physician whenever possible.

To find an in-network Convenience Care Center near you, visit our website at [www.bluekc.com](http://www.bluekc.com).

## Urgent Care

Sometimes you may need medical care fast, but a trip to the emergency room may not be necessary. Of course, during office hours you may be able to go to your doctor for any urgently needed service; however, if you require urgent care outside your doctor's regular office hours or you are unable to be seen by your doctor immediately, you may consider going to an urgent care center. At an urgent care center, you can generally be treated for many minor medical problems faster than at an emergency room.

We do however, recommend that you seek routine medical care from your primary care physician whenever possible.

Services that are available for Urgent Care may vary per center. If you choose to use an urgent care center, please make sure it is in-network by calling the toll-free number on the back of your medical ID card or visiting the carrier's website at [www.bluekc.com](http://www.bluekc.com).

## Emergency Room

If you think you or your loved one may be experiencing an emergency medical condition, you should go to the nearest emergency room or call 911.

An emergency medical condition is any condition (including severe pain) which you believe that without immediate medical care may result in:

- Serious jeopardy to you or your loved one's health, including the health of a pregnant woman or her unborn child
- Serious impairment to you or your loved one's bodily functions
- Serious dysfunction of any of you or your loved one's bodily organs or parts

If you obtain care at an emergency room, you will likely pay more out-of-pocket than if you were treated at your doctor's office, a Convenience Care Center or Urgent Care Facility.

\*If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once the condition has been stabilized.

## Convenience Care Center

Typical conditions that may be treated at a Convenience Care Center include:

- Common infections (e.g.: bronchitis, bladder infections, ear infections, pink eye, strep throat)
- Minor skin conditions (e.g.: athlete's foot, cold sores; minor sunburn, poison ivy)
- Flu shots
- Pregnancy tests

This is a sample list and not all-inclusive. For a full listing of services please visit each center's Website.

## Urgent Care

Typical conditions that may be treated at an Urgent Care Center include:

- Sprains
- Strains
- Mild asthma attacks
- Minor infections
- Vaccinations
- Back Pain or Strains
- Small cuts
- Sore throats
- Rashes
- Preventative Screenings

This is a sample list and not all-inclusive. For a full listing of services please visit each center's Website.

## Emergency Room

Some examples of emergency conditions may include the following:

- Heavy bleeding
- Chest pain
- Sudden change in Vision
- Major burns
- Sudden weakness
- Large open wounds
- Spinal injuries
- Difficulty breathing
- Severe head injuries

This list only provides examples and is not intended as an exclusive list. If you believe you or your loved one is experiencing an emergency medical condition, you should go to the nearest emergency room or call 911, even if your symptoms are not described here.



# Medical Plan Provider Networks

Bonner Springs/Edwardsville USD 204 currently offers five medical plans and three provider networks for you to choose from. It is very important that you understand your network of providers when choosing the plan that is right for you.

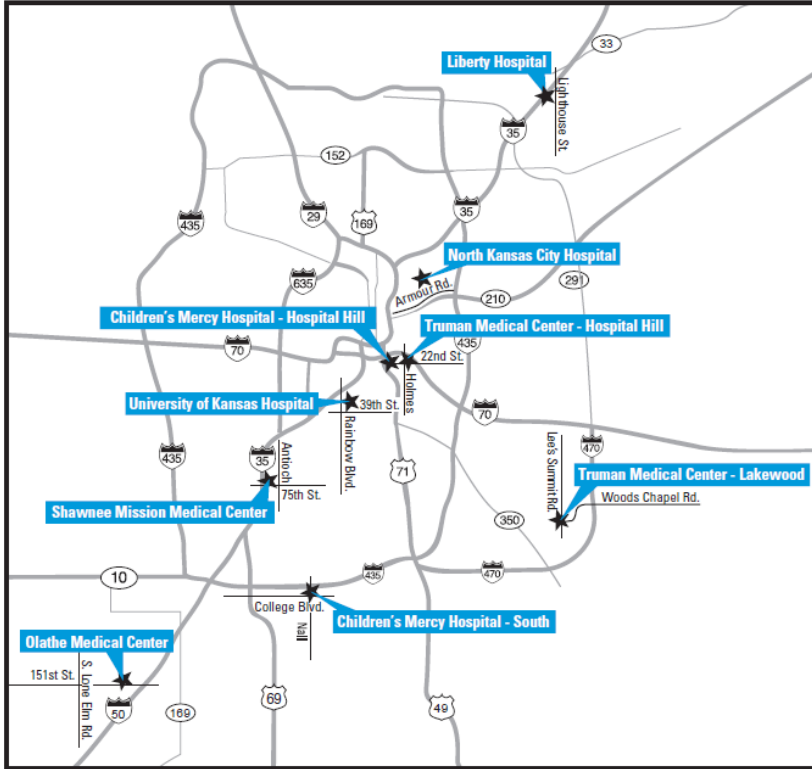
	Networks				
	QHDHP #1	QHDHP #2	BASE PPO	BUY-UP PPO	HMO
Preferred-Care Blue	X		X	X	
Blue Select Plus		X			
Blue Care					X

Network Differences		
Preferred-Care Blue	Blue Care HMO	Blue Select Plus
1) Applies to : QHDHP #1 Base PPO Buy-Up PPO	1) Applies to: HMO	1) Applies to: QHDHP #2
2) Larger network in Greater KC area as well as Nationally and Internationally	2) Hospitals and Providers are limited to Greater KC area only.	2) Smallest network, limited to 7 hospitals and approximately 2900 providers
3) Provides out-of-network coverage	3) No coverage out-of-network unless it is an emergency	3) Providers in the Greater KC area, but not participating in the Blue Select Plus Network, are subject to the out-of-network deductible and out-of-pocket maximum  If you are outside of the Greater KC area and need care, you will have access to the BCBS national Blue Care PPO network and receive in-network benefits

The Blue Select Plus network has a more limited network of providers and hospitals. Because it is a more exclusive network of providers, BCBS is able to provide better discounts when claims are incurred and therefore, your monthly premium is lower and the District's contribution to your HSA is higher.

