

2019 Employee Benefits Guide



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Important Contacts

Coverage	Contact	Phone	Website
Medical	Blue Cross Blue Shield KC	816-395-2270	www.bluekc.com
Health Savings Account	United Missouri Bank (UMB)	816-474-4472	www.hsa.umb.com
Dental	Delta Dental of Kansas	800-234-3375	www.deltadentalks.com
Vision	Surency	866-818-8805	www.surency.com
Flexible Spending Accounts	Tri-Star Systems	800-727-0182	www.tri-starsystems.com
Voluntary Life	Principal	800-986-3343	www.principal.com
Short-Term Disability	Principal	800-986-3343	www.principal.com
Identity Theft Protection	InfoArmor	800-789-2720	www.infoarmor.com
College Savings Plan	Kansas: Learning Quest Missouri: Missouri Most	800-579-2203 888-414-6678	www.learningquest.com www.missourimost.com
403(b) / 457(b) Retirement	Transamerica Retirement Solutions	Username/Password support: 877-348-3365 Customer Support: 800-755-5801 Transfer Support: 800-275-8714	www.trsretire.com

For more visit: www.bvschoolsbenefits.com

Welcome to Your 2019 Benefits

A special message from Blue Valley Superintendent, Dr. Todd White

Dear Colleagues,

At Blue Valley Schools, we are committed to providing unprecedented academic success and unparalleled personal growth to our more than 22,000 students. We know that our skilled and dedicated employees are key to our success. Our goal is to provide positive work environments for our exceptional employees.

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. We offer a combination of flexibility and value, including coverage for:

- Medical and Prescription Drugs
- Dental and Vision Benefits
- *A Healthier You* Program
- Retirement and Savings Plans
- And More!

Together, we can continue to find ways to control our health plan costs and get more value for everyone's money. 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 Wellness Activities, including an **annual health screening with your physician**.

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 30 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 30 day window for you to apply to make changes.
3. For questions, call the Blue Valley Benefits Help Center at **844-239-0434**. The help center can be reached Monday - Friday, 8:30 a.m. - 5:00 p.m. You may also go online to www.bvschoolsbenefits.com. When you are ready to enroll online, click on the **Enroll Here** tab at the top of the page.
4. You must enroll each year to ensure that you get the coverage you want and need.

Dr. Todd White,
Superintendent of Blue Valley Schools

Eligibility

Typically, you are eligible to enroll in the District's insurance plans if you are regularly scheduled to work:

- Certified (teaching) Staff: 0.60 FTE +
- Classified/Administrative Staff: 20 + hours per week

The District pays for single premium coverage for eligible employees for the BlueSaver HDHP, BlueSelect Plus HDHP with Spira Care, and Spira Care \$1,000 non-HSA plans, and short-term disability benefit. You must complete the benefits enrollment process within 30 days from your hire (start) date or benefits eligibility date. Coverage becomes effective the first of the month following 60 days from your hire (start) date.

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.

Qualified Life Events

Generally, you may only change your benefit elections during the Annual Enrollment period. However, if life changes, you may apply to update your benefit elections during the year if you experience a Qualified Life Event.

Qualified Life Events		
Change in marital status	» Marriage	» Divorce/Legal Separation
	» Death	
Change in number of dependents	» Birth or adoption	» Step-child » Death
Change in employment	» Change in your eligibility status (i.e., full-time to part-time)	
	» Change in spouse or dependent benefits due to employment status	

For a complete list of Qualified Life Events and special enrollment rights, see page 27 in the guide.

Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, vision, health care or dependent care flexible spending accounts unless you have a qualified life event. If you do not contact the Blue Valley Benefits Help Center within 30 days of the Qualified Life Event, you will have to wait until the next Annual Enrollment period to make changes (unless you experience another Qualified Life Event). The help center can be reached Monday – Friday, 8:30 a.m. – 5:00 p.m. toll free at **844-239-0434**.

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 or call **800-633-4227**.

Important: Enrolling in Medicare is considered a Qualified Life Event. You must contact the Blue Valley Benefits Help Center within 30 days of enrollment if you wish to make changes to your coverage through the District.



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.

Benefits are effective the first day of the month following 60 days from your hire or benefits eligibility date. Deductions for medical, dental, vision, and identity theft begin one month in advance of coverage. Deductions for FSA, HSA, disability, and group term life insurance 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 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.

Benefit	Who Pays	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)	Blue Valley Schools/You	Pre-tax
Identity Theft Protection	You	After-tax
College Savings Plan	You	After-tax
403(b)	You	Pre-tax and/or After-tax
457(b)	You	Pre-tax
KPERS	Blue Valley Schools/You	Pre-tax



Medical Insurance

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

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

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

Choose the Plan That's Right for You

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

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

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

Save When You Use In-Network Providers

In-network providers offer the highest level of benefits and lowest out-of-pocket costs. Providers outside the plan's network set their own rates, which means you may have to pay the difference if a provider's fees are above the Reasonable and Customary (R&C) limits. See the medical page of the Blue Valley benefits website for information on how to find in-network providers.



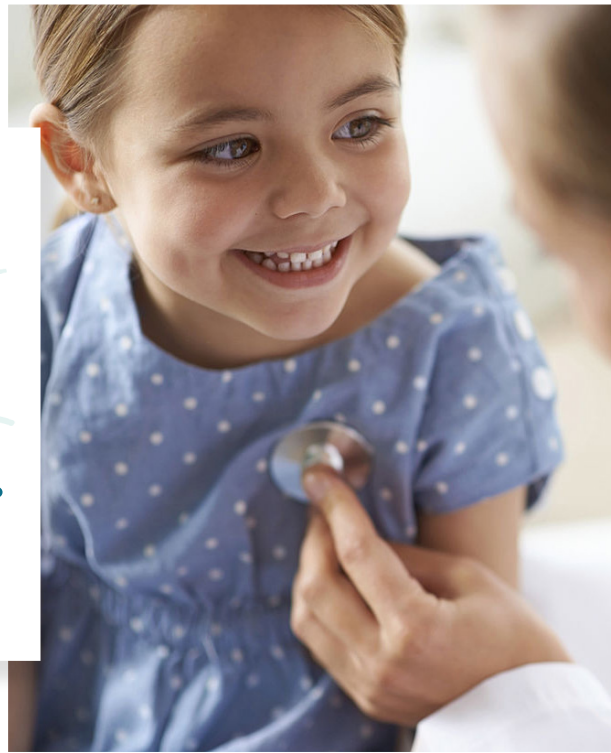
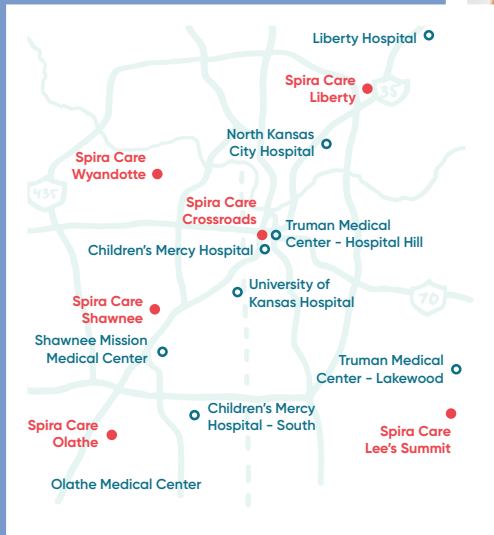
Blue KC Medical Plan Comparison

Medical	BlueSaver HDHP	BlueSelect Plus HDHP with Spira Care Centers	Spira Care \$1,000 non-HSA	Base PPO	EPO Preferred Care Blue
	Preferred Care Blue Network with HSA	BlueSelect Plus Network with HSA (small network)	BlueSelect Plus Network (small network)	Preferred Care Blue Network	Preferred Care Blue Network
	2019	2019	2019	2019	2019
Calendar Year Deductible					
Individual	\$2,700	\$2,700	\$1,000	\$1,500	N/A
Family	\$5,400	\$5,400	\$3,000	\$4,000	N/A
Coinsurance					
Member Pays	DED then 0%	DED then 0%	0%	20%	N/A
Maximum Out-of-Pocket					
Individual	\$2,700	\$2,700	\$1,000	\$5,000	\$4,000
Family	\$5,400	\$5,400	\$3,000	\$12,250	\$10,000
Hospital Copay					
Member Pays	DED then 0%	DED then 0%	DED then 0%	N/A	\$500
Physician Services					
Blue Distinction Total Care Provider	DED then 0%	PCP at SPIRA (non preventive service) - \$60 PCP or Specialist in-network - DED then 0%	PCP at SPIRA - \$0	\$20	\$15
Primary Care Physician	DED then 0%		PCP or Specialist in-network - DED then 0%	\$30	\$25
Specialist	DED then 0%			\$60	\$50
Prescription Drugs					
Tier 1 - Generics	DED then 0%	DED then 0%	\$15	\$10	\$10
Tier 2 - Preferred Brand Drug	DED then 0%	DED then 0%	\$50	\$50	\$50
Tier 3 - Non-Preferred Brand Drug	DED then 0%	DED then 0%	DED	\$70	\$70

Per Pay Period Employer & 12 Month Employee Medical Plan Premiums & Contributions*	Per Pay Period	Per Pay Period	Per Pay Period	Per Pay Period	Per Pay Period
HSA Blue Valley Contribution if Elected	\$25.09	\$49.86	N/A	N/A	N/A
Blue Valley Pays	\$271.17	\$246.40	\$296.26	\$296.26	\$296.26
Employee (EE)	\$0.00	\$0.00	\$0.00	\$11.60	\$53.24
EE & Spouse	\$237.80	\$216.14	\$232.87	\$286.22	\$365.01
EE & Child(ren)	\$184.37	\$167.58	\$177.15	\$224.89	\$295.40
Family	\$424.84	\$386.12	\$427.76	\$500.76	\$608.64
Special Family (both EEs work for district; HSA Employer Contribution x2)	\$153.67	\$139.72	\$131.50	\$204.50	\$312.38

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

The information listed above is based upon in-network services only; out-of-network services are paid differently.



How Spira Care Is Different

The BlueSelect Plus HDHP with Spira Care and the Spira Care plans offer a new and different approach to health care. Here's how the plans work:

- When you go to one of the Spira Care Centers – Spira Care Olathe, Spira Care Lee's Summit, Spira Care Shawnee, Spira Care Crossroads, Spira Care Wyandotte, or Spira Care Liberty – you pay no deductibles, no copays, and no coinsurance for most care or procedures received. On the BlueSelect Plus HDHP with Spira Care plan, non-preventive services obtained at Spira Care centers will be covered at a \$60 copay per visit.
- The Spira Care Centers provide primary care services through physicians and nurses.
 - » The types of care provided at Spira Care Centers include routine preventive care, primary care, routine behavioral health services, chronic condition management, lab draws, and digital x-rays.
- 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.
- If you need services outside the scope of the Care Centers, you go to another hospital, facility, or provider in the BlueSelect Plus network. This network includes 9 area hospitals, 3,000+ physicians, and 11,000 access points.
- If you go outside the Spira Care BlueSelect Plus network for non-emergency care, **there are no plan benefits**. You pay 100% of the cost for non-emergency care you receive outside the network.
- If traveling or living outside of the BlueSelect Plus area, you have access to the BlueCard network.

Hospital Locator

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

When traveling outside of the local Kansas City metro area, you will have in-network coverage through the BlueCard network. EPO Preferred Care Blue members only have out-of-network benefits in the case of an emergency or with prior authorization by Blue KC. To find providers, please access the number on the back of your ID card or call BlueCard Access at **1-800-810-BLUE (2583)**.

	BlueSaver HDHP and Base PPO Preferred Care Blue Network	BlueSelect Plus HDHP with Spira Care BlueSelect Plus Network with HSA	Spira Care \$1,000 Non-HSA BlueSelect Plus Network (in-network only)	EPO Preferred Care Blue Preferred Care Blue (in-network only)
Center Point Medical Center	YES	NO	NO	YES
Children's Mercy Hospitals	YES	YES	YES	YES
KU Medical Center	YES	YES	YES	YES
Lee's Summit Hospital	YES	NO	NO	YES
Liberty Hospital	YES	YES	YES	YES
Menorah Medical Center	YES	NO	NO	YES
North Kansas City Hospital	YES	YES	YES	YES
Olathe Medical Center	YES	YES	YES	YES
Overland Park Regional	YES	NO	NO	YES
Providence Medical Center	YES	NO	NO	YES
Research Medical Center	YES	NO	NO	YES
Advent Health Shawnee Mission (Formerly Shawnee Mission Medical Center)	YES	YES	YES	YES
St. Joseph Medical Center	NO	NO	NO	NO
St. Luke's (All Locations)	YES	NO	NO	YES
St. Mary's Medical Center	NO	NO	NO	NO
Truman Medical Center (Hospital Hill and Lee's Summit)	YES	YES	YES	YES



Blue Distinction Providers

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

- If you are in good health, you can rely on your Blue Distinction 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, Blue Distinction 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 Blue Distinction Total Care provider, call Blue Cross and Blue Shield of KC at 816-395-2270.



Telehealth: 24/7 Healthcare

Telehealth 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 **Amwell**, our telehealth provider, to be treated for medical issues such as:

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

The cost to use Amwell is \$49 per visit.*

To access Amwell telehealth services:

1. Download the Amwell Mobile App or visit [Amwell.com](https://www.amwell.com).
2. Create an account using your Blue KC member ID card – ensure you choose **Blue KC** from the drop-down list.
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: Telehealth 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.

* Cost is subject to change. Check [Amwell.com](https://www.amwell.com) or the Amwell App for the current rate.

2019 District *A Healthier You* Activities

This Blue KC program is designed to make it easy for you to know, improve, and maintain your health and is the basis for the District's *A Healthier You* activities.

The 2019 District activities apply to employees and spouses covered under the District's health plan through Blue KC on or before April 1, 2019. The activities will run from January 1 through August 1, 2019 and will be comprised of:

- An online Health Risk Assessment (HRA),
- Completion of well check with your physician and submission of Physician Screening Form, and
- Attest to being tobacco free or completion of a specified tobacco cessation program.

Complete details will be available in January on the Blue Valley Benefits website.

Health Savings Account – UMB

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 medical 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 3 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 \$3,500 if you enroll only yourself or \$7,000 (combined limit; this limit includes the District's contribution + your contribution + your spouse's HSA) if you enroll in family coverage. 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.



The District's Contribution

BlueSaver HDHP: \$25.09/pay period
(annualized = \$602.16)

BlueSelect Plus HDHP with Spira Care: \$49.86/pay period
(annualized = \$1,196.64)



Eligible Expenses

Medical, dental, vision, and prescription drug expenses incurred by you and your eligible family members. Qualified eligible expenses are defined by the IRS and listed in IRS Publication 502 available on the Blue Valley benefits website. 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.



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 Triple Tax Advantage

- 1 You can use your HSA funds to cover qualified medical expenses, including dental and vision expenses, now or after you retire — tax free.
- 2 Unused funds grow and can earn interest over time — tax free.
- 3 You can save your HSA funds to use for your health care when you leave the District or retire — tax free.

Important: There is a small monthly general maintenance fee associated with the HSA.

The HDHP and HSA: How They Work Together

Together, your and the District's contributions can 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 and the District may make.

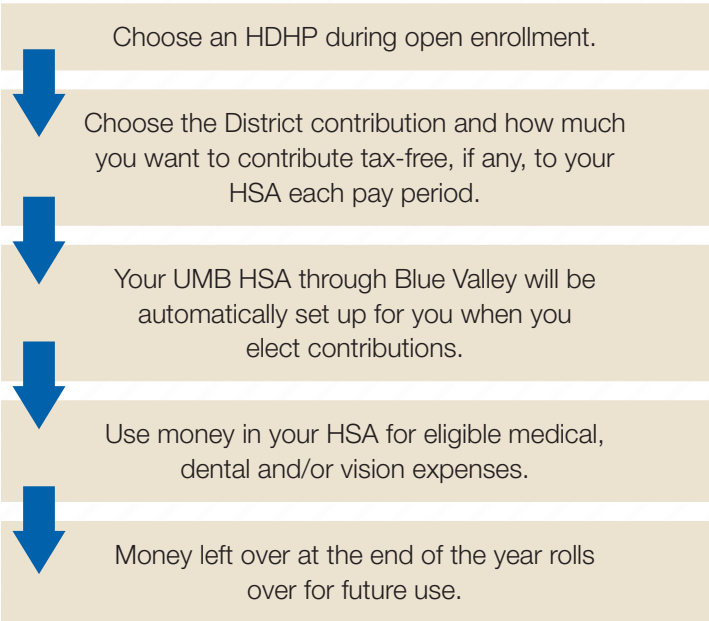


Out-of-Pocket Maximum

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.



Important: Special rules apply to the HSA and Medicare or Social Security enrollees. You **MUST** stop making contributions to your HSA six months prior to your Medicare Part A effective date. To stop contributions, call the Blue Valley Benefits Help Center at **844-239-0434**.

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	Year 2 Example
The District deposits \$602.16 in Yolanda's HSA	The District deposits \$602.16 in Yolanda's HSA
She contributes \$2,252.64 for a total of \$2,854.80	She contributes \$2,252.64 for a total of \$2,854.80
She uses her HSA to pay \$700 of eligible expenses	\$2,154.80 rolls over from last year for a total of \$5,009.60
She has \$2,154.80 in her HSA to roll over to next year!	She uses her HSA to pay \$2,700 of eligible expenses (her deductible was met)
	She has \$2,309.60 in her HSA to roll over to next year!

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

Flexible Spending Accounts

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. **There are three types of FSAs —the health care FSA, the limited purpose FSA, and the dependent care FSA:**



Health Care FSA

Used to pay for services not covered by your medical, dental, or vision plan such as copays, coinsurance, deductibles, prescription expenses, dental care, contact lenses, and eyeglasses.



Limited Purpose FSA

Used if you are enrolled in the HDHP medical plans; 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 Care FSA

Used to pay for day care expenses associated with caring for a child, up to age 13, or elder dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your health care FSA to pay for dependent 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. 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, 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 reimbursement account, but you are eligible for the limited purpose FSA.

Comparing (FSA) Flexible Spending Accounts

Health Care	Limited Purpose	Dependent Care
Contribute up to \$2,650 per year, pre-tax.	Contribute up to \$2,650 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 expenses (funds must be available in your account).	Receive a debit card to pay for eligible dental and vision (funds must be available in your account).	You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided.
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, and over-the-counter medications prescribed by your doctor.	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 expenses from January 1 to December 31.	Submit claims up to March 31 of the following year for expenses from January 1 to December 31.	Submit claims up to March 31 of the following year for expenses from January 1 to December 31.
If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations for pre-tax contributions.	If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations for pre-tax contributions.	If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations for pre-tax contributions.

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 Care FSA	
	WITHOUT ACCOUNT	WITH ACCOUNT	WITHOUT ACCOUNT	WITH ACCOUNT
 Your Taxable Annual Income	\$50,000	\$50,000	\$50,000	\$50,000
Account Deposit (Before Taxes)	N/A	\$2,650	N/A	\$5,000
Taxable Wages	\$50,000	\$47,350	\$50,000	\$45,000
Federal & Social Security Taxes	\$14,325	\$13,580	\$14,325	\$12,894
Expense (After Taxes)	\$2,600	N/A	\$5,000	N/A
Take Home (Net)	\$33,075	\$33,770	\$30,675	\$32,106
Annual Tax Savings	\$0	 \$695	\$0	 \$1,431



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.

When you enroll in the dental plan, you may visit any dentist you choose, but in-network providers offer 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** or **Premier** provider, visit www.deltadentalks.com.

The amount you pay for your coverage is based on who you cover and which network you use.

	Delta Dental of Kansas DPPO Plan	
	DELTA DENTAL PPO	PREMIER/NON-PARTICIPATING
Calendar Year Deductible		
Individual	\$50	
Family	\$150	
Calendar Year Out-of-Pocket Maximum		
Per Individual	\$1,500 per individual (Basic and Major Services combined)	
	YOU PAY	
Diagnostic/Preventive Care		
Exams, Cleanings, X-rays, Fluoride Treatments, Space Maintainers, Sealants	\$0	10%
Basic Services		
Fillings, Extractions, Oral Surgery, Endodontics, Periodontics, an Emergency Exam*	20%	50%
Major Procedures**		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Occlusal Guards	50%	60%
Orthodontia**		
Children (up to 19th birthday)	50% up to a lifetime maximum benefit of \$1,000 per individual; deductible waived	

* This plan covers one emergency exam per calendar year.

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

12 Month Employee Per Pay Period Dental Insurance Premium Rates*			
Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$17.31	\$33.68	\$39.57	\$64.32

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

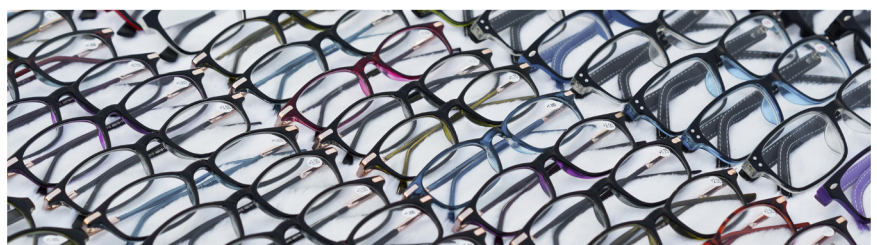
Vision Insurance

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

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

12 Month Employee Per Pay Period Vision Insurance Premium Rates*			
Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$5.03	\$8.85	\$8.30	\$14.82

* 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 life insurance equal to 150% of your annual salary. The District pays for the cost of this benefit. Remember to designate a beneficiary (or contingent beneficiary) for your retirement and life insurance benefits. Login to your KPERS account at www.kpers.org to complete and submit the beneficiary form.

Portability and Conversion

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. For questions, contact KPERS weekdays 8 am – 4 pm, toll free at **888-275-5737**.

Voluntary Life Coverage

To help ensure you have financial protection, the District has partnered with **Principal** 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 voluntary life coverage for yourself and your family.

Coverage For	Coverage Available
Employee	Increments of \$10,000 up to a maximum of \$500,000 – not to exceed 6 times your basic annual earnings.
Spouse	Increments of \$5,000 up to \$100,000 — not to exceed 50% of employee coverage.
Child(ren)	Increments of \$5,000 to a maximum of \$15,000 for children covered birth to 26 years - not to exceed 50% of employee coverage.

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

- Age 65: 35%
- Age 70: 57%
- Age 75: 72%
- Age 80: 79%
- Age 85: 84%
- Age 90: 88%



Guaranteed Issue and Evidence of Insurability

When you are first eligible for voluntary life, you may purchase up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI) - \$250,000 for employees, \$50,000 for spouses, and \$15,000 for children. If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective. Evidence of Insurability, proof of good health, applies to your spouse as well.

Each year during enrollment you have the opportunity to increase your life insurance and/or your spouse's life insurance coverage by one increment up to the GI amount with no health information needed. Proof of good health is required for coverage requests above the GI amount. You can increase coverage by one increment each year, up to the plan's maximum benefit.

12-Month Rate Per Pay Period		
Age as of January 1	Employee Rate per \$10,000	Spouse Rate per \$5,000
<30	\$0.20	\$0.10
30 – 39	\$0.26	\$0.13
40 – 44	\$0.34	\$0.17
45 – 49	\$0.50	\$0.25
50 – 54	\$0.60	\$0.30
55 – 59	\$0.96	\$0.48
60 – 64	\$1.76	\$0.88
65 – 69	\$2.36	\$1.18
70 – 74	\$4.26	\$2.13
75 & Over	\$6.86	\$3.43
Child(ren) Rate Per Pay Period		
\$5,000	\$10,000	\$15,000
\$0.50 per family	\$1.00 per family	\$1.50 per family



Portability and Conversion

Your life insurance is portable. This means that you can continue your life insurance when you terminate employment until age 70 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 is also convertible to individual policy(ies) when it would otherwise end. Special rules apply to life insurance conversion — contact Principal at **800-986-3343 ext. 44335** for details.

Principal offers additional discounts on services such as Will & Legal Documents, an Employee Assistance Program, and more. Please go to www.bvschoolsbenefits.com for additional 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.

Short-Term Disability (STD)

Short-term disability (STD) coverage is available through **Principal**. STD coverage can protect part of your paycheck should you become disabled. If you are absent from work due to a maternity leave, personal illness, or accident, you will be provided with a benefit equal to a certain percentage of your pay based on the plan in which you are enrolled.

Coverage	Benefit
31-Day Base Plan	<ul style="list-style-type: none">» 60% of your weekly earnings to a \$1,500 maximum for 26 weeks» Benefit begins after 30 days of disability
8-Day Buy-Up Plan	<ul style="list-style-type: none">» 65% of your weekly earnings to a \$1,500 maximum for 26 weeks» Benefit begins after 7 days of disability» The 8-Day Buy-Up Plan is only available to those currently enrolled. If you drop the 8-Day Buy-Up Plan, you will only be eligible for the 31-Day Base Plan in subsequent years.

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



Pre-Existing Conditions

Short-term disability plans do not 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. Benefits for pre-existing conditions begin once you have been covered by the plan for 12 continuous months.

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 Elena Super, Blue Valley Benefits Specialist at esuper@bluevalleyk12.org or **913-239-4674**.

Identity Theft Protection

The District offers identity theft protection available through **InfoArmor**. Enrolling in this product will allow you to enjoy peace of mind, financial reassurance, and time saving expertise with InfoArmor'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.

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 grow tax-deferred. You choose how, when, and how much to contribute (up to certain limits), and you can choose the investment options and mix that best meet your goals and comfort level.

For more information:

Kansas residents:

Learning Quest

www.learningquest.com

800-579-2203

Missouri Residents:

Missouri Most

www.missourimost.com

888-414-6678

Planning for Retirement

What does retirement look like for you? Maybe you plan to travel the world. Or maybe you'd like to take up some hobbies closer to home. Whatever your goal, it's important to take responsibility for your own health and finances so you have the income you need in the future.

We have partnered with **Transamerica Retirement Solutions** 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) savings plan allows you to save for retirement on a pre-tax and 403(b) Roth after-tax basis. You can begin contributing to the plan at any time once you become eligible and make contributions to your account through convenient payroll deductions.

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

- Contribute using convenient payroll deductions up to the IRS limit of \$18,500 a year for participants under age 50 and \$24,500 a year for participants over age 50.
- Change the amount of your contributions or stop your payroll contributions at any time.
- Age 55 or older? Make an additional "catch-up" contribution of up to \$6,000 to save even more.
- Refer to the Worksheet, on the next page, for instructions on how to enroll or make changes or go to www.trsretire.com or call Customer Support at 800-755-5801.

Kansas Public Employees Retirement System (KPERs)

If you work in a KPERs covered position, regularly scheduled to work 630 hours or more, you are eligible for membership in the state retirement plan known as KPERs. If eligible, your participation is mandatory. If interested in buying eligible services in KPERs, contact Teresa Damron at 913-239-4628.

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
Normal Retirement Age (non-reduced benefit)	The earliest of: » Age 65 » Age 62 with 10 Years of Service » Age + Service = 85	The earliest of: » Age 65 with 5 Years of Service » Age 60 with 30 Years of Service	The earliest of: » Age 65 with 5 Years of Service » Age 60 with 30 Years of Service
Early Retirement Age (reduced benefit)	Age 55 with 10 Years of Service		
Final Average Salary (FAS)	3 Highest Years	5 Highest Years	N/A
Employee Contribution Rate	6%		
Quarterly Retirement Credits (Based on % of pay & years of Service)	Not applicable to KPERs 1 or 2		1-4 years = 3% 5-11 years = 4% 12-23 years = 5% 24+ years = 6%
Bridged Service Credit	If you go to work for another KPERs participating agency: Provided you have not received a distribution from KPERs or are receiving KPERs retirement benefits, your service will be bridged to the new employer.		

2019 Voluntary Retirement Savings Plan

Contact Provider Directly To Enroll Or Make Changes*			
RETIREMENT SAVINGS PLAN		PROVIDER	CONTACT INFORMATION
» 403(b) Plan » 457(b) Plan For details, see worksheet below. You may enroll in one or both plans		Transamerica Retirement Solutions	» www.trsuretire.com » Customer Service: 800-755-5801 » Transfer Specialist: 800-275-8714 » User/Password Help: 877-348-3365
403(b) PLAN HIGHLIGHTS		457(b) PLAN HIGHLIGHTS	
» Hardship withdrawal available » 10% excise tax prior to 59½ may apply. Consult with tax advisor. » No loan provisions » In-service withdrawal available at age 59½ » Distributions upon termination, retirement, death, age 59½ » \$18,500 – 2018 calendar year maximum » \$24,500 – 2018 calendar year maximum if age 50+ » Employee contributions only		» No hardship withdrawal available » No excise tax prior to 59½ » No loan provisions » In-service withdrawal available at age 59½ if balance < \$5,000 » Distributions upon termination, retirement, death, age 59½ » \$18,500 – 2018 calendar year maximum » \$24,500 – 2018 calendar year maximum if age 50+ » Employee contributions only	
Contact Transamerica Customer Service for more information.		Contact Transamerica Customer Service for more information.	
CHECK ONE OR BOTH	403(b) PLAN CONTRIBUTIONS	CHECK	457(b) PLAN CONTRIBUTIONS
<input type="checkbox"/>	Pre-tax	<input type="checkbox"/>	Pre-tax only
<input type="checkbox"/>	After-tax		
CHECK ONE	PAYROLL DEDUCTIONS (EACH PAYROLL)*	CHECK ONE	PAYROLL DEDUCTIONS (EACH PAYROLL)*
<input type="text" value=""/>	Whole percent of payroll. Typically cannot exceed 85% combined (if contributing to both plans). Varies based upon individual circumstances, including wages, taxes, and deductions.	<input type="text" value=""/>	Whole percent of payroll. Typically cannot exceed 85% combined (if contributing to both plans). Varies based upon individual circumstances, including wages, taxes, and deductions.
<input type="text" value="\$"/>	Flat, whole dollar amount	<input type="text" value="\$"/>	Flat, whole dollar amount
CHECK ONE	INVESTMENT OPTIONS	CHECK ONE	INVESTMENT OPTIONS
<input type="checkbox"/>	Portfolio Xpress (automatic rebalancing)	<input type="checkbox"/>	Portfolio Xpress (automatic rebalancing)
<input type="checkbox"/>	Select various mutual fund investment options	<input type="checkbox"/>	Select various mutual fund investment options
<input type="checkbox"/>	Schwab account (\$50 annual fee)	<input type="checkbox"/>	Schwab account (\$50 annual fee)
<input type="checkbox"/>	Default is the Guaranteed Pooled Fund (Interest rate changes from year to year. See website or contact customer service for details.)	<input type="checkbox"/>	Default is the Guaranteed Pooled Fund (Interest rate changes from year to year. See website or contact customer service for details.)

In addition to taxable withdrawals, plan distributions may also be subject to a 10% penalty if withdrawn before age 59½. For 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.

*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 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**. If you would like a paper copy printed for you please call the Blue Valley Benefits Department at **913-239-4000**.

- BCBS SBC BlueSaver HDHP (Summary of Benefit Coverage, required by ACA)
- BCBS SBC BlueSelect Plus HDHP with Spira Care (Summary of Benefit Coverage, required by ACA)
- BCBS SBC Spira Care (Summary of Benefit Coverage, required by ACA)
- BCBS SBC Base PPO (Summary of Benefit Coverage, required by ACA)
- BCBS SBC EPO Preferred Care Blue (Summary of Benefit Coverage, required by ACA)
- BCBS Health Benefit Plan Summary BlueSaver HDHP
- BCBS Health Benefit Plan Summary BlueSelect Plus HDHP with Spira Care
- BCBS Health Benefit Plan Summary Spira Care
- BