



2026 Benefits Guide

Welcome to Your 2026 Benefits Guide

Use this Benefits Guide to see what's new and to learn about your benefit plan options.

A special message from our new Blue Valley Superintendent, **Dr. Gillian Chapman**

Dear Colleagues,

At Blue Valley Schools, we are committed to fostering cultures of balanced health and well-being, not only for our more than 22,000 students, but for our staff members as well. The District's priority in offering employee benefits is to inspire you and your family to take care of your health while providing you with competitive, useful benefits that meet your needs. The Blue Valley Schools benefit package is an important and valuable part of your total compensation. For 2026, it is valued at approximately \$10,836.00. We offer a combination of flexibility and value, including coverage for:



**Medical and
Prescription Drugs**



**Dental and Vision
Benefits**



**A Healthier You
Program**



**Retirement and
Savings Plans**



And More!

Through the District's benefits program, we'll continue to reward you and your covered spouse for taking steps to improve your health and prevent disease by completing the District's annual A Healthier You activities, including an annual health screening with your physician. Together, we can continue to find ways to promote positive, healthy work environments and support one another on the journey to balanced health and well-being.

Dr. Gillian Chapman,
Superintendent of Blue Valley Schools



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Important Contacts

BENEFIT	CONTACT	PHONE	WEBSITE
Medical	Blue Cross Blue Shield KC	816-395-2244	www.bluekc.com
Pharmacy – OptumRx	Blue Cross Blue Shield KC	816-395-2244	www.mybluekc.com
Behavioral Health	Mindful by Blue KC	833-302-6463	www.mybluekc.com
A Healthier You	Blue KC – A Healthier You	816-395-2244	www.bluekc.com
Health Savings Account	United Missouri Bank (UMB)	816-474-4472	www.UMB.com/HSA
Dental	Delta Dental of Kansas	800-234-3375	www.deltadentalks.com
Vision	Surency	866-818-8805	www.surency.com
Flexible Spending Accounts	Tri-Star Systems	800-727-0182	www.tri-starsystems.com
Voluntary Life	The Standard	800-628-8600	www.standard.com
Travel Assistance Program	Assist America	609-986-1234	www.assistamerica.com
Short-Term Disability	The Standard	800-368-2859	www.standard.com
Employee Assistance Program	Health Advocate	888-293-6948	www.healthadvocate.com/standard3
Identity Theft Protection	Allstate Identity Protection	800-789-2720	www.myAIP.com
Accident	The Standard	800-634-1743	www.standard.com
Hospital Indemnity	The Standard	800-634-1743	www.standard.com
Critical Illness	The Standard	800-634-1743	www.standard.com
Legal	ARAG	800-247-4184	www.araglegal.com
College Savings Plan	Kansas: Learning Quest Missouri: Missouri Most	800-579-2203 888-414-6678	www.learningquest.com www.missourimost.com
Retirement	KPERS	888-275-5737	www.kspers.gov
403(b) / 457(b) Retirement	Transamerica	Username/Password support: 877-348-3365 Customer Support: 800-755-5801 Transfer Support: 800-275-8714	www.transamerica.com

For more, visit www.bvschoolsbenefits.com



How to Enroll

To help you get the most out of our benefits program, please follow these steps:

1. Review this guide.
2. Make thoughtful decisions about your benefit elections during the following events:
 - **Initial Enrollment** – first **31 days** from your benefits eligibility date (example: May 1st is your start date, May 31st is your deadline to enroll).
 - **Open Enrollment** – typically held in October of each year, for a January 1 effective date.
 - **Qualified Life Event** – provides a **31-day** window for you to apply to make changes.
3. For questions, call the **Blue Valley Benefits Help Center** at **844-239-0434**. The help center can be reached Monday – Friday, 8:30 a.m. – 5:00 p.m. You may also go online to www.bvschoolsbenefits.com. When you are ready to enroll online, click on the *Enroll Here* tab at the top of the page.
4. You should **review your benefits** each year to ensure that you have the coverage you want and need.



Eligibility

	BENEFITS ELIGIBILITY	ENROLLMENT WINDOW	COVERAGE EFFECTIVE DATE
Classified Staff	20+ hours per week	You must complete the benefits enrollment process within 31 days from your hire (start) date or benefits eligibility date.	First of the month following 60 days from your hire (start) date
Certified (Teaching) Staff	0.60 FTE +		First of the second month following from your hire (start) date
Administrative Staff	20+ hours per week		First of the second month following from your hire (start) date

The District pays for single premium coverage for eligible employees for the HDHP PPO W/SPIRA CARE, EPO W/SPIRA CARE, PPO Blue Select Plus medical plans, and a disability benefit.

You may also enroll your eligible dependents for coverage.

Dependents include:

- Your legal spouse.
- Children (until the end of the year in which they reach age 26, regardless of student, dependency, or marital status).
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return. An annual form signed by you and a doctor is required to verify your dependent's status.

To enroll eligible dependents, you must provide their legal name, Social Security Number, date of birth, and mailing address (if different than yours). A marriage license, birth certificate, or other documentation may be required.



Qualified Life Events

Once you elect your benefits, you cannot change your elections until the next annual open enrollment period unless you experience one of the following qualified life change events:

Qualified Life Events

- Marriage
- Divorce or legal separation
- Birth or adoption
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in your health coverage or your spouse's coverage due to your spouse's employment (to include the open enrollment period for your dependent's employer)
- Dependent's loss or gain of group coverage/eligibility
- Change in Medicaid/CHIP* status
- Medical Child Care Support Order
- Death of a dependent
- Entitlement to Medicare
- You or your family members qualify for a special enrollment right in the Marketplace Exchange

The special enrollment rights notice is included on page 47. Special notices begin on page 43.

Changing Benefits After Enrollment

Changes must be made within 31 days of the event (example: your child is born on May 1st, the deadline to enroll is May 31st). If changes are not made during that time, you must wait until the next open enrollment to change your benefits. To make a change, please contact the help center. You may need to provide documentation verifying the change event, such as a birth certificate or marriage license. **The help center can be reached toll-free at 844-239-0434 (Monday – Friday, 8:30 a.m. – 5:00 p.m.).**

* For events related to Medicaid/CHIP, the special enrollment period is 60 days.





Medicare and Blue Valley Coverage

When you or your covered spouse reach age 65 (as an active employee), you can continue to receive coverage from the District. If desired, you can enroll in Medicare Part A effective the first of the month in which you reach age 65 even if you continue to receive coverage through Blue Valley Schools.

If you or your covered spouse decide to drop coverage through the District, you will want to enroll in Medicare Part A, B, D, and likely a Medicare Supplement policy. It is a good idea to compare Medicare benefit options and costs to what the District offers.

For more information about Medicare coverage, visit www.medicare.gov or call **800-633-4227**. For more information about Medicare enrollment, visit www.ssa.gov or call **800-772-1213**.

Important: Enrolling in Medicare when it is first available to you or your covered dependent is considered a Qualified Life Event. You must contact the Blue Valley Benefits Help Center within 31 days of enrollment if you wish to make changes to your coverage through the District.

HSA Participants: To avoid tax penalties, if you enroll in Medicare when it is first available (typically the first of the month in which you turn age 65), then you should stop all HSA contributions in the month prior to your Medicare effective date. If you delay Medicare enrollment, then you should stop all HSA contributions at least six months prior to your Medicare effective date. Either way, call the Blue Valley Benefits Help Center at **844-239-0434** to make these changes, which will be effective the first of the following month.

For detailed Medicare questions, we recommend contacting a SHICK counselor (Senior Health Insurance Counseling for Kansas) – as they are a free, unbiased resource for Kansas Residents, who are experts in Medicare.



Benefits Coverage

Blue Valley Schools pays the single premium coverage for most of the medical plans and disability coverage. For other benefit plans, Blue Valley Schools and you share the cost or you pay the full cost.

Pretax means the cost comes out of your pay before taxes are deducted. After-tax means the cost comes out of your pay after taxes are deducted. The chart on the following page shows who pays for each benefit and the related tax treatment.

Deductions for all benefit plans begin in the month that your benefits are effective. Payroll may need to “catch up” deductions due to a Qualified Life Event, due to Evidence of Insurability (EOI), or if eligible for ACA benefits during the Initial or Open Enrollment periods. Deductions are shown on your pay stub. You are encouraged to review your pay stub **each pay period**. Contact the Payroll Department at **913-239-4233** if you have questions related to benefit deductions.

If you are a certified staff member or a 9/10 month employee and you experience a Qualified Life Event in the months of May, June, July, or August, the Payroll Department will contact you to arrange to make benefit payments, which are due the first of each month. Example: June premiums are due on June 1. Your coverage may be canceled if premiums are not timely paid.



BENEFIT	WHO PAYS	DEFAULT TAX TREATMENT*
Medical, Prescription	Blue Valley Schools/You	Pretax
Dental	You	Pretax
Vision	You	Pretax
Voluntary Life	You	After-tax
Short-Term Disability (STD)	Blue Valley Schools/You	Pretax
Flexible Spending Accounts (FSA)	You	Pretax
Health Savings Account (HSA)	You	Pretax
Identity Theft Protection	You	After-tax
Accident	You	After-tax
Hospital Indemnity	You	After-tax
Critical Illness	You	After-tax
Legal	You	After-tax
College Savings Plan	You	After-tax
403(b)	You	Pretax and/or Roth after-tax
457(b)	You	Pretax and/or Roth after-tax
KPERS	Blue Valley Schools/You	Pretax



* If you prefer to pay taxes on the amount of your medical, dental, and/or vision plan premiums, please contact the BV Benefits Department. Tax treatment can only be changed during open enrollment or within 31 days after a Qualified Life Event.

Medical Insurance

Our medical insurance, through **Blue Cross Blue Shield of Kansas City (Blue KC)**, provides you and your family the coverage you need for everyday health issues or when the unexpected happens.

You can choose from any of the medical plans — each medical plan offers:

- Comprehensive health care benefits
- In-network preventive care covered at 100%
- Prescription drug coverage
- Coverage for eligible children until the end of the year they turn age 26

Choose the Plan That's Right for You

Some things to consider when comparing the plans are the amount of money you'll pay each pay period and when you access care. The plans have different:

- **Premiums** – the amount you pay, through payroll, each pay period for your medical insurance
- **Annual deductible** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay
- **Out-of-pocket maximums** – the most you will pay each year for eligible network services including prescriptions
- **Copay and coinsurance** – money you pay toward the cost of covered services

To view the required Summary of Benefits and Coverage (SBCs) and comprehensive medical plan summaries, visit www.bvschoolsbenefits.com.



Save When You Use In-Network Providers

In-network providers offer the highest level of benefits and lowest out-of-pocket costs. If you see an out-of-network provider, keep in mind since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discount rate. Contact **Blue KC** at **816-395-2244** for assistance finding an in-network provider. If this is your first time choosing a plan, Blue KC will need to know which network (BlueSelect Plus or Preferred Care Blue) you have selected. See page 9 for plan and network choices.

Before you enroll in or change your medical coverage, it is important to make sure your preferred provider(s) and hospital(s) are in the selected medical plan network.

Blue KC Medical Plan Comparison

MEDICAL RATES PER PAY PERIOD** 11 & 12-MONTH EMPLOYEE	PROVIDER NETWORK: BLUESELECT PLUS				PROVIDER NETWORK: PREFERRED CARE BLUE	
	HDHP PPO W/ SPIRA CARE	EPO W/ SPIRA CARE	PPO	EPO	HDHP PPO*	PPO*
Blue Valley Pays	\$451.50	\$451.50	\$451.50	\$451.50	\$451.50	\$451.50
Employee Only	\$0.00	\$0.00	\$0.00	\$111.77	\$25.20	\$46.93
Employee + Spouse	\$334.24	\$419.31	\$342.12	\$608.64	\$407.85	\$485.91
Employee + Child(ren)	\$254.58	\$328.28	\$261.66	\$497.72	\$320.44	\$387.88
Family	\$612.99	\$737.63	\$623.69	\$996.82	\$713.70	\$828.78
Special Family***	\$161.49	\$286.13	\$172.19	\$545.32	\$262.20	\$377.28

MEDICAL	PROVIDER NETWORK: BLUESELECT PLUS				PROVIDER NETWORK: PREFERRED CARE BLUE	
	HDHP PPO W/ SPIRA CARE	EPO W/ SPIRA CARE	PPO	EPO	HDHP PPO*	PPO*
CALENDAR YEAR DEDUCTIBLE (DED)						
Individual	\$3,400	\$1,500	\$1,500	N/A	\$3,400	\$1,500
Family	\$6,800	\$4,500	\$4,000	N/A	\$8,250	\$4,000
COINSURANCE						
Member Pays	DED then 20%	DED then 0%	DED then 20%	N/A	DED then 20%	DED then 20%
MAXIMUM OUT-OF-POCKET						
Individual	\$5,000	\$1,500	\$7,500	\$4,000	\$5,000	\$7,500
Family	\$12,500	\$4,500	\$18,750	\$10,000	\$12,500	\$18,750
HOSPITAL COPAY						
Member Pays	DED then 20%	DED then 0%	DED then 20%	\$600	DED then 20%	DED then 20%
ER Visit	DED then 20%	DED then 0%	\$250, then DED & 20%	\$250	DED then 20%	\$250, then DED & 20%
PHYSICIAN SERVICES						
Total Care Provider	DED then 20%	DED then 0%	\$20	\$15	DED then 20%	\$20
SPIRA PCP (non-preventive)	\$60	\$0	N/A	N/A	N/A	N/A
Network PCP	DED then 20%	DED then 0%	\$40	\$35	DED then 20%	\$40
Specialist	DED then 20%	DED then 0%	\$80	\$70	DED then 20%	\$80

*The HDHP PPO plan will be closed to new members on January 1, 2026. The PPO Plan closed to new members in 2022. If you and/or your covered dependents are enrolled in one of these plans currently, you may remain enrolled in them for future years. However, once you leave either of these plans, you cannot re-enroll.

