

2022 EMPLOYEE BENEFITS



DERBY
PUBLIC SCHOOLS

Disclaimer

The information provided in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal or tax advice or legal or tax opinion on any specific facts or circumstances. Readers and participants are urged to consult their legal counsel and tax advisor concerning any legal or tax questions that may arise. Any tax advice contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter. The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact the Payroll/Benefits Department.

Dear Derby Public Schools Employees,

We are glad you are a part of our team! We value your service to Derby Public Schools and understand that your benefits are important to you. This booklet has been created to help you understand the benefits available, including descriptions and costs.

We encourage you to review each section and determine which benefits would be best for you. Annually, the Benefits Committee reviews our plans and makes recommendations for possible changes based on coverage and cost savings. We appreciate the work they do each year to review and recommend benefits for our district.

This year we began working with Hays Companies as our new benefits broker. Along with a new Benefit Guide Book, our benefit online enrollment platform has changed to **THEbenefitsHUB**. Instructions on how to use the new online enrollment begins on page 5.

This guide is not intended to cover all provisions of plans or replace your Summary Plan Documents (SPD), but rather a quick reference to provide an overview of the employee benefits plans. To receive a copy of the SPD, you may download it from our benefits website or request a copy from the Payroll/Benefits Department. It is important to remember that only those benefit programs for which you are eligible and have enrolled in will apply to you.

We hope this guide will give you an overview of your benefits and help you with the annual benefit enrollment process. If you have any questions regarding our employee benefit plans, please contact Payroll/Benefits in the Finance Department at 788-8413.

Sincerely,



Heather Bohaty | Superintendent of Schools



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MEDICARE INFORMATION

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see legal notices for more details. Please read the notice carefully and keep it where you can find it. This notice has information about the prescription drug coverage offered by Derby Public Schools USD 260, through Blue Cross Blue Shield of Kansas, and about your options (if applicable) under Medicare's prescription drug coverage.

BENEFIT ELIGIBILITY

Derby Public Schools USD 260 offers you and your eligible family members a comprehensive and valuable benefits program. This guide is designed to assist you in making the best choices for your needs. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

BENEFIT ELIGIBILITY

Eligible employees and eligible family members are allowed to enroll in the benefits described in this guide. Eligible employees and family members include:

- Active, full-time employees working 20 or more hours per week
- Legal Spouse of employee
- Children of employee—to age 26— including step, adopted and foster children, and any child you have legal guardianship or court-ordered custody. Child age may vary by benefit plan. A child who is incapable of self-support due to handicap resulting from a physical condition or mental illness may be approved over the allowed child age limit.



WHEN DOES COVERAGE BECOME EFFECTIVE?

Benefits for eligible employees, who make a timely election, will be effective as follows:

- **New Hires/Newly Eligible Employees**—first of the month following 30-days of employment.
→ Election must be made within the first 30-days of employment/eligibility
- **Election changes due to a Qualified Life Event**—first of the month following event date, unless birth of child in which case coverage is effective the day of the event
→ Election must be made in accordance with the parameters provided below for *Qualified Life Events*
- **Open Enrollment Elections**—January 1st
→ Open enrollment is held in the fall. Open Enrollment dates will be communicated to employees.



QUALIFIED LIFE EVENTS

IRS regulations require that, once enrolled, you may not change your benefit elections until the next open enrollment period. Outside of the Annual Open Enrollment Period, you may not make changes to your benefits unless you have certain qualified life event/change in status events. You may be asked to provide proof of the event. Qualified life events/changes in status events include:

- marriage, divorce, legal separation
- birth, adoption, legal guardianship or medical child-support order
- change in child's dependent status (i.e. reaching age 26)
- death of spouse, child or other qualified dependent
- change in residence due to an employment transfer for you or your spouse
- change in spouse's benefits or employment status that effects their eligibility status
- loss of group coverage at another plan's open enrollment
- individual becomes eligible/ineligible for Medicaid/Medicare



PLEASE NOTE: You must notify the Payroll/Benefits Department of any qualified life event within 30-days of the date of the qualified event if you are requesting a change to your benefits (or 60-days if the election change event is a special enrollment right related to eligibility for a State premium assistance subsidy or related to a loss of eligibility for Medicaid or SCHIP). Changes requested due to a qualified life event must be consistent with the event.

Employees must login to **THEbenefitsHUB** Employee Benefits Portal to enroll or decline coverage.

mybenefitshub.com/usd260

You will need to login even if you are not planning to enroll in any benefits. If you do not want to enroll in a benefit you will waive/decline coverage for each benefit.

The District provides eligible employees with a Term Life Insurance policy at NO COST TO THE EMPLOYEE and you will need to provide beneficiary information for the life insurance policy. You will not be able to waive this coverage.

When you reach the login page for the Employee Benefits Portal, you will need to enter your username and default password. Once you have successfully logged in for the first time, the system will ask you to reset your password to something unique. Please follow the password requirements that will be noted on the password reset page

- **Username:** First six characters of your last name, followed by the first letter of your first name, followed by the last four digits of your Social Security Number.
- **Initial Login Password:** Your full last name (excluding punctuation), followed by the last four digits of your Social Security Number.

Examples:

Renee Williams

555-11-1111

Username: williar1111

Password: williams1111

Renee Wills

555-11-1111

Username: willsr1111

Password: wills1111

Once you have changed your password, you will start providing information as required on each page. At the bottom of each page there will be a Agree, Save & Continue or Finish button.

You should continue through the entire enrollment process to the end, which will be evident when you reach the Consolidated Enrollment Form screen marked with a green checkmark.

CONSOLIDATED ENROLLMENT FORM



CONGRATULATIONS!

You have successfully completed your online enrollment!

You must make your benefit elections within 30-days from your date of hire/eligibility or you will not be eligible to elect benefits until the next annual enrollment period.

Once you have made your elections you will not be able to change them until the next open enrollment period unless you have a qualifying event.

HAVE QUESTIONS?

If you have questions or trouble with the enrollment process, please reach out to your Derby Benefit Team at the District Payroll/Benefits Department or our Benefit Broker Partner, Hays Companies.



Payroll/Benefits Department

Barbara Woodworth
bwoodworth@usd260.com
(316) 788-8422

Brandy Riney

briney@usd260.com
(316) 788-8413

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dbird@usd260.com
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Jennifer Kurth

jkurth@hayscompanies.com
(316) 448-5114

BENEFIT ENROLLMENT


EMPLOYEE GUIDE TO ENROLL IN BENEFITS WITH THE HUB


THE  HUB gives you access to your benefits 24 hours a day, 7 days a week from anywhere that you have Internet access.

This guide is meant to see you through the simple enrollment process page-by-page, taking you through your enrollment screens and providing information on how to efficiently complete your enrollment walkthrough.


Logging In

Employee Usage Agreement:





The Employee Usage Agreement is displayed when you login to the system as an employee. Read this section carefully as it contains disclaimer information and requires an “Electronic Signature”. By clicking the  button, you are agreeing to the terms.

- **Change Password:** When logging in for the first time, you will be prompted to update your password following your company’s password policy. Once your new password has been set, click the  button.


Demographic Information




The **Employee Information Entry** process requires you to enter demographic information. You will need to review any pre-filled information for accuracy. Complete new or missing information and click on the  button when you are ready to proceed to the next step.

*Please Note: All fields in **BOLD** are required.*

- **Personal Information:** Enter an email address if you have one. If you need to use the Forgot Password link on the Login page, the system will deliver your new login credentials to this email address.
- **Dependent Information:** To add a dependent, click on the  icon. To edit an existing dependent, click on the  icon or the name of the dependent listed. Click on the  button after successfully adding information for each dependent. *Please make sure to indicate if your child is a full-time student and/or claimed on your tax return as this could affect eligibility on some benefit plans.*
- To revisit any of the sections mentioned select the  button to return to the previous section.

Benefits Enrollment

When you have completely entered all of your personal and dependent information, you will begin your online enrollment for any of the benefits in which you are eligible. Each benefit will appear on individual pages for your review. Choose your election and then click the  button to proceed to the next benefit.

- **View Benefit Descriptions:** To view, click on the [View Plan Outline of Benefit](#) link or the  icon next to the name of the plan you would like to review. This shows a plan summary and any available links or documentation related to this plan.
- **View Plan Cost:** Click on the checkbox next to each eligible family member or choose the coverage level you would like. The cost will automatically appear in the box to the right of the members’ names. Additionally, the “Election Summary” box will be updated as coverage adjustments are made.
- **View Total Plan Cost:** While selecting plans, the cost will automatically adjust in the “Election Summary” box in response to your selections.
- **Forms:** *One or more of your Benefit Plans may require a paper form to be submitted with the Insurance Carrier.* If this is the case, THE  HUB will prompt you to print the necessary forms during your online enrollment session.
- **View Important Plan Information:** Your benefits administrator will spotlight the importance of specific features in a plan or add any disclaimers that may be necessary in the “Plan Information” section. You may expand/collapse this information by clicking anywhere on the section.
- **Product Summary Video:** Videos are placed throughout the benefit election process. You can access product videos that explain the purpose, function and importance by clicking on the  icon when available.

Beneficiary Information

Beneficiaries are required. You will need to choose a beneficiary *for each* applicable plan.

Consolidated Enrollment Form

Consolidated Enrollment Form:

This form signals the end of your enrollment walkthrough and will display information from each of the sections listed above, including personal and enrollment information. You may make changes to anything that is incorrect by clicking on the [Benefit Plan](#) name. Once you are finished with the enrollment process, you will be sent to the “Employee Menu” where you may make changes. *(See Employee Menu section)*

When you have completed your benefit selections, click the  button and you will be redirected to the Employee Menu screen.

Employee Menu

After you have completed your enrollment in the system, you will see the following Employee Menu icons:



Personal Information: You can access and edit information by selecting the menu items under [Personal Information](#). This section will also allow you to change your [Password](#).








Dependent Information: You can access and edit information for **Dependents** in this section. *Make sure the HR Department knows of any changes made as this may change eligibility status or give an opportunity to change enrollment in certain benefits!*



Benefit Plan Information: You can access and view benefits in this section. You will not be able to change benefit elections unless it is during your annual enrollment period. See a **quick overview** of all your elected information on the [Consolidated Enrollment Form](#).

Navigation and Information Entry Tips...

Below are tips to help you familiarize yourself with the **THEbenefitsHUB**:

- **HELP?** If you need assistance during the enrollment process, select [HELP](#) located at the upper right corner of the screen.
- **BACK & FORTH:** Please do not use the web browser’s “back” or “forward” arrows while in the system. Use the navigation buttons in the **THEbenefitsHUB** instead:  
- **REQUIRED INFORMATION:** As noted on each screen, the **BOLD** items are required to allow continuation to the next page. The more information entered, the better the system will work for you; but you may skip non-bolded items if they do not apply.
- **MOVING ON:** When each election page is complete, go to the bottom of the page and select the  button.
- **UNABLE TO FINISH?** If for any reason you are unable to complete the enrollment process you may [LOGOUT](#) and login at a later time. When you login again, you will walk through the same process. The information previously entered will be stored.
- **WHAT ARE THOSE SYMBOLS?** If you “toggle” the cursor/arrow on the icons, the definition of the icons will be revealed.
 = Edit  = View
- **LINKS...** Any [words, names or phrases with your company’s primary color that becomes underlined](#) when you click the highlighted link it will take you to designated section.
- **SCREEN NAVIGATOR:** This line is at the top of your screen. You may click on the links to quickly jump back to those previous screens.

EMPLOYEE ASSISTANCE PROGRAM

WE ARE ENTRUSTED TO PREPARE EVERY STUDENT, EVERY DAY, FOR THE FUTURE....and in order for you to be equipped with preparing students, we must ensure that you have resources available so that you can walk into your building prepared to take on the challenge. Preparation isn't just about "school work" - it's also about taking care of yourself mentally, physically and emotionally.



Welcome to balanced care for a better life. The New Directions Employee Assistance Program (EAP) has the tools and resources designed to help you overcome life challenges that can affect your health, family life or job performance. New Directions' is built on the belief that genuine good health comes from balanced care of the body and mind. For more than 30 years, New Directions has been working to provide people like you with the care and support you need to live a happy and healthy life.

