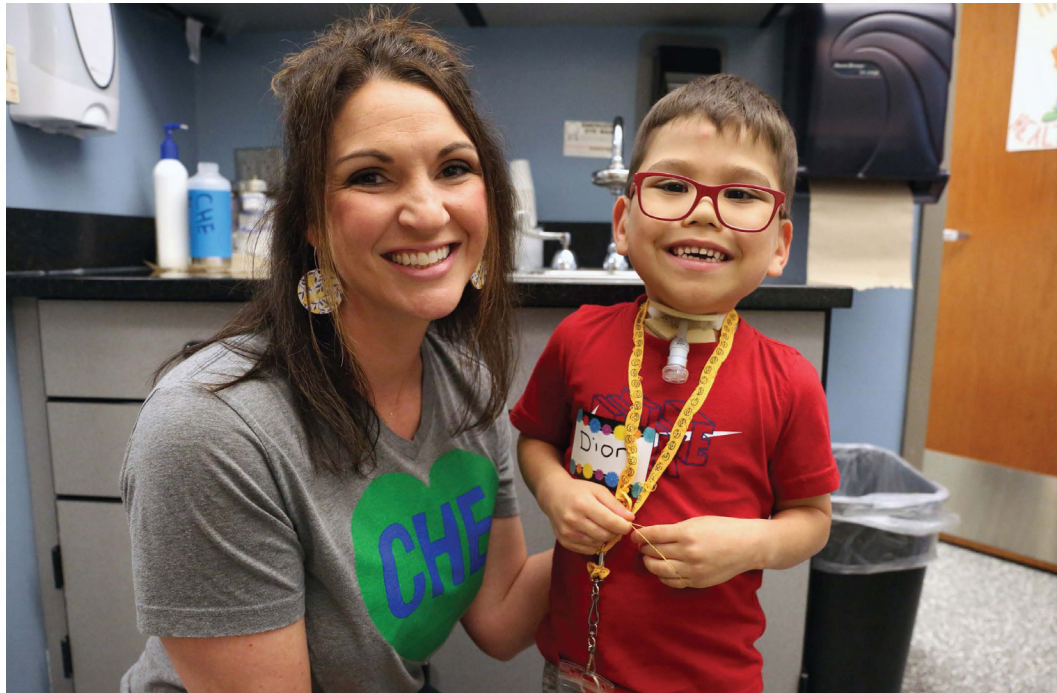




# 2023 Employee Benefits Guide





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# Important Contacts

Benefit	Contact	Phone	Website
<b>Medical</b>	Blue Cross Blue Shield KC	816-395-2244	www.bluekc.com
<b>Pharmacy – OptumRx</b>	Blue Cross Blue Shield KC	816-395-2244	www.mybluekc.com
<b>Behavioral Health</b>	Mindful by Blue KC	833-302-6463	www.mybluekc.com
<b>A Healthier You</b>	Blue KC – A Healthier You	816-395-2244	www.bluekc.com
<b>Health Savings Account</b>	United Missouri Bank (UMB)	816-474-4472	www.hsa.umb.com
<b>Dental</b>	Delta Dental of Kansas	800-234-3375	www.deltadentalks.com
<b>Vision</b>	Surency	866-818-8805	www.surency.com
<b>Flexible Spending Accounts</b>	Tri-Star Systems	800-727-0182	www.tri-starsystems.com
<b>Voluntary Life</b>	The Standard	800-628-8600	www.standard.com
<b>Travel Assistance Program</b>	Assist America	609-986-1234	www.assistamerica.com
<b>Short-Term Disability</b>	The Standard	800-368-2859	www.standard.com
<b>Advocate Program</b>	Health Advocate	888-293-6948	www.healthadvocate.com/standard3
<b>Identity Theft Protection</b>	Allstate Identity Protection	800-789-2720	www.myAIP.com
<b>College Savings Plan</b>	<b>Kansas:</b> Learning Quest	800-579-2203	www.learningquest.com
	<b>Missouri:</b> Missouri Most	888-414-6678	www.missourimost.com
<b>Student Loan Forgiveness</b>	Savi		www.bluevalley.bysavi.com
<b>Retirement</b>	KPERS	888-275-5737	www.kpers.org
<b>403(b) / 457(b) Retirement</b>	Transamerica	Username/Password support: 877-348-3365	www.transamerica.com
		Customer Support: 800-755-5801	
		Transfer Support: 800-275-8714	

For more, visit: [www.bvschoolsbenefits.com](http://www.bvschoolsbenefits.com)





# Welcome to Your 2023 Benefits

## A special message from Blue Valley Superintendent, Dr. Tonya Merrigan

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 2023, it is valued at approximately \$8,659.92. We offer a combination of flexibility and value, including coverage for:



**Medical and  
Prescription Drug**



**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. Tonya Merrigan,  
Superintendent of Blue Valley Schools**





# 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.
  - **Annual 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](http://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 get the coverage you want and need.

## Eligibility

	Benefits Eligibility	Enrollment Window	Coverage Effective Date
<b>Classified Staff</b>	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
<b>Certified (Teaching) Staff</b>	0.60 FTE +		First of the second month following your hire (start) date
<b>Administrative Staff</b>	20+ hours per week		First of the second month following your hire (start) date

The District pays for single premium coverage for eligible employees for the BlueSaver HDHP, BlueSelect Plus HDHP with Spira Care, Spira Care Non-HSA, PPO BlueSelect Plus, 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 can't 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                            | » Significant change in spouse's coverage                | » Change in Medicaid/CHIP status   |
| » Divorce or legal separation         | » Dependent's loss or gain of group coverage/eligibility | » Medical Child Care Support Order |
| » Birth or adoption                   |  | » Death of a dependent             |
| » Job loss or reduction in work hours |  | » Entitlement to Medicare          |

The special enrollment rights notice is included on page 40.

## Changing Benefits After Enrollment

Changes must be made within 31 days of the event. 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** (M – F, 8:30 a.m. – 5:00 p.m.).

# Medicare and Blue Valley Coverage

When you or your covered spouse reach age 65, you can continue to receive coverage from the District. If you want to, 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, visit [www.medicare.gov](http://www.medicare.gov) or call **800-633-4227**.

**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.





## 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.

Pre-tax 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 Annual 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	Pre-tax
Dental	You	Pre-tax
Vision	You	Pre-tax
Voluntary Life	You	After-tax
Short-Term Disability (STD)	Blue Valley Schools/You	Pre-tax
Flexible Spending Accounts (FSA)	You	Pre-tax
Health Savings Account (HSA)	You	Pre-tax
Identity Theft Protection	You	After-tax
College Savings Plan	You	After-tax
403(b)	You	Pre-tax and/or Roth after-tax
457(b)	You	Pre-tax and/or Roth after-tax
KPERS	Blue Valley Schools/You	Pre-tax

\* 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 annual 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](http://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 10 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

2023 Medical Rates (per pay period)	Provider Network: BlueSelect Plus				Provider Network: Preferred Care Blue	
	HDHP WITH SPIRA CARE	SPIRA CARE PLAN	PPO BSP PLAN	EPO PLAN (NO SPIRA)	BLUESAVER HDHP	PPO PCB PLAN*
Blue Valley Pays	\$360.83	\$360.83	\$360.83	\$360.83	\$360.83	\$360.83
Employee Only	\$0.00	\$0.00	\$0.00	\$64.83	\$0.00	\$14.13
Employee + Spouse	\$263.24	\$283.61	\$282.06	\$444.54	\$289.63	\$348.59
Employee + Child(ren)	\$204.10	\$215.75	\$213.17	\$359.77	\$224.55	\$273.89
Family	\$470.27	\$520.97	\$523.01	\$741.27	\$517.43	\$609.88
Special Family	\$170.18	\$160.14	\$162.18	\$380.44	\$187.17	\$249.05

2023 Medical	HDHP WITH SPIRA CARE	SPIRA CARE PLAN	PPO BSP PLAN	EPO PLAN (NO SPIRA)	BLUESAVER HDHP	PPO PCB PLAN*
<b>Calendar Year Deductible (DED)</b>						
Individual	\$3,000	\$1,000	\$1,500	N/A	\$3,300	\$1,500
Family	\$6,000	\$3,000	\$4,000	N/A	\$8,250	\$4,000
<b>Coinsurance</b>						
Member Pays	DED then 0%	0%	DED then 20%	N/A	DED then 0%	DED then 20%
<b>Maximum Out-of-Pocket</b>						
Individual	\$3,000	\$1,000	\$6,000	\$4,000	\$3,300	\$6,000
Family	\$6,000	\$3,000	\$15,000	\$10,000	\$8,250	\$15,000
<b>Hospital Copay</b>						
Member Pays	DED then 0%	DED then 0%	DED then 20%	\$500	DED then 0%	DED then 20%
<b>Physician Services</b>						
Total Care Provider	DED then 0%	DED then 0%	\$20	\$15	DED then 0%	\$20
SPIRA PCP (non-preventive)	\$60	\$0	N/A	N/A	N/A	N/A
Network PCP	DED then 0%	DED then 0%	\$40	\$35	DED then 0%	\$40
Specialist	DED then 0%	DED then 0%	\$80	\$70	DED then 0%	\$80

\* This plan is closed to new members. For current members, you can continue membership. However, once you leave the plan, you cannot re-enroll.

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

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

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](http://www.bvschoolsbenefits.com).

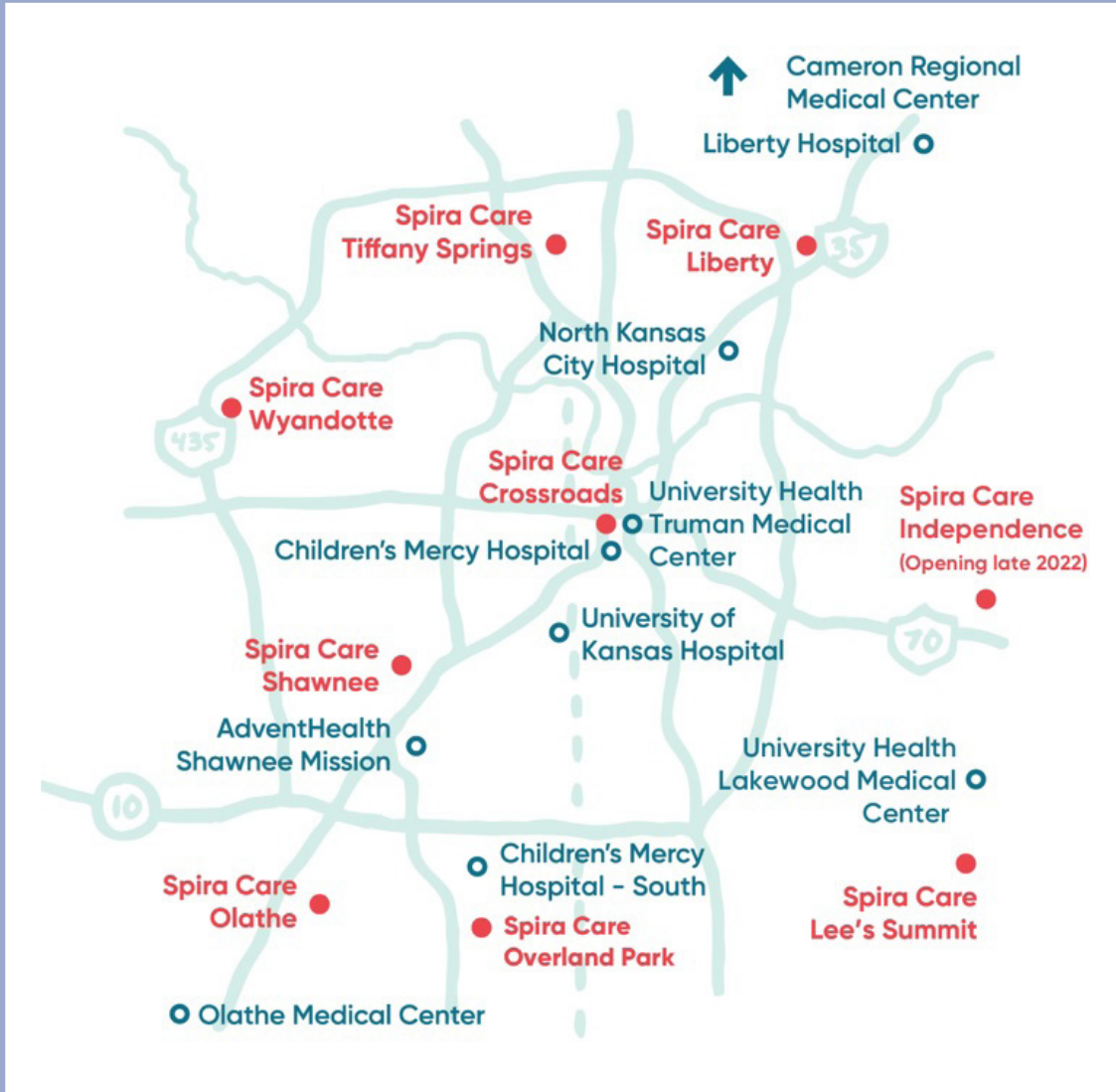


## How Spira Care Is Different

The **Spira Care Plan** and **BlueSelect Plus HDHP with Spira Care** offers 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 (late 2022):
  - » If covered under the Spira Care Plan, you pay zero dollars for deductibles and coinsurance.
  - » If covered under the BlueSelect Plus HDHP with Spira Care, you pay a \$60 copay\* per visit for non-preventive services.
  - » The Spira Care Centers provide primary care services through physicians and nurses.

\* Cost is subject to change. Check your [www.spiracare.com](http://www.spiracare.com) account for the current rate.





Spira Care Services	Benefits Offered
<b>Routine Preventive Care</b>	Routine wellness exams, screenings, consultations, and immunizations.
<b>Chronic Care</b>	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.
<b>Sick Care</b>	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.
<b>Behavioral Health Consultations</b>	Focused interventions, consultation sessions with a medical provider and behavioral health clinician, and help finding an in-network provider for on-going needs.
<b>Prescription Services</b>	On-site assistance for a select number of generic prescriptions.
<b>Routine Lab Draws</b>	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](http://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, and 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 nine area hospitals, 4,000+ physicians, and 11,000+ locations.
- **Out-of-Network Care:** In the BlueSelect Plus Network area, **if you go outside the network for non-emergency care:**
  - » On the Spira Care Plan, there are NO benefits. You pay 100% of the cost for non-emergency care.
  - » On the BlueSelect Plus HDHP with Spira Care, 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.



# Pharmacy

2023 Pharmacy	Provider Network: BlueSelect Plus				Provider Network: Preferred Care Blue	
	HDHP WITH SPIRA CARE	SPIRA CARE PLAN	PPO BSP PLAN	EPO PLAN (NO SPIRA)	BLUESAVER HDHP	PPO PCB PLAN
<b>Prescription Drugs</b>						
<b>Rx Deductible (Individual/Family)</b>	N/A	N/A	\$200/\$400	\$200/\$400	N/A	\$200/\$400
<b>Tier 1 – Generics</b>	DED then 0%	\$15	Rx DED then \$12	Rx DED then \$12	DED then 0%	Rx DED then \$12
<b>Tier 2 – Preferred Brand Drug</b>	DED then 0%	\$50	Rx DED then \$60	Rx DED then \$60	DED then 0%	Rx DED then \$60
<b>Tier 3 – Non-Preferred Brand Drug</b>	DED then 0%	DED	Rx DED then \$80	Rx DED then \$80	DED then 0%	Rx DED then \$80

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.

## Mail Service Saver Program

The OptumRx Mail Service Saver Program helps you better manage maintenance medication — prescriptions you take on an ongoing basis — through home delivery saving 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.

If you are a member of the PPO or EPO plans and receive maintenance medications from a retail pharmacy, you will pay a \$15 surcharge. To help you transition to the Mail Service Saver Program, this surcharge will not apply to the first two medication fills you receive at retail — but it will apply to every fill/refill of each maintenance medication you receive at a retail network pharmacy after that. For questions about home delivery, call OptumRx at **844-579-7774**.

# 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](http://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 with Spira Care, Spira Care Plan, PPO BSP Plan, EPO Plan)	Preferred Care Blue Network (BlueSaver HDHP, PPO PCB Plan)
Advent Health Shawnee Mission	✓	✓
Cameron Region Medical Center	✓	✓
Center Point Medical Center		✓
Children's Mercy Hospitals	✓	✓
KU Medical Center	✓	✓
Lee's Summit Hospital		✓
Liberty Hospital	✓	✓
Menorah Medical Center		✓
North Kansas City Hospital	✓	✓
Olathe Medical Center	✓	✓
Overland Park Regional		✓
Providence Medical Center		✓
Research Medical Center		✓
St. Joseph Medical Center		
St. Luke's (All Locations)		✓
St. Mary's Medical Center		
University Health	✓	✓
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: Enhanced Customer Service for Blue Valley

Blue Connect offers superior health care customer service and one-on-one support designed around you, 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](mailto:BlueConnect@BlueKC.com)**

## Mindful by Blue KC

Addressing behavioral health is a vital part of self-care. Mindful by Blue KC provides access to a variety of behavioral health resources including:

- **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](https://www.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
- 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 \$59 per visit. Spira Care Plan (\$1,000 deductible) members can use Blue KC Virtual Care at no cost.\* Costs for behavioral health services may vary.

To access Blue KC Virtual Care services:

1. **Download** the Blue KC Virtual Care app or visit [BlueKCVirtualCare.com](https://BlueKCVirtualCare.com).
2. **Create** an account. If you are enrolled in a Spira Care Plan, enter the service key **SPIRA** when prompted.
3. **View** the list of available doctors and current costs, then select a doctor.
4. **Stream** a live visit directly from your computer, tablet, or mobile device.



**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:**

**NURSE LINE (care questions):  
1-877-852-5422**

**BLUE KC VIRTUAL CARE: Download the  
app or visit [BlueKCVirtualCare.com](https://BlueKCVirtualCare.com).**

\* Cost is subject to change. Check [BlueKCVirtualCare.com](https://BlueKCVirtualCare.com) or the Blue KC Virtual Care app for the current rate.

# 2023 District *A Healthier You* Activities

## LIVE YOUR BEST LIFE!

Blue Valley Schools has partnered with Blue KC's A Healthier You (AHY) program again in 2023 to administer the district's activities. Participation in the program is voluntary and no healthcare fee will be assessed for 2024 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 healthcare subscriber?

If you and your covered spouse (not dependents) complete the HRA & preventive visit by September 1, 2023, you will automatically be entered into a drawing to win prizes from BVSD!

You can win:

- 3-month membership to The J
- Garmin activity tracker
- Polar heart rate monitor
- Chicken N Pickle gift card
- Nick & Jake's gift card, and more!

Complete details are available on the Blue Valley Benefits website at [www.bvschoolsbenefits.com](http://www.bvschoolsbenefits.com) in the "A Healthier You" section.

Click the  
Gold Card to  
view your  
employer's  
program  
details



Blue Valley 2023  
District Activities  
Deadline: 9/1/2023



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 BlueSaver HDHP or BlueSelect Plus HDHP with Spira Care
- 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 **\$3,850** if you enroll only yourself or **\$7,750** 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.hsa.umb.com](http://www.hsa.umb.com).**

### 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. **Important:** There may be a small monthly general maintenance fee associated with the HSA.



### 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.



# 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:

Please 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.

**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.

Yolanda 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.

### Year 1 Example

She contributes \$3,300 for the year

She uses her HSA to pay \$700 of eligible expenses

**She has \$2,600 in her HSA to roll over to next year!**

### Year 2 Example

She contributes \$3,300 for the year

\$2,600 rolls over from last year for a total of \$5,900

She uses her HSA to pay \$3,300 of eligible expenses (her deductible was met)

**She has \$2,600 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 Accounts (FSAs)

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 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.



## 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.



## 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.

## It's Easy to Use These Accounts:

- 1 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](http://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 the FSAs

Health Care	Limited Purpose	Dependent Care
Contribute up to \$2,850 per year, pre-tax.	Contribute up to \$2,850 per year, pre-tax.	Contribute up to \$5,000 per year, pre-tax, or \$2,500 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 1 to December 31. 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.		
<b>Funds must be claimed by March 31 following the end of the Plan Year (January 1 to December 31).</b> <b>Unused funds remaining on March 31 following the end of the Plan Year will be forfeited per IRS regulations.</b>		

## 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.



	Health Care FSA		Dependent Day Care FSA	
	WITHOUT ACCOUNT	WITH ACCOUNT	WITHOUT ACCOUNT	WITH ACCOUNT
<b>Your Taxable Annual Income</b>	\$50,000	\$50,000	\$50,000	\$50,000
<b>Account Deposit</b> (Before Taxes)	N/A	\$2,850	N/A	\$5,000
<b>Taxable Wages</b>	\$50,000	\$47,150	\$50,000	\$45,000
<b>Estimated Federal &amp; Social Security Taxes</b>	\$14,325	\$13,537	\$14,325	\$12,894
<b>Expense</b> (After Taxes)	\$2,850	N/A	\$5,000	N/A
<b>Take Home</b> (Net)	\$32,825	\$33,613	\$30,675	\$32,106
<b>Annual Tax Savings</b>	\$0	 <b>\$788</b>	\$0	 <b>\$1,431</b>



# 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](http://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
<b>Calendar Year Deductible</b>		
<b>Individual</b>	\$50	\$50
<b>Family</b>	\$150	\$150
<b>Maximum Benefit Per Calendar Year Per Covered Person</b>		
<b>Per Individual</b> (Basic and Major Services combined)	\$1,500	\$1,700
	YOU PAY	YOU PAY
<b>Diagnostic/Preventive Care</b>		
<b>Unlimited Cleanings – Regular and Maintenance*</b>	\$0	\$0
<b>Exams, X-rays, Fluoride Treatments, Space Maintainers, Sealants</b>	\$0	\$0
<b>Preventive Plus</b>	N/A	\$0
<b>Basic Services</b>		
<b>Fillings, Extractions, Oral Surgery, Endodontics, Periodontics, an Emergency Exam**</b>	20%	20%
<b>Major Procedures***</b>		
<b>Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Occlusal Guards</b>	50%	50%
<b>Orthodontia***</b>		
<b>Children</b>	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)
<b>Adult</b>	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
<b>Base Plan</b>	\$16.79	\$32.67	\$38.39	\$62.39
<b>Buy Up Plan</b>	\$20.40	\$40.75	\$47.89	\$77.83

\* 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](http://www.Surency.com).

	Vision Plan	
	SURENCY ACCESS NETWORK PROVIDER	NON-PARTICIPATING PROVIDER
	YOU PAY	REIMBURSEMENT
<b>Cost</b>		
<b>Exam</b>	\$10	\$35
<b>Retinal Imaging</b>	up to \$39	N/A
<b>Covered Services – Lenses</b>		
<b>Single Lenses</b>	\$25	\$25
<b>Bifocals</b>	\$25	\$40
<b>Trifocals/Lenticular</b>	\$25	\$55
<b>Frames</b>	Balance over \$130 allowance	\$65
<b>Covered Services – Contacts in lieu of Eyeglass Lenses</b>		
<b>Contacts – Medically Necessary</b>	\$0	\$200
<b>Contacts – Elective</b>	Balance over \$130 allowance	\$100
<b>Benefit Frequency</b>		
<b>Exams</b>	Once per calendar year	Once per calendar year
<b>Lenses</b>	Once per calendar year	Once per calendar year
<b>Frames</b>	Once every two calendar years	Once every two calendar years
<b>Contacts</b>	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.kpers.org](http://www.kpers.org) 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.kpers.org](http://www.kpers.org). 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 would 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 For	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%
- Age 70: 50%





## 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](http://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 annual 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.

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

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](http://www.bvschoolsbenefits.com).

## 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](mailto:medservices@assistamerica.com). You can also text **609-334-0807** or call **609-986-1234**.

## 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.

# 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
<b>31-Day Base Plan</b>	<ul style="list-style-type: none"><li>» 60% of your eligible weekly earnings to a \$1,500 maximum</li><li>» Benefit begins after 30 days of disability</li></ul>
<b>8-Day Buy-Up Plan</b>	<ul style="list-style-type: none"><li>» 65% of your eligible weekly earnings to a \$1,500 maximum</li><li>» Benefit begins after 7 days of disability</li><li>» The 8-Day Buy-Up Plan is <b>only available to those currently enrolled</b>. If you drop the 8-Day Buy-Up Plan, you will only be eligible for the 31-Day Base Plan in subsequent years.</li></ul>

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](http://www.bvschoolsbenefits.com).



## Advocate Program

The Standard offers an Advocate Program with 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](http://www.healthadvocate.com/standard3).





## 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 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](mailto:alwilson@bluevalleyk12.org) or **913-239-4674**.

# Identity Theft 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.

From the moment you enroll, you are automatically covered with:

- Identity monitoring and alerts
- 24/7 Privacy Advocate support
- \$1 million identity theft insurance policy

12-Month Employee Premium Rates Per Pay Period	
Employee Only	\$4.98
Employee & Family	\$8.98







## 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](http://www.learningquest.com)

**800-579-2203**

**Missouri Residents:**

Missouri Most

[www.missourimost.com](http://www.missourimost.com)

**888-414-6678**

## Student Loan Forgiveness Program

As an employee of Blue Valley Schools, you may be eligible for student loan forgiveness through the Public Service Loan Forgiveness (PSLF) program. Savi can help you get on track! The Federal government designed the PSLF program as a reward for 10 years of nonprofit or government service, but the confusing, complex rules have unfortunately tripped up many borrowers.

With Savi, make sure that you don't miss out on any forgiveness available to you. Wondering where to start?

- Start Savi's free student loan assessment at: [bluevalley.bysavi.com](http://bluevalley.bysavi.com) and learn about the program options available.

# 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, it's important to take responsibility for your own health and finances so 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, then you are eligible for membership in the state retirement plan known as KPERs. If eligible, your participation is mandatory.

Plan Highlights	KPERs 1	KPERs 2	KPERs 3
	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
<b>Normal Retirement Age (non-reduced benefit)</b>	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
<b>Early Retirement Age (reduced benefit)</b>	Age 55 with 10 Years of Service		
<b>Final Average Salary (FAS)</b>	3 Highest Years	5 Highest Years	N/A
<b>Employee Contribution Rate</b>	6%		
<b>Quarterly Retirement Credits (Based on % of pay &amp; Years of Service)</b>	Not applicable to KPERs 1 or 2		1 – 4 years = 3% 5 – 11 years = 4% 12 – 23 years = 5% 24+ years = 6%
<b>Bridged Service Credit</b>	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.		
<b>Purchase of Eligible Service Credit</b>	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 BV Compliance Analyst, Colin Lobdell at <b>913-239-4628</b> or email <a href="mailto:cjlobdell@bluevalleyk12.org">cjlobdell@bluevalleyk12.org</a> for instructions.		



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

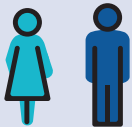
We have partnered with **Transamerica** to administer our voluntary retirement plan options. One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 403(b) and 457(b) plans allow you to save for retirement on a pre-tax and Roth after-tax basis.



Contribute using convenient payroll deductions up to the IRS limit of \$22,500 (2023 limit, amount subject to change).



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 \$7,500 (2023 limit, amount subject to change) to save even more.



Refer to the Worksheet on page 35 for instructions on how to enroll or make changes, or go to [www.transamerica.com](http://www.transamerica.com) or call Customer Support at **800-755-5801**.



## 2023 Voluntary Retirement Savings Plans

To Enroll Or Make Changes		
RETIREMENT SAVINGS PLANS	PROVIDER	CONTACT INFORMATION
<ul style="list-style-type: none"> <li>» 403(b) Plan and 457(b) Plan</li> <li>» You may enroll in one or both plans. For details, see worksheet on NEXT page.</li> </ul>	<p><b>Transamerica (TRS)</b></p>	<ul style="list-style-type: none"> <li>» <a href="http://www.transamerica.com/portal/home">www.transamerica.com/portal/home</a> or download the "Transamerica Retirement App" in the App Store or Google Play</li> <li>» Customer Service: 800-755-5801</li> <li>» Rollover/Transfer Specialist: 800-275-8714</li> <li>» User/Password Help: 877-348-3365</li> </ul>
403(b) PLAN HIGHLIGHTS	457(b) PLAN HIGHLIGHTS	
<ul style="list-style-type: none"> <li>» Employee Contributions only – pre-tax and/or Roth (after-tax) basis</li> <li>» \$22,500 – 2023 calendar year maximum (subject to COLA)</li> <li>» \$7,500 – 2023 calendar year catch-up if age 50+ (subject to COLA)</li> <li>» Penalty-free qualified birth or adoption distribution (\$5,000 maximum)</li> <li>» May be used to purchase eligible KPERS service credit. Contact Blue Valley HR Department at 913-239-4628.</li> <li>» Financial hardship withdrawal available</li> <li>» In-service withdrawal available at age 59½</li> <li>» Distributions upon termination, age 59½, retirement, or death</li> <li>» Mandatory rollover to IRA will occur after termination if account balance is &lt; \$5,001</li> <li>» 10% penalty may apply to cash distributions prior to age 59½. Consult with a tax professional.</li> <li>» NO loan provisions</li> </ul>	<ul style="list-style-type: none"> <li>» Employee Contributions only – pre-tax and/or Roth (after-tax) basis</li> <li>» \$22,500 – 2023 calendar year maximum (subject to COLA)</li> <li>» \$7,500 – 2023 calendar year catch-up if age 50+ (subject to COLA)</li> <li>» Penalty-free qualified birth or adoption distribution (\$5,000 maximum)</li> <li>» May be used to purchase eligible KPERS service credit. Contact Blue Valley HR Department at 913-239-4628.</li> <li>» NO financial hardship withdrawal</li> <li>» In-service withdrawal available at age 59½</li> <li>» Distributions upon termination, age 59½, retirement, or death</li> <li>» Mandatory rollover to IRA will occur after termination if account balance is &lt; \$5,001</li> <li>» NO penalty for cash distributions prior to age 59½</li> <li>» NO loan provisions</li> </ul>	





### 403(b) and 457(b) Planning Worksheet

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

# Required 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](http://www.bvschoolsbenefits.com)**. If you would like a paper copy printed for you please call the Blue Valley Benefits Department at **913-239-4000**.

- BCBS SBC BlueSelect Plus HDHP with Spira Care
- BCBS SBC Spira Care
- BCBS SBC PPO BlueSelect Plus
- BCBS SBC EPO BlueSelect Plus
- BCBS SBC BlueSaver HDHP
- BCBS SBC PPO Preferred Care Blue
- BCBS Health Benefit Plan Summary BlueSelect Plus HDHP with Spira Care
- BCBS Health Benefit Plan Summary Spira Care
- BCBS Health Benefit Plan Summary PPO BlueSelect Plus
- BCBS Health Benefit Plan Summary EPO BlueSelect Plus
- BCBS Health Benefit Plan Summary BlueSaver HDHP
- BCBS Health Benefit Plan Summary PPO Preferred Care Blue
- BCBS Health Benefits Certificate BlueSelect Plus HDHP with Spira Care
- BCBS Health Benefits Certificate Spira Care
- BCBS Health Benefits Certificate PPO BlueSelect Plus
- BCBS Health Benefits Certificate EPO BlueSelect Plus
- BCBS Health Benefits Certificate BlueSaver HDHP
- BCBS Health Benefits Certificate PPO Preferred Care Blue
- 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](http://www.healthcare.gov)**.

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.

### KANSAS – Medicaid

Website: <https://www.kancare.ks.gov>

Phone: 1-800-792-4884

### 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 since July 31, 2022, or for more information on special enrollment rights, contact either:

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

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



## Paperwork Reduction Act Statement

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

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

## 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 9.12% 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](http://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	4. Employer Identification Number (EIN)	
<b>Blue Valley Schools USD #229</b>	<b>48-0720401</b>	
5. Employer Address	6. Employer phone number	
<b>15020 Metcalf Avenue</b>	<b>913-239-4000</b>	
7. City	8. State	9. ZIP code
<b>Overland Park</b>	<b>KS</b>	<b>66223</b>
10. Who can we contact about employee health coverage at this job?		
<b>Dr. Jennifer Spencer, Director of Human Resources for Employee Benefits</b>		
11. Phone number (if different from above)	12. Email address	
<b>913-239-4671</b>	<a href="mailto:jdspencer02@bluevalleyk12.org">jdspencer02@bluevalleyk12.org</a>	

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

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

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

Blue Cross Blue Shield of Kansas City  
Medicare Support Unit  
2301 Main Street,  
Kansas City, MO 64141-6169  
**888-989-8842**  
Dated: October 1, 2022

## 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	<ul style="list-style-type: none"> <li>Employee may enroll the employee (if not previously enrolled).</li> <li>Employee may also enroll newly-eligible spouse and/or newly-eligible stepchild(ren).</li> </ul>
Acquisition of New Child due to birth or adoption (including placement for adoption)	<ul style="list-style-type: none"> <li>Employee may enroll the employee (if not previously enrolled).</li> <li>Employee may also enroll spouse and/or newly-eligible child(ren).</li> </ul>
Gain Eligibility for Premium Assistance Subsidy under Medicaid or CHIP	<ul style="list-style-type: none"> <li>Employee may enroll the employee and the spouse or child(ren) who have become eligible for the premium assistance.</li> </ul>
Loss of Other Health Coverage if due to: <ul style="list-style-type: none"> <li>Loss of eligibility.               <ul style="list-style-type: none"> <li>Death of spouse; divorce, legal separation</li> <li>Child loses status (e.g. reaches age limit)</li> <li>Employment change (e.g. termination, reduction in hours, unpaid FMLA)</li> </ul> </li> <li>Expiration of COBRA maximum period</li> <li>Moving out of HMO plan's service area</li> <li>Other employer terminates its plan (or discontinues employer contributions)</li> </ul>	<ul style="list-style-type: none"> <li>Employee may enroll the employee (if not previously enrolled).</li> <li>Employee may also enroll spouse and/or children who have lost other health coverage.</li> </ul> <p>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.</p>
Loss of Medicaid or CHIP coverage	<ul style="list-style-type: none"> <li>Employee may enroll the employee and the spouse or child(ren) who have lost Medicaid/CHIP entitlement.</li> </ul>

### 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 1, 2022

## 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](mailto: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](http://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(1) 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](http://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](http://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,  
Benefits Specialist  
Blue Valley Benefits Department  
15020 Metcalf Avenue  
Overland Park, KS 66223  
[lmack@bluevalleyk12.org](mailto:lmack@bluevalleyk12.org)

Tri-Star Systems  
16253 Swingley  
Ridge Road, Suite 210  
Chesterfield, MO 63017  
[cobra@tri-starsystems.com](mailto:cobra@tri-starsystems.com)  
800-727-0182, Option 2

**(913) 239-4235**

Dated: October 1, 2022



## 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 1, 2022

## 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**.

We will not retaliate against you for filing a complaint.

## **YOUR CHOICES**

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

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

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

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

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

- Marketing purposes
- Sale of your information

## **OUR USES AND DISCLOSURES**

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

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

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

### **Run our organization**

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

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

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

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

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

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

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

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

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



## Do research

We can use or share your information for health research.

## Comply with the law

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

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

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

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

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

We can use or share health information about you:

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

## Respond to lawsuits and legal actions

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

## OUR RESPONSIBILITIES

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

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

## CHANGES TO THE TERMS OF THIS NOTICE

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

## Other Instructions for Notice

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](mailto: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 not be assessed the Wellness payroll deduction of \$60 per employee and/or \$60 per spouse per month in the following calendar year if enrolled for health insurance at Blue Valley Schools USD #229. Although you are not required to complete the HRA, participate in the biometric physician screening, or the tobacco cessation program, only employees and covered spouses who do so will not be subject to the Wellness payroll deduction in the following calendar year if enrolled for health insurance at Blue Valley Schools USD #229.