**For 9/10 month employee rates, please refer to your 9/10 month employee premium rate schedule included beginning on page 48.

***Special Family – both employees work for the District in benefits eligible positions. One elects the medical plan and covers a spouse and eligible child(ren). The other employee waives health coverage. BVSD pays additional monies which reduces the family premium rate.



Scan the QR code
to the left to view
the MyBlueKC
Member Guide.

Download the
MyBlue KC
MOBILE APP

You're just moments away from being able to manage your
Blue KC coverage on-the-go. Simply download and take control.

Questions?

Please call Blue KC Customer Service at the number listed on your member ID card.



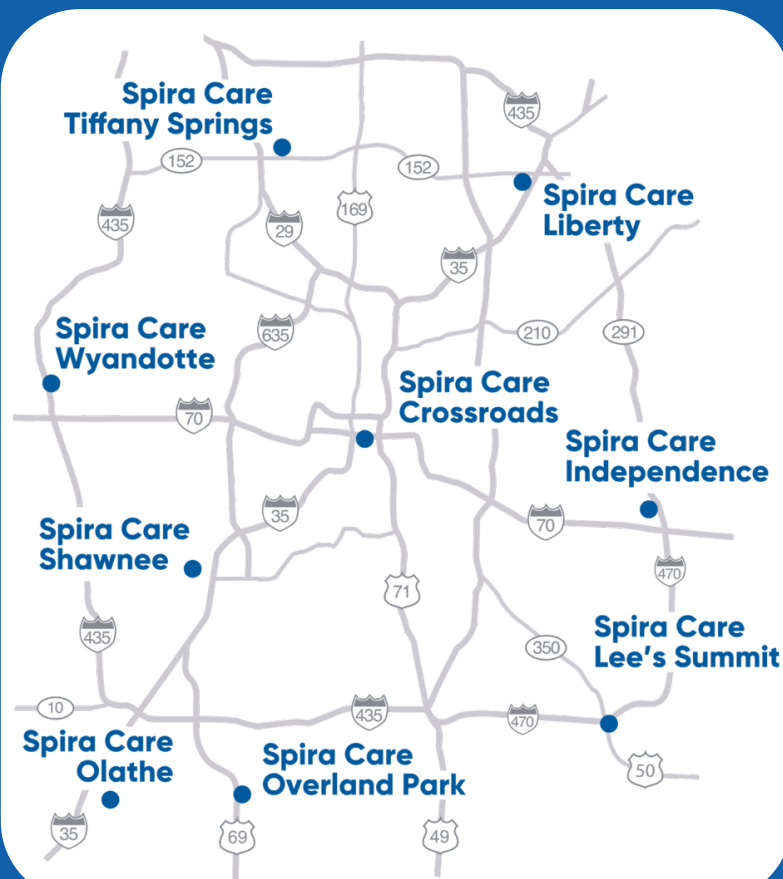
The information listed above is based upon in-network services only; out-of-network services are paid differently and can be found in the plan summaries located at www.bvschoolsbenefits.com.

What is Spira Care?

The **HDHP PPO W/SPIRA CARE** and **EPO W/SPIRA CARE** plans offer a different approach to health care. You have access to Spira Care if you're enrolled in one of these two plans. Here's how the plans work:

- When you receive care at one of the Spira Care Centers – Spira Care Olathe, Spira Care Lee's Summit, Spira Care Shawnee, Spira Care Crossroads, Spira Care Wyandotte, Spira Care Tiffany Springs, Spira Care Liberty, Spira Care Overland Park, or Spira Care Independence:
 - If covered under the **EPO W/SPIRA CARE Plan**, you pay **\$0** for deductibles and coinsurance.
 - If covered under the **HDHP PPO W/SPIRA CARE Plan**, you pay a **\$60 copay*** per visit for non-preventive services.
 - Spira Care Centers provide advanced primary care services through physicians and nurses.
 - Visit the patient portal at [MySpiraCare.com](https://www.myspiracare.com) or scan the QR Code.

* Cost is subject to change. Check your www.spiracare.com account for the current rate.



Spira Care Crossroads

1916 Grand Boulevard, Kansas City, MO 64108

Spira Care Independence

3717 S Whitney Avenue Independence, MO 64055

Spira Care Lee's Summit

760 NW Blue Parkway, Lee's Summit, MO 64086

Spira Care Liberty

8350 N Church Road, Kansas City, MO 64158

Spira Care Olathe

15710 W 135th Street, Suite 200
Olathe, KS 66062

Spira Care Overland Park

7341 W 133rd Street, Overland Park, KS 66213

Spira Care Shawnee

10824 Shawnee Mission Parkway
Shawnee, KS 66203

Spira Care Tiffany Springs

8765 N Ambassador Drive
Kansas City, MO 64154

Spira Care Wyandotte

9800 Troup Avenue Kansas City, KS 66111

SPIRA CARE SERVICES	BENEFITS OFFERED
Routine Preventive Care	Routine wellness exams, screenings, consultations, and immunizations.
Chronic Care	Integrated care and support for chronic conditions like diabetes or heart disease. Assists with medical and behavioral care, knowledge, skills, and resources to better manage the disease and improve quality of life.
Sick Care	For illnesses like the flu, sore throat, UTI, ear pain, and pink eye. Please call to speak to a Triage Nurse about your symptoms and to inquire about a same- or next-day appointment. In the event an appointment is not available, the Spira Care team will work on an alternative solution.
Behavioral Health Consultations	Focused interventions, consultation sessions with a medical provider and behavioral health clinician, and help finding an in-network provider for on-going needs.
Routine Lab Draws	Routine lab services at all locations (and digital X-rays at all locations except Lee's Summit and Liberty) when ordered from a Spira Care provider only.

- **New to Spira Care?** Schedule a well visit right away to establish yourself and your covered dependents as Spira Care members. Well visits typically are scheduled six weeks in advance. To schedule a visit, call Spira Care at **913-29-SPIRA (77472)** or visit www.spiracare.com to login, register, and schedule your appointment.
- **Trained Care Guides:** Specially trained Care Guides simplify your health journey by scheduling appointments, researching costs, answering questions about your diagnosis and treatment, and your Spira Care benefits.
- **Services Outside Spira Care:** If you need services outside of Spira Care, you will utilize the BlueSelect Plus provider network, which includes sixteen area hospitals and 4,100+ providers.
- **Out-of-Network Care:** In the BlueSelect Plus Network area, if you go outside the network for non-emergency care:
 - On the **EPO W/SPIRA CARE Plan**, there are NO benefits. You pay 100% of the cost for non-emergency care.
 - On the **HDHP PPO W/SPIRA CARE Plan**, the deductibles and out-of-pocket maximums are significantly higher.



Traveling: If traveling or living outside of the BlueSelect Plus Network area, you have access to the **BlueCard** provider network. All members have access to the BlueCard program, which extends in-network benefits to all 50 states.

Patient App

Connect to your Spira Care patient portal right from your smartphone! Use the app to access your health information, send messages to your Care Team, or view upcoming appointments!

Use your patient portal email address and password to log in and register within the **athenaPatient app**.

If you need help or have questions, call Spira Care at **913-297-7472**.



Pharmacy

PHARMACY	PROVIDER NETWORK: BLUESELECT PLUS				PROVIDER NETWORK: PREFERRED CARE BLUE	
	HDHP PPO W/SPIRA CARE	EPO W/SPIRA CARE	PPO	EPO	HDHP PPO*	PPO*
PRESCRIPTION DRUGS						
Rx Deductible (Individual/Family)	N/A	N/A	\$200/\$400	\$200/\$400	N/A	\$200/\$400
Tier 1 – Generics	DED then 20%	\$15	Rx DED then \$12	Rx DED then \$12	DED then 20%	Rx DED then \$12
Tier 2 – Preferred Brand Drug	DED then 20%	\$50	Rx DED then \$60	Rx DED then \$60	DED then 20%	Rx DED then \$60
Tier 3 – Non-Preferred Brand Drug	DED then 20%	DED then 0%	Rx DED then \$80	Rx DED then \$80	DED then 20%	Rx DED then \$80

*These plans are closed to new members. For current members, you can continue membership. However, once you leave the plan, you cannot re-enroll.

NOTE: For specialty medications, if you use a specialty drug copay card for the prescription cost, the amount paid by the pharmaceutical company will not count toward your deductible or out-of-pocket maximum. Only the amounts you actually pay (if any) will be applied.

Retail Pharmacy Program

Medications taken for temporary conditions can be filled at network pharmacies. You may receive up to a 30-day supply of medication through this program.

Specialty Pharmacy Program

If you take a specialty medication, our specialty pharmacy program provides resources and personalized, therapy-specific support including access to your medications at the lowest cost, 24/7 access to pharmacists and nurses who specialize in your condition, and proactive refill reminders with timely delivery and confidential shipping.

Rx Savings Solutions Program

Rx Savings Solutions is a secure, online tool free to Blue KC members to help you find generic options or drug alternatives for your prescriptions. You decide what's best for your health and your budget. To learn more and start saving, go to [MyBlueKC.com](https://mybluekc.com) and access your pharmacy benefits.

GoodRx.com – A Pharmacy Discount and Price Comparison Program

GoodRx allows anyone to research and compare drug prices, find free coupons, and save money on their prescriptions. While this alternative program is informational and free to use, you cannot combine GoodRx with your insurance to lower prescription copays or plan cost. GoodRx works outside of your medical plan. It will not coordinate with your Blue KC coverage.





Mail-Order Rx Home Delivery Pharmacy Program

The OptumRx Mail-Order Home Delivery program helps you better manage maintenance medications (prescriptions you take on an ongoing basis). Home delivery saves you time and money. This program provides you with a 3-month supply for less than you would pay at a retail pharmacy, free shipping on medications, and 24/7 access to a pharmacist who can answer questions and set up reminders to take or refill your medications.

Important! If you are a member of the traditional PPO or EPO plans and receive maintenance medications from a retail pharmacy, **you will no longer pay a \$15 surcharge** when receiving those maintenance medications from the retail pharmacy. For questions about the Mail-Order Home Delivery Pharmacy program, call OptumRx at **844-579-7774**.

Long-Term Maintenance Medications at Retail Pharmacy Program

This program offered by Blue KC provides the option for members to fill long-term maintenance medications at existing retail network pharmacies at a reduced cost, making it easy for employees to get the medicine they need. Check your medical plan benefit summaries for additional details or call **Blue Connect** at **816-395-2244**.

Members can fill up to a 102-day supply of their long-term maintenance medication at retail pharmacy locations. Pharmacies must be in your existing network. This is 12 days longer than many programs that only cover up to 90 days.

This option offers improved discounts at network retail pharmacies. This can help members stay healthy by allowing them to commit to a 3-month supply of their long-term medications with fewer trips to the pharmacy for refills.

Examples of maintenance drugs are those used to treat high blood pressure, high cholesterol, heart disease, asthma, and diabetes. Contraceptive drugs are also considered maintenance medications.



Additional Blue KC Programs

Solera – Diabetes Prevention Program

Solera is a 16-week program, followed by monthly sessions, that can help you lose weight, adopt healthy habits, and significantly reduce your risk of developing diabetes. Through this benefit, you may be able to participate in a national weight loss program such as Weight Watchers®, Retrofit, or HealthSlate.



While programs differ, most include the following elements:

- Access to a personal health coach
- Weekly lessons
- A small group for support
- Tools like a wireless scale or an activity tracker

Find out if you qualify by taking a one-minute quiz by visiting solera4me.com/bluekc or using the QR code.



Livongo – Diabetes Management

Livongo is designed to make living with diabetes easier by providing a connected glucose monitor, unlimited strips, and coaching. By combining advanced technology with personalized support and education, Livongo can help our members better manage their diabetes. This program is offered at no cost to Blue KC members and covered dependents with diabetes. Eligible members will receive a welcome letter that provides the steps necessary to sign up.

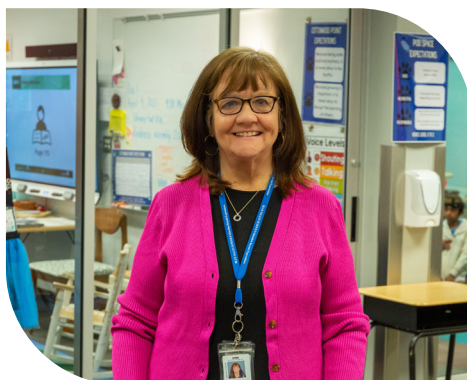


Once enrolled, members will have access to the following features:

- **Free Equipment** – Livongo will provide participants with a free blood sugar meter and unlimited free strips and lancets. They ship strips and lancets directly to members with no copays or coinsurance, and strip and lancet refills can be ordered right from the meter. (This cost will be reflected in the client's claims experience.)
- **Better Diabetes Monitoring** – Livongo's advanced meter uploads readings to members' private account—no more paper logbooks. The meter also provides personalized tips and support.
- **Expert Support 24/7** – Certified diabetes educators are available to members on their terms. You can talk with them over the phone about anything from nutrition to lifestyle.