All employees of Derby Public Schools USD 260, as well as immediate family members (spouse/children), are provided with the benefits of the Employee Assistance Program, at no charge. We understand the importance of helping our employees so you are better equipped to prepare yourself for the everyday challenges that you face.

EAP HIGHLIGHTS

ASSESSMENT AND REFERRALS

Behavioral health experts support employees reaching out for help. They assess and refer individuals to the appropriate care, including counseling, community resources or health plan.

RELATIONSHIP SUPPORT

Staff are on hand around the clock to help you find resources to work through parental, personal or work-related relationship challenges.

SHORT-TERM COUNSELING

Certified, licensed and passionate professionals are available to help you manage almost any part of your life. Contact 800-624-5544 for access to in-person or telephone counseling. **Up to six (6) face-to-face sessions available for each issue.**

FINANCIAL CONSULTATION & RESOURCES

Individuals receive a free, 30-minute session with a financial expert. Dozens of online planning sheets, calculators and tools are also available online.

LEGAL & FINANCIAL SERVICES

Access the network of attorneys and financial counselors who can provide legal expertise and advice on a multitude of challenges. Connect with them in-person or online as well as explore a database of customizable legal documents for wills, estate planning, asset sales and more.

HEALTH RESOURCE LIBRARY

Search a comprehensive collection of articles, videos, self-assessments, calculators and planners for information on thousands of topics designed to help improve your health.

EMPLOYEE ASSISTANCE PROGRAM

THE OPEN HAND

Trouble can arise at any time. Employees have round-the-clock access to licensed behavioral health professionals via a toll-free line. In a world of so much high-tech, low-touch, people yearn for personal attention. The hotline is answered by trained, caring professionals.

OPEN ALL THE TIME, ONLINE

We're a mobile society, and problems do not always wait for business hours. That's why we enable employees to use their EAP login to conveniently complete a referral for an EAP session with the provider of their choice, from the privacy and convenience of their computer or mobile device.

FINDING THE RIGHT SOLUTIONS FOR YOU

Getting pointed in the right direction can be a challenge when you're dealing with something new. The New Directions experts lead employees to the counseling, health plan, legal, financial or community services they need for any life challenges they face.

HELP FROM A PROFESSIONAL

There is something encouraging about having someone there to listen when life throws you a curve. Different obstacles require different courses of action, and important choices can be difficult. For life challenges that may not be chronic, employees and their families can receive custom counseling for each individual challenge. Counseling can be provided face-to-face or via telephone.

SPREADING THE WORD

At any time, from any location, employees can access several resources designed to help them understand, manage and improve their health. Our resources include legal support and family resource services, work and life wellness materials, an online stress toolkit, relationship resources and more.

New Directions Behavioral Health Employee Assistance Program

(800) 624-5544

www.ndbh.com

Login code: usd260

All services through the Employee Assistance Program are completely confidential.



EAP RESOURCE CENTER

The New Directions Resource Center has key information that can be of great use when you need help.

Sometimes, people aren't sure if they should be seeking treatment or not. The New Directions resource center provides reliable information on a variety of mental and behavioral health topics. New Directions will guide you to the right resources no matter where you are in your health journey.

From the New Directions Resource Center research and find information like:

- What kind of provider do I need?
- Preparing for a visit
- Community Resources
- Wellness Plan
- Substance Use Disorders Center
- Guideline for Depression
- Guideline for ADHD
- And More!

MEDICAL INSURANCE

Applicable to all plans: Copays, including prescription drug copays, do not apply toward the deductible; but will apply to the Annual Out-of-Pocket Maximum

Derby Public Schools USD 260 offers a choice of five medical plan options through Blue Cross Blue Shield of Kansas ('BCBSKS'). You should consider the differences between the plans when choosing an option that will best suit the needs of you and your family.

IN-NETWORK BENEFITS	Option 1 \$1,500 Deductible	Option 2 \$3,000 Deductible	Option 3 \$5,000 Deductible
Deductible (Benefit period: 1/1/2022—12/31/2022)	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family
Coinsurance (Member portion for most services after deductible)	None		
Annual Out-of-Pocket Maximum (includes copays, deductible and coinsurance)	\$3,000 Individual \$6,000 Family	\$4,000 Individual \$8,000 Family	\$6,000 Individual \$12,000 Family
<i>After the maximum out-of-pocket has been reached, eligible in-network benefits will be paid at 100% of the allowed amount for the remainder of the benefit period.</i>			

DOCTOR'S OFFICE VISITS

Physician Office Visits	\$20 copay Includes primary care providers, specialists and walk-in clinics
Telehealth Visits	\$0 copay
Eye Care	Routine Eye Exam: Covered 100%; once per calendar year Hardware Benefit: \$100 benefit; once per calendar year
Preventive care as defined by the Affordable Care Act	Paid at 100% of the allowable charge. Some of the services include: Routine screenings, Preventive immunizations, Well-women visits/screenings Contraceptive methods (generics)

MEDICAL SERVICES

Urgent Care	\$40 copay
Emergency Room	\$200 copay
Emergency medical transportation	Subject to deductible
Inpatient surgery physician/surgical	After deductible, \$250 copay per admission
Inpatient facility fee	After deductible, \$250 copay per admission
Outpatient surgery physician/surgical	Subject to deductible
Outpatient lab and radiology (Includes Advanced Imaging)	Pays at 100% to a combined maximum of \$300 for each covered person, each benefit period then subject to deductible
Outpatient rehabilitation	Subject to deductible
Hospice	Subject to deductible
Home Social Work Visits	Subject to deductible

MENTAL/BEHAVIORAL HEALTH/SUBSTANCE ABUSE DISORDERS

Inpatient Services	Subject to deductible
Inpatient Services: Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	
Outpatient Services	\$20 office visit copay

DRUG COVERAGE

Prescription Drugs & Mail Order Select Formulary Drug List Retail Pharmacy: The quantity per prescription shall be the greater of a 34-day supply or 100 unit dosage—if defined as a maintenance drug.	\$15 Generic (Mail-order: \$30 copay) \$30 Preferred Brand (Mail-order: \$60 copay) \$65 Non-preferred Brand (Mail Order: \$130 copay)
Mandatory Generic — Generic medications are mandatory unless the prescription practitioner has provided the override to receive the brand name drug. If the member does not have the doctor override, the member is responsible for any cost difference above the copay. For any prescription drugs included on Narrow Therapeutic Index, the member can receive the brand name drug and will not be charged for the cost difference between brand and generic.	



Option 4—\$2,800 HDHP: This plan is a qualified high deductible health plan (Health Savings Account eligible). All services, including prescription drugs will be subject to the member's deductible responsibility, with the exception of ACA defined preventive care

MEDICAL INSURANCE

IN-NETWORK BENEFITS	Option 4 \$2,800 HDHP	Option 5 \$6,000 Deductible
Deductible (Benefit period: 1/1/2022—12/31/2022)	\$2,800 Individual \$5,600 Family	\$6,000 Individual \$12,000 Family
Coinsurance (Member portion for most services after deductible)	None	
Annual Out-of-Pocket Maximum (includes copays, deductible and coinsurance)	\$4,500 Individual \$9,000 Family	\$6,350 Individual \$12,700 Family
<i>After the maximum out-of-pocket has been reached, eligible in-network benefits will be paid at 100% of the allowed amount for the remainder of the benefit period.</i>		

DOCTOR'S OFFICE VISITS		
Physician Office Visits	Subject to deductible	\$40 copay Includes primary care providers, specialists, walk-in clinics
Telehealth Visits	Subject to deductible	\$0 copay
Eye Care Routine Eye Exam Hardware Benefit	Subject to deductible	Covered 100%; once per calendar year \$100 benefit; once per calendar year
Preventive care as defined by the Affordable Care Act	Paid at 100% of the allowable charge. Some of the services include: Routine screenings, Preventive immunizations, Well-women visits/screenings Contraceptive methods (generics)	

MEDICAL SERVICES		
Urgent Care	Subject to deductible	\$40 copay
Emergency Room	Subject to deductible	\$200 copay
Emergency medical transportation	Subject to deductible	
Inpatient surgery physician/surgical	Subject to deductible	After deductible, \$250 copay per admission
Inpatient facility fee	Subject to deductible	After deductible, \$250 copay per admission
Outpatient surgery physician/surgical	Subject to deductible	
Outpatient lab and radiology (Includes Advanced Imaging)	Subject to deductible	Pays at 100% to a combined maximum of \$300 for each covered person, each benefit period then subject to deductible
Outpatient rehabilitation	Subject to deductible	
Hospice	Subject to deductible	
Home Social Work Visits	Subject to deductible	

MENTAL/BEHAVIORAL HEALTH/SUBSTANCE ABUSE DISORDERS		
Inpatient Services	Subject to deductible	
Inpatient Services: Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906		
Outpatient Services	Subject to deductible	\$40 office visit copay

DRUG COVERAGE		
Prescription Drugs & Mail Order Select Formulary Drug List Retail Pharmacy: The quantity per prescription shall be the greater of a 34-day supply or 100 unit dosage—if defined as a maintenance drug.	Subject to deductible <i>After deductible has been met copay will apply:</i> \$10 Generic (Mail-order: \$20) \$35 Preferred Brand (Mail-order: \$70) \$60 Non-preferred Brand (Mail Order: \$120)	Subject to deductible <i>After deductible has been met copay will apply:</i> \$15 Generic (Mail-order: \$30 copay) \$30 Preferred Brand (Mail-order: \$60 copay) \$65 Non-preferred Brand (Mail Order: \$130 copay)
Mandatory Generic — Generic medications are mandatory unless the prescription practitioner has provided the override to receive the brand name drug. If the member does not have the doctor override, the member is responsible for any cost difference above the copay. For any prescription drugs included on Narrow Therapeutic Index, the member can receive the brand name drug and will not be charged for the cost difference between brand and generic.		



MEDICAL PREMIUMS

12 PAYROLLS

	NON-TOBACCO/NON-NICOTINE + WELLNESS					NON-TOBACCO/NON-NICOTINE (NO WELLNESS)				
	Plan 1 \$1,500	Plan 2 \$3,000	Plan 3 \$5,000	Plan 4 \$2,800 QHDHP	Plan 5 \$6,000	Plan 1 \$1,500	Plan 2 \$3,000	Plan 3 \$5,000	Plan 4 \$2,800 QHDHP	Plan 5 \$6,000
EE Only	\$316.00	\$268.00	\$220.00	\$221.00	\$145.00	\$341.00	\$293.00	\$245.00	\$246.00	\$170.00
EE+ SP	\$957.00	\$854.00	\$750.00	\$752.00	\$590.00	\$982.00	\$879.00	\$775.00	\$777.00	\$615.00
EE+ CH	\$876.00	\$778.00	\$680.00	\$680.00	\$530.00	\$901.00	\$803.00	\$705.00	\$705.00	\$555.00
Family	\$1,645.00	\$1,491.00	\$1,339.00	\$1,340.00	\$1,103.00	\$1,670.00	\$1,516.00	\$1,364.00	\$1,365.00	\$1,128.00

21 PAYROLLS

	NON-TOBACCO/NON-NICOTINE + WELLNESS					NON-TOBACCO/NON-NICOTINE (NO WELLNESS)				
	Plan 1 \$1,500	Plan 2 \$3,000	Plan 3 \$5,000	Plan 4 \$2,800 QHDHP	Plan 5 \$6,000	Plan 1 \$1,500	Plan 2 \$3,000	Plan 3 \$5,000	Plan 4 \$2,800 QHDHP	Plan 5 \$6,000
EE Only	\$180.57	\$153.14	\$125.71	\$126.29	\$82.86	\$194.86	\$167.43	\$140.00	\$140.57	\$97.14
EE+ SP	\$546.86	\$488.00	\$428.57	\$429.71	\$337.14	\$561.14	\$502.29	\$442.86	\$444.00	\$351.43
EE+ CH	\$500.57	\$444.57	\$388.57	\$388.57	\$302.86	\$514.86	\$458.86	\$402.86	\$402.86	\$317.14
Family	\$940.00	\$852.00	\$765.14	\$765.71	\$630.29	\$954.29	\$866.29	\$779.43	\$780.00	\$644.57

26 PAYROLLS

	NON-TOBACCO/NON-NICOTINE + WELLNESS					NON-TOBACCO/NON-NICOTINE (NO WELLNESS)				
	Plan 1 \$1,500	Plan 2 \$3,000	Plan 3 \$5,000	Plan 4 \$2,800 QHDHP	Plan 5 \$6,000	Plan 1 \$1,500	Plan 2 \$3,000	Plan 3 \$5,000	Plan 4 \$2,800 QHDHP	Plan 5 \$6,000
EE Only	\$145.85	\$123.69	\$101.54	\$102.00	\$66.92	\$157.38	\$135.23	\$113.08	\$113.54	\$78.46
EE+ SP	\$441.69	\$394.15	\$346.15	\$347.08	\$272.31	\$453.23	\$405.69	\$357.69	\$358.62	\$283.85
EE+ CH	\$404.31	\$359.08	\$313.85	\$313.85	\$244.62	\$415.85	\$370.62	\$325.38	\$325.38	\$256.15
Family	\$759.23	\$688.15	\$618.00	\$618.46	\$509.08	\$770.77	\$699.69	\$629.54	\$630.00	\$520.62

WELLNESS INCENTIVE

Employees on the district health insurance, who engage in the Employee Wellness Program, will receive an extra \$25 monthly towards the medical premium contributions. Employees must meet at least the minimum participation standards to receive the wellness incentive. The minimum participation standards are:

1. Participate in one of the Biometric Screening events held by the District or get a physical through your healthcare provider and submit a physician form to the District Employee Wellness coordinator—Jenny Ramsey; and
2. Earn at least 200 points by participating in the approved wellness incentive program activities.