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, Director of Human Resources for Employee Benefits, Blue Valley Schools USD #229 at 913-239-4671 or [jdspencer02@bluevalleyk12.org](mailto: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](mailto: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.**



2023-24 Plan Options		Per Pay Period Plan Rates + Summer Additives									
		Employee		+ Spouse		+ Child(ren)		+ Family		+ Special Family	
BENEFITS EFFECTIVE DATE	NUMBER OF PAY PERIODS	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE
<b>BlueSelect Plus HDHP with SPIRA Care</b>		<b>Provider Network: BlueSelect Plus</b>									
9/1/2023	18	0.00	0.00	263.24	85.10	204.10	63.02	470.27	162.37	170.18	31.27
10/1/2023	16	0.00	0.00	263.24	95.74	204.10	70.90	470.27	182.67	170.18	35.18
11/1/2023	14	0.00	0.00	263.24	109.41	204.10	81.03	470.27	208.77	170.18	40.21
12/1/2023	12	0.00	0.00	263.24	127.65	204.10	94.54	470.27	243.56	170.18	46.91
1/1/2024	10	0.00	0.00	255.30	153.18	189.07	113.44	487.12	292.27	93.82	56.29
2/1/2024	8	0.00	0.00	255.30	191.48	189.07	141.80	487.12	365.34	93.82	70.37
3/1/2024	6	0.00	0.00	255.30	255.30	189.07	189.07	487.12	487.12	93.82	93.82
4/1/2024	4	0.00	0.00	255.30	382.95	189.07	283.61	487.12	730.68	93.82	140.73
5/1/2024	2	0.00	0.00	255.30	765.90	189.07	567.21	487.12	1461.36	93.82	281.46
<b>SPIRA Care Plan</b>		<b>Provider Network: BlueSelect Plus</b>									
9/1/2023	18	0.00	0.00	283.61	109.44	215.75	84.11	520.97	198.04	160.14	66.94
10/1/2023	16	0.00	0.00	283.61	123.12	215.75	94.62	520.97	222.79	160.14	75.30
11/1/2023	14	0.00	0.00	283.61	140.71	215.75	108.14	520.97	254.62	160.14	86.06
12/1/2023	12	0.00	0.00	283.61	164.16	215.75	126.17	520.97	297.06	160.14	100.41
1/1/2024	10	0.00	0.00	328.32	196.99	252.33	151.40	594.11	356.47	200.81	120.49
2/1/2024	8	0.00	0.00	328.32	246.24	252.33	189.25	594.11	445.58	200.81	150.61
3/1/2024	6	0.00	0.00	328.32	328.32	252.33	252.33	594.11	594.11	200.81	200.81
4/1/2024	4	0.00	0.00	328.32	492.48	252.33	378.50	594.11	891.17	200.81	301.22
5/1/2024	2	0.00	0.00	328.32	984.96	252.33	756.99	594.11	1782.33	200.81	602.43
<b>EPO Plan</b>		<b>Provider Network: BlueSelect Plus</b>									
9/1/2023	18	64.83	24.66	444.54	163.62	359.77	132.59	741.27	272.20	380.44	141.10
10/1/2023	16	64.83	27.75	444.54	184.07	359.77	149.17	741.27	306.23	380.44	158.74
11/1/2023	14	64.83	31.71	444.54	210.36	359.77	170.48	741.27	349.97	380.44	181.41
12/1/2023	12	64.83	37.00	444.54	245.43	359.77	198.89	741.27	408.30	380.44	211.65
1/1/2024	10	73.99	44.39	490.85	294.51	397.78	238.67	816.60	489.96	423.30	253.98
2/1/2024	8	73.99	55.49	490.85	368.14	397.78	298.34	816.60	612.45	423.30	317.48
3/1/2024	6	73.99	73.99	490.85	490.85	397.78	397.78	816.60	816.60	423.30	423.30
4/1/2024	4	73.99	110.99	490.85	736.28	397.78	596.67	816.60	1224.90	423.30	634.95
5/1/2024	2	73.99	221.97	490.85	1472.55	397.78	1193.34	816.60	2449.80	423.30	1269.90
<b>PPO Plan (BlueSelect Plus Network)</b>		<b>Provider Network: BlueSelect Plus</b>									
9/1/2023	18	0.00	0.00	282.06	87.36	213.17	65.05	523.01	165.44	162.18	34.34
10/1/2023	16	0.00	0.00	282.06	98.28	213.17	73.18	523.01	186.12	162.18	38.63
11/1/2023	14	0.00	0.00	282.06	112.32	213.17	83.64	523.01	212.70	162.18	44.15
12/1/2023	12	0.00	0.00	282.06	131.04	213.17	97.58	523.01	248.16	162.18	51.51
1/1/2024	10	0.00	0.00	262.07	157.24	195.15	117.09	496.31	297.79	103.01	61.81
2/1/2024	8	0.00	0.00	262.07	196.55	195.15	146.36	496.31	372.23	103.01	77.26
3/1/2024	6	0.00	0.00	262.07	262.07	195.15	195.15	496.31	496.31	103.01	103.01
4/1/2024	4	0.00	0.00	262.07	393.11	195.15	292.73	496.31	744.47	103.01	154.52
5/1/2024	2	0.00	0.00	262.07	786.21	195.15	585.45	496.31	1488.93	103.01	309.03

SEE REVERSE SIDE FOR MORE OPTIONS



2023-24 Plan Options		Per Pay Period Plan Rates + Summer Additives									
		Employee		+ Spouse		+ Child(ren)		+ Family		+ Special Family	
BENEFITS EFFECTIVE DATE	NUMBER OF PAY PERIODS	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE
BlueSaver HDHP		Provider Network: Preferred Care Blue									
9/1/2023	18	0.00	0.00	289.63	106.16	224.55	81.87	517.43	191.19	187.17	60.09
10/1/2023	16	0.00	0.00	289.63	119.43	224.55	92.10	517.43	215.09	187.17	67.60
11/1/2023	14	0.00	0.00	289.63	136.50	224.55	105.26	517.43	245.82	187.17	77.26
12/1/2023	12	0.00	0.00	289.63	159.25	224.55	122.80	517.43	286.79	187.17	90.14
1/1/2024	10	0.00	0.00	318.49	191.09	245.60	147.36	573.57	344.14	180.27	108.16
2/1/2024	8	0.00	0.00	318.49	238.87	245.60	184.20	573.57	430.18	180.27	135.20
3/1/2024	6	0.00	0.00	318.49	318.49	245.60	245.60	573.57	573.57	180.27	180.27
4/1/2024	4	0.00	0.00	318.49	477.74	245.60	368.40	573.57	860.36	180.27	270.41
5/1/2024	2	0.00	0.00	318.49	955.47	245.60	736.80	573.57	1720.71	180.27	540.81
PPO Plan - Grandfathered & Closed Effective 1/1/2022		Provider Network: Preferred Care Blue									
9/1/2023	18	14.13	6.11	348.59	128.50	273.89	101.17	609.88	224.12	249.05	93.02
10/1/2023	16	14.13	6.87	348.59	144.56	273.89	113.81	609.88	252.14	249.05	104.65
11/1/2023	14	14.13	7.85	348.59	165.21	273.89	130.07	609.88	288.15	249.05	119.60
12/1/2023	12	14.13	9.16	348.59	192.75	273.89	151.75	609.88	336.18	249.05	139.53
1/1/2024	10	18.32	10.99	385.50	231.30	303.50	182.10	672.36	403.42	279.06	167.44
2/1/2024	8	18.32	13.74	385.50	289.13	303.50	227.63	672.36	504.27	279.06	209.30
3/1/2024	6	18.32	18.32	385.50	385.50	303.50	303.50	672.36	672.36	279.06	279.06
4/1/2024	4	18.32	27.48	385.50	578.25	303.50	455.25	672.36	1008.54	279.06	418.59
5/1/2024	2	18.32	54.96	385.50	1156.50	303.50	910.50	672.36	2017.08	279.06	837.18
Delta Dental of Kansas BASE PLAN		Provider Network: Delta Dental PPO or Premier									
9/1/2023	18	16.79	5.71	32.67	11.11	38.39	13.05	62.39	21.21		
10/1/2023	16	16.79	6.42	32.67	12.50	38.39	14.69	62.39	23.87		
11/1/2023	14	16.79	7.34	32.67	14.29	38.39	16.78	62.39	27.27		
12/1/2023	12	16.79	8.57	32.67	16.67	38.39	19.58	62.39	31.82		
1/1/2024	10	17.13	10.28	33.34	20.00	39.16	23.50	63.64	38.18		
2/1/2024	8	17.13	12.85	33.34	25.01	39.16	29.37	63.64	47.73		
3/1/2024	6	17.13	17.13	33.34	33.34	39.16	39.16	63.64	63.64		
4/1/2024	4	17.13	25.70	33.34	50.01	39.16	58.74	63.64	95.46		
5/1/2024	2	17.13	51.39	33.34	100.02	39.16	117.48	63.64	190.92		
Delta Dental of Kansas BUY-UP PLAN		Provider Network: Delta Dental PPO or Premier									
9/1/2023	18	20.40	7.34	40.75	14.67	47.89	17.24	77.83	28.02		
10/1/2023	16	20.40	8.26	40.75	16.50	47.89	19.40	77.83	31.52		
11/1/2023	14	20.40	9.44	40.75	18.86	47.89	22.17	77.83	36.02		
12/1/2023	12	20.40	11.02	40.75	22.01	47.89	25.86	77.83	42.03		
1/1/2024	10	22.03	13.22	44.01	26.41	51.72	31.03	84.05	50.43		
2/1/2024	8	22.03	16.52	44.01	33.01	51.72	38.79	84.05	63.04		
3/1/2024	6	22.03	22.03	44.01	44.01	51.72	51.72	84.05	84.05		
4/1/2024	4	22.03	33.05	44.01	66.02	51.72	77.58	84.05	126.08		
5/1/2024	2	22.03	66.09	44.01	132.03	51.72	155.16	84.05	252.15		

2023-24 Plan Options		Per Pay Period Plan Rates + Summer Additives							
		Employee		+ Spouse		+ Child(ren)		+ Family	
BENEFITS EFFECTIVE DATE	NUMBER OF PAY PERIODS	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE
Surency Vision		Provider Network: Surency Access							
9/1/2023	18	5.15	1.72	9.07	3.02	8.51	2.84	15.19	5.06
10/1/2023	16	5.15	1.93	9.07	3.40	8.51	3.19	15.19	5.70
11/1/2023	14	5.15	2.21	9.07	3.89	8.51	3.65	15.19	6.51
12/1/2023	12	5.15	2.58	9.07	4.54	8.51	4.26	15.19	7.60
1/1/2024	10	5.15	3.09	9.07	5.44	8.51	5.11	15.19	9.11
2/1/2024	8	5.15	3.86	9.07	6.80	8.51	6.38	15.19	11.39
3/1/2024	6	5.15	5.15	9.07	9.07	8.51	8.51	15.19	15.19
4/1/2024	4	5.15	7.73	9.07	13.61	8.51	12.77	15.19	22.79
5/1/2024	2	5.15	15.45	9.07	27.21	8.51	25.53	15.19	45.57

Identity Theft Protection: 9/10 Month Employee Premium Rates Per Pay Period	EMPLOYEE ONLY	EMPLOYEE & FAMILY
	\$ 6.63	\$ 11.97

Life Insurance: 9-10 Month Employee and Covered Spouse Rates Per Pay Period			
EMPLOYEE AGE AS OF 1/1/2023	9/10 MONTH RATE (PER \$10,000 IN COVERAGE)	SPOUSE AGE AS OF 1/1/2023	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



## 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.