***It is imperative that you review the providers and hospitals in the Blue Select Plus network before selecting to enroll in the QHDHP #2.*** While the plan works just like the QHDHP #1, if you elect the Blue Select Plus QHDHP #2 and use a provider or hospital **outside** the Blue Select Plus network, **your out-of-pocket maximum will increase to \$13,000 individual or \$26,000 family.**

The Blue Select Plus network of hospitals is limited to the following hospitals. Any other hospital used in a non-emergent situation will be considered out-of-network and subject to the out-of-pocket maximums previously mentioned.



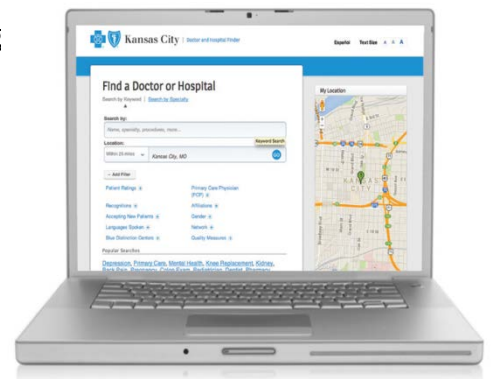
**Blue Select Plus Hospitals are limited to:**

- Children’s Mercy Hospital
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Shawnee Mission Medical Center
- Truman Medical Center
- University of Kansas Hospital

All other hospitals in BCBS’s service area are considered out of the Blue Select Plus network

Members have choices in physicians and other healthcare providers. You can search online for physicians and other healthcare providers by visiting the Blue KC website at [www.bluekc.com](http://www.bluekc.com), clicking **Find a Doctor**. From here you can

- Choose **Blue Select Plus** as the network and hit go (be sure your location information is listed correctly first) or,
- You can scroll to the bottom of the page and click View Our PDF/Print Directory. On the next screen you will want to select the **Blue Select Plus Quick Reference Directory** to review in network provider options.



# Medical Plan

Bonner Springs/Edwardsville USD 204 offers five medical plan options for you to choose from. The benefits you elect now will be effective September 1, 2017 – December 31, 2017.

When reviewing your plan options, please be sure to pay close attention to the provider network associated with each plan.



Through [www.bluekc.com](http://www.bluekc.com) you will have the ability to:

- Find Doctors & Hospitals
- Check Claim Status
- Order New ID Card
- Print Temporary ID Card
- View Benefits
- Access BCBSKC Drug List

	QHDHP #1	QHDHP #2	Base PPO	HMO	Buy-Up PPO
	Preferred Care Blue	Blue Select Plus	Preferred-Care Blue	Blue Care	Preferred-Care Blue
<b>Deductible</b>					
- Individual	\$2,600	\$2,600	\$1,000	None	\$500
- Family	\$5,200	\$5,200	\$2,000	None	\$1,000
<b>Coinsurance</b>	0%	0%	20%	0%	20%
<b>Out of Pocket Max</b>					
- Individual	\$2,600	\$2,600	\$4,000	\$3,000	\$2,750
- Family	\$5,200	\$5,200	\$8,000	\$7,500	\$5,500
<b>Physician Office Visits</b>					
- PCP	Subject to Ded.	Subject to Ded.	\$40	\$40	\$20
- Specialist	Subject to Ded.	Subject to Ded.	\$80	\$80	\$40
- Chiropractic	Subject to Ded.	Subject to Ded.	Ded. then 20%	\$40	Ded. then 20%
<b>Hospital Services</b>					
- Inpatient	Subject to Ded.	Subject to Ded.	Ded. then 20%	\$500 per day up to \$2,500/ calendar year/person	Ded. then 20%
- Outpatient surgical	Subject to Ded.	Subject to Ded.	Ded. then 20%		Ded. then 20%
- Hi-Tech Scans	Subject to Ded.	Subject to Ded.	Ded. then 20%		Ded. then 20%
<b>Emergency Room</b>	Subject to Ded.	Subject to Ded.	\$200 then Ded. then 20%	\$200	150 then Ded. then 20%
<b>Urgent Care</b>	Subject to Ded.	Subject to Ded.	\$80	\$80	\$40
<b>Prescription Drugs</b>					
- Deductible	Medical Ded. then:	Medical Ded. then:	N/A	N/A	N/A
- Tier 1 Generic	\$0	\$0	\$12	\$12	\$12
- Tier 2 Preferred	\$0	\$0	\$35	\$35	\$35
- Tier 3 Non-Preferred	\$0	\$0	\$60	\$60	\$60
- Mail order (120 day)	\$0	\$0	\$24/\$70/\$120	\$24/\$70/\$120	\$24/\$70/\$120

This Medical Plan table is for illustrative purposes only and does not include all benefits, plan limitations, and/or exclusions. This represents in-network benefits only. Please refer to the certificate of coverage BCBS summary for greater detail. In the event there is a discrepancy in benefits, the carrier benefit summary/SPD will always govern.

# Medical Plan Cost

Below are the employee costs for each plan per month

	EMPLOYEE ONLY	DISTRICT FUNDED HSA	FAMILY
QHDHP #1	\$0	\$14.09	\$671.56
QHDHP #2	\$0	\$68.58	\$534.79
BASE PPO	\$0	N/A	\$705.77
HMO	\$34.70	N/A	\$792.77
BUY-UP PPO	\$85.61	N/A	\$921.81

## Health Savings Account (HSA)

### **How does the QHDHP work?**

The office visit copay is eliminated in this plan. All charges related to diagnostic office visits and hospital services will apply to your deductible. Routine Preventive Care is covered 100%, not subject to the deductible. The plan provides 100% coverage in-network after the deductible is met, so all remaining charges are paid in full.