See pages 18—19 for additional information on the Derby Public Schools Employee Wellness Program.

MEDICAL PREMIUMS

12 PAYROLLS

	TOBACCO/NICOTINE + WELLNESS					TOBACCO/NICOTINE (NO WELLNESS)				
	Plan 1 \$1,500	Plan 2 \$3,000	Plan 3 \$5,000	Plan 4 \$2,800 QHDHP	Plan 5 \$6,000	Plan 1 \$1,500	Plan 2 \$3,000	Plan 3 \$5,000	Plan 4 \$2,800 QHDHP	Plan 5 \$6,000
EE Only	\$341.00	\$293.00	\$245.00	\$246.00	\$170.00	\$366.00	\$318.00	\$270.00	\$271.00	\$195.00
EE+ SP	\$982.00	\$879.00	\$775.00	\$777.00	\$615.00	\$1,007.00	\$904.00	\$800.00	\$802.00	\$640.00
EE+ CH	\$901.00	\$803.00	\$705.00	\$705.00	\$555.00	\$926.00	\$828.00	\$730.00	\$730.00	\$580.00
Family	\$1,670.00	\$1,516.00	\$1,364.00	\$1,365.00	\$1,128.00	\$1,695.00	\$1,541.00	\$1,389.00	\$1,390.00	\$1,153.00

21 PAYROLLS

	TOBACCO/NICOTINE + WELLNESS					TOBACCO/NICOTINE (NO WELLNESS)				
	Plan 1 \$1,500	Plan 2 \$3,000	Plan 3 \$5,000	Plan 4 \$2,800 QHDHP	Plan 5 \$6,000	Plan 1 \$1,500	Plan 2 \$3,000	Plan 3 \$5,000	Plan 4 \$2,800 QHDHP	Plan 5 \$6,000
EE Only	\$194.86	\$167.43	\$140.00	\$140.57	\$97.14	\$209.14	\$181.71	\$154.29	\$154.86	\$111.43
EE+ SP	\$561.14	\$502.29	\$442.86	\$444.00	\$351.43	\$575.43	\$516.57	\$457.14	\$458.29	\$365.71
EE+ CH	\$514.86	\$458.86	\$402.86	\$402.86	\$317.14	\$529.14	\$473.14	\$417.14	\$417.14	\$331.43
Family	\$954.29	\$866.29	\$779.43	\$780.00	\$644.57	\$968.57	\$880.57	\$793.71	\$794.29	\$658.86

26 PAYROLLS

	TOBACCO/NICOTINE + WELLNESS					TOBACCO/NICOTINE (NO WELLNESS)				
	Plan 1 \$1,500	Plan 2 \$3,000	Plan 3 \$5,000	Plan 4 \$2,800 QHDHP	Plan 5 \$6,000	Plan 1 \$1,500	Plan 2 \$3,000	Plan 3 \$5,000	Plan 4 \$2,800 QHDHP	Plan 5 \$6,000
EE Only	\$157.38	\$135.23	\$113.08	\$113.54	\$78.46	\$168.92	\$146.77	\$124.62	\$125.08	\$90.00
EE+ SP	\$453.23	\$405.69	\$357.69	\$358.62	\$283.85	\$464.77	\$417.23	\$369.23	\$370.15	\$295.38
EE+ CH	\$415.85	\$370.62	\$325.38	\$325.38	\$256.15	\$427.38	\$382.15	\$336.92	\$336.92	\$267.69
Family	\$770.77	\$699.69	\$629.54	\$630.00	\$520.62	\$782.31	\$711.23	\$641.08	\$641.54	\$532.15

TOBACCO/NICOTINE USE

Derby Public Schools USD 260 recognizes the value of employees health and the countless health benefits of non-tobacco/non-nicotine use. District employees who are considered tobacco/nicotine users will pay \$25 more per month in medical premiums.

An employee is considered a non-tobacco/non-nicotine user if they have not used any form of tobacco/nicotine products—including but not limited to cigarettes, pipes, cigars, chewing tobacco, electronic nicotine delivery systems for a minimum of 90-days (on or off the job) and continue to remain tobacco free.

Electronic nicotine delivery systems are commonly known as e-cigarettes but are also known as e-cigs, vape pens, e-hookahs, e-pipes, tanks, mods, vapes, and more.

BCBSKSKS INFORMATION

The medical plans that are offered at Derby Public Schools, through Blue Cross Blue Shield of Kansas allow for in-and-out-of-network coverage. However, your out-of-pocket expenses are lower when obtaining services from participating, in-network providers and facilities. There are differences in the plans including deductibles, copays, and out-of-pocket maximums. Be sure to evaluate these differences using the benefit summary grids on the previous pages or view the Summaries of Benefit Coverage (SBC's) that are available on the **THEbenefitsHUB** benefit portal.

Four out of the five medical plans offered are traditional "standard" medical plans (Options 1, 2 ,3, 5), meaning covered services will be subject to either a copayment (copay) and/or deductible. Prescription drugs on the "standard" plans are subject to a copay. The other plan offered (Option 4) is a "qualified high deductible health plan (QHDHP)". All covered services, including prescription drugs, are subject to the deductible. Enrollment in a QHDHP still comes with the advantage of discounts that BCBSKS has negotiated with providers for services/products, but the member is responsible for 100% of the billed amount until the deductible has been met.

PREVENTIVE CARE SERVICES

Covered on all medical plans offered

To be your healthiest you, it is important that you regularly see your doctor and discuss preventive care to help you avoid serious illnesses or diseases. Routine checkups and screenings can help you avoid serious health problems by working with your doctor to help you reach your personal health and wellness goals.

What is preventive care?

Preventive care includes some immunizations, screenings, counseling and education to help prevent or minimize the effects of serious health conditions at no extra cost to you. The appropriate preventive care services can vary for each person based on age, gender and other risk factors, including family medical history.

How do I know if preventive care is covered under my plan?

The Patient Protection and Affordable Care Act (ACA) requires non-grandfathered plans to cover certain preventive services at 100%. Covered preventive services are subject to change. You can visit the BCBSKS website at bcbsks.com/aca to get the latest information. For more information on health care reform and preventive services, please visit healthcare.gov

BCBSKS HEALTHY OPTIONS™

DISEASE MANAGEMENT: Learn how to manage your asthma, COPD, diabetes, heart disease, high blood pressure and high cholesterol.

BEHAVIORAL HEALTH: Help for anxiety, depression and other behavioral health issues is just a few clicks away with free online or phone behavioral health screening.

CASE MANAGEMENT: Obtain assistance with coordination of services and benefits for your complex medical conditions.

WELLNESS MANAGEMENT: BCBSKS registered nurses will provide you with the tools you need to manage stress, become tobacco-free or lose weight.



Well-being is personal and it means something different to everyone. We all have our own interests, our own health goals and routines that make us unique. With Strive, powered by WebMD ONE, you get an experience that is unique to you – it's a more personalized well-being experience. Strive helps you take charge of your well-being by matching your unique personal needs and interests with the WebMD tools and resources that are right for you.

Access Strive through your member BlueAccess® account.

PROVIDERNETWORK

Seeking care at in-network providers gives a higher level of benefits and your out-of-pocket costs will be substantially lower if you obtain services from participating providers and facilities.

Blue Choice Preferred-Care Blue Network is the name of the provider network. Using network providers save you and the plan money!

1. Visit <https://www.bcbsks.com/find-a-doctor/>
2. Click on Find a Doctor/Hospital
3. Sign into BlueAccess® OR Choose Blue Choice Preferred-Care Blue Network if not signed in.

Already a BCBSKS Member? Login to your BlueAccess® Member Portal to access the provider search.

BLUEACCESS®REGISTRATION

Once enrolled—for access to valuable tools and resources to enhance your membership with BCBSKS, you will want to establish a BlueAccess® account. Follow the steps below to get your account your set-up.

1. Go to [bcbsks.com/blueaccess](https://www.bcbsks.com/blueaccess). If you are the cardholder, select “Signup for BlueAccess.”
2. On the “Getting Started” page, read the use agreement > check “I Agree” > select continue.
3. Create your profile. Provide the information requested in steps 1—4. Make sure you have your ID card handy.—you will need your ID number and group number.
4. Finish your registration. Feel free to explore the different links in BlueAccess, including HealthyOptions.
 - Print your ID Card
 - Review your claims
 - Access discounts and coupons
 - Get assistance on a diet and exercise plan customized for you, and more...

PRESCRIPTIONINFORMATION

PRESCRIPTION DRUG LOOK-UP

1. Go to www.bcbsks.com
2. Click on **Prescription Drugs**
3. Click **Find Drugs (Formulary)**
4. Click on **BCBSKS Select Medication List**
5. **Enter your medicine or condition name** or download the Preferred Medication List
6. On this page you can also find other prescription drug information including the most up-to-date list of excluded drugs, quantity limits lists and non-formulary drugs that require prior authorization.



MAINTENANCE DRUG INFORMATION

If you are taking a prescription that fits one of the therapeutic classes identified by BCBSKS, then that drug is considered to be on the BCBSKS maintenance list.

Maintenance drugs may be dispensed in supplies up to a maximum of 100-unit dose quantities, but not to exceed a supply sufficient for 100 consecutive days of therapy. Note: This does not apply to compound drugs. **For more information visit www.bcbsks.com → Prescription Drugs → Maintenance Drugs**

PRESCRIPTION MAIL ORDER PROGRAM

The Mail Order program is through Express Scripts and offers home delivery with the highest standards of quality, safety and service for your prescription drug needs. You can call (833) 599-0511 or visit <https://www.express-scripts.com/BCBSKS> to learn more.

PRIME SPECIALTY PHARMACY PROGRAM

BCBSKS requires the Prime Specialty Pharmacy Program which benefits members with conditions requiring specialty medications: Accredo is the specialty pharmacy. Call **833-721-1620** or visit <https://accredo.com/BCBSKS> if you have questions.

COPAY MAXIMIZATION PROGRAM

Utilizers of some specialty medication may be required to take action to opt in (or opt out) of the Copay Maximization Program. This program allows the full-value of the certain manufacturer coupons to be applied to the cost of the specialty drug, making the cost for the specialty drug \$0 to the member.

Telehealth is a fast, convenient way to see a doctor virtually or connect via a phone call. If you are covered through Blue Cross Blue Shield of Kansas coverage you can have a live visit on your computer or mobile device with a doctor at a time that works for you. You can also call for service if you do not have a smart-phone or tablet device.