Scan the QR code to get started!



Blue KC Care Management

Keeping your health on track can be tough. Connect with the Blue KC Care Team today to help you manage a condition (such as diabetes, asthma, or cancer), get maternal health support, lose weight, quit smoking, manage pain, and more. Your Blue KC Care Team of patient advocates are here to help.



From the Blue KC Care Management mobile app:

- Receive daily tasks and track progress
- See clinically approved resources personalized to you
- Set appointment and medication reminders
- Message with your Care Team discreetly and at any time
- See your personalized checklist of to-dos
- Find services such as transportation for an appointment

Scan the QR code and use access code **kchealth** to get started!



SmartShopper

Save money on qualified healthcare procedures and earn cash rewards when you shop and choose cost-effective, eligible procedures. You're empowered to be a savvy customer of healthcare by shopping, getting estimated pricing, comparing procedure locations, and making informed decisions. As a part of your health plan benefits, you have access to SmartShopper. Utilize the program to compare costs, save money out-of-pocket, and earn a cash reward as a share of the savings.

- Log into [MyBlueKC.com](https://mybluekc.com)
- Go to *Find Care*
- Click *Find Doctors, Specialists & Hospitals*
- Click *SmartShopper* and search for a procedure

Your search will display estimated costs and the maximum SmartShopper reward you can earn. After comparing options, choose the best care for you and schedule an appointment at the rewards-eligible facility. Following your procedure, SmartShopper will receive your claim, process your reward, and mail a check to your home address.

SmartShopper®

Hospital Locator

The medical plans offered by Blue Valley Schools utilize different local Blue KC networks. Please refer to the list below to see which hospital systems are in each local network. You may also visit www.bluekc.com for a more detailed provider search.

When traveling outside of the local Kansas City metro area, you will have in-network coverage through the BlueCard network. To find providers, please access the number on the back of your ID card or call BlueCard at **800-810-BLUE (2583)**.

NETWORK HOSPITAL LOCATOR	BLUESELECT PLUS NETWORK (HDHP PPO W/SPIRA CARE, EPO W/ SPIRA CARE, PPO AND EPO)	PREFERRED CARE BLUE NETWORK (HDHP PPO*, PPO*)
AdventHealth Shawnee Mission	✓	✓
Belton Regional Medical Center		✓
Cameron Region Medical Center	✓	✓
Cass Regional Medical Center		✓
Center Point Medical Center		✓
Children's Mercy Hospitals	✓	✓
University of Kansas Health System	✓	✓
Lee's Summit Hospital		✓
Liberty Hospital	✓	✓
Menorah Medical Center		✓
North Kansas City Hospital	✓	✓
Olathe Medical Center/ KU Health System	✓	✓
Overland Park Regional Medical Center		✓
Providence Medical Center	✓	✓
Research Medical Center		✓
St. Joseph Medical Center	✓	
St. Luke's Health System		✓
St. Mary's Medical Center	✓	
University Health (Formerly Truman Medical Centers)	✓	✓
Western Missouri Medical Center	✓	✓

Total Care Providers

No matter which medical plan you choose, when you use a Total Care provider, you receive quality, comprehensive care when and how you need it. Here is how using a Total Care provider can help:



If you are in good health, you can rely on your Total Care provider as your primary care doctor who will work as your partner in staying healthy.



If you have one or more chronic (ongoing) health conditions, Total Care providers will focus on coordinating your care to help you improve your health. Your doctor can help you design a care plan with steps you need to take to achieve your best health.

**To find a Total Care provider in your network, call
Blue Cross Blue Shield of KC at 816-395-2244.**



Blue Connect: Personalized Blue KC Customer Service for You!

Blue Connect offers superior health care customer service: one-on-one support designed around you and for you. Blue Connect can help with:

- Finding a health care provider.
- Learning ways to save money, like using telehealth or going to a lower-cost facility for a test or procedure.
- In-depth help with claim issues.
- Resolving billing issues with three-way calling with your doctor and daily follow-up calls.
- Assistance with scheduling appointments and prior authorization help.
- Assistance with appeals.
- Chronic condition coaching with a registered nurse.
- Help with lost prescriptions.



Contact Blue Connect Today:

Call: 816-395-2244 (local)

888-890-4661 (toll-free)

Email: BlueConnect@BlueKC.com

Mindful by Blue KC

Help When You're Not Feeling Like Yourself

Addressing behavioral health is a vital part of self-care. Mindful by Blue KC provides covered members access to a variety of helpful resources for times when you're not feeling like yourself.

- **Online Therapy:** Three sessions of virtual therapy to help with conditions like depression, anxiety, and stress.
- **Online Self-Guided Tools:** Resources to manage stress, improve mood, and more!
- **Expedited Access Network:** Team support to help you find the first-available behavioral health appointment.
- **Managed Behavioral Health:** Find an in-network provider that best fits your needs by type and specialty.
- **Mindful Advocates:** Licensed behavioral health clinicians can help match you to services and providers, and serve as a single point of contact for listening, navigating care, and follow-ups.

Call 833-302-MIND (6463) or the behavioral health number on the back of your member ID card, or visit MyBlueKC.com to learn more.



Blue KC Virtual Care: 24/7 Health Care

Blue KC Virtual Care lets you easily and quickly connect to a doctor using your smartphone, tablet, or computer. This service gives you access to treatment for common illnesses 24/7 without leaving your home or visiting a doctor's office.

You can use **Blue KC Virtual Care**, our telehealth provider, to be treated for medical issues such as:

- Behavioral Health
- Cold Sores
- Sprains, Strains
- Behavioral Health
- Pink Eye
- Nausea, Vomiting, Diarrhea
- Burning with Urination
- Coughs, Sore Throat
- Eye Swelling, Irritation, Redness or Pain
- Minor Fevers, Colds
- Rashes, Minor Burns
- Bumps, Cuts, Scrapes
- Mild Asthma
- Mild Allergic Reactions
- Minor Headaches
- Sinus Pain



The cost to use Blue KC Virtual Care is \$67* per visit. Members on the EPO W/SPIRA CARE plan can use Blue KC Virtual Care at no cost. Costs for virtual behavioral health services may vary.

1

Download the MyBlueKC mobile app or visit MyBlueKC.com.

2

Create an account using your Blue KC member ID card for reference.

3

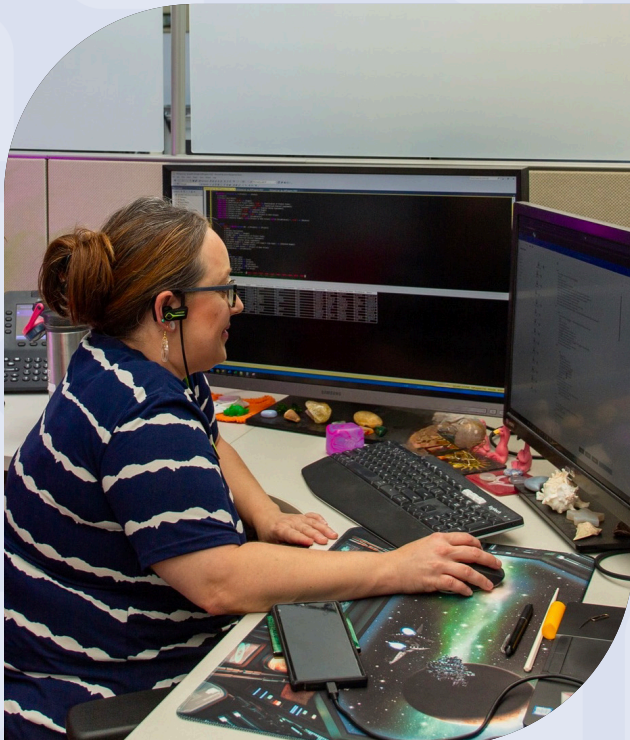
View a list of available doctors, their experience and ratings, and select one.

4

For urgent or sick care needs: Stream a live visit directly online or on your mobile device.

5

For behavioral healthcare therapy: Schedule your session with a psychologist or counselor.



NOTE: Blue KC Virtual Care is not for emergencies. If you are experiencing severe symptoms or have a serious medical concern, go to the emergency room or call 911 immediately.

Need Support Now? 24/7 support is available.

Download the app or visit [BlueKCVirtualCare.com](https://www.BlueKCVirtualCare.com).



* Cost is subject to change. Check MyBlueKC Mobile App or [MyBlueKC.com](https://www.MyBlueKC.com) for virtual care current costs.

2026 District A Healthier You

Live Your Best Life!

Blue Valley Schools has partnered with Blue KC's A Healthier You (AHY) program again in 2026 to administer the district's activities. Participation in the program is voluntary and no health care fee will be assessed for 2026 open enrollment. By choosing to participate, you can make strides towards a healthier you, a healthier us, a healthier Blue Valley!

Are you a BVSD health care subscriber?

If you and your covered spouse (not dependents) complete the Health Risk Assessment (HRA) and preventive visit by September 1, 2026, you will automatically be entered into a drawing to win prizes from BVSD!

You can win a variety of prizes. Watch for information and details to be communicated from your *A Healthier You* Blue Valley team.

Complete details are available on the Blue Valley Benefits website at www.bvschoolsbenefits.com.



**Blue Valley 2026
District Activities**
Deadline: 9/1/2026



**Health Risk
Assessment**
earn 750 pts



Preventive Visit
earn 1,000 pts



**Enter a
Sweepstakes**



Health Savings Account (HSA)

We have partnered with UMB for Health Savings Account (HSA) administration. An HSA is a personal savings account you can use to pay for qualified out-of-pocket health care expenses with pre-tax dollars — now or in the future. Once you're enrolled in the HSA and have opened your account, you'll receive a debit card to help manage your HSA. Your HSA can be used for your expenses, your spouse's, and your dependent's even if they are not covered by the District's HDHP medical plan.

How a Health Savings Account (HSA) Works

Eligibility



In order to be eligible, you **MUST**:

- Be enrolled in either the HDHP PPO W/SPIRA CARE or HDHP PPO Plan.
- NOT be covered by any other plan unless it is also a qualified High Deductible Health Plan.
- NOT have a health care FSA or HRA (including access to one through your spouse's employer).
- NOT be claimed or eligible to be claimed as a dependent on another's tax return.
- NOT be enrolled in Medicare, because of age or disability.
- NOT be in receipt of Veteran Administration (VA) benefits within the prior three-month period.

Your Contributions



You contribute on a pre-tax basis and can change how much you contribute from each paycheck up to the IRS maximum of **\$4,400** if you enroll only yourself or **\$8,750** if you enroll in family coverage. These IRS maximums include HSA contributions from all sources. You can make an additional catch-up contribution of \$1,000 if you are age 55 or older. To make changes to your HSA contributions, call the Blue Valley Benefits Help Center. Changes will go into effect the first of the following month. **NOTE: The IRS does allow after-tax contributions from your personal bank account.** Contact UMB for additional details.

Note: IRS rules require that contribution limits be prorated by the number of months you're eligible to participate in an HSA-eligible plan. So, if you are a new hire and enroll in the HDHP plan as of October 1, your HSA contributions are limited to 3/12 of the annual contribution maximum. The IRS also has additional rules regarding eligibility, saving, spending, investing, and tax treatment for HSAs. As the account holder, you are responsible for following HSA regulations. For more information, call United Missouri Bank at 816-474-4472 or go to www.UMB.com/HSA.

Eligible Expenses



Medical, dental, vision, and prescription drug expenses incurred by you and your eligible family members. Eligible expenses are defined by the IRS and listed in IRS Publication 502. If you want to enroll in an FSA, you are eligible to enroll in a limited purpose FSA only.

Using Your Account



Use the debit card linked to your HSA to cover eligible expenses or pay for expenses out of your own pocket and save your HSA money for future health care expenses. **Tip: Once your HSA balance reaches \$1,000, you may choose to invest a portion where any growth and earnings is tax free.** Contact UMB for additional details or see the form on the benefits website.

Remaining Funds



Money left in your HSA at the end of the year will roll over to the next year. If you leave the District or retire, you can take your HSA with you and continue to pay and save for future eligible health care expenses. **Don't forget to designate a beneficiary for your HSA account. Contact UMB for additional details or see the form on the benefits website.**

The HDHP and HSA: How They Work Together

Your contributions can be used to cover a portion of your deductible and coinsurance.



Free In-Network Preventive Care

To emphasize the importance of wellness, preventive care is covered at 100% if you receive this care from in-network providers.



Deductible

You pay for your initial medical costs until you meet your annual deductible. This deductible is higher compared to the other medical plans, but can be offset by HSA contributions you make.



Out-of-Pocket Maximum

The plan limits the total amount you'll pay each year. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible in-network expenses for the remainder of the year.

How the HSA Works:

Note: Funds available for reimbursement are limited to the balance in your HSA.

- Choose an HDHP during open enrollment.
- Choose how much you want to contribute tax-free, if any, to your HSA each pay period.
- Your UMB HSA through Blue Valley will be automatically set up for you when you elect the HSA.
- Use money in your HSA for eligible medical, dental and/or vision expenses.
- Money left over at the end of the year rolls over for future use.