Prescription drugs also apply to the medical plan deductible. After the full deductible is met they are paid at 100% for the remainder of the year.

If you remain in-network, you will still benefit from the BCBS contracts with their network providers. Only the discounted "allowable" amount will apply to your deductible, not the full billed charge. Contracted discounts average 40-50% savings.

Your deductible is offset by reduced premiums and the contributions you and the District make to your HSA. These funds roll over year to year, and can eventually provide full reimbursement of all out-of-pocket costs.

### **Health Savings Accounts (HSA): UMB**

Over the last several years, you have probably heard a lot about the concept of consumer driven health care. As health insurance costs have continued to increase due to an aging population, state-of-the-art technology, increased cost and prescribing of prescription drugs, and greater occurrence of "lifestyle-related" conditions, the savings once achieved through tightly managing health care delivery has been outpaced by inflation and rejected by consumers who demand more freedom. There are two parts to this plan. The medical plan (QHDHP) and the banking piece (HSA).

Part one, both QHDHPs, will have a \$2,600 Individual/\$5,200 Family Deductible. Every service, including prescription drugs, will go toward the Deductible. Once you have satisfied the Deductible amount, all medical services will be paid at 100% for the remainder of the plan year.

Your QHDHP is accompanied by part two, a Health Savings Account (HSA). If you participate in the QHDHP, you can set aside money in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a flexible spending account in that you are eligible to pay for health care expenses with pre-tax dollars. There are several advantages of an HSA. For instance, money in an HSA can be invested much like 401(k) funds are invested. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. Also, your HSA account is yours to keep which means that you can take it with you if you change jobs or retire.



## Who is eligible to participate in a HSA?

You are eligible to participate in a HSA if you are covered by a QHDHP. Employees, dependent spouses and/or children who are covered by any non-qualified plan, including Medicare, are not eligible for the HSA.

You are ineligible if you and/or your spouse are contributing to a Section 125 FSA plan that is not a LIMITED FSA. You may have a Dependent Day Care Expense Account or participate in the Premium Savings program – these will not disqualify you.

## How much can I contribute to my HSA?

The maximum amount that you can contribute to a HSA for the 2017 calendar year max is \$3,400 for individual coverage and \$6,750 for family coverage. Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000. The District will contribute the following if you are enrolled as employee only:

- QHDHP #1: \$14.09 per month
- QHDHP #2: \$68.58 per month

(Note: There is a \$2.00 monthly account fee automatically deducted from your HSA.)

## What are some of the advantages of a HSA?

[What is an HSA](#)

Less monthly premium paid on a QHDHP allows for discretionary employee and District contributions into a personal Health Savings Account, which is then used to offset the cost of your healthcare services.

You may use the HSA funds for the same type of things covered by a Section 125 Flexible Spending Account (e.g. dental, vision, and prescription drug out-of-pocket costs), and some things which the Section 125 plan does not allow: COBRA premium, Employee health insurance premium other than Medicare supplement policies, Long Term Care insurance premiums, and health insurance premiums if you are receiving unemployment.

With the HSA, you have a triple tax advantage: contributions are tax-deductible (no Federal, State, or Employment taxes are deducted), earnings on your balance and investments are not taxed, and funds withdrawn for qualified medical expenses are not taxed.

The money in the HSA is always yours to use – even if you change back to a traditional medical plan at open enrollment, retire or leave the District. If you own an HSA account and later enroll in a non-qualified plan, you will no longer be able to contribute to the HSA, but your account will continue to accumulate interest. You may also withdraw from the account for qualified medical expenses for you and your dependents.

If you are currently enrolled in a Flexible Spending Account (FSA) and intend to enroll in the QHDHP you **MUST** zero out your FSA before you establish your HSA. Due to IRS regulations, you cannot have a FSA and contribute to a HSA at the same time.

If you are currently enrolled in a traditional plan (HMO or PPO) and you intend to enroll in the QHDHP you cannot use your HSA funds for expenses incurred prior to enrolling in the QHDHP.

**Please remember – you are not eligible to set up a HSA if you OR your spouse has a Medical Expenses FSA account or secondary insurance coverage such as another employer’s group medical plan, individual medical coverage, Medicare, or Tricare.**

An HSA works much like an IRA. The money is yours, and rolls over year to year, accumulating as you age, as you move from employer to employer, and from one QHDHP to another. Depending on the HSA vendor, you may be able to direct how those funds are invested.

Contributions and investment earnings are tax-free, as are disbursements from the account to pay for qualified expenses. Funds withdrawn for non-qualified expenses will be assessed a 20% penalty in addition to normal taxation. The penalty is waived in the event of death, disability, or attainment of Medicare eligible age.



## Flexible Spending Accounts (FSA)

### Types of Accounts

#### Part 1) Pre-tax Premiums

Your premium contributions for medical, dental, vision, and some other insurance coverage are eligible to be run through the Section 125 plan on a pre-tax basis – allowing additional tax savings and increasing your take-home pay.

#### Part 2) Healthcare Flexible Spending Account (FSA)

The district provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. 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. If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule. The maximum that you can contribute to the FSA is \$2,550. All the funds are available day one of the plan year.

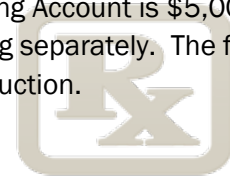
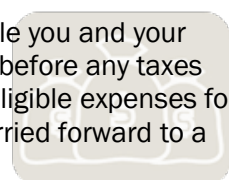
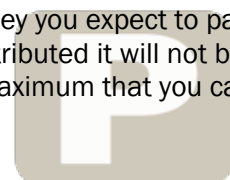
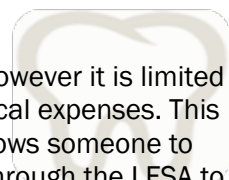
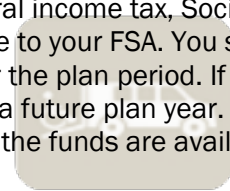
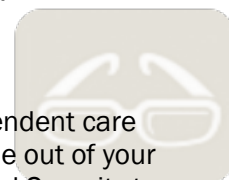
#### Part 3) Limited Healthcare Flexible Spending Account (LFSA)

This account offers you the same pre-tax savings opportunity as the FSA mentioned in Part 2, however it is limited to dental and vision expenses only. You cannot use the funds from this account to pay for medical expenses. This account is for individuals participating in the QHDHP with a Health Savings Account (HSA). It allows someone to use all the funds in their HSA to cover their medical deductible and still have additional funds through the LFSA to pay for dental and vision expenses. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule. The maximum that you can contribute to the LFSA is \$2,550. All the funds are available day one of the plan year.

#### Part 4) Dependent Daycare Account

A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work. The contributions to your dependent daycare account come out of your paycheck before any taxes are taken out. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately. The funds you contribute to this account are available within 3-5 days after each payroll deduction.

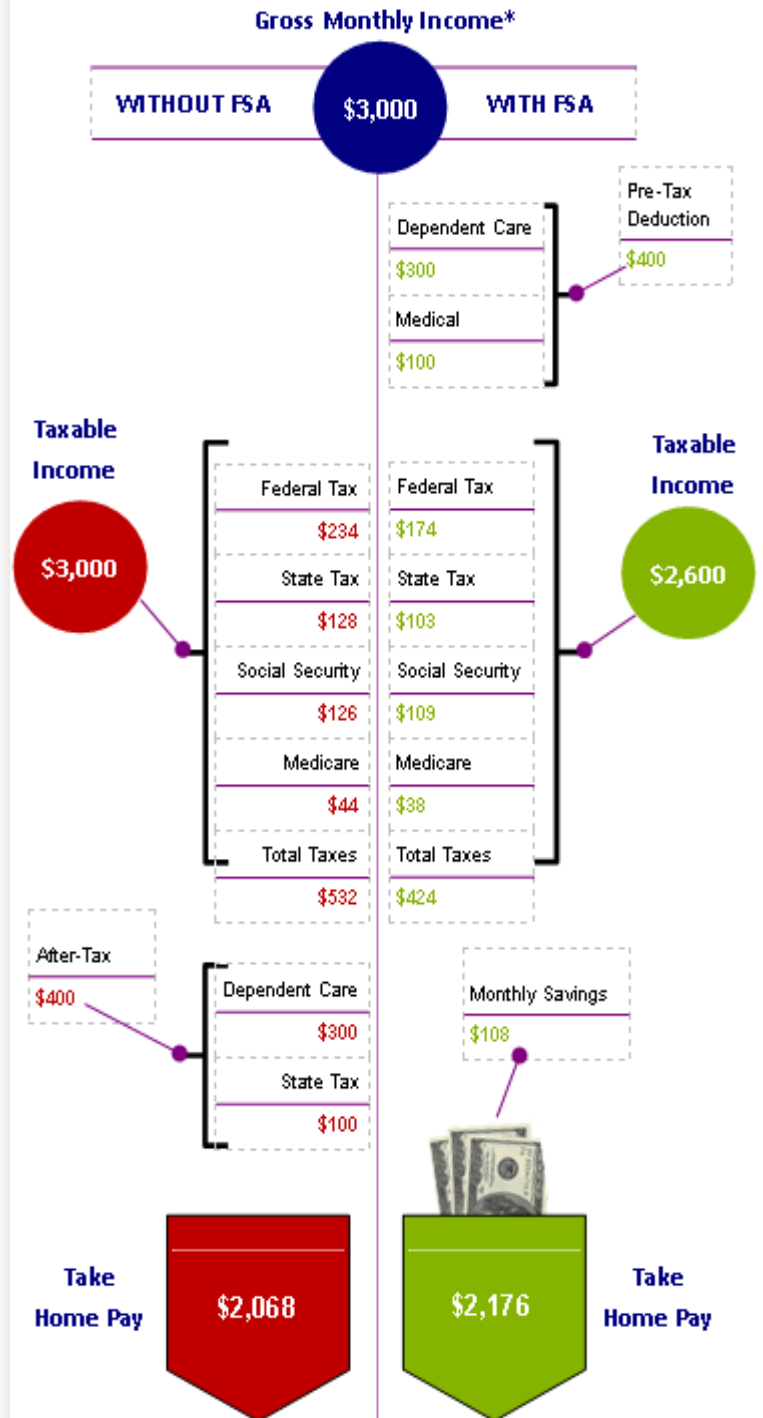


# Flexible Spending Accounts (FSA) (Cont'd)

Below is a partial list of eligible expenses that can be reimbursed from a Section 125 Medical Account. Other out-of-pocket expenses may qualify.

Alcoholism treatment	Laboratory fees
Artificial limbs	Licensed osteopaths
Ambulance	Licensed practical nurses
Braces	Orthodontia
Chiropractors	Orthopedic shoes
Coinsurance and copayments	Obstetrical expenses
Contact lens solution	Oxygen
Contraceptives	Prescription drugs
Crutches	Podiatrists
Deductible amounts	Prescribed vitamin supplements (medically necessary)
Dental expenses	Psychiatric care
Dentures	Psychologist expenses
Dermatologists	Routine physical
Diagnostic expenses	Seeing-eye dog expenses
Eyeglasses, including exam fee	Smoking cessation programs
Handicapped care and support	Sterilization and reversals
Nutrition counseling	Substance abuse treatment
Hearing devices and batteries	Surgical expenses
Hospital bills	

## How will a flexible spending arrangement save you money?



\* This is an example and for illustration purposes only. Taxes are not exact and will vary.

# Dental Plan

The dental benefits will continue to be offered through Delta Dental of Kansas.

The Delta Dental of Kansas Premier Network is a large network of dentists. You may access website information by going to [Delta Dental of Kansas Insurance](#), or call them at 1-800-234-3375. Services, such as semi-annual cleanings, are covered at 100% with no member copay.



## Dental Insurance video links for better consumerism:

[Why it pays to stay In-Network](#)

[The Many Ways Dental Benefits Pay](#)

[Your Explanation of Benefits Explained](#)

	Premier Network
<b>Deductible</b>	
- Individual	\$50
- Family	\$150
- Waived for Preventive	Yes
<b>Coinsurance</b>	
- Preventive	100%
- Basic	80%
- Major	50%
<b>Maximum Benefits</b>	
- Calendar year Maximum	\$1,000

This is only a summary. Please refer to your specific book/certificate for specific details. If a conflict arises, the booklet/certificate will govern in all cases.

# Dental Plan Cost

	Employee Cost Per Month
Employee Only	\$30.57
Employee + Spouse	\$60.51
Employee + Child(ren)	\$60.80
Employee + Family	\$102.94



# Vision Plan

The vision benefits will continue to be offered through Surency.

To identify participating providers, you may go to [www.surency.com](http://www.surency.com) or call 1-866-818-8805.

**Vision Insurance video for better consumerism:**

Why Eye Exams are important for Your Vision Health

SURENCY	
<b>Copays</b>	
- Exams	\$10
- Lenses (Single, Bifocal, Trifocal)	\$25
<b>Frequency Limitations</b>	
- Exams	Once every 12 months
- Lenses	Once every 12 months
- Frames	Once every 24 months
<b>Reimbursement Schedule</b>	
- Exam	100%
- Glass Lenses	
- Single	100%
- Bifocal	100%
- Trifocal	100%
- Contact Lenses	\$115 allowance, 15% off amount of \$115
- Frames	\$100 allowance

This is only a summary. Please refer to your specific book/certificate for specific details. If a conflict arises, the booklet/certificate will govern in all cases.

# Vision Plan Cost

	Employee Cost Per Month
Employee Only	\$7.76
Employee + Spouse	\$16.27
Employee + Child(ren)	\$13.95
Employee + Family	\$26.10



[Life  
Insurance](#)

[Cancer  
Insurance](#)

[Secure ID](#)

## Disability Insurance – American Fidelity

### Policy Features

- Several different benefit plan options
- Benefit payments deposited directly into your bank account
- Benefits are payable year-round

Is your paycheck protected?

Help protect your paycheck in the event of a disability with Disability Income Insurance. This plan may help provide financial protection if you become disabled and cannot work due to a covered accident or sickness.

## Voluntary Life Insurance – American Fidelity

Prepare today for tomorrow.

Help to make sure that your family is protected financially in the event of a loved one's death is an important way of caring for their needs. American Fidelity has several types of individual life insurance plans to choose from, including permanent, term, and children's policies.

### Policy Features

- Term Life Insurance - More affordable type of life insurance
- Permanent Life Insurance - Rates guaranteed not to increase
- Death benefit amount that is generally tax free and paid directly to beneficiaries
- A policy that you own - Take it with you if you leave employment

## Cancer Insurance – American Fidelity

A little bit of preventative financial health.

A cancer diagnosis can change your life, and the expenses associated with a cancer diagnosis can be overwhelming. Limited Benefit Cancer Insurance may offer a solution to help so you can focus on your treatment and healing.

### Policy Features

- Benefit payments are made directly to you
- Base plan is guaranteed renewable\*, provided the premiums are paid as required
- Individual, individual and spouse, individual and child (eligible child as defined in the policy), and family coverage available

## Critical Illness – American Fidelity

### Policy Features

- Three lump sum benefit amounts available
- Annual health screening test benefit
- Benefits paid directly to you

American Fidelity's Limited Benefit Critical Illness Insurance is an insurance policy that will pay a lump sum if you experience an eligible critical illness, such as heart attack, permanent damage due to a stroke, major organ failure, and/or major burns\*.

## Accident Coverage – American Fidelity

Accidents can bring unexpected costs. A Limited Benefit Accident Only Insurance policy may help lessen the impact on your finances by paying benefits to help cover your expenses, regardless of any other coverage you have.

*This product is inappropriate for people who are eligible for Medicaid coverage.*

### Policy Features

- Benefit payments are made directly to you
- Base plan is guaranteed renewable\*, provided the premiums are paid as required
- Individual, individual and spouse, individual and child (eligible child as defined in the policy), and family coverage available

# American Fidelity Secure ID 2

Marketed by

## SecureID 2

**American Fidelity  
General Agency**



a different opinion

Life's unexpected problems can have a serious influence on your piece of mind. SecureID 2 helps you face those unexpected problems with a sense of confidence—providing identity theft, and optional legal, roadside, and global travel assistance for you and your immediate family.

### THIS BENEFIT PROGRAM CAN HELP.



#### ID SANCTUARY™ ENHANCED

Thieves want to steal your identity. Don't let them get away with it! ID Sanctuary™ provides the proactive tools and recovery assistance you need to quickly respond to an identity or fraud crisis. With ID Sanctuary, you can rely on immediate, personalized attention from a fraud specialist whenever you need it. Fraud specialists are armed with the knowledge to help reduce the risk of identity theft and provide unlimited resolution assistance should you fall victim—giving you emotional support and peace of mind.

- Unlimited 24/7 resolution assistance whenever your identity has been compromised
- Credit card, Checking and Savings Account Activity Alerts
- Document replacement assistance when identification documents such as Social Security cards, birth certificates, passports and driver's licenses are lost, stolen or destroyed
- Credit inquiry activity alerts
- One bureau credit report, credit score and monitoring
- Family plan includes you and up to three legal dependents over the age of 18

#### UPGRADE YOUR MEMBERSHIP!

Add Legal Services, Roadside Assistance and Global Travel Assistance for just a few dollars more.



#### LEGAL SERVICES

Have legal questions? Get legal answers from experienced lawyers at discounted rates. Attorneys help with traffic tickets, bankruptcy, divorce, and spousal and child support. Additional services are also available at no cost to you!



#### ROADSIDE ASSISTANCE

Stranded? Car trouble is no trouble. Roadside Assistance is there for you and your immediate family to help with a flat tire, lock-out, battery, collision and even towing—with coverage up to \$50. They will even bring you fuel, oil, fluid and water 24/7!



#### GLOBAL TRAVEL ASSISTANCE

Got a trip planned? Protect yourself and your loved ones. When traveling 100 miles or more from home, you can rest easy knowing you have a global network of doctors, assistance personnel and emergency benefits. Get medical help around the world with emergency medical evacuation, monitoring of treatment, replacement of lost or stolen travel documents and more.



SecureID 2	INDIVIDUAL	FAMILY
ID Sanctuary™ Enhanced	\$6.50*	\$12.00*
ID Sanctuary™ Enhanced, plus Legal Services, Roadside Assistance & Global Travel Assistance	\$10.00*	\$15.00*

\*Price is per employee per month

## ID Sanctuary™ Enhanced

FEATURES	ID Sanctuary™ Enhanced
Resolution Services	Y
Actionable Identity Alerts	Y
Lost Wallet Protection / Document Recovery Assistance	Y
Address Change Verification	Y
Black Market Website/Cyber Surveillance	Y
Live Member Support 24/7/365	Y
Reimbursement Coverage	\$25,000
Lost Wages	\$1,000/wk for 4 weeks max
Travel Expenses	\$1,000
Elder and/or child care	\$1,000
Initial Legal Consultation	\$1,000
Credit Card, Checking and Savings Account Activity Alerts†	Y
Online Annual Credit Report(s)	1 Credit Bureau
Online Annual Credit Score(s)	1 Credit Bureau
Credit Inquiry Activity	Y
Discovery Based (pre-existing covered if reported within 90 days of discovery)	Y
Medical/Insurance ID Theft	Y
Social Security Number Monitoring	Y
Family Plan Available	Maximum of 3 adult (≥18 yrs) dependents

Disclosures: **This plan is NOT insurance. This discount card program contains a 30 day cancellation period.** Member shall receive a full refund of membership fees if membership is cancelled within the first 30 days after the effective date. Administrator: New Benefits, Ltd., Dallas, TX. Not available to VT residents. **Global Travel Assistance is not available to OR, FL, and WA residents.**

# Annual Legal Notices

## Creditable Coverage Disclosure Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Bonner Springs/Edwardsville USD 204 and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Bonner Springs/Edwardsville USD 204 has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Kansas City is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current District coverage may be affected. Your prescription drug benefit can be found in the BCBS benefits summary and Certificate of Coverage. If you do decide to join a Medicare drug plan and drop your current District coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the District changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit <http://www.medicare.gov>
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at <http://www.socialsecurity.gov>, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	August 3, 2017
Name of Entity/Sender:	Stormi Vitt
Contact–Position/Office:	HR Coordinator
Address:	2200 S. 138th St., Box 435, Bonner Springs, KS 66012
Phone Number:	913-422-5600 ext. 1010

## Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents’ other coverage). However you must request enrollment within 30 days (depending on your carrier plan document) days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage.) This Special Enrollment opportunity is available only if you indicated (or otherwise as required) information regarding your or your dependents’ other coverage on your initial enrollment form/waiver.

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

You may also be eligible for a Special Enrollment Period if you and/or your dependents are determined to be eligible for premium assistance under a state Medicaid plan or state child health plan. You must request enrollment within 60 days of the date you are determined to be eligible for this premium assistance.

## Women’s Health and Cancer Rights Act

Did you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? Contact Stormi Vitt (913) 422-5600 Ext. 1010 for more information.

## HIPPA Privacy Notice – Notice of Privacy Practices

### Notice of Privacy Practices

The Bonner Springs/Edwardsville School District Health and Welfare Plan (“Plan”) has the duty to protect your medical information. The Plan further has the duty to provide you with a notice of its privacy practices, which follows. The Plan has the right to change or modify this notice, at any time, and any modifications will be communicated to you. This notice describes how your medical information may be used and disclosed, and how you can get access to it. Please review it carefully. The Health Insurance Portability and Accountability Act limits how a covered entity can use and disclose protected health information (PHI). Generally, a covered entity, including your health plan, your health care provider, or, a health care clearinghouse, can share information without your authorization, for purposes of treatment of you, payment for your medical services, and for the health plan’s operation. In all other instances, you must authorize any disclosure of your health information.

### YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### YOUR RIGHTS

You have the right to:

- ◆ Get a copy of your health and claims records
- ◆ Correct your health and claims records
- ◆ Request confidential communication
- ◆ Ask us to limit the information we share
- ◆ Get a list of those with whom we’ve shared your information
- ◆ Get a copy of this privacy notice
- ◆ Choose someone to act for you
- ◆ File a complaint if you believe your privacy rights have been violated

### YOUR CHOICES

You have some choices in the way that we use and share information as we:

- ◆ Answer coverage questions from your family and friends
- ◆ Provide disaster relief
- ◆ Market our services and sell your information

### OUR USES AND DISCLOSURES

We may use and share your information as we:

- ◆ Help manage the health care treatment you receive
- ◆ Run our organization
- ◆ Pay for your health services
- ◆ Administer your health plan
- ◆ Help with public health and safety issues
- ◆ Do research
- ◆ Comply with the law
- ◆ Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- ◆ Address workers’ compensation, law enforcement, and other government requests
- ◆ Respond to lawsuits and legal actions

### YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### Get a copy of health and claims records

- ◆ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- ◆ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.



**Ask us to correct health and claims records**

- ◆ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- ◆ We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

- ◆ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- ◆ We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

- ◆ You can ask us not to use or share certain health information for treatment, payment, or our operations.
- ◆ We are not required to agree to your request, and we may say “no” if it would affect your care.

**Get a list of those with whom we’ve shared information**

- ◆ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- ◆ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

- ◆ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- ◆ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- ◆ We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- ◆ You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- ◆ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- ◆ We will not retaliate against you for filing a complaint.

**YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- ◆ Share information with your family, close friends, or others involved in payment for your care
- ◆ Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- ◆ Marketing purposes
- ◆ Sale of your information

**OUR USES AND DISCLOSURES**

How do we typically use or share your health information? We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

- ◆ We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Run our organization**

- ◆ We can use and disclose your information to run our organization and contact you when necessary.

- ◆ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

#### **Pay for your health services**

- ◆ We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### **Administer your plan**

- ◆ We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### **HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

Preventing disease

Helping with product recalls

- ◆ Reporting adverse reactions to medications
- ◆ Reporting suspected abuse, neglect, or domestic violence
- ◆ Preventing or reducing a serious threat to anyone's health or safety

#### **Do research**

We can use or share your information for health research.

#### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- ◆ We can share health information about you with organ procurement organizations.
- ◆ We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- ◆ For workers' compensation claims
- ◆ For law enforcement purposes or with a law enforcement official
- ◆ With health oversight agencies for activities authorized by law
- ◆ For special government functions such as military, national security, and presidential protective services

#### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **OUR RESPONSIBILITIES**

- ◆ We are required by law to maintain the privacy and security of your protected health information.
- ◆ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ◆ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ◆ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

**OTHER INSTRUCTIONS FOR NOTICE**

- ♦ Insert Effective Date of this Notice
- ♦ Insert name or title of the privacy official (or other privacy contact) and his/her email address and phone number.
- ♦ Insert any special notes that apply to your entity’s practices such as “we do not create or manage a hospital directory” or “we do not create or maintain psychotherapy notes at this practice.”
- ♦ The Privacy Rule requires you to describe any state or other laws that require greater limits on disclosures. For example, “We will never share any substance abuse treatment records without your written permission.” Insert this type of information here. If no laws with greater limits apply to your entity, no information needs to be added.
- ♦ If your entity provides patients with access to their health information via the Blue Button protocol, you may want to insert a reference to it here.
- ♦ If your entity is part of an OHCA (organized health care arrangement) that has agreed to a joint notice, use this space to inform your patients of how you share information within the OHCA (such as for treatment, payment, and operations related to the OHCA). Also, describe the other entities covered by this notice and their service locations. For example, “This notice applies to Grace Community Hospitals and Emergency Services Incorporated which operate the emergency services within all Grace hospitals in the greater Dayton area.”

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their

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

Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility.

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710

<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002



VERMONT- Medicaid	WYOMING - Medicaid
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cf">http://www.coverva.org/programs_premium_assistance.cf</a> <a href="#">m</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cf">http://www.coverva.org/programs_premium_assistance.cf</a> <a href="#">m</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

**U.S. DEPARTMENT OF LABOR**

Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

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

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

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

## Notice Regarding Wellness Program

Bonner Springs/Edwardsville Wellbeing program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening. You can complete your biometric screening by seeing your personal physician or attending our annual onsite screenings offered every January. You are not required to complete the HRA or to participate in the biometric screening or other medical examinations.

However, employees who choose not to complete both the biometric screening and HRA, will pay \$20 per month in addition to their monthly medical premium. The \$20 will be deducted beginning July 1 following the annual screening event.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Stormi Vitt at [vitts@usd204.net](mailto:vitts@usd204.net) or (913) 422-5600 Ext. 1010.

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

### Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) those such as "a registered nurse," "a doctor," or "a health coach" in order to provide you with services under the wellness program.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Stormi Vitt at [vitts@usd204.net](mailto:vitts@usd204.net) or (913) 422-5600 Ext. 1010.

## 403(b) PLAN HIGHLIGHTS

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### Participation

- ***When am I eligible to participate in this plan?***
    - You are eligible to join this plan on your date of hire, and as specified by your employer.
- 

### Contributions

- ***What kinds of contributions may be made to this plan?***
    - This plan provides for pre-tax salary reduction contributions, post-tax Roth salary reduction contributions, and eligible transfer. There are no employer contributions.
    - Pre-tax contributions are deducted **before** you pay current income taxes. Pre-tax investments grow tax-deferred and the contributions and any earnings are taxed when you take a distribution from this plan.
    - Post-tax Roth contributions are deducted **after** you pay current income taxes. Earnings on post-tax Roth contributions will never be taxed if you are 59 ½, die, or become disabled and have held the Roth account for 5 years at the time of its distribution from this plan.
    - You may transfer benefits from a former employer's eligible retirement plan into this plan.
  - ***How much may I contribute?***
    - You can contribute up to 100% of your compensation to this plan up to the limit allowed under the Internal Revenue Code (\$18,000 in 2017).
    - If you are age 50 or older you can contribute a "catch-up" contribution of up to \$6,000 (2017).
  - ***Can I ever lose my benefits?***
    - You are always 100% vested in your salary reduction contributions. This means the value of your contributions and earnings are yours when you terminate employment with your employer, without respect to your years of service.
  - ***What do I have to do to start contributing?***
    - Automatic payroll deduction withdraws your contributions directly from your paycheck after you complete a Salary Reduction Agreement and return it to your financial representative or your employer. You may commence making contributions or modify the amount of your current contributions at any time by modifying your Salary Reduction Agreement.
- 

### Investments

- ***Where are my contributions invested?***
  - You may choose the 403(b) custodial account or annuity contract you want from the list of approved investment providers and 403(b) investment products located on the Bay Bridge website <http://www.bbadmin.com>.
- ***How are my contributions invested?***
  - You select how you want your contributions to be invested from among the investment options available under each approved investment provider's product.
  - Your investment provider's custodial account or annuity contract will determine how often you may change your investment mix.

## Contacts for Questions

CBIZ Benefits & Insurance Services is our dedicated benefits broker/consultant, committed to providing you excellent service. CBIZ is available to answer benefit and problem claim questions when you are unable to obtain further information from the carrier, or when you feel the benefit determination was not paid according to our contract.

	For General Information	<p><b>Stormi Vitt</b>          HR Coordinator  <a href="mailto:vitts@usd204.net">vitts@usd204.net</a>          913-422-5600 Ext. 1010</p>
	For Benefit Questions	<p><b>Maggie Releford</b>          Phone - 816-945-5242  <a href="mailto:mreleford@cbiz.com">mreleford@cbiz.com</a>  <b>Sarah Kane</b>          Phone - 816.945.5545  <a href="mailto:skane@cbiz.com">skane@cbiz.com</a></p>
	Medical Insurance	<p><a href="http://www.bluekc.com">www.bluekc.com</a>          816-395-2270</p>
	Dental Insurance	<p><a href="http://www.deltadentalks.com">www.deltadentalks.com</a>          1-800-234-3375</p>
	Vision Insurance	<p><a href="http://www.surency.com">www.surency.com</a>          1-866-818-8805</p>
	HSA	<p><a href="https://hsa.umb.com/">https://hsa.umb.com/</a></p>
	<p>FSA          Life Insurance          Disability Insurance          Cancer Insurance          Critical Illness Insurance          Accident Only Insurance          ID Protection</p>	<p>Steve Schwartz          Kansas Branch Office          3100 SW Huntoon #102          Topeka, KS 66604          800-365-1167 · 785-232-8100  <a href="https://benefits.americanfidelity.com">https://benefits.americanfidelity.com</a></p>





**Bonner Springs USD 204 403(b) Plan  
Notification Form**

<b>1. Participant Information</b>	Location _____
Plan Name <u>Bonner Springs USD 204 Voluntary Sec. 403(b) Plan</u>	
Participant Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First                      MI                      Last	
Mailing Address _____	State    Zip
Street Address                      City	
Residential Address _____	State    Zip
Street Address                      City	
Social Security Number _____	Date of Birth _____ Date of Hire _____
Daytime Phone Number _____	Home Phone Number _____

<b>2. I have been informed of the availability of the opportunity to participate in the voluntary Sec. 403(b) offered through my employer.</b>
<input type="checkbox"/> I wish to participate in the Bonner Springs USD 204 403(b) Plan. <input type="checkbox"/> I am already participating in the Bonner Springs USD 204 403(b) Plan. <input type="checkbox"/> I choose not to participate in the Bonner Springs USD 204 403(b) Plan.

<b>3. Provide Signatures</b>
I understand that I am eligible to participate in the Bonner Springs USD 204 Sec. 403(b) plan.
<b>X</b>
Signature of Participant _____ Date (mm/dd/yyyy) _____

Approved Companies and Representatives:

**Security Benefit**

Teena Dreesen 913-962-9911  
Terry Clark 913-962-9911

**VALIC**

Darla Haines Mills 913-752-7260

**VOYA Retirement Ins. and Annuity**

Sheri Birdsell 913-469-8800

**Primerica Shareholder Service**

Steven Nelson 913-963-3612



## Bonner Springs/Edwardsville USD 204 2017 Benefits Enrollment Worksheet

In order to expedite your enrollment, it is recommended that you complete this worksheet. Any missing information could slow down your enrollment experience.

Legal Name	SSN	Relationship	Gender	Date of Birth	Medical Yes / No	HMO PCP #	Dental Yes/No	Vision Yes/No

MEDICAL - BCBS OF KC					
	QHDHP #1	QHDHP #2	BASE PPO	HMO	BUY-UP PPO
Employee Only	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$34.70	<input type="checkbox"/> \$85.61
Family	<input type="checkbox"/> \$671.56	<input type="checkbox"/> \$534.79	<input type="checkbox"/> \$705.77	<input type="checkbox"/> \$792.77	<input type="checkbox"/> \$921.81
Waive	<input type="checkbox"/>				

**HSA - UMB:**

Only available with the QHDHP plan. Not available if you or your spouse are contributing to a FSA.

- If you want to contribute to the Healthcare Account, you may elect to have your contributions deducted on a pre-tax basis. Do you want to participate?

Yes - Employee Contribution Amount \$ \_\_\_\_\_/paycheck

2017 tax year limits \$3,400/individual or \$6,750/family. This is the combination of any employer + employee contributions). This election amount can be changed as often as monthly if desired - you must change in accounting/payroll.

The District will contribute the following if you are enrolled as employee only:

- QHDHP #1: \$14.09 per month
- QHDHP #2: \$68.58 per month

No

DENTAL - DELTA DENTAL OF KS:	
Employee Only	<input type="checkbox"/> \$30.57
Employee + Spouse	<input type="checkbox"/> \$60.51
Employee + Child(ren)	<input type="checkbox"/> \$60.80
Family	<input type="checkbox"/> \$102.94
Waive	<input type="checkbox"/>

VISION - SURENCY	
Employee Only	<input type="checkbox"/> \$7.76
Employee + Spouse	<input type="checkbox"/> \$16.27
Employee + Child(ren)	<input type="checkbox"/> \$13.95
Family	<input type="checkbox"/> \$26.10
Waive	<input type="checkbox"/>