Blue Cross provides telehealth services through American Well® (Amwell). With Amwell, employees register and the cost per visit is less than an emergency room or urgent care. It's easy-to-use, affordable, private and secure.

HOW TO USE AMWELL

You can easily register for a telehealth visit and connect with a board-certified doctor in your area.

1. Download the Amwell app on any mobile device.



2. On a computer? Visit bcbsks.com/telehealth to get started.
3. Don't have a smart phone or tablet?
Call (844) SEE-DOCS

WHY USE AMWELL?

- Choose Your Own Physician: You select a physician for your visit from a list of U.S. board-certified doctor and therapist profiles. All profiles include physician certifications, licenses and online patient ratings
- Available nationwide, 24/7/365
- Convenient Prescriptions: If a medication is prescribed, all prescriptions can be picked up at your local pharmacy
- Easy Payment: Pay for the visit with credit, debit or HSA/FSA cards
- Record Storage: A complete record of each visit is securely maintained and can be accessed by the patient

HOW MUCH DOES AMWELL COST?

The out-of-pocket cost of an Amwell doctor primary care physician visit is \$0 if enrolled in Option 1, 2, 3, or 5 of the medical plan and at least \$49 if enrolled in the High Deductible Health Plan (Option 4). Other covered services include consultation visits with a dietician, social worker, behavioral health professional and psychiatrist at their respective costs.

WHEN TO USE AMWELL?

As an innovative patient consultation service, telehealth lets you interact with a doctor at your convenience for common conditions such as:

- cold
- flu
- fever
- rash
- stomach pain
- sinus infection
- pink eye
- ear infection
- migraine

Also offering behavioral health and counseling services, known as teletherapy, Amwell's licensed therapists will provide treatment for several conditions, including:

- anxiety
- attention deficit hyperactivity disorder (ADHD)
- stress
- bereavement
- obsessive-compulsive disorder (OCD)
- panic attacks
- depression
- trauma/post-traumatic stress disorder

Therapists will be available on demand or by appointment from 7 a.m. to 11 p.m. local time, 7 days a week.

CAN MY FAMILY USE AMWELL?

If your spouse and/or children are covered under your BCBSKS plan, they are eligible for telehealth services. A spouse should create their own Amwell account, but children or dependents under age 18 can be added to your account and have doctor visits on your behalf. You need to register first, and then your child or dependent can be added to the account. Children or dependents over the age of 18 must create their own Amwell account.

For MORE INFORMATION

Visit: bcbsks.com/telehealth | Email: support@amwell.com

Call: (844) 733-3627



HEALTH SAVINGS ACCOUNT with QHDHP

Health savings accounts (HSAs) are a great way to save money and efficiently pay for medical expenses. HSAs are tax-advantaged savings accounts that accompany qualified high deductible health plans (HDHPs). An HSA can be a tremendous asset as you save for and pay medical bills because it gives you tax advantages, more control over your own spending and the ability to save for future expenses.

HSAs are employee-owned, meaning you take the HSA with you if you change employers. Unused funds can earn interest and can be invested until they are withdrawn for eligible expenses or at retirement. You set aside money on a pre-tax basis—this means as long as you use the money for eligible expenses, you won't pay income taxes on it.

ELIGIBILITY REQUIREMENTS

- **You are covered under OPTION 4—\$2,800 High Deductible Health Plan**
- You are not covered under another medical plan that is not an QHDHP
- You are not enrolled in Medicare benefits
- You cannot be claimed on another person's tax return
- You have not received VA benefits in the last three months
- You are not participating in a healthcare FSA through your employer or any other healthcare FSA (i.e. spouse FSA)

HSA ADVANTAGES

- *Security*—your HSA can provide a savings buffer for unexpected or high medical bills
- *Flexibility*—you can use your HSA to pay for current medical expenses or you can save your funds for future medical expenses
- *Savings*—you can save the money in your HSA for future medical expenses, all while your account grows through tax-deferred investment earnings
- *Triple Tax Savings*— (1) tax deductions when you contribute to your account; (2) tax-free earnings through investment; (3) tax-free withdrawals for qualified medical expenses
- *Portability*—your HSA and the money in it belongs to you, not your employer or insurance company, which means if you change jobs or change medical coverage you keep your HSA
- *Ownership*—funds remain in the account from year to year. There are no “use it or lose it” rules

HSAs are subject to maximum annual contribution limits. The amounts vary depending on whether the individual has self-only or family HDHP coverage; and the limits are indexed annually by the IRS.

HEALTH SAVINGS ACCOUNT CONTRIBUTION LIMITS		
2022	Single Coverage	Family Coverage
Annual Limit	\$3,650	\$7,300
Catch-up Contributions (age 55+)	\$1,000	\$1,000

OTHER CONSIDERATIONS

- **You can open a Health Savings Account at many banks and credit unions—this is not done through the District**
- An HSA account must be established before you can use funds for qualified medical expenses. Medical costs incurred after your QHDHP is effective, but before your HSA is established cannot be paid with money deposited into your HSA account
- As the HSA owner, you are ultimately responsible for determining whether an expense is eligible for reimbursement. If an HSA expenditure is not used for a qualified medical expense, you will be required to pay income tax and a 20% penalty on the amount used (the 20% penalty tax does not apply to payments made after your death or disability, or after you reach age 65)
- You must keep proper records for your expenses to avoid tax headaches later on—to protect yourself in the event that you are audited by the IRS— keep records of all HSA documentation/expenditures for proof that funds were used for qualified expenses
- Consult the IRS or a legal/tax advisor for all tax inquiries
- For more information, refer to [IRS Publication 969](#)
- For a complete list of eligible expenses please visit: <http://www.irs.gov/pub/irs-pdf/p502.pdf>

WELLNESS PROGRAM



Employee Wellness Incentive Program

The Derby Public Schools Wellness Program is designed to help employees adopt and maintain healthy behaviors as a way of life. It aims to increase awareness for personal health while providing opportunities and resources for health management and improvement.

There are different dimensions of well-being that must be considered for total wellbeing. All of these dimensions must be given attention to achieve your best health.



ADDITIONAL INFORMATION

Rewards for participating in the wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Jenny Ramsey and she will work with you to find a wellness program, with the same reward, that is right for you in light of your health status.

If you have questions about the Wellness Program please contact:

Jenny Ramsey | jramsey@usd260.com

All employees are encouraged to participate and earn incentives for participating.

MEDICAL PREMIUM INCENTIVE

Employees on the district health insurance, who engage in the Employee Wellness Program, will receive an extra \$25 monthly towards the medical premium contributions. Employees must meet at least the minimum participation standards to receive the wellness incentive. The minimum participation standards are:


































1. Participate in one of the Biometric Screening events held by the District or get a physical through your healthcare provider and submit a physician form to the District Employee Wellness coordinator—Jenny Ramsey; **and**
2. Earn at least 200 points by participating in the approved wellness incentive program activities.

To be eligible for the insurance premium incentive, an employee must meet the minimum participation standards between October 1—September 30. For example, to be eligible for the premium incentive for the 2023 plan year, the minimum participation standards must be completed between October 1, 2021—September 30, 2022.

New hires will be treated as meeting the wellness incentive upon initial eligibility. However, to maintain the wellness incentive the minimum standards will have to be met for ongoing wellness premium incentive eligibility.

Employees are responsible for tracking and submitting their own wellness points. There will be tracking sheets, as well as additional required forms that are available on the Derby Public Schools [Wellness Webpage](#). All information that is submitted will be kept confidential.

WELLNESS PROGRAM

Required	Type	Quantity	Incentive Value
Biometric Screening – Biometric screenings will be offered at a district designated location (generally during the months of September & October)		1	50
Physical through your healthcare provider – You can choose to have a physical through your own healthcare provider and submit a Physicians Form to the Wellness Coordinator			25
Biometric Screenings will be offered at the worksite. You can only collect points on biometric screening OR physical. You cannot claim both.			
Activities		Max	PointValue
Participate in a committee approved Disease Management Program	 	1	50
Diabetes Prevention Program through the DRC Grant Program - 1 year program	 	1	100
Vision Exam		1	10
Dental Exam		1	10
Flu Shot		1	10
Covid-19 Shot		1	10
Financial Wellness—Smart Dollar through Dave Ramsey		1	100
Wellness Speaker / Program <ul style="list-style-type: none">Committee approved speaker.Art / Cooking classes through the DRC	    	4	15(each)
Lifestyle Management <ul style="list-style-type: none">Keep an Activity Log. It is recommended to get 150 minutes of exercise weekly.Keep a food journal. It is recommended to record 20/30 days.Keep a volunteer log. It is recommended to volunteer 8-10 hours a monthKeep a Healthy Mind log. It is recommended to meditate or perform a healthy mind activity 20/30 days a month.	  	12	15 (each)
USD 260 Derby Public Schools wellness challenges – to be determined <ul style="list-style-type: none">You do not have to be on the district health plan to participate in USD 260 wellness challenges.	    	6	25(each)
Navigate Group Challenges - to be determined <ul style="list-style-type: none">Navigate Group challenges can be found on www.derbyschoolswellness.com and can only be completed by those who are on our district health plan.		2	25(each)
New Directions—Employee Assistance Program	    	6	25(each)
Lifestyle Self Help Counseling Session <ul style="list-style-type: none">Counseling can include but is not limited to Financial, Weight Management (TOPS), Personal, Depression, Drug and Alcohol, or Gambling.Diabetes counseling self-management (6-month program)Tobacco Cessation Hot line # 800-QUIT-NOW (800-784-8669)	    	2	25(each)
Points required to earn incentive *Random audits will be performed in October. Please keep a copy of your paper forms. Employees must keep copies of documentation to prove how they earned the 200 points.			200

DENTAL INSURANCE

Derby Public Schools offers the following comprehensive dental plan administered by Delta Dental of Kansas. Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your physical health.

The maximum Benefit for all covered services for each enrolled person in any one contract year is \$1,500.

The contract year is January 1, 2022—December 31, 2022

DIAGNOSTIC & PREVENTIVE SERVICES—You pay 0%

DIAGNOSTIC

Includes the following procedures necessary to evaluate existing dental conditions and the dental care required:

Oral evaluations—two (2) times per contract year

Bitewing x-rays—bitewings two (2) times per contract year for dependents under age eighteen (18) and once each twelve (12) months for adults age eighteen (18) and over

Full mouth x-rays or panoramic x-rays—once each five (5) years

PREVENTIVE

Provides for the following:

Prophylaxis (Cleanings) - unlimited

Topical Fluoride—two (2) times per contract year for dependent children under age nineteen (19)

Sealants—once per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.

Space Maintainers—for dependent children under age fourteen (14) and only for premature loss of primary molars

Deductible applies to Basic and Major Services Only

Individual Deductible \$25 | Family Deductible Maximum \$75

BASIC SERVICES—You pay 20% (SUBJECT TO DEDUCTIBLE)

Ancillary—Provides for one (1) emergency examination per contract year by the Dentist for the relief of pain

Oral Surgery—Provides for extractions and other oral surgery including pre and post-operative care

Regular Restorative Dentistry—Provides silver fillings, resin (white) fillings on all teeth; and stainless steel crowns for dependents under age twelve (12)

Endodontics—Includes procedures for root canal treatments and root canal fillings. When covered, payment for root canal therapy is limited to only once (1) in any twenty-four(24) month period, per tooth

Periodontics—Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal cleaning is unlimited if diagnosed with periodontal treatment history; surgical periodontal procedures

MAJOR SERVICES—You pay 50% (SUBJECT TO DEDUCTIBLE)

Special Restorative Dentistry—When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns

Prosthodontics—Includes bridges, partial and complete dentures; repairs and adjustments of bridges and dentures

OTHER

Orthodontics is **not** covered

DENTAL PLAN PAYROLL DEDUCTIONS

	MONTHLY	21 PAYROLLS	26 PAYROLLS
Employee Only	\$41.28	\$23.59	\$19.05
Employee + Spouse	\$82.42	\$47.10	\$38.04
Employee + Child(ren)	\$80.83	\$46.19	\$37.31
Family	\$112.77	\$64.44	\$52.05

This is a summary of Benefits only; various limitations and exceptions may apply.