Example: Mia enrolls for single coverage in the HDHP with HSA. She chooses to use her HSA to pay for covered services — this reduces her out-of-pocket amount needed to meet her deductible before her medical plan begins to pay.

IMPORTANT: If you enroll in Medicare when it is first available (typically the first of the month in which you turn age 65), then you should stop all HSA contributions in the month prior to your Medicare effective date. If you delay Medicare enrollment, then you should stop all HSA contributions at least six months prior to your Medicare effective date.

Either way, call the Blue Valley Benefits Help Center at 844-239-0434 to make these changes, which will be effective the first of the following month.

YEAR 1 EXAMPLE	YEAR 2 EXAMPLE
Mia contributes \$3,400 for the year	She contributes \$3,400 for the year
	\$2,700 rolls over from last year for a total of \$6,100
She uses her HSA to pay \$700 of eligible expenses	She uses her HSA to pay \$3,400 of eligible expenses (her deductible was met)
She has \$2,700 in her HSA to roll over to next year!	She has \$2,700 in her HSA to roll over to next year!

NOTE: If you already have a UMB HSA through a prior employer or another vendor and wish to transfer those assets into your new HSA through the District, please contact UMB at **816-474-4472**.

Flexible Spending Account (FSA)

We have partnered with **Tri-Star Systems** as our flexible spending account administrator. Flexible spending accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. **You must re-enroll in the FSA(s) every year during open enrollment.** There are three types of FSAs:



Health Care FSA

Used to pay for services not covered by your medical, dental, or vision plan such as copays, coinsurance, deductibles, prescription expenses, and qualified dental and vision care. Your full election is available for use on the first day. A debit card will be provided. For questions call Tri-Star Systems at **800-727-0182**.



Limited Purpose FSA

Used if you are enrolled in the HDHP medical plans and elect the HSA. It works the same way as the standard health care FSA; however, you may only use it to pay for eligible vision and dental expenses. Your full election is available for use on the first day. A debit card will be provided. For questions call Tri-Star Systems at **800-727-0182**.



Dependent Day Care FSA

Used to pay for day care expenses associated with caring for a child (up to age 13 or a disabled tax dependent) or elder dependents that are necessary for you and your spouse (if married) to work or attend school full-time. You **cannot use your health care FSA** to pay for dependent day care expenses. You may only use the funds that have been contributed to your account. A debit card is not provided.

1

It's Easy to Use These Accounts:

First, you contribute to the account(s) with pre-tax dollars deducted from your paycheck. That means no taxes (federal, state, or Social Security) will be withheld from any of those dollars.

2

Then, you pay for certain eligible expenses out of your pocket as usual. You may use your debit card or submit a claim (along with the appropriate documentation) to be reimbursed for those expenses from the dollars in your account. NOTE: The debit card can only be utilized to pay for eligible health care expenses.

3

For more information and details on how to use these accounts, visit www.tri-starsystems.com. Once on the website click on *Participant* to access your account, how-to guides, and forms.



Important Notes!

There is a "use it or lose it" rule imposed by the IRS. In other words, if you do not spend all the money in your FSA by December 31, or last day worked if earlier, any unused dollars in your account(s) after the March 31 claim filing deadline will be forfeited.

If you are a participant in a Health Savings Account (HSA), you are not eligible for the health care FSA, but you are eligible for the limited purpose FSA.



Comparing FSAs

HEALTH CARE	LIMITED PURPOSE	DEPENDENT CARE
Contribute up to the 2025 IRS limit of \$3,300 per year, pre-tax. (2026 estimated IRS limit is \$3,400, to be announced in November.)	Contribute up to the 2025 IRS limit of \$3,300 per year, pre-tax. (2026 estimated IRS limit is \$3,400, to be announced in November.)	Contribute up to the 2026 IRS limit of \$7,500 per year, pre-tax, or \$3,750 if married and filing separate tax returns.
Receive a debit card to pay for eligible medical, dental, and vision expenses.	Receive a debit card to pay for eligible dental and vision expenses.	You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided (funds must be available in your account).
Eligible expenses include medical, dental, and vision copays, coinsurance, deductibles, eyeglasses, and over-the-counter medications.	Eligible expenses include dental and vision copays, coinsurance, deductibles, eyeglasses, and contacts.	Can only be used to pay for eligible dependent care expenses including day care, after-school programs, and elder care programs.
Submit claims up to March 31 of the following year for eligible expenses incurred between January and December. Expenses are not eligible before your benefits effective date or after the date your benefit coverage ends. If your employment ends or you become ineligible for benefits, you may elect COBRA continuation for the Health Care or Limited Purpose FSA only.		
Funds must be claimed by March 31 following the end of the Plan Year (January 1 to December 31). Unused funds remaining on March 31 following the end of the Plan Year will be forfeited per IRS regulations.		

How You Can Save on Taxes With FSAs

Here’s an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.



Your Taxable Annual Income
Account Deposit (Before Taxes)
Taxable Wages
Estimated Federal & Social Security Taxes
Expense (After Taxes)
Take Home (Net)
Annual Tax Savings

HEALTH CARE FSA		DEPENDENT DAY CARE FSA	
WITHOUT ACCOUNT	WITH ACCOUNT	WITHOUT ACCOUNT	WITH ACCOUNT
\$50,000	\$50,000	\$50,000	\$50,000
N/A	\$3,300	N/A	\$5,000
\$50,000	\$46,700	\$50,000	\$45,000
\$11,000	\$10,274	\$11,000	\$9,900
\$3,300	N/A	\$5,000	N/A
\$35,700	\$36,426	\$34,000	\$35,100
\$0	\$726	\$0	\$1,100

Dental Insurance

Your dental health is an important part of your overall wellness. We have partnered with **Delta Dental of Kansas** to be our dental insurance provider. Dental insurance gives you a reason to smile — it's affordable and covers preventive care (including regular checkups) as well as fillings, bridges, crowns, and other dental services.

The District offers two dental plan options. When you enroll in a dental plan, you may visit any dentist you choose, but in-network providers offer better coverage, larger discounts, and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate. To find a **Delta Dental of Kansas PPO** (Base and Buy-Up Plan) or Premier provider, visit www.deltadentalks.com.

The amount you pay for your coverage is based on which dental plan you enroll in, who you cover, and which network you use.

Right Start 4 Kids (RS4K) Program

Kids 12 and under receive 100% coverage with no deductible, for all services covered under the plan (except orthodontia) at an in-network Delta Dental PPO or Premier dentist. If an out-of-network provider is seen, the plans' waiting periods, deductibles, and coinsurance apply.



DELTA DENTAL OF KANSAS DPPO PLANS

	BASE PLAN	BUY-UP PLAN
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Maximum Benefit Per Calendar Year Per Covered Person		
Per Individual (Basic and Major Services combined)	\$1,500	\$1,700
	YOU PAY	YOU PAY
Diagnostic/Preventive Care		
Unlimited Cleanings – Regular and Maintenance*	\$0	\$0
Exams, X-rays, Fluoride Treatments, Space Maintainers, Sealants	\$0	\$0
Preventive Plus	N/A	\$0
Basic Services		
Fillings, Extractions, Oral Surgery, Endodontics, Periodontics, an Emergency Exam**	20%	20%
Major Procedures***		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Occlusal Guards	50%	50%
Orthodontia***		
Children	After deductible, 50% up to a lifetime maximum benefit of \$1,000 per individual (up to 19th birthday)	After deductible, 50% up to a lifetime maximum benefit of \$1,500 per individual (up to 26th birthday)
Adult	N/A	After deductible, 50% up to a lifetime maximum benefit of \$1,500 per individual

* If a Delta Dental Premier or an out-of-network provider is seen, the underlying contract applies including waiting periods, deductibles, and coinsurance.

** This plan covers one emergency exam per calendar year.

*** All Major and Orthodontic Services are subject to a 12-month waiting period.

Choose Your Dentist Carefully!

You may choose any dentist you want, but you will pay less for dental services when you use a Delta Dental PPO dentist. If you use a Delta Dental Premier or out-of-network dentist, you will be charged for diagnostic/preventive care like exams and X-rays. You also will pay 50% coinsurance for basic services and pay 60% coinsurance for major procedures.

12-MONTH EMPLOYEE **PER PAY PERIOD** DENTAL INSURANCE PREMIUM RATES*

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Base Plan	\$18.25	\$35.54	\$41.75	\$67.83
Buy-Up Plan	\$23.48	\$46.91	\$55.12	\$89.59

* For 9/10 month employee rates, please refer to your 9/10 month employee premium rate schedule included at the back of this guide.



Vision Insurance

We have partnered with **Surency Vision** to be our vision insurance provider. You may elect vision care coverage, which provides affordable, quality vision care nationwide. Although vision care services and supplies are covered in- and out-of-network, your benefits are generally greater when you use in-network providers. Your costs are based on coverage level and which network you use. To find an in-network **Surency Access** provider, visit www.Surency.com.

VISION PLAN		
	SURENCY ACCESS NETWORK PROVIDER	NON-PARTICIPATING PROVIDER
	YOU PAY	REIMBURSEMENT
Cost		
Exam	\$10	\$35
Retinal Imaging	up to \$39	N/A
Covered Services – Lenses		
Single Lenses	\$25	\$25
Bifocals	\$25	\$40
Trifocals/Lenticular	\$25	\$55
Frames	Balance over \$130 allowance	\$65
Covered Services – Contacts in lieu of Eyeglass Lenses		
Contacts – Medically Necessary	\$0	\$200
Contacts – Elective	Balance over \$130 allowance	\$100
Benefit Frequency		
Exams	Once per calendar year	Once per calendar year
Lenses	Once per calendar year	Once per calendar year
Frames	Once every two calendar years	Once every two calendar years
Contacts	Once per calendar year	Once per calendar year

12-MONTH EMPLOYEE PER PAY PERIOD VISION INSURANCE PREMIUM RATES*			
EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
\$5.15	\$9.07	\$8.51	\$15.19

* For 9/10 month employee rates, please refer to your 9/10 month employee premium rate schedule included at the back of this guide.

Life Insurance

KPERS Members:

KPERS membership includes basic group term life insurance equal to 150% of your annual salary. The District pays for the cost of this benefit. This policy has no cash value. Remember to designate a beneficiary (or contingent beneficiary) for your retirement and life insurance benefits. Login to your KPERS account at www.kspers.gov to complete and submit the beneficiary form once you have received your first paycheck from Blue Valley.

Portability and Conversion

You may have the ability to port or convert your coverage within 60 days from the end of your employment with the District. Conversion and Portability Election forms, for your KPERS group life insurance, explain the benefits and costs for each option. You can download these forms at www.kspers.gov. For questions, contact KPERS weekdays 8:30 a.m. – 4 p.m., toll-free, at **888-275-5737**.

Voluntary Life Coverage

To help ensure you have financial protection, the District has partnered with **The Standard** to offer voluntary group term life insurance. It’s important to give some serious thought to what expenses and income needs your dependents could have if something happened to you. If you are eligible, you may purchase this coverage for yourself and your family. This group term life policy has no cash value.



COVERAGE LEVEL	COVERAGE AVAILABLE
Employee	Increments of \$10,000 up to a maximum of \$600,000 – not to exceed 6 times your basic annual earnings
Spouse	Increments of \$5,000 up to \$250,000 — not to exceed 50% of employee coverage.
Child(ren)	Increments of \$5,000 to a maximum of \$15,000 – not to exceed 50% of employee coverage. Children may be covered from birth until the end of the year in which they reach age 26. However, children with a qualified disability may continue to be covered after that. Contact the District for more details.

Please note that the following age reductions apply to life insurance coverage from the approved amount:

- Age 65: 35%
(The coverage dollar amount reduces to 65% of its value.)
- Age 70: 50%
(The coverage dollar amount reduces to 50% of its value.)

Guaranteed Issue and Evidence of Insurability

When you are first eligible for voluntary life, you may be able to purchase up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI) —\$300,000 for employees, \$50,000 for spouses, and \$15,000 for children.

If you experience a Qualified Life Event (QLE), you may also be eligible to purchase voluntary life insurance for you and your spouse up to the GI without EOI. For more information on QLEs for voluntary life, see the life insurance page of the Blue Valley benefits website at www.bvschoolsbenefits.com. If the amount requested is more than the GI, you will need to provide EOI before the amount over GI becomes effective.

Each year during open enrollment you have the opportunity to increase your life insurance and/or your spouse's life insurance coverage by up to two increments with no health information needed. Proof of good health is required for coverage increase requests that are larger than two increments.

Note: Coverage and benefits provided by The Standard are subject to the terms and conditions specified in the plan documents. Refer to The Standard's summaries and coverage booklets on our benefits website at www.bvschoolsbenefits.com.

Portability and Conversion

Your life insurance may be portable. This means that you may continue your life insurance when you terminate employment until age 75 by enrolling within 60 days of your employment ending. With portability, you pay a premium that is less than what you would have to pay to convert your life insurance to an individual policy.

Life insurance coverage may also be convertible to individual policy(ies) within 60 days when it would otherwise end. Special rules apply to life insurance conversion — contact The Standard at 800-628-8600 for details.

12-MONTH RATE PER PAY PERIOD

AGE AS OF JANUARY 1	EMPLOYEE RATE PER \$10,000	SPOUSE RATE PER \$5,000
< 30	\$0.17	\$0.09
30 – 39	\$0.22	\$0.11
40 – 44	\$0.29	\$0.15
45 – 49	\$0.43	\$0.21
50 – 54	\$0.51	\$0.25
55 – 59	\$0.81	\$0.41
60 – 64	\$1.49	\$0.74
65 – 69	\$2.00	\$1.00
70 – 74	\$3.60	\$1.80
75 & Over	\$5.80	\$2.90

CHILD(REN) RATE PER PAY PERIOD		
\$5,000	\$10,000	\$15,000
\$0.50 per family	\$1.00 per family	\$1.50 per family



Disability Insurance

If you have a serious injury or illness that keeps you from working, how would you pay your bills? Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury. **If eligible, the 31-Day Base plan is paid for by the District.**

Short-Term Disability (STD)

Short-term disability (STD) coverage is available through **The Standard**. STD coverage can protect part of your income should you become disabled. If you are absent from work due to a maternity leave, personal illness, or accident, you may be provided with a benefit equal to a certain percentage of your pay based on the plan in which you are enrolled. Eligible pay is based upon your annualized pay at initial and annual enrollment.

COVERAGE	BENEFIT
31-Day Base Plan	• 60% of your eligible weekly earnings to a \$1,500 maximum • Benefit begins after 30 days of disability
8-Day Buy-Up Plan	• 65% of your eligible weekly earnings to a \$1,500 maximum • Benefit begins after 7 days of disability • The 8-Day Buy-Up Plan is only available to those currently enrolled. If you drop the 8-Day Buy-Up Plan, you will only be eligible for the 31-Day Base Plan in subsequent years.

The premium and weekly disability benefit is calculated based upon your base salary at the time of enrollment. Base pay does not include pay for overtime, supplementals, bonuses, etc.

Note: Coverage and benefits provided by The Standard are subject to the terms and conditions specified in the plan documents. Refer to The Standard’s summaries and coverage booklets on our benefits website at www.bvschoolsbenefits.com.

Pre-Existing Conditions

The Standard’s short-term disability plans cover “pre-existing conditions,” which include any sickness, injury, or pregnancy-related condition for which you received medical consultation, treatment, care, or a prescription in the 12 months before you were covered by the plan.

KPERS Members:

If you are an active KPERS member and become disabled, **you may qualify for long-term disability benefits equal to 60% of your eligible compensation through the KPERS long-term disability plan.** The minimum monthly benefit is \$100, and the maximum is \$5,000. Benefits for approved claims begin after 180 days of continuous total disability or the date you stop drawing compensation from the District, if later.

The Benefits Department will help you start the claims processing by notifying KPERS. Once KPERS verifies your benefit eligibility, you will receive a claims packet direct from KPERS’ third-party administrator towards the end of your 180-day waiting period. For questions, contact Audrey Wilson, Blue Valley Benefits Specialist, at alwilson@bluevalleyk12.org or 913-239-4674.



Travel Assistance Program

This program provides assistance with pre-trip planning, medical assistance services, emergency transportation services, travel and technical assistance services, and legal referral when you travel more than 100 miles from home or internationally. Resources are available before and during your trip. To contact Travel Assistance, download the Assist America Mobile App in the App Store or Google Play or email medservices@assistamerica.com. You can also text **609-334-0807** or call **609-986-1234**.



Employee Assistance Program (EAP)

The Standard policy also includes an employee assistance program that provides three face-to-face visits per person, per issue, per year – and more. For more information, please call **888-293-6948** or go online to www.healthadvocate.com/standard3.



Use access code: **AQ3QGHQ**

Identity Theft Protection + Cybersecurity Protection

The District offers identity theft protection available through **Allstate Identity Protection**. Enrolling in this product will allow you to enjoy peace of mind, financial reassurance, and time saving expertise with Allstate Identity Protection’s comprehensive identity protection plan. Additionally, there is no age limit for children to enroll. Family coverage is available for individuals who are supported by you financially or live under your roof.

Unfortunately, identity theft is on the rise. But identity theft monitoring can help outsmart criminals, preventing fraud, detecting fraudulent activity on a daily basis, and resolving identity theft issues you may face, including home title theft.

Cybersecurity Protection includes tools designed to safeguard a user’s data and devices so they can keep enjoying what technology adds to their life. Coverage for personal devices extends up to 5 with an individual plan and up to 10 with a family plan.

When you enroll, your coverage will include:

- Wi-Fi network scan and alerts
- Mobile-safe browsing and phishing protection
- Mobile device locator and theft alerts
- Mobile device and app security scans
- Personal computer security
- Antivirus protection
- Safe browsing and phishing protection

12-MONTH EMPLOYEE PREMIUM RATES PER PAY PERIOD	
Employee Only	\$5.48
Employee & Family	\$9.48



Accident Insurance

We all want to be ready for bills we don't see coming — especially accident-related costs not covered by medical insurance. You can't predict a car crash, a fall, a bike accident, or a child getting hurt playing soccer. But you can take action to help prepare your finances. Visit bvschoolsbenefits.com for more information.

How Does Accident Insurance Work?

- Helps with out-of-pocket costs from a covered accident
- Pays you or a covered family member directly, not medical providers
- Can help with whatever costs you decide—such as deductibles, copays, or other expenses
- Covers a wide range of treatments due to an accident
- Pays an extra 25% of total benefits for injuries during youth-organized sports up to age 18
- 24-hour coverage—includes coverage for accidents that occur on and off the job
- Provides coverage with no medical questions asked
- 70+ benefit payouts for covered injuries and treatments

THE STANDARD INSURANCE COMPANY 12-MONTH EMPLOYEE PREMIUM RATES PER PAY PERIOD				
	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Accident Insurance	\$3.84	\$5.98	\$7.36	\$11.50



Hospital Indemnity Insurance

Medical insurance is important, but it may not cover all your bills and out-of-pocket costs, especially when you have a hospital stay — planned or unplanned. Details for Plan 1 and Plan 2 can be found in the table below, and on bvschoolsbenefits.com.

Here's What It Covers

BENEFITS PAID TO YOU	PLAN 1	PLAN 2
Hospital Admission	\$1,000 Maximum 1 per calendar year	\$2,000 Maximum 1 per calendar year
Daily Hospital Confinement	\$250 per day Maximum 31 days per stay	\$350 per day Maximum 31 days per stay

How Does Hospital Indemnity Insurance Work?

- Covers hospitalization due to pregnancy, injury, and illness—including a mental health condition
- Can help with expenses you decide—such as deductibles, copays, or other bills
- Pays you for a Hospital Admission Benefit and a Hospital Confinement Benefit
- Goes with you if you leave your employer
- Coverage is available for your spouse and child(ren)

THE STANDARD INSURANCE COMPANY 12-MONTH EMPLOYEE PREMIUM RATES **PER PAY PERIOD**

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Hospital Indemnity Insurance Plan 1	\$7.45	\$12.56	\$10.67	\$18.92
Hospital Indemnity Insurance Plan 2	\$12.62	\$21.31	\$17.87	\$31.82

Critical Illness Insurance

Medical insurance doesn't usually cover everything. What happens if you need money for copays, deductibles, or other expenses when you are sick? You can't predict cancer, heart attack, or stroke, but you can do something to prepare for the out-of-pocket expenses that come with being seriously ill. See bvschoolsbenefits.com for detailed plan summary information.

How Does Critical Illness Insurance Work?

- Employees elect \$10,000 to \$30,000 in increments of \$10,000 – no medical questions asked
- Spouses up to 50% of Employee Amount: \$5,000 to \$15,000 in increments of \$5,000 – no medical questions asked
- Helps with out-of-pocket costs from a covered illness
- Can help with whatever costs you decide – like groceries, child care or other expenses
- Pays you directly, so you can choose how to spend the money, not medical providers
- Goes with you if you leave your employer
- Provides coverage without answering any medical questions
- Covers children at 50% of your benefit amount at no additional cost

Covered Conditions

Receive 100% of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

THE STANDARD INSURANCE COMPANY

12-MONTH EMPLOYEE PREMIUM RATES **PER PAY PERIOD**—EMPLOYEE RATES

AGE BAND	18-29	30-39	40-49	50-59	60-69	70+
Benefit						
\$10,000	\$1.85	\$2.60	\$4.90	\$9.80	\$17.80	\$44.75
\$20,000	\$3.70	\$5.20	\$9.80	\$19.60	\$35.60	\$89.50
\$30,000	\$5.55	\$7.80	\$14.70	\$29.40	\$53.40	\$134.25

THE STANDARD INSURANCE COMPANY

12-MONTH EMPLOYEE PREMIUM RATES **PER PAY PERIOD**—SPOUSE RATES

AGE BAND	18-29	30-39	40-49	50-59	60-69	70+
Benefit						
\$5,000	\$0.93	\$1.30	\$2.45	\$4.90	\$8.90	\$22.38
\$10,000	\$1.85	\$2.60	\$4.90	\$9.80	\$17.80	\$44.75
\$15,000	\$2.78	\$3.90	\$7.35	\$14.70	\$26.70	\$67.13

Legal Insurance

Legal insurance helps you plan and know your rights in many types of situations such as traffic issues, family law, estate planning, finances, and more! See the bvschoolsbenefits.com for detailed plan summary information.

Plan Benefits

- Consumer Protection Matters
- Criminal Situations
- Family Law Events
- Finance, Tax, and Debt-Related Matters
- Home Ownership or Renter Matters
- Traffic Troubles
- Wills and Estate Planning Needs for You and Your Parents (To include caregiving services)
- General Needs

Mobile App

Get legal help when and where you need it. With the app, you can:

- Use the app to contact ARAG Customer Care, search the network attorney directory and start a case. Visit the Apple App Store or Google Play Store to download the app.
- View your plan benefits and confirm coverage.



ARAG LEGAL: 12-MONTH EMPLOYEE PREMIUM RATES PER PAY PERIOD	EMPLOYEE + FAMILY (ONE RATE FOR ALL)
	\$9.39





College Savings Plans

With \$25 and 15 minutes, you can begin saving today for your child's, your spouse's, or your educational future. With a college savings plan, your money is contributed after-tax; however, your earnings will not be taxed if used for qualified expenses. You choose how, when, and how much to contribute (up to certain limits), and you can choose the investment options and mix that best meet your goals and comfort level.

FOR MORE INFORMATION:

Kansas Residents

Learning Quest

www.learningquest.com

800-579-2203

Missouri Residents

Missouri Most

www.missourimost.com

888-414-6678

Planning for Retirement

What does retirement look like for you? Maybe you plan to travel the world, or maybe you'd like to take up some hobbies closer to home. Whatever your goal, make sure you have the income you need in the future.

Kansas Public Employees Retirement System (KPERs)

If you work in a **KPERs** covered position and are regularly scheduled to work 630 hours or more, you are eligible for membership in the state retirement plan known as KPERs. If eligible, your participation is mandatory.

PLAN HIGHLIGHTS	KPERs1	KPERs2	KPERs3
	DEFINED BENEFIT PLAN	DEFINED BENEFIT PLAN	CASH BALANCE PLAN
	Typically, ACTIVE member whose membership date is prior to 7/1/2009	Typically, ACTIVE member whose membership date is between 7/1/2009 and 12/31/2014	Typically, ACTIVE member whose membership date is on or after 1/1/2015
Normal Retirement Age (non-reduced benefit)	The earliest of: • Age 65 • Age 62 with 10 Years of Service • Age + Service = 85	The earliest of: • Age 65 with 5 Years of Service • Age 60 with 30 Years of Service	The earliest of: • Age 65 with 5 Years of Service • Age 60 with 30 Years of Service
Early Retirement Age (reduced benefit)	Age 55 with 10 Years of Service		
Final Average Salary (FAS)	3 Highest Years	5 Highest Years	N/A
Employee Contribution Rate	6%		
Quarterly Retirement Credits (Based on % of pay & Years of Service)	Not applicable to KPERs 1 or 2		1 – 4 years = 3% 5 – 11 years = 4% 12 – 23 years = 5% 24+ years = 6%
Bridged Service Credit	If you go to work for another KPERs participating agency: Provided you have not received a distribution from KPERs or are receiving KPERs retirement benefits, your service will be bridged to the new employer.		
Purchase of Eligible Service Credit	You may be able to purchase service credit, including: Year of Service, Forfeited KPERs, Military Service, Elected Official Service, In-State or Out-of-State Non-Federal Public Service, Vista Service, and Peace Corps Service. Call Julie Hill at 913-239-4628 or email jhill03@bluevalleyk12.org for instructions. To access your online KPERs account and find answers to general questions, visit their website at www.kspers.gov .		

Increase your Retirement Savings With a 403(b) or 457(b)

We have partnered with **Transamerica** to administer our voluntary retirement plan options. One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 403(b) and 457(b) plans allow you to save for retirement on a pre-tax and Roth after-tax basis.



Contribute using convenient payroll deductions up to the 2025 IRS limit of \$23,500. (Watch for 2026 limits to be released with possible increases.)



Change the amount of your contributions or stop your payroll contributions at any time.



Age 50 or older? Make an additional “catch-up” contribution of up to the 2025 IRS limit of \$7,500 to save even more.

Watch for 2026 IRS changes related to those older than 50.



Refer to the Worksheet on page 42 for instructions on how to enroll or make changes, or go to www.transamerica.com or call Customer Support at **800-755-5801**.



Voluntary Retirement Savings Plans

TO ENROLL OR MAKE CHANGES		
RETIREMENT SAVINGS PLANS	PROVIDER	CONTACT INFORMATION
• 403(b) Plan and 457(b) Plan • You may enroll in one or both plans. For details, see worksheet on NEXT page. • Please remember to set up your account using Transamerica’s website.	Transamerica (TRS)	• www.transamerica.com/portal/home or download the “Transamerica Retirement App” in the App Store or Google Play • Customer Service: 800-755-5801 • Rollover/Transfer Specialist: 800-275-8714 • User/Password Help: 877-348-3365

403(b) PLAN HIGHLIGHTS	457(b) PLAN HIGHLIGHTS
• Employee Contributions only – pre-tax and/or Roth (after-tax) basis • \$23,500 – 2025 calendar year maximum. (Watch for 2026 limits to be released with possible increases.) • \$7,500 – 2025 calendar year catch-up if age 50+. (Watch for 2026 limits to be released with possible increases including super catch-up ages 60-63.) • May be used to purchase eligible KPERS service credit; contact Blue Valley HR Department at 913-239-4628 • Penalty-free qualified birth or adoption distribution (\$5,000 maximum) • Financial hardship withdrawal available • In-service withdrawal available at age 59½ • Distributions upon termination, age 59½, retirement, or death • 10% penalty may apply to cash distributions prior to age 59½ Consult with a tax professional • NO loan provisions	• Employee Contributions only – pre-tax and/or Roth (after-tax) basis • \$23,500 – 2025 calendar year maximum. (Watch for 2026 limits to be released with possible increases.) • \$7,500 – 2025 calendar year catch-up if age 50+. (Watch for 2026 limits to be released with possible increases including super catch-up ages 60-63.) • May be used to purchase eligible KPERS service credit; contact Blue Valley HR Department at 913-239-4628 • Penalty-free qualified birth or adoption distribution (\$5,000 maximum) • Financial hardship withdrawal NOT available • In-service withdrawal available at age 59½ • Distributions upon termination, age 59½, retirement, or death • NO penalty for cash distributions prior to age 59½ • NO loan provisions



Voluntary Retirement Savings Plans

403(B) AND 457(B) PLANNING WORKSHEET			
CHECK ONE OR BOTH	403(b) PLAN CONTRIBUTIONS	CHECK ONE OR BOTH	457(b) PLAN CONTRIBUTIONS
☐	Pre-tax	☐	Pre-tax
☐	Roth (after-tax)	☐	Roth (after-tax)
CHECK ONE	PAYROLL DEDUCTIONS (EACH PAYROLL)	CHECK ONE	PAYROLL DEDUCTIONS (EACH PAYROLL)
☐ _____%	Whole percent of payroll. Typically cannot exceed 85% combined (if contributing to both plans). Varies based upon individual circumstances, including wages, taxes, and deductions.	☐ _____%	Whole percent of payroll. Typically cannot exceed 85% combined (if contributing to both plans). Varies based upon individual circumstances, including wages, taxes, and deductions.
☐ _____%	Flat, whole dollar amount	☐ _____%	Flat, whole dollar amount
INVESTMENT OPTIONS	PAYROLL DEDUCTIONS (EACH PAYROLL)	CHECK ONE	INVESTMENT OPTIONS
☐	A broad array of mutual funds ranging from conservative to aggressive risk.	☐	A broad array of mutual funds ranging from conservative to aggressive risk .
☐	Self-directed brokerage account with Schwab (\$50 annual fee). Restricted to mutual funds only.	☐	Self-directed brokerage account with Schwab (\$50 annual fee). Restricted to mutual funds only
☐	If an investment election is not received, the default is the TGIO Stable Value Fund. See website or TRS customer service for details	☐	If an investment election is not received, the default is the TGIO Stable Value Fund. See website or TRS customer service for details
INVESTMENT OPTIONS	INVESTMENT GUIDANCE & ADVICE	CHECK ONE	INVESTMENT GUIDANCE & ADVICE
☐	Online resources and tools at no additional cost to you.	☐	Online resources and tools at no additional cost to you
☐	Portfolio Xpress – age/risk-based asset allocation using core investment options in plan with quarterly rebalancing for \$5.00	☐	Portfolio Xpress – age/risk-based asset allocation using core investment options in plan with quarterly rebalancing for \$5.00
☐	Retirement planning consultation by calling 800-755-5801	☐	Retirement planning consultation by calling 800-755-5801
☐	Transamerica Managed Advice, an active robo-adviser, available at an additional fee. Contact TRS for details	☐	Transamerica Managed Advice, an active roboadviser, available at an additional fee. Contact TRS for details

In addition to taxable withdrawals, plan distributions may also be subject to a 10% penalty if withdrawn before age 59½. For Roth (after-tax) accounts, to qualify for the tax-free penalty and free withdrawal of earnings, the account must be in place for at least 5 tax years, and the distribution must take place after age 59½ or due to death, disability, or a first time home purchase (up to \$10,000 lifetime maximum). Before taking any action, consult with your tax professional.

Note: Changes in payroll deductions for the summer months must be made on or before May 31 by certified staff and 9/10 month employees. Otherwise, summer elections for these employee groups will begin on the September 15 or later payroll. Adjustments cannot be made retroactively.

Important Legal Notices

You will find the following **Notices** and reminders included in this document. Please read through the information below as some of the notices may directly affect you now while others will be more important at other times in your life. Many of the Notices are required by law and it is important to keep track of these forms whether they apply to you at this time or not.

- Children's Health Insurance Program (CHIP) & Medicaid Premium Assistance Notice
- Health Insurance Marketplace Notice
- Creditable Coverage Medicare Part -D Notice (applies to all health insurance plans)
- Special Enrollment Rights HIPAA Notice
- COBRA Rights General Notice
- Women's Health and Cancer Rights Act Notice
- HIPAA Notice of Privacy Practices
- Wellness Notice

You may find the following medical, dental, & vision benefit coverage documents online at **www.bvschoolsbenefits.com**. If you would like a paper copy printed for you please call the Blue Valley Benefits Department at **913-239-4235**.

- BCBS SBC HDHP PPO W/SPIRA CARE – BSP Network
- BCBS SBC EPO W/SPIRA CARE – BSP Network
- BCBS SBC PPO – BSP Network
- BCBS SBC EPO – BSP Network
- BCBS SBC HDHP PPO – PCB Network
- BCBS SBC PPO – PCB Network
- BCBS Health Benefit Plan Summary HDHP PPO W/SPIRA CARE – BSP Network
- BCBS Health Benefit Plan Summary EPO W/SPIRA CARE – BSP Network
- BCBS Health Benefit Plan Summary PPO – BSP Network
- BCBS Health Benefit Plan Summary EPO – BSP Network
- BCBS Health Benefit Plan Summary HDHP PPO – PCB Network
- BCBS Health Benefit Plan Summary PPO – PCB Network
- BCBS Health Benefits Certificate HDHP PPO W/SPIRA CARE – BSP Network
- BCBS Health Benefits Certificate EPO W/SPIRA CARE – BSP Network
- BCBS Health Benefits Certificate PPO – BSP Network
- BCBS Health Benefits Certificate EPO – BSP Network
- BCBS Health Benefits Certificate HDHP PPO – PCB Network
- BCBS Health Benefits Certificate PPO – PCB Network
- Delta Dental Summary of Plan Benefits
- Surency Vision Summary of Plan Benefits

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility.

KANSAS – Medicaid

Website: **<https://www.kancare.ks.gov>**
Phone: 1-800-792-4884
Phone: 1-800-967-4660

MISSOURI - Medicaid

Website: **<https://www.dss.mo.gov/mhd/participants/pages/hipp.htm>**
Phone: 573-751-2005

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

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, there were new ways to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage

through the Marketplace begins each year in November for coverage starting as early as January 1.

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 **9.96%** (adjusted annually for inflation) 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.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: The Blue Valley Benefits Department (see next page) or the Blue Valley Help Center at 844-239-0434.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer Name Blue Valley Schools USD #229	4. Employer Identification Number (EIN) 48-0720401	
5. Employer Address 15020 Metcalf Avenue	6. Employer phone number 913-239-4000	
7. City Overland Park	8. State KS	9. ZIP code 66223
10. Who can we contact about employee health coverage at this job? Dr. Jennifer Spencer, Director of Human Resources for Employee Benefits		
11. Phone number (if different from above) 913-239-4671	12. Email address jdspencer02@bluevalleyk12.org	

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

- As your employer, we offer a health plan to:
 - ☐ All employees. Eligible employees are:
N/A
 - ☒ Some employees. Eligible employees are:
 - All certified staff members working .60 or greater FTE; and
 - All classified and administrative staff members regularly scheduled to work 20+ hours/week
- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:
 - Legal spouse and eligible dependent children (who may be covered under the plan until the end of the calendar year in which they attain age 26; or beyond age 26 if determined to be disabled per policy guidelines).
 - ☐ We do not offer coverage.
- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended 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** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

Important Notice from Blue Valley Schools USD #229 About Your Prescription Drug Coverage and Medicare

This Notice pertains to all BCBSKC Group Health Care Plans.

(INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE OMB 0938-0990)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Blue Valley Schools USD #229 Health Care Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice .

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

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 City has determined that the prescription drug coverage offered by the Blue Valley Schools USD #229 Group Health Care Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is **Creditable Coverage**, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Blue Valley Schools USD #229 Group Health Plan coverage will not be affected . Please refer to the Blue Cross Blue Shield of Kansas City Health Care Plan Summary document for an explanation of the prescription drug coverage plan provisions/options under the Blue Valley Schools USD #229 Group Health Care Plan that Medicare eligible individuals

have available to them when they become eligible for Medicare Part D. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Blue Valley Schools USD #229 Group Health Care Plan coverage, be aware that you and your dependents will not be able to get this coverage back unless you re-enroll on the active employee group health plan during the annual open enrollment period or experience a mid-year qualifying status change event.

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

You should also know that if you drop or lose your current coverage with the Blue Valley Schools USD #229 Group Health Care Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will get it before the next period you can join a Medicare drug plan, and if this coverage through the Blue Valley Schools USD #229 Group Health Care Plan changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare once you are eligible. 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).

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).

Blue Cross Blue Shield of Kansas City
 Medicare Support Unit
 2301 Main Street,
 Kansas City, MO 64141-6169
 888-989-8842
 Dated: October 3, 2025

HIPAA Notice of Special Enrollment Rights

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires group health plans to provide a special enrollment opportunity to an employee (or COBRA enrollee) upon the occurrence of specific events. This Chart summarizes the qualifying events and the corresponding special enrollment rights. This notice is being provided to ensure that you understand your right to apply for the Blue Valley Schools USD #229 Group Health Care Plan. You should read this notice even if you plan to waive coverage at this time.

Event	Special Enrollment Right
Acquisition of New Dependent(s) due to Marriage	- Employee may enroll the employee (if not previously enrolled). - Employee may also enroll newly-eligible spouse and/or newly-eligible stepchild(ren).
Acquisition of New Child due to birth or adoption (including placement for adoption)	- Employee may enroll the employee (if not previously enrolled). - Employee may also enroll spouse and/or newly-eligible child(ren).
Gain Eligibility for Premium Assistance Subsidy under Medicaid or CHIP	Employee may enroll the employee and the spouse or child(ren) who have become eligible for the premium assistance.
Loss of Other Health Coverage if due to: - Loss of eligibility - Death of spouse; divorce, legal separation - Child loses status (e.g. reaches age limit) - Employment change (e.g. termination, reduction in hours, unpaid FMLA) - Expiration of COBRA maximum period - Moving out of HMO plan's service area - Other employer terminates its plan (or discontinues employer contributions)	- Employee may enroll the employee (if not previously enrolled). - Employee may also enroll spouse and/or children who have lost other health coverage. Note: Person losing the Other Health Coverage must have had the other coverage since the date of this employer plan's most recent enrollment opportunity.
Loss of Medicaid or CHIP coverage	Employee may enroll the employee and the spouse or child(ren) who have lost Medicaid/CHIP entitlement.

Notes:

- HIPAA Special Enrollees must be given 31 days (from the date of the event) to enroll.
- For events related to Medicaid/CHIP, the special enrollment period is 60 days.
- Special enrollment, if elected, must take effect no later than the first day of the month following the enrollment request. If the event is the birth or adoption of a child, the special enrollment must take effect retroactively on the date of birth or adoption (or placement for adoption).

To request special enrollment or obtain more information, please contact:

Blue Valley Benefits Help Center
 Phone: **844-239-0434**
 Dated: October 3, 2025

General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA **

Introduction

You are receiving this notice because you have recently become or may become covered under the Blue Valley Schools USD #229 Group Health Plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What is COBRA Continuation Coverage?

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

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

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

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

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

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

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

When is COBRA Coverage Available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Blue Valley Benefits Help Center at **844-239-0434** within 60 days after the qualifying event occurs. Please also notify Laura Mack at Blue Valley Schools USD #229 at **913-239-4235**.

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. In order to determine if you or a covered member of your family qualify for the disability extension, you must send documentation received from Social Security verifying the disability determination to the COBRA administrator. This extension only applies if the Plan Administrator is notified within 60 days of a disability determination and before the end of the original maximum continuation period. NOTE: Federal Law requires that you notify the Plan Administrator of a determination by the Social Security Administration that you, your spouse, or dependent child(ren) are no longer disabled within 30 days of such determination. If you have questions, please contact Tri-Star Systems at **800-727-0182**, Option 2; or via email at: **cobra@tri-starsystems.com**.

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

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

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

Can I enroll in Medicare instead of COBRA Continuation Coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after

the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **<https://www.medicare.gov/medicare-and-you>**.

If you have questions

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

Keep your Plan informed of address changes

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

Plan Contact Information

Laura Mack,
Senior HR Specialist
Blue Valley Benefits Department
15020 Metcalf Avenue
Overland Park, KS 66223
lmack@bluevalleyk12.org
913-239-4235

Tri-Star Systems
16401 Swingley
Ridge Road, Suite 250
Chesterfield, MO 63017
cobra@tri-starsystems.com
800-727-0182, Option 2

Dated: October 3, 2025

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

Blue Valley Schools USD #229 is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

The Blue Valley Schools USD #229 Group Health Care Plan provides coverage for mastectomies and the related procedures listed above, subject to the same copays, deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please refer to your Blue Cross Blue Shield of Kansas City Group Health Care Plan Health Benefits Certificate (summary plan document) or contact Blue Cross Blue Shield Kansas City at:

Blue KC
2301 Main Street
Kansas City, MO 64108
816-395-2270
www.bluekc.com
Dated: October 3, 2025

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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

YOUR RIGHTS

You have the right to:

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

YOUR CHOICES

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

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

OUR USES AND DISCLOSURES

We may use and share your information as we:

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

YOUR RIGHTS

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

Get a copy of health and claims records

You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.

We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations.

We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such

as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

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

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on page 1.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **1-877-696-6775**, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.

We will not retaliate against you for filing a complaint.

YOUR CHOICES

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

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

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

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

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

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

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

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

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

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services. Example: We share information about you with your dental plan to coordinate payment for your dental work.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

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

Help with public health and safety issues

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

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

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

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

We can share health information about you with organ procurement organizations.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies .

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

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

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

OUR RESPONSIBILITIES

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

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

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

Other Instructions for Notice

Effective date of Notice: 10/1/2014

Privacy contact:

Dr. Jennifer Spencer
 Director of Human Resources for Employee Benefits
 Blue Valley USD # 229
 15020 Metcalf Avenue
 Overland Park, KS 66223
 (Phone) **913-239-4671**
 e-mail: jdspencer02@bluevalleyk12.org

Blue Valley Schools USD #229 Notice Regarding the Blue Valley Wellness Program

The Blue Valley Schools USD #229 Wellness program is a voluntary wellness program available to all benefit-eligible employees and covered spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you and your covered spouse choose to participate in the Wellness program you and your covered spouse will be asked to complete a voluntary health risk assessment

or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You and your covered spouse will also be asked to complete a biometric screening with your physician, which will include a blood test as part of a routine preventive visit to be determined by your physician. You and your covered spouse are not required to complete the HRA, participate in physician biometric screening, blood test or tobacco cessation program.

Employees and covered spouses who choose to participate in the Wellness program will be entered in a drawing for BVSD raffle prizes and BlueKC sweepstakes drawings.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. **You may request a reasonable accommodation or an alternative standard by contacting Dr. Jennifer Spencer, Blue Valley Schools USD #229 at 913-239-4671 or jdspencer02@bluevalleyk12.org.**

The information from your HRA and the results from your physician biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as the Blue KC A Healthier You online tobacco cessation digital coaching program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Blue Valley Schools USD #229 may use aggregate information it collects to design a program based on identified health risks in the workplace, Blue KC A Healthier You wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) the physician's office who performed your biometric screening visit and the Blue KC A Healthier You program coordinators in order to provide you with services under the wellness program.

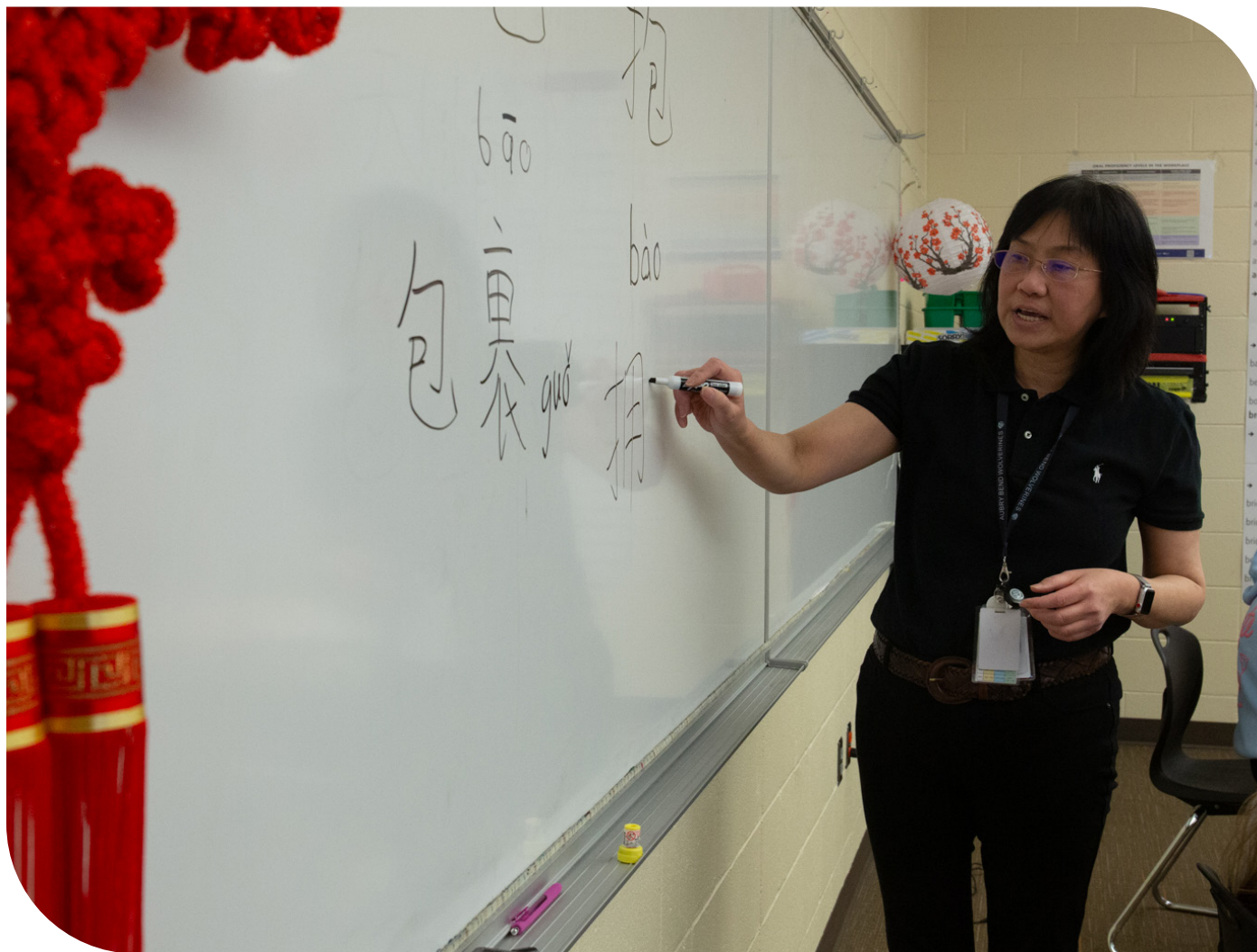
In addition, all medical information obtained through the wellness program will be maintained separate from your

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact:

Dr. Jennifer Spencer
Director of Human Resources for Employee Benefits
Blue Valley Schools USD #229
913-239-4671 or
jdspencer02@bluevalleyk12.org



9/10 Month Employee Per Pay Period Benefit Rates

Benefits are effective the first day of the month following 60 days from your hire (start) or benefits eligibility date. Payroll deductions begin in the month that your benefits are effective. Payroll may need to “catch-up” deductions due to a Qualified Life Event (QLE), due to Evidence of Insurability (EOI), or if you are determined to be eligible for ACA benefits during the Initial or Annual Enrollment periods. Deductions are shown on your pay stub available through Employee Online. Review your pay stub each pay period. Contact the Payroll Department at **(913) 239-4233** if you have questions related to benefit deductions.

If you experience a QLE in the months of May, June, July or August, the Payroll Department will contact you to arrange to make benefit payments, which are due the first of each month. Example: June premiums are due June 1. If you do not pay premiums on a timely basis, benefits will be discontinued.

Note: Premiums listed on your pay stub for medical, dental and vision will be split into two rates: (1) the regular premium rate, and (2) a summer additive (covering six pay periods during the summer—June through August). The rates below show the deductions for a 9/10 month employee based upon the benefits effective date. Changes to payroll deductions typically are effective for a January 1 benefits coverage date if you change your benefit plans or tiers.

Medical insurance elections may be paid via ACH (automated clearing house) form available from the Payroll Department if you do not have sufficient regular pay.

You MUST have sufficient regular pay in order to elect other voluntary benefits.



PLAN OPTIONS		PER PAY PERIOD PLAN RATES + SUMMER ADDITIVES									
		EMPLOYEE		+ SPOUSE		+ CHILD(REN)		+ FAMILY		+ SPECIAL FAMILY	
BENEFITS EFFECTIVE DATE	REMAIN. PAY PERIODS	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE
HDHP PPO W/SPIRA CARE		PROVIDER NETWORK: BLUESELECT PLUS									
9/1/2025	18	\$0.00	\$0.00	\$289.69	\$111.41	\$216.20	\$84.86	\$546.92	\$204.33	\$116.92	\$53.83
10/1/2025	16	\$0.00	\$0.00	\$289.69	\$125.34	\$216.20	\$95.47	\$546.92	\$229.87	\$116.92	\$60.56
11/1/2025	14	\$0.00	\$0.00	\$289.69	\$143.25	\$216.20	\$109.11	\$546.92	\$262.71	\$116.92	\$69.21
12/1/2025	12	\$0.00	\$0.00	\$289.69	\$167.12	\$216.20	\$127.29	\$546.92	\$306.50	\$116.92	\$80.75
1/1/2026	10	\$0.00	\$0.00	\$334.24	\$200.54	\$254.58	\$152.75	\$612.99	\$367.79	\$161.49	\$96.89
2/1/2026	8	\$0.00	\$0.00	\$334.24	\$250.68	\$254.58	\$190.94	\$612.99	\$459.74	\$161.49	\$121.12
3/1/2026	6	\$0.00	\$0.00	\$334.24	\$334.24	\$254.58	\$254.58	\$612.99	\$612.99	\$161.49	\$161.49
4/1/2026	4	\$0.00	\$0.00	\$334.24	\$501.36	\$254.58	\$381.87	\$612.99	\$919.49	\$161.49	\$242.24
5/1/2026	2	\$0.00	\$0.00	\$334.24	\$1,002.72	\$254.58	\$763.74	\$612.99	\$1,838.97	\$161.49	\$484.47
EPO W/SPIRA CARE		PROVIDER NETWORK: BLUESELECT PLUS									
9/1/2025	18	\$0.00	\$0.00	\$370.69	\$139.77	\$286.37	\$109.43	\$665.60	\$245.88	\$235.60	\$95.38
10/1/2025	16	\$0.00	\$0.00	\$370.69	\$157.24	\$286.37	\$123.11	\$665.60	\$276.61	\$235.60	\$107.30
11/1/2025	14	\$0.00	\$0.00	\$370.69	\$179.70	\$286.37	\$140.69	\$665.60	\$316.13	\$235.60	\$122.63
12/1/2025	12	\$0.00	\$0.00	\$370.69	\$209.66	\$286.37	\$164.14	\$665.60	\$368.82	\$235.60	\$143.07
1/1/2026	10	\$0.00	\$0.00	\$419.31	\$251.59	\$328.28	\$196.97	\$737.63	\$442.58	\$286.13	\$171.68
2/1/2026	8	\$0.00	\$0.00	\$419.31	\$314.48	\$328.28	\$246.21	\$737.63	\$553.22	\$286.13	\$214.60
3/1/2026	6	\$0.00	\$0.00	\$419.31	\$419.31	\$328.28	\$328.28	\$737.63	\$737.63	\$286.13	\$286.13
4/1/2026	4	\$0.00	\$0.00	\$419.31	\$628.97	\$328.28	\$492.42	\$737.63	\$1,106.45	\$286.13	\$429.20
5/1/2026	2	\$0.00	\$0.00	\$419.31	\$1,257.93	\$328.28	\$984.84	\$737.63	\$2,212.89	\$286.13	\$858.39
PPO		PROVIDER NETWORK: BLUESELECT PLUS									
9/1/2025	18	\$0.00	\$0.00	\$297.20	\$114.04	\$222.95	\$87.22	\$557.12	\$207.90	\$127.12	\$57.40
10/1/2025	16	\$0.00	\$0.00	\$297.20	\$128.30	\$222.95	\$98.12	\$557.12	\$233.88	\$127.12	\$64.57
11/1/2025	14	\$0.00	\$0.00	\$297.20	\$146.62	\$222.95	\$112.14	\$557.12	\$267.30	\$127.12	\$73.80
12/1/2025	12	\$0.00	\$0.00	\$297.20	\$171.06	\$222.95	\$130.83	\$557.12	\$311.85	\$127.12	\$86.10
1/1/2026	10	\$0.00	\$0.00	\$342.12	\$205.27	\$261.66	\$157.00	\$623.69	\$374.21	\$172.19	\$103.31
2/1/2026	8	\$0.00	\$0.00	\$342.12	\$256.59	\$261.66	\$196.25	\$623.69	\$467.77	\$172.19	\$129.14
3/1/2026	6	\$0.00	\$0.00	\$342.12	\$342.12	\$261.66	\$261.66	\$623.69	\$623.69	\$172.19	\$172.19
4/1/2026	4	\$0.00	\$0.00	\$342.12	\$513.18	\$261.66	\$392.49	\$623.69	\$935.54	\$172.19	\$258.29
5/1/2026	2	\$0.00	\$0.00	\$342.12	\$1,026.36	\$261.66	\$784.98	\$623.69	\$1,871.07	\$172.19	\$516.57
EPO		PROVIDER NETWORK: BLUESELECT PLUS									
9/1/2025	18	\$88.47	\$37.26	\$550.98	\$202.88	\$447.71	\$165.91	\$912.40	\$332.27	\$482.40	\$181.77
10/1/2025	16	\$88.47	\$41.91	\$550.98	\$228.24	\$447.71	\$186.65	\$912.40	\$373.81	\$482.40	\$204.50
11/1/2025	14	\$88.47	\$47.90	\$550.98	\$260.85	\$447.71	\$213.31	\$912.40	\$427.21	\$482.40	\$233.71
12/1/2025	12	\$88.47	\$55.89	\$550.98	\$304.32	\$447.71	\$248.86	\$912.40	\$498.41	\$482.40	\$272.66
1/1/2026	10	\$111.77	\$67.06	\$608.64	\$365.18	\$497.72	\$298.63	\$996.82	\$598.09	\$545.32	\$327.19
2/1/2026	8	\$111.77	\$83.83	\$608.64	\$456.48	\$497.72	\$373.29	\$996.82	\$747.62	\$545.32	\$408.99
3/1/2026	6	\$111.77	\$111.77	\$608.64	\$608.64	\$497.72	\$497.72	\$996.82	\$996.82	\$545.32	\$545.32
4/1/2026	4	\$111.77	\$167.66	\$608.64	\$912.96	\$497.72	\$746.58	\$996.82	\$1,495.23	\$545.32	\$817.98
5/1/2026	2	\$111.77	\$335.31	\$608.64	\$1,825.92	\$497.72	\$1,493.16	\$996.82	\$2,990.46	\$545.32	\$1,635.96

PLAN OPTIONS		PER PAY PERIOD PLAN RATES + SUMMER ADDITIVES									
		EMPLOYEE		+ SPOUSE		+ CHILD(REN)		+ FAMILY		+ SPECIAL FAMILY	
BENEFITS EFFECTIVE DATE	REMAIN. PAY PERIODS	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE
HDHP PPO GRANDFATHERED & CLOSED EFFECTIVE 1/1/2026		PROVIDER NETWORK: PREFERRED CARE BLUE									
9/1/2025	18	\$10.00	\$8.40	\$359.79	\$135.95	\$278.91	\$106.81	\$642.82	\$237.90	\$212.82	\$87.40
10/1/2025	16	\$10.00	\$9.45	\$359.79	\$152.94	\$278.91	\$120.17	\$642.82	\$267.64	\$212.82	\$98.33
11/1/2025	14	\$10.00	\$10.80	\$359.79	\$174.79	\$278.91	\$137.33	\$642.82	\$305.87	\$212.82	\$112.37
12/1/2025	12	\$10.00	\$12.60	\$359.79	\$203.93	\$278.91	\$160.22	\$642.82	\$356.85	\$212.82	\$131.10
1/1/2026	10	\$25.20	\$15.12	\$407.85	\$244.71	\$320.44	\$192.26	\$713.70	\$428.22	\$262.20	\$157.32
2/1/2026	8	\$25.20	\$18.90	\$407.85	\$305.89	\$320.44	\$240.33	\$713.70	\$535.28	\$262.20	\$196.65
3/1/2026	6	\$25.20	\$25.20	\$407.85	\$407.85	\$320.44	\$320.44	\$713.70	\$713.70	\$262.20	\$262.20
4/1/2026	4	\$25.20	\$37.80	\$407.85	\$611.78	\$320.44	\$480.66	\$713.70	\$1,070.55	\$262.20	\$393.30
5/1/2026	2	\$25.20	\$75.60	\$407.85	\$1,223.55	\$320.44	\$961.32	\$713.70	\$2,141.10	\$262.20	\$786.60
PPO PLAN GRANDFATHERED & CLOSED EFFECTIVE 1/1/2022		PROVIDER NETWORK: PREFERRED CARE BLUE									
9/1/2025	18	\$26.71	\$15.64	\$434.12	\$161.97	\$343.13	\$129.29	\$752.40	\$276.26	\$322.40	\$125.76
10/1/2025	16	\$26.71	\$17.60	\$434.12	\$182.22	\$343.13	\$145.46	\$752.40	\$310.79	\$322.40	\$141.48
11/1/2025	14	\$26.71	\$20.11	\$434.12	\$208.25	\$343.13	\$166.23	\$752.40	\$355.19	\$322.40	\$161.69
12/1/2025	12	\$26.71	\$23.47	\$434.12	\$242.96	\$343.13	\$193.94	\$752.40	\$414.39	\$322.40	\$188.64
1/1/2026	10	\$46.93	\$28.16	\$485.91	\$291.55	\$387.88	\$232.73	\$828.78	\$497.27	\$377.28	\$226.37
2/1/2026	8	\$46.93	\$35.20	\$485.91	\$364.43	\$387.88	\$290.91	\$828.78	\$621.59	\$377.28	\$282.96
3/1/2026	6	\$46.93	\$46.93	\$485.91	\$485.91	\$387.88	\$387.88	\$828.78	\$828.78	\$377.28	\$377.28
4/1/2026	4	\$46.93	\$70.40	\$485.91	\$728.87	\$387.88	\$581.82	\$828.78	\$1,243.17	\$377.28	\$565.92
5/1/2026	2	\$46.93	\$140.79	\$485.91	\$1,457.73	\$387.88	\$1,163.64	\$828.78	\$2,486.34	\$377.28	\$1,131.84

PLAN OPTIONS		PER PAY PERIOD PLAN RATES + SUMMER ADDITIVES							
		EMPLOYEE		+ SPOUSE		+ CHILD(REN)		+ FAMILY	
BENEFITS EFFECTIVE DATE	REMAIN. PAY PERIODS	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE
SURENCY VISION		PROVIDER NETWORK: SURENCY ACCESS							
9/1/2025	18	\$5.15	\$1.72	\$9.07	\$3.02	\$8.51	\$2.84	\$15.19	\$5.06
10/1/2025	16	\$5.15	\$1.93	\$9.07	\$3.40	\$8.51	\$3.19	\$15.19	\$5.70
11/1/2025	14	\$5.15	\$2.21	\$9.07	\$3.89	\$8.51	\$3.65	\$15.19	\$6.51
12/1/2025	12	\$5.15	\$2.58	\$9.07	\$4.54	\$8.51	\$4.26	\$15.19	\$7.60
1/1/2026	10	\$5.15	\$3.09	\$9.07	\$5.44	\$8.51	\$5.11	\$15.19	\$9.11
2/1/2026	8	\$5.15	\$3.86	\$9.07	\$6.80	\$8.51	\$6.38	\$15.19	\$11.39
3/1/2026	6	\$5.15	\$5.15	\$9.07	\$9.07	\$8.51	\$8.51	\$15.19	\$15.19
4/1/2026	4	\$5.15	\$7.73	\$9.07	\$13.61	\$8.51	\$12.77	\$15.19	\$22.79
5/1/2026	2	\$5.15	\$15.45	\$9.07	\$27.21	\$8.51	\$25.53	\$15.19	\$45.57

PLAN OPTIONS		PER PAY PERIOD PLAN RATES + SUMMER ADDITIVES							
		EMPLOYEE		+ SPOUSE		+ CHILD(REN)		+ FAMILY	
BENEFITS EFFECTIVE DATE	REMAIN. PAY PERIODS	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE
DELTA DENTAL OF KANSAS BASE PLAN		PROVIDER NETWORK: DELTA DENTAL PPO OR PREMIER							
9/1/2025	18	\$17.81	\$6.08	\$34.68	\$11.85	\$40.73	\$13.92	\$66.18	\$22.61
10/1/2025	16	\$17.81	\$6.84	\$34.68	\$13.33	\$40.73	\$15.66	\$66.18	\$25.44
11/1/2025	14	\$17.81	\$7.82	\$34.68	\$15.23	\$40.73	\$17.89	\$66.18	\$29.07
12/1/2025	12	\$17.81	\$9.13	\$34.68	\$17.77	\$40.73	\$20.88	\$66.18	\$33.92
1/1/2026	10	\$18.25	\$10.95	\$35.54	\$21.32	\$41.75	\$25.05	\$67.83	\$40.70
2/1/2026	8	\$18.25	\$13.69	\$35.54	\$26.66	\$41.75	\$31.31	\$67.83	\$50.87
3/1/2026	6	\$18.25	\$18.25	\$35.54	\$35.54	\$41.75	\$41.75	\$67.83	\$67.83
4/1/2026	4	\$18.25	\$27.38	\$35.54	\$53.31	\$41.75	\$62.63	\$67.83	\$101.75
5/1/2026	2	\$18.25	\$54.75	\$35.54	\$106.62	\$41.75	\$125.25	\$67.83	\$203.49
DELTA DENTAL OF KANSAS BUY-UP PLAN		PROVIDER NETWORK: DELTA DENTAL PPO OR PREMIER							
9/1/2025	18	\$22.91	\$7.83	\$45.77	\$15.64	\$53.78	\$18.37	\$87.41	\$29.86
10/1/2025	16	\$22.91	\$8.81	\$45.77	\$17.59	\$53.78	\$20.67	\$87.41	\$33.60
11/1/2025	14	\$22.91	\$10.06	\$45.77	\$20.10	\$53.78	\$23.62	\$87.41	\$38.40
12/1/2025	12	\$22.91	\$11.74	\$45.77	\$23.46	\$53.78	\$27.56	\$87.41	\$44.80
1/1/2026	10	\$23.48	\$14.09	\$46.91	\$28.15	\$55.12	\$33.07	\$89.59	\$53.75
2/1/2026	8	\$23.48	\$17.61	\$46.91	\$35.18	\$55.12	\$41.34	\$89.59	\$67.19
3/1/2026	6	\$23.48	\$23.48	\$46.91	\$46.91	\$55.12	\$55.12	\$89.59	\$89.59
4/1/2026	4	\$23.48	\$35.22	\$46.91	\$70.37	\$55.12	\$82.68	\$89.59	\$134.39
5/1/2026	2	\$23.48	\$70.44	\$46.91	\$140.73	\$55.12	\$165.36	\$89.59	\$268.77

LIFE INSURANCE: 9-10 MONTH EMPLOYEE AND COVERED SPOUSE RATES PER PAY PERIOD			
EMPLOYEE AGE AS OF JANUARY 1ST	9/10 MONTH RATE (PER \$10,000 IN COVERAGE)	SPOUSE AGE AS OF JANUARY 1ST	9/10 MONTH RATE (PER \$5,000 IN COVERAGE)
<20-29	\$0.23	<20-29	\$0.11
30-39	\$0.29	30-39	\$0.15
40-44	\$0.39	40-44	\$0.19
45-49	\$0.57	45-49	\$0.28
50-54	\$0.67	50-54	\$0.34
55-59	\$1.08	55-59	\$0.54
60-64	\$1.98	60-64	\$0.99
65-69	\$2.66	65-69	\$1.33
70-74	\$4.80	70-74	\$2.40
75+	\$7.73	75+	\$3.86

LIFE INSURANCE: 9/10 MONTH EMPLOYEE DEPENDENT CHILD(REN) RATE PER PAY PERIOD	COVERAGE	\$5,000	\$10,000	\$15,000
	9/10 Month Rate	\$0.67	\$1.33	\$2.00

IDENTITY THEFT PROTECTION + CYBER SECURITY PROTECTION: 9/10 MONTH EMPLOYEE PREMIUM RATES PER PAY PERIOD	EMPLOYEE ONLY	EMPLOYEE & FAMILY
	\$7.31	\$12.64

THE STANDARD INSURANCE COMPANY					
PER PAY PERIOD RATES	COVERAGE	EMPLOYEE	+ SPOUSE	+ CHILDREN	+ FAMILY
ACCIDENT INSURANCE	9/10 Month Rate	\$5.12	\$7.97	\$9.81	\$15.33
HOSPITAL INDEMNITY INSURANCE PLAN 1	9/10 Month Rate	\$9.93	\$16.74	\$14.22	\$25.22
HOSPITAL INDEMNITY INSURANCE PLAN 2	9/10 Month Rate	\$16.82	\$28.41	\$23.83	\$42.43

2026 CRITICAL ILLNESS INSURANCE PREMIER PLAN	EMPLOYEE RATES (PER PAY PERIOD)						
	Age Band	18-29	30-39	40-49	50-59	60-69	70+
	Benefit						
	\$10,000	\$2.47	\$3.47	\$6.53	\$13.07	\$23.73	\$59.67
	\$20,000	\$4.93	\$6.93	\$13.07	\$26.13	\$47.47	\$119.33
	\$30,000	\$7.40	\$10.40	\$19.60	\$39.20	\$71.20	\$179.00

Notes

Notes



This brochure highlights the main features of the Blue Valley Schools Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts.

Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Blue Valley Schools reserves the right to change or discontinue its employee benefits plans at any time.