 **DELTA DENTAL**

ENHANCED BENEFITS

Right Start 4 Kids Program*

The Right Start 4 Kids program removes the cost barriers for dental care by providing children, 12 and under, 100% coverage with no deductible, for all services covered under the plan when an in-network dentist (Delta Dental Premier or Delta Dental PPO) is seen. If an out-of-network dentist is seen, the underlying contract applies including deductibles and coinsurance levels.

Unlimited Cleanings*

The plan will allow for unlimited cleanings. This includes regular/prophylaxis cleanings and periodontal maintenance cleaning.

**Annual Plan Maximums apply*

Maximum Rollover Feature

The Maximum Rollover Feature allows enrolled members to carryover 25% of their unused annual maximum benefit dollars into the following year.

How the Maximum Rollover Feature Works:

- Enrollees receive their regular annual benefit maximum dollars (\$1,500) at the beginning of the new plan year
- Enrollees must have one covered dental service during the benefit year (incentivizing you to visit the dentist)
- At the end of the plan year, 25% of your unused annual maximum will rollover into the next year
- The Benefit Rollover Balance accumulated from year-to-year for each individual cannot exceed \$1,500, which means at the beginning of the new plan year you will have the new year annual benefit maximum + any available Rollover Balance (up to \$1,500)
- Rollover dollars will be available beginning in 2023, for available unused benefit dollars from 2022

You are free to go to any dentist of your choice; however, there may be a difference in the amount of payment if the dentist is not a Delta Dental participating dentist. Since nearly 4 out of 5 dentists nationwide contract with Delta Dental, the chances are excellent your dentist is already a member.

PROVIDER NETWORK

1. Go to www.deltadentalks.com
2. Under 'Locate a Dentist', click on 'Dentist Search' then 'Find a Dentist'
3. #1 - Product Selection, click on '**Delta Dental Premier**' or '**Delta Dental PPO**'
4. #2 - Your Location, type in either your city and state OR your zip code
5. You may also sort the number of results, enter your dentist's name or choose by specialty
6. Click on 'Search for a Dentist'

DELTA DENTAL RESOURCES

From Delta Dental's website www.deltadentalks.com you can:

- Locate a participating Delta Dental Premier/PPO dentist anywhere in the United States
- Check your eligibility and plan information
- Print an ID card
- Check claim status
- Estimate your out-of-pocket dental care costs with the Flexible Spending Account Estimator
- Sign up to receive your Explanation of Benefits electronically
- Learn about oral health and wellness

Through Delta Dental's mobile app, you can:

- Use your mobile ID card
- Find a dentist
- Utilize the Dental Care Cost Estimator
- Check your coverage and claims
- And more!

To download and install the app on your device, visit the App store (Apple) or Google Play (Android) and search for Delta Dental.

VISION INSURANCE

Derby Public Schools offers vision coverage through Surency to you and your eligible dependents, to age 26. You may choose from two plans: Exam & Materials Plan or Materials Only Plan.

OPTION 1—COMPREHENSIVE VISION PLAN Plan benefit(s) is available once every calendar year		
VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER COST
Vision Examination with Dilation as Necessary (Retinal Imaging)	\$10 copay Up to \$39	\$35 N/A
Contact Lens Fit and Follow-Up: <i>(Contact lens fit and two (2) follow-up visits are available once a comprehensive eye exam has been completed)</i> Standard -spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.) Premium -all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)	\$0 copay, paid-in-full fit and two follow-up visits \$55 Allowance	\$40 \$40
Frames: Any available frame at provider location.	\$130 Allowance; 20% off balance	\$65
Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	\$25 \$40 \$55 \$55
Lens Options: Standard Polycarbonate UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Anti-Reflective Coating Standard Progressive (includes copay amount) Premium Progressive (includes copay amount) Other Add-Ons and Services	Adults: \$40, Dependents under 19: \$0 \$15 \$15 \$15 \$45 \$90 copay \$90 copay; \$120 Allowance 20% off balance 20% off Retail Price	\$25 \$25 Not Covered Not Covered Not Covered Not Covered \$40 \$40 Not Covered
Contact Lenses: (Contact lens allowance includes materials only; Allowance not available if eyeglass lenses are elected)		
Conventional	\$130 allowance, 15% off balance over allowance	\$100
Disposable	\$130 allowance	\$100
Medically Necessary	\$0 copay	\$200

This is a summary of Benefits only; various limitations and exceptions may apply.



OPTION 2—MATERIALS ONLY PLAN

Plan benefit(s) is available once every calendar year

MATERIALS COVERED	IN-NETWORK	OUT-OF-NETWORK
Frames, Lens & Options Package: Any frame, lenses and lens options available at the provider locations.	\$200 Allowance for frame, lenses and lens options 20% off balance over \$200	\$200 Allowance
Contact Lenses (In lieu of frames, lens & options)	\$200 Allowance <i>Declining Balance Allowed</i>	\$200 Allowance

ADDITIONAL SAVINGS

- Members may receive additional discounts not covered by the plan's in-network providers. Please check with your provider regarding any additional discounts. Discount does not apply to in-network providers' professional services or contact lenses. Services or materials provided by any other group benefit plan providing vision care may not be covered.
- Members also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.
- After initial purchase, replacement contact lenses may be obtained via online at substantial savings and mailed directly to the member. Details are available at surency.com/vision/member-perks. The contact lens benefit allowance is not applicable to this service.

SURENCY RESOURCES

Download the free Surency Vision mobile app today to take control of your vision benefits!

With the Surency Vision app, you can:

- Find a doctor
- Check your eligibility
- Check claim status
- Order replacement contact lenses
- Access your mobile ID card
- And more!

To download the mobile app, search the Apple App Store or Google Play (Android) for **Surency Vision**.

PROVIDER NETWORK

- Go to www.surency.com
- Click on 'Provider Search' under the Vision section
- Choose your plan '**Access Network**'
- Enter your zip code
- Click on 'Get Results'
- Surency Customer Service department is also available to help and can be reached at 316-462-3316 or toll free 866-818-8805

Surency Vision is proud to collaborate with EyeMed Vision Care to provide a network that offers quality, convenience and choice. EyeMed has one of the largest, most diverse networks in the nation, which includes both independent private practitioners and nationally recognized retail chains.

You will be responsible for filing a claim if you utilize an out-of-network provider .



VISION PLAN PAYROLL DEDUCTIONS

	MONTHLY	21 PAYROLLS	26 PAYROLLS
OPTION 1—COMPREHENSIVE VISION PLAN			
Employee Only	\$10.22	\$5.84	\$4.72
Employee + Spouse	\$21.48	\$12.27	\$9.91
Employee + Child(ren)	\$18.41	\$10.52	\$8.50
Family	\$35.81	\$20.46	\$16.53
OPTION 2—MATERIALS ONLY VISION PLAN			
Employee Only	\$10.59	\$6.05	\$4.89
Employee + Spouse	\$20.77	\$11.87	\$9.59
Employee + Child(ren)	\$18.26	\$10.43	\$8.43
Family	\$28.46	\$16.26	\$13.14

FLEXIBLE SPENDING ACCOUNTS

Why should you choose to participate in a Flexible Spending Account?

A Flexible Spending Account (FSA), also known as a reimbursement account, allows you to pay for a variety of out-of-pocket health care and dependent care expenses on a pre-tax basis. Putting money into a FSA before you pay taxes on it saves you money by lowering your taxable income. The result? **You pay less in taxes each year.** There are two types of FSAs:

1 Healthcare Flexible Spending Account

A healthcare flexible spending account (FSA) is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible medical expenses. Contributions to the FSA are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can increase your spendable income by an average of 30% of your annual contribution with the tax savings.

2 Dependent Care Flexible Spending Account

A dependent care account (DCA) is a flexible spending account that allows you to contribute a portion of your paycheck before taxes are taken out to pay for qualified dependent care expenses so that you can work or look for work.

FSAMOBILE APP

The Surency AdvantagePlus Benefits mobile app is a valuable feature that gives members immediate access to their flexible spending accounts on-the-go, anytime.

- ✓ File new FSA claims
- ✓ Upload receipts using your mobile device's camera
- ✓ View account activity
- ✓ Check flexible spending accounts (FSA) and dependent care flexible spending account (DC FSA)
- ✓ Access FSASore.com to purchase eligible items like contact lenses, first aid kits, sunscreen and more. Use your Surency Flex Benefits Card to pay

1. Set up your account through the desktop application member portal at www.surency.com
2. Download the Mobile App
3. Login to the Mobile App using your username and password (same as your Member Login information)
 - Select a 4-digit code for security
 - If you are a new member and do not have a username and password, you can login using this information:
Username: first name + last four digits of Social Security Number
Password: last name + last four digits of Social Security Number

Download the Surency Advantage Plus mobile app from the Apple Store or Android Marketplace today!



Surency Flex Benefits Card

Use it instead of cash at providers and wherever accepted for health-related services and expenses.

OTHER CONSIDERATIONS

- You do not have to be enrolled in any other plans (i.e. medical, dental, vision, etc) to participate in the FSA plans.
- You can enroll in one or both accounts. Each account is a separate election.
- Over-the-counter drugs and medications and menstrual care products are now considered eligible expenses under the Healthcare FSA.
- Plan carefully when deciding how much you want to contribute to your account(s) for the year. The elections you make will remain in effect until the end of the plan year for any reason unless you experience a qualified event or termination of employment.
- Always request a detailed receipt from the provider, even when using the FSA Debit card. The IRS requires you to keep them for your tax records; and you will also need them if your FSA vendor requests substantiation that an expense is a qualified FSA expenditure.
- The rules and regulations of the IRS govern all FSA accounts.
- You cannot participate in the Healthcare FSA if you are eligible and contributing to a Health Savings Account (HSA).
- FSA Plan participants (for terminated or ineligible participants) may incur claim expenses up to the date of termination/ineligibility and have 30-days from date of termination to file claims.

FLEXIBLE SPENDING ACCOUNTS

	HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)	DEPENDENT CARE FLEXIBLE SPENDING (DCA)
Maximum Annual Election	\$2,750 Your annual election will be divided over the number of pay periods in your plan year.	\$5,000 (\$2,500 if married filing separately) Your annual election will be divided over the number of pay periods in your plan year.
Minimum Annual Election	\$120	N/A
Plan Year	January 1, 2022—December 31, 2022	
Eligible Expense must be incurred between:	January 1—December 31, 2022	January 1—December 31, 2022
How soon can you start spending your FSA funds?	With a healthcare FSA, your entire annual election amount is available on the first day of the plan year.	You will have access to your Dependent Care FSA funds that have been deducted from your paycheck.
What expenses are eligible for reimbursement?	Health plan co-pays, deductibles, co-insurance, vision care, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502) <i>For a complete list of eligible expenses please visit: http://www.irs.gov/pub/irs-pdf/p502.pdf</i>	You can use your DCA to pay for children under age 13 that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support). Eligible expenses must be for the purpose of allowing you to work or look for work. Services may be provided at a child or adult care center, nursery, preschool, after-school, summer day camp, or a nanny in your home.
Can you change your election amount mid-plan year?	Elections can only be altered if you experience a change in status as defined by IRS regulations, such as marriage, divorce, birth, or death in your immediate family.	Typically, you cannot change your contribution mid-year. However, if you experience a qualifying event, such as the birth of a new child, or if your child care provider significantly increases their rates, you may be eligible to adjust your contribution.
What happens to unused funds?	If any balance remains in the Participant's Health FSA Account after the claim filing period, then any such balance up to \$550 shall be carried over to reimburse the Participant for Health Care Expenses incurred during the subsequent Plan Year, provided that the Participant has not exercised his or her right to waive any right to any such carryover. Participant is required to enroll in the subsequent plan year for carry-over dollars to be available. Notwithstanding the foregoing, the Participant shall forfeit all rights with respect to any such balance above \$550.	If any balance remains in the Participant's Dependent Care FSA account after the Plan Year Period, and subsequent Run-out Period, then any such balance shall be forfeited.
What is a Run-out-Period	The Run-out-Period means the period following the end of the Plan Year during which the prior plan year claims may be submitted for reimbursement. The Run-out-Period for the Healthcare FSA and Dependent Care FSA is 90-days; which means you have until March 30, 2023, to file claims for reimbursement of expenses incurred during the plan year ending December 31, 2022.	
How do you submit a claim?	Claim Submission Guidelines: <ul style="list-style-type: none"> • Online: Visit www.surency.com and login to the secure Member Login site. • Mobile Application: Download Surency's mobile application for easy claims submission • Fax: Submit claim to (316) 462-3392; Attn: Surency AdvantagePlus Claims • US Mail: Surency AdvantagePlus, P.O. Box 789773, Wichita, KS 67278-9773 <p>Receipts for claim submission and substantiation must include patient's name, provider's name, date of service, type of service, member cost of service.</p>	

SHORT-TERM DISABILITY INSURANCE

Derby Public Schools provides eligible employees with the opportunity to purchase income protection benefits through Guardian. Disability insurance is designed to pay a weekly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

SHORT-TERM DISABILITY PLAN FEATURES			
	Option 1	Option 2	Option 3
Weekly Benefit Payable	Up to 24 weeks	Up to 22 weeks	Up to 18 weeks
Benefits Begin On	Day 15	Day 30	Day 60
Coverage Amount	66.67% of weekly salary to a maximum of \$1,000 per week Coverage amount during disability will be reduced by Deductible Income*		
Pre-existing Condition Limitation	3/12 Waiting Period: if disability occurs within the first 12-months of being covered, the policy will look back 3-months from the effective date of your policy to see if you had been diagnosed with the condition prior to being covered. A pre-existing condition includes any condition/symptom for which you consulted with a physician, received treatment, or took prescribed drugs.		
Other Provisions	<ul style="list-style-type: none"> • New Hires are eligible to enroll without submitting evidence of insurability; however, the pre-existing condition limitations do apply. • Evidence of Insurability is required on all late enrollees. Coverage for a late enrollee will not be effective until approved by Guardian. • You must be actively working on the effective date of your coverage; otherwise your coverage becomes effective after you have completed a specific waiting period. • Short-term disability benefits are not paid for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable. 		

* Deductible Income includes income from sick leave, salary continuance or paid time off, exclusive of vacation time accrued prior to Disability, but only to the extent that such income plus the amount of your gross weekly benefit is more than 100% of your insured earnings. This is not a complete list of deductible income and restrictions. For a full description of what constitutes deductible income please review the Certificate of Coverage

CONSIDER THIS

The risk of disability is greater than most employees realize. When you become disabled and lose time at work, your source of income is eliminated. Nearly one-third of employees will miss more than one month of pay due to injury or illness. In addition to lost income, you are most likely experiencing an increase in medical expenses due to your disabling injury or illness.

ADDITIONAL INFORMATION

Additional information, including the Certificate Booklet and information on how to initiate filing a claim can be found on the benefit website: mybenefitshub.com/usd260 → Disability

The weekly benefit amount you are eligible for, along with the premium for each disability option will be automatically calculated when you enroll through THE *benefits*HUB.

Disability Insurance can provide you peace of mind knowing that you can have partial income replacement if you are out of work due to an injury or illness that is deemed a qualified disability.



BASIC LIFE INSURANCE

Derby Public Schools provides employees with a group life and accidental death and dismemberment (AD&D) insurance policy **at no cost to you**. Beneficiaries can be updated through **THEbenefitsHUB**.

BASIC LIFE AND AD&D INSURANCE	
Employee Category	Policy Amount*
Full-time employees	\$10,000
Part-time employees	\$5,000

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

*Age Based Benefit Reductions (in-force benefit reduces by) 35% at age 65; 60% at age 70; 75% at age 75; 85% at age 80—coverage terminates at retirement.

Conversion or Portability options may be available upon termination if you notify Guardian within 30-days of your termination. Some restrictions apply; see certificate of benefits for more information.

LIFE INSURANCE CONSIDERATIONS

- Your beneficiary is the person who would collect the policy amount upon your death. It is important to keep your beneficiary information up-to-date. The beneficiary cannot be changed by any person other than you—the policyholder. **Beneficiaries can be designated and updated in the enrollment portal—THEbenefitsHUB.**
- If you have life insurance policies outside of your employer you should consider reviewing those policies to make sure beneficiaries are up-to-date.
- Financial responsibilities can change throughout life—make sure you are insured for an amount that is sufficient for expenses you would not want to leave behind to your loved ones.

Life insurance isn't a fun thing to think about, and it may seem like an unnecessary expense. But if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you.

VALUE-ADDED BENEFITS

WORK LIFE MATTERS

Work Life Matters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- Unlimited free telephonic consultation with an EAP counselor available 24/7 at (800) 386-7055
- Referrals to local counselors—up to three sessions free of charge
- Online resources with helpful articles on topics like wellness, training courses and a legal and financial center.
- Help with Education, Lifestyle & Fitness Management, Dependent Care & Care Giving, Working Smarter, Legal and Financial

For more information about Work Life Matters, go to www.ibhworklife.com;

Username: Matters

Password: wlm70101



VOLUNTARY LIFEINSURANCE

Employees who want to supplement their group life insurance benefit may purchase additional coverage offered through Guardian. Below is a brief summary of coverage options. Beneficiaries can be updated through **THEbenefitsHUB**.

VOLUNTARY LIFE AND AD&D COVERAGE			
	Employee Coverage	Spouse Coverage	Child(ren) Coverage
Maximum Amount	\$500,000	\$250,000, not to exceed 100% of employee elected amount	\$10,000, not to exceed 100% of employee elected amount
Purchase Increments	\$10,000	\$5,000	\$10,000
Guarantee Issue Amount¹	\$200,000	\$75,000	\$10,000
Age Based Benefit Reductions (in-force benefit reduces by)	35% at age 65; 60% at age 70; 75% at age 75; 85% at age 80	65% at age 65 Terminates at age 70 <i>Reduction based on Employee's Age</i>	Child(ren) covered from ages 14-days to 26-years
Other Provisions	Accelerated Life Benefit—if you are diagnosed as terminally ill you <i>may</i> be eligible to receive a portion of your life insurance. Coverage terminates upon retirement.	Spouse coverage is based on employee age and terminates at age 70.	One premium covers all children. Late Enrollee Child life coverage will require medical questions and approval. The plan does allow a child that has both parents working for the District to be covered for child coverage under both parents.
	If a married couple are both employed at the district, an individual cannot be insured as both an individual employee and as a dependent spouse.		

¹Guarantee issue is the opportunity to purchase life insurance with no medical questions asked. Guarantee issue is generally only offered at your initial opportunity only. If you wish you enroll at a later date, you will likely need to complete evidence of insurability.

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

Conversion or Portability options may be available upon termination if you notify Guardian within 30-days of your termination. Some restrictions apply; see certificate of benefits for more information.

EMPLOYEE & SPOUSE RATE (INCLUDES AD&D COVERAGE)	
Employee Age	Monthly Rate/\$1,000
<30	\$0.06
30—34	\$0.06
35—39	\$0.10
40—44	\$0.12
45—49	\$0.17
50—54	\$0.25
55—59	\$0.45
60—64	\$0.63
65—69	\$1.72
70+	\$4.50

CHILD(REN) RATE (INCLUDES AD&D COVERAGE)	
Age	14 days to age 26
Monthly	\$2.20 for \$10,000

Premiums will be automatically calculated when you enroll through THEbenefitsHUB.

- Rates shown are monthly; your premium—per payroll deduction—in will be calculated when you enroll through THEbenefitsHUB
- Spouse rate based on employee's age
- One premium covers all enrolled, eligible children
- Rates will increase as you age and move to the next age band. Rate changes due to age increases will be effective at the plan year following the age increase



ANNUAL INCREASE OPTION

If you (employee) enroll at your initial opportunity, then at each subsequent Open Enrollment, you (employee) can increase your coverage amount by either \$10,000 or \$20,000 without medical questions, even if the increase takes the coverage above the guarantee issue amount. You must be under age 65 and have not been previously declined coverage for the annual increase option to be available.

At each subsequent Open Enrollment, if your spouse is already enrolled in voluntary life insurance coverage, you can increase their coverage amount by either \$5,000 or \$10,000 without medical questions if the increase does not exceed the plan guarantee issue amount. Any amount over the guarantee issue will require medical questions and approval by the insurance company. You must be under age 65 for the annual increase option to be available.

Any new coverage elections (employee, spouse, child), or increases above the annual increase option, will require completion of medical questions through the Evidence of Insurability ('EOI') process, which will be reviewed for consideration by the insurance company. EOI can be completed online at www.guardiananytime.com/eoi

To complete the EOI process, you may need to provide:

- Group ID/Plan Number: 00569620
- Coverage(s) being requested
- Health history/Doctor information
- Current insured amount (\$0 if applying for new coverage as a late enrollee)
- Additional amount being requested

WILLPREP SERVICES

WillPrep Services are available to members with Voluntary Life plans. Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intend, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense.

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals* to help with issues related to:

- Advanced Health Care Directives
- Estate Taxes
- Executors & Probate
- Financial Power of Attorney
- Guardianship & Conservatorship
- Healthcare Power of Attorney
- Wills and Living Wills
- Resource Library
- Trusts



For more information about WillPrep Services, go to www.ibhwillprep.com; Username: WillPrep; Password: GLIC09 or call (877) 433-6789

*The option of an attorney prepared will is available for a small fee

3-IN-1 SUPPLEMENTAL PLAN

Accidents, critical illnesses and hospitalizations happen without warning. Unfortunately, these can also cost a lot as well. When you or your family members are faced with these occurrences, the 3-in-1 Worksite Benefits Package can help with expenses that medical insurance doesn't cover like deductibles or just help with other daily living expenses that continue if a serious event occurs. The benefits offered through the Reliance Standard worksite benefits included coverage for Accidents, certain Critical Illnesses and Hospitalizations. Benefits paid through these plans are paid directly to you and are not coordinated with any other insurance.

You must be insured in order for dependents to be covered. You and your spouse, if applicable, must be under age 70 at time of enrollment to be eligible for coverage.

3-IN-1 SUPPLEMENTAL PLAN PAYROLL DEDUCTIONS				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Monthly	\$24.00	\$47.18	\$39.30	\$62.62
21 Payrolls	\$13.71	\$26.96	\$22.46	\$35.78
26 Payrolls	\$11.08	\$21.78	\$18.14	\$28.90


1

Hospital Indemnity Plan—Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. **There are no pre-existing conditions exclusions.**

HOSPITAL INDEMNITY BENEFITS	
Room & Board Benefit	\$100 per day; 180 daily benefits per coverage year
Hospital Admission Benefit	\$1,000; one admission benefit per coverage year
Maternity Feature—When a covered member is admitted to the hospital and delivers a baby, the admission/daily benefit is paid for the mother as well as the newborn.	

2

Critical Illness Plan—Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a covered critical illness. This plan is portable to employee age 70.

BASE BENEFIT AMOUNT	
Employee	\$5,000
Spouse	\$5,000
Dependent Child(ren)	\$1,250
Benefit Reduction Due to Age	Benefit reduces to 50% at age 70; Spouse coverage terminates at age 75
COVERED CRITICAL ILLNESSES	
100% Base Benefit Amount payable for:	Alzheimer's, Coma, Heart Attack, Life Threatening Cancer, Major Organ Failure, ALS; Lou Gehrig's Disease, Multiple Sclerosis, Parkinson's, Ruptured Cerebral; Carotid or Aortic Aneurysm, Stroke
25% Base Benefit Amount payable for:	Carcinoma In Situ, Coronary Disease
5% Base Benefit Amount payable for:	Skin Cancer
OTHER PLAN FEATURES	
Lifetime Maximum Benefit	1,000% of Insurance Amount
Subsequent Occurrence Benefit	50% of benefit if diagnosed 6 months or later
Recurrence Benefit (same illness)	100% if diagnosed 12 months or later
Pre-Existing Limitation	12-month look back period/12-month coverage period
WELLNESS BENEFIT	
 Yearly Wellness Benefit (up to a maximum of four benefits per family)	Health screening tests covered include, but are not limited to: Blood test for triglycerides, DEXA scan, colonoscopy, mammography, Pap test, PSA, skin cancer screening—see the certificate of coverage for a full list of tests covered

3-IN-1 SUPPLEMENTAL PLAN

3

Accident Plan—Voluntary accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident. The Accident Plan that is available to employees of Derby Public Schools has 24-hour coverage, which means that regardless of where the accident occurs—at work or outside of work—benefits can be payable for covered accident treatments. You must be insured in order for dependents to be covered. This plan is portable to employee age 70.

EMERGENCY CARE BENEFITS			
Ambulance Transportation		Ground—\$100; Air—\$500	
Emergency Treatment		\$150	
Diagnostic Examination (1x per covered accident)		\$100	
Initial Physician Office Visit (1x per covered accident)		\$50	
GENERAL TREATMENT BENEFITS			
Initial Hospital Admission (1x per covered accident)		\$500	
Initial ICU Hospital Admission		\$1,000	
Hospital Confinement per day		\$200; 365 days max	
ICU Confinement per day		\$400; 30 days max	
Rehabilitation Facility Confinement		\$50/day; 30 days max	
Follow-up Physician Office Visit (1x per covered accident)		\$50	
Transportation (more than 100 miles, 3 roundtrips max)		\$300	
Lodging (for 1 person, more than 100 miles from residence)		\$100; 30 days max	
SURGERY BENEFITS			
Exploratory—no repair	\$100	Abdominal or Thoracic Surgery	\$1,000
Knee Cartilage	\$300	Ruptured Disc	\$500
		Tendon, Ligament, or Rotator Cuff	Up to \$600
SPECIFIC COVERED INJURY & TREATMENT BENEFITS			
Fractures		Up to \$5,000 for certain surgical repair Up to \$2,500 for non-surgical (Chip—25%) Multiple Fractures—100% of highest sustained fracture	
Dislocations		Up to \$3,200 for surgical Up to \$1,600 for non-surgical (Partial—25%) Multiple—100% of highest dislocation benefit	
Burns		2nd degree—Up to \$800 3rd degree—Up to \$6,400 Skin graft—25% of payable burn benefit	
Blood/Plasma/Platelets	\$200	Dental Injury	Crown—\$150
Coma	\$5,000		Extraction—\$50
Concussion	\$100	Eye Injury	Removal of foreign object—\$100
Lacerations	Up to \$400		Surgical Repair—\$200
TRANSITIONAL BENEFITS			
Medical Appliance		\$100	
Prosthesis		One—\$500; Two-or-more—\$1,000;	
Physical Therapy		\$25 per session, up to 6 sessions	
PARALYSIS BENEFITS			
Paralysis Benefit		Paraplegia/Hemiplegia—\$5,000; Quadriplegia—\$10,000	

Limitation and Exclusions apply—For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

AFLAC ACCIDENT PLAN

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. Most people don't budget for accidents. When a Covered Accident occurs, the last thing on your mind is the charges that may be accumulating. These costs add up—fast. If that time comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? The group accident plan through Aflac does just that.

PLAN FEATURES

- 24-hour coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your Spouse and/or Dependent Children
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed issue (No underwriting is required to qualify for coverage.)
- Portable coverage (You can continue coverage when you leave employment; see Accident brochure for guidelines.)

ENROLLMENT CONSIDERATIONS

- Accident injury means bodily injury caused solely by or as the result of a Covered Accident
- Covered Accident means an accident that occurs **on or after the effective date** and is not specifically excluded
- Aflac will not pay benefits for a loss that is caused by, contributed to, or that results from a Pre-Existing Condition for 12-months after the Effective Date of your policy.
- Some benefits are reduced for spouse/children. See Accident brochure for guidelines.
- Additional benefits not highlighted on this page are available. See Accident brochure for details.

The Aflac Accident Brochure is available on
THE *benefits* HUB benefit portal.

AFLAC ACCIDENT PLAN PAYROLL DEDUCTIONS

	MONTHLY	21 PAYROLLS	26 PAYROLLS
Employee Only	\$16.20	\$9.27	\$7.48
Employee + Spouse	\$23.16	\$13.26	\$10.70
Employee + Child(ren)	\$30.90	\$17.66	\$14.26
Family	\$37.86	\$21.66	\$17.48

You must be under age 69 at time of enrollment to be eligible for coverage.
To cover your spouse, if applicable, your spouse must be under age 69. Spouse coverage terminates at spouse's age 70.

BENEFIT HIGHLIGHTS

HOSPITAL BENEFITS

Admission	-----	\$1,000
Confinement	-----	\$200 per day
Intensive Care	-----	\$400 per day
Medical Fees	-----	\$125

FRACTURE BENEFITS (CLOSED REDUCTIONS)

Hip/Thigh	-----	\$4,500
Pelvis	-----	\$3,600
Leg	-----	\$2,700
Forearm/Hand/Wrist	-----	\$2,250
Foot/Ankle/Knee Cap	-----	\$2,250
Collar Bone/Shoulder Blade	-----	\$1,800
Upper Arm	-----	\$1,575
Upper Jaw	-----	\$1,575
Facial Bones (except teeth)	-----	\$1,350
Rib/Finger/Toe	-----	\$360

DISLOCATIONS (CLOSED REDUCTIONS)

Hip	-----	\$3,600
Knee (not knee cap)	-----	\$2,600
Shoulder	-----	\$2,000

SPECIFIC INJURIES

Tendon/Ligaments (surgical repair)	-----	\$400
Torn Knee Cartilage	-----	Up to \$400
Concussion	-----	\$200
Burns (2nd/3rd degree)	-----	Up to \$10,000
Lacerations	-----	Up to \$400

ADDITIONAL BENEFITS

Ambulance	-----	Up to \$500
Follow-up treatment (6 visit limit)	-----	\$25
Physical Therapy (6 visit limit)	-----	\$25

WELLNESS BENEFIT (after 12-months paid premiums)



Benefit payable for preventive testing once each 12-month period (i.e. annual physical exams, mammograms, eye exams, immunizations, etc.)



AFLAC CRITICAL ILLNESS PLAN

A group critical illness plan, offered through Aflac, prepares you for the added costs of battling a specific critical illness. The good news is that many people with a critical illness survive these life threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up. Your recovery doesn't have to be spoiled by medical bills. With this plan, the goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.

Person Covered	Base Benefit Amount
Employee	\$10,000
Spouse	\$ 5,000
Child(ren) to age 26	\$ 5,000

You and your spouse, if applicable, must be under age 70 at time of enrollment to be eligible for coverage.

Percentage of Base Benefit Amount

INITIAL CRITICAL ILLNESS	
Heart Attack (myocardial infarction)	100%
Stroke (apoplexy or cerebral vascular accident)	100%
Coronary Bypass Surgery	25%
End Stage Renal Failure	100%
Major Organ Transplant	100%
CANCER CRITICAL ILLNESS BENEFITS	
Cancer (internal or invasive)	100%
Carcinoma in Situ	25%
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS	
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%
Benign Brain Tumor	100%
Coma	100%
Complete Blindness	100%
Complete Loss of Hearing	100%
Paralysis	100%

WELLNESS BENEFIT

\$50

An insured may receive a wellness benefit for any covered health screening test—per calendar year—regardless of the results of the test. This benefit is payable for a covered employee and spouse (no dependent children). Covered screenings include, but not limited to, mammography, colonoscopy, pap smear, chest x-ray, PSA, stress test, Cholesterol test.

The Aflac Critical Illness Brochure is available on [THEbenefitsHUB](#) benefit portal.

Limitation and Exclusions apply—For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

OTHER FEATURES

First Occurrence Benefit

The plan contains a 30-day waiting period. After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness.

Additional Occurrence Benefit

If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illness, then Aflac will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.

Re-occurrence Benefit

If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, Aflac will pay the full benefit again. The two dates of diagnosis must be separated by at least 12-months, or for cancer, 12-months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the insured has gone treatment free for 12-months.

Pre-existing Condition Limitation

Pre-existing Condition means a sickness or physical condition which, within the 12-month period prior to the Effective Date, resulted in the insured receiving medical advice or treatment. Aflac will not pay benefits for any critical illness starting within 12 months of the Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition.

AFLAC CRITICAL ILLNESS PLAN MONTHLY PREMIUMS

Age Bands	Non-tobacco Users		Tobacco Users	
	Employee Coverage	Spouse Coverage	Employee Coverage	Spouse Coverage
18—29	\$5.45	\$3.60	\$7.95	\$4.85
30—39	\$8.55	\$5.15	\$13.45	\$7.60
40—49	\$15.55	\$8.65	\$30.75	\$16.25
50—59	\$26.68	\$14.22	\$51.75	\$26.75
60—69	\$41.75	\$21.75	\$81.75	\$41.75

Employee premium is based on employee issue age and tobacco status; spouse premium is based on spouse issue age and tobacco status.

Child(ren) are covered at no additional charge—must elect coverage for the child(ren) for child(ren) to be covered.



AFLACHOSPITAL INDEMNITY PLAN

Does your major medical insurance cover all of your bills—probably not! Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And though you may have major medical insurance, your plan may only pay a portion of what your entire stay entails.

That’s how the Aflac group supplemental hospital indemnity insurance plan can help. It provides financial assistance to enhance your current coverage so you can avoid dipping into savings, or having to borrow to cover out-of-pocket-expenses health insurance was never intended to cover. Having group supplemental Hospital Indemnity Insurance from Aflac means that you will have added financial resources to help with medical costs or ongoing living expenses, like transportation and meals for family members, help with child care or time away for work, for instance.

AFLAC HOSPITAL INDEMNITY BENEFITS	
Benefit Description	Benefit Amount
Hospital Admission This benefit is paid when a Covered Person is confined to a hospital because of a Covered Sickness or as the result of injuries received in a Covered Accident.	\$1,500
Hospital Confinement (up to 180 days per confinement) This benefit is paid when a Covered Person is confined to a hospital as a resident bed patient because of a Covered Sickness or as the result of injuries received in a Covered Accident. To receive this benefit for Injuries received in a Covered Accident, the Covered Person must be confined to a hospital within six months of the date of the Covered Accident. This benefit is payable for only one hospital confinement at a time even if caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness.	\$250 per day
Hospital Intensive Care (30 day maximum for any one period of confinement.) This benefit is paid when a Covered Person is confined in a hospital intensive care unit because of a Covered Sickness or due to an Injury received from a Covered Accident. To receive this benefit for injuries received in a Covered Accident, the Covered Person must be admitted to a hospital intensive care unit within six months of the date of the Covered Accident. Aflac will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness. If Aflac pays benefits for confinement in a hospital intensive care unit and a Covered Person becomes confined to a hospital intensive care unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.	\$250 per day

Admission/confinement is defined as being confined as a resident bed patient in a hospital. This does not include confinement to an observation unit or for emergency treatment or outpatient treatment.

ENROLLMENT CONSIDERATION

New Hires/Newly Eligible—guarantee issue is available during the new hire/newly eligible enrollment period. Pre-existing condition limitations apply.

Late Enrollees —health questions will be required for review and consideration by Aflac. If approved, pre-existing condition limitations apply.

Pre-existing Condition Limitation
 Pre-existing Condition means a sickness or physical condition which, within the 12-month period prior to the Effective Date, resulted in the insured receiving medical advice or treatment. Aflac will not pay benefits for any hospital indemnity claim starting within 12 months of the Effective Date which is caused by, contributed to, or resulting from a Pre-existing Condition.

AFLAC HOSPITAL INDEMNITY PLAN PAYROLL DEDUCTIONS			
	MONTHLY	21 PAYROLLS	26 PAYROLLS
Employee Only	\$27.55	\$15.74	\$12.72
Employee + Spouse	\$54.15	\$30.94	\$24.99
Employee + Child(ren)	\$39.25	\$22.43	\$18.12
Family	\$65.85	\$37.63	\$30.39

You must be under age 69 at time of enrollment to be eligible for coverage. To cover your spouse, if applicable, your spouse must be under age 64.

The Aflac Hospital Indemnity Plan Brochure is available on THEbenefitsHUB benefit portal.

Limitation and Exclusions apply—For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.



LegalShield was founded in 1972, with the mission to make equal justice under law a reality. As a member, you can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs.

LEGALSHIELD

- **Dedicated Law Firm**
- **Legal Advice/Consultation** on an unlimited number of personal legal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 10 pages each
- **Residential Loan Document Assistance**
- **Lawyers prepare your Will/Living Will/Health Care Power of Attorney**
- **Speeding Ticket Assistance** (15 day waiting period)
- **IRS Audit Assistance**
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

LegalShield legal plans cover the member; member's spouse; never married dependent children under 21 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 23 if a fulltime college student; or physically or mentally disabled dependent children. An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details. This is general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

IDSHIELD

- **Social Media Monitoring** allows you to monitor multiple social media accounts and content feeds for privacy and reputational risks.
- **Privacy and Security Monitoring** Internet monitoring of your name, date of birth, SSN, email address, phone numbers, and more. Monthly credit score tracking. With the family plan, Minor Identity protection is included and provides monitoring for up to 8 children under the age of 18 for no additional cost.
- **Consultation** Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.
- **Full Identity Restoration** perform the bulk of the restoration work required to restore a member's identity to pre-theft status.
- **One Million Dollar Protection Policy** Covers costs incurred as a result of identity theft--such as lost wages, travel expenses, elder and child care, and initial legal consultation, and certified public accountant costs.

IDShield family coverage includes, the member, member's spouse and up to 8 minor children under the age of 18. Dependents age 18-26 receive consultation and restoration only. This is a general overview and is for illustrative purposes only. See plan details for complete terms, coverage, amounts, conditions and exclusions.

For More Information Contact:

Bob Pilcher
(316) 215-5100
bobpilcher58@gmail.com

LEGALSHIELD | IDSHIELD MONTHLY RATES

	Employee Only	Family
LegalShield	\$15.75	\$15.75
IDShield	\$8.95	\$18.95
Combined LegalShield IDShield	\$24.70	\$30.70



403(b) RETIREMENT SAVINGS PLAN

Derby Public School employees are invited to participate in contributing to a tax-sheltered account. All employees are eligible to participate.

403(B) PLAN HIGHLIGHTS	
Participation	<ul style="list-style-type: none"> All employees are eligible to participate. Eligible employees are able to join the plan at any time. To begin participating in the plan you must complete the <i>Salary Reduction Agreement</i> and return the form to either your financial advisor or to your employer. The <i>Salary Reduction Agreement</i> is used to both begin participation in the plan and to change your current salary reductions.
Contributions	<ul style="list-style-type: none"> You can contribute up to 100% of your compensation to the plan, up to the limit allowed under the Internal Revenue Code (2022: \$20,500). If you are age 50 or older, you can make a “catch-up” contribution (2022: \$6,500) This plan provides for pre-tax salary reduction contributions. You do not pay federal income tax, and, in most cases, state income tax on your contributions; however, Medicare tax and Social Security tax applies. Your pretax contributions are therefore excluded from your taxable wages on your W-2, but they are counted in your Social Security and Medicare taxable wages. Because you haven't paid income tax on this money, eventually -- typically during retirement when you receive payments -- you will pay income tax on it. You also have the option to choose a Roth post-tax contribution.
Distributions	<ul style="list-style-type: none"> Distributions generally are only available when you reach age 59 ¹/₂; or experience a severance of employment. Distributions can also be available in the event of financial hardship, death or disability. Short-term needs can also sometimes be met by non-taxable loans. <p>You should discuss distributions/loan options with your financial advisor to determine how it will impact your 403(b) account and tax situation.</p>
Investments	<ul style="list-style-type: none"> You select how you want your contributions to be invested into the investment options available through the approved investment provider. A financial representative through one of the approved investment providers can assist you in your investment options.

WHY CONTRIBUTE?

- Lower Taxes Today**—Contributions you make on a pre-tax basis can reduce your current income tax bill
- Tax-Deferred Growth**—your account can grow tax-free until time of withdrawal
- Enhanced Retirement**—other sources of retirement income, including state pension plans and, if applicable, Social Security, may not adequately replace a person's salary upon retirement. A 403(b) plan can help provide a supplement to an employee's retirement income

For more information on 403(b) Plan, please visit <http://www.irs.gov/publications/p571/ch01.html>



403(b) RETIREMENT SAVINGS PLAN

PARTICIPATING 403(b) INVESTMENT PROVIDERS

The following investment providers are available for remittance of salary reduction contributions and transfers under the 403(b) Plan:

AIG Retirement Services (formerly Valic)	Todd Sullivant todd.sullivant@aig.com	(620) 615-3239
Ameriprise Financial	Chad Langhofer chad.langhofer@ampf.com	(316) 685-5353
Equitable (formerly AXA)	Brandon McBeth brandon.mcbeth@axa-advisors.com	(316) 573-9388
Security Benefits	Leasha Rutschman leasharutschman@ofgfinancial.com Ginger Hamilton gingerhamilton@ofgfinancial.com Ian Lindstrom ianlindstrom@ofgfinancial.com	(316) 461-5063 (316) 670-0049 (316) 990-8923
Voya (formerly AIG)	Stephen Cross Sr. Jonathan Cross stephen.crosssr@voyafa.com 124 S. Baltimore Ste. F Derby, KS 67037	(316) 788-0788 ext. 1 (316) 788-0788 ext. 3

OTHER OPPORTUNITIES

NEA PARTICIPATION

All **CERTIFIED** staff can choose to participate in the NEA.

**For More Information
Contact:
Joel Addis
jaddis@usd260.com**

DERBY EDUCATION FOUNDATION

All staff may choose to participate in the Derby Education Foundation.

All proceeds from the voluntary payroll deductions go towards students and staff.

**For More Information
Contact:
Litona Hoyt
lhoyt@usd260.com**

UNITED WAY

United Way of the Plains is a local volunteer organization. United Way brings the community together to address critical issues such as care for the elderly, youth at risk, disaster relief and more.

CONTINUATION OF HEALTH PLAN COVERAGE

A federal law, commonly referred to as COBRA (for Consolidated Omnibus Budget Reconciliation Act) gives you and your covered dependents the right to continue health plan coverage in certain circumstances when it would otherwise end. These include termination of employment or reduction in hours causing loss of plan eligibility of the covered employee, as well as for covered dependents, the death of the covered employee, a divorce or legal separation from the covered employee, or ceasing to be an eligible dependent child of the employee.

IT IS VERY IMPORTANT THAT YOU NOTIFY THE DISTRICT PAYROLL/BENEFITS DEPARTMENT IF YOU EXPERIENCE A DIVORCE/LEGAL SEPARATION OR HAVE A DEPENDENT WHO NO LONGER MEETS THE ELIGIBILITY RULES OF THE PLAN.

If you do not notify the Payroll/Benefits Department of one of these events within 60 days, your covered dependents will lose the right to continue their coverage under COBRA. More details are available in the COBRA notification material sent to new health plan participants.

NOTICE OF SPECIAL ENROLLMENT PROVISIONS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health plan coverage, you may in the future be able to enroll yourself and/or your dependents in this plan, provided that you request enrollment within 30 days after you or your dependents lose eligibility for that other coverage (or employer contributions toward that coverage end). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment, contact your Payroll/Benefits Department.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If you had or are scheduled to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights of 1998. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined, in consultation with attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications during all stages of the mastectomy, including lymphedemas.

These benefits will be provided, subject to the same deductible, copays, and coinsurance applicable to other medical and surgical benefits under the plan.

SPECIAL RULES FOR MOTHERS AND NEWBORNS

Group health plans and health insurance issuers generally may not, under Federal Law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours or (96 hours).

HIPAA Privacy

The Derby Public Schools Welfare Plan is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about the uses of protected health information (PHI) and your privacy rights. PHI use and disclosure by Derby Public Schools Welfare Plan is regulated by federal law known as HIPAA (the Health Insurance Portability and Accountability Act). A paper copy may be requested through the Payroll/Benefits Department.

NOTICE OF CHIPRA POLICY

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

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

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

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

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

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-800-792-4884

For additional state information or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/ebsa

1-866-444-EBSA (3272)

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

When key parts of the health care law took effect in 2014, it provided a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

Is my current health insurance coverage changing through my employer?

NO. The Health Insurance Marketplace is another option for obtaining health insurance coverage.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage.

Also this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1st.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61 percent of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Payroll/Benefits Department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name: **Derby Public Schools USD 260**

Employer EIN: 48-0727674

Employer Address: **1550 E. Walnut Grove Rd.
Derby, KS 67037**

Employer Phone Number: **(316) 788-8400**

Who can we contact about employee health coverage at this job? **Payroll/Benefits Department**

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
All employees working 20 or more hours per week
- With respect to dependents:
We do offer coverage. Legal Spouse of employee
Children of employee—to age 26— including step, adopted and foster children, and any child you have legal guardianship or court-ordered custody. Child age may vary by benefit plan. A child who is incapable of self-support due to handicap resulting from a physical condition or mental illness may be approved over the allowed child age limit.
- This coverage is intended to meet the minimum value standard, and the cost of this coverage to you may not be deemed to be affordable, based on employee wages.

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

MEDICARE PART D CREDITABLE COVERAGE DISCLOSURE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Derby Public Schools USD 260 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. Blue Cross Blue Shield of Kansas has determined that the prescription drug coverage offered by Derby Public Schools USD 260 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 Derby Public Schools USD 260 coverage will not be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage. If you do decide to join a Medicare drug plan and drop your current Derby Public Schools USD 260 coverage, be aware that you and your dependents will 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 Derby Public Schools USD 260 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.

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).

Name of Entity/Sender: Derby Public Schools USD 260
Contact--Position/Office: Payroll/Benefits Department
Address: 1550 E. Walnut Grove Rd. | Derby, KS 67037
Phone Number: (316) 788-8400
Print Date: November 2021

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

CONTACT INFORMATION



PAYROLL/BENEFITS DEPARTMENT USD 260

Barbara Woodworth
bwoodworth@usd260.com | (316) 788-8422

Brandy Riney
briney@usd260.com | (316) 788-8413

Denise Bird
dbird@usd260.com | (316) 788-8444



BENEFIT CONSULTANT HAYS COMPANIES, INC

Jennifer Kurth
jkurth@hayscompanies.com
(316) 448-5114

NEW DIRECTIONS BEHAVIORAL HEALTH EMPLOYEE ASSISTANCE PROGRAM	www.ndbh.com Get Help----- 800-624-5544 EAP Company Login Code----- usd260
BLUE CROSS BLUE SHIELD OF KANSAS MEDICAL & PRESCRIPTION DRUG COVERAGE	www.bcbsks.com Member Services ----- 800-432-3990 Specialty Pharmacy----- 833-721-1620 AmWell Telehealth ----- 844-733-3627
DELTA DENTAL OF KANSAS DENTAL COVERAGE	www.deltadentalks.com Customer Service ----- 800-234-3375
SURENCY LIFE & HEALTH VISION COVERAGE FLEXIBLE SPENDING ACCOUNTS	www.surency.com Customer Service ----- 866-818-8805
GUARDIAN LIFE INSURANCE DISABILITY INSURANCE	www.guardianlife.com Customer Service ----- 888-482-7342
RELIANCE STANDARD 3-IN-1 SUPPLEMENTAL PLAN	www.relianestandard.com Customer Service ----- 800-351-7500
AFLAC ACCIDENT PLAN CRITICAL ILLNESS PLAN HOSPITAL INDEMNITY PLAN	www.aflac.com Customer Service ----- 800-594-0880
LEGALSHIELD IDSHIELD LEGAL SERVICES ID THEFT PROTECTION	www.legalshield.com Contact ----- Bob Pilcher E-mail: ----- bobbilcher58@gmail.com

USD260 DERBY PUBLIC SCHOOLS

1550 E. Walnut Grove Rd. | Derby, KS 67037

(316) 788-8400

Every student, every day, preparing for the future.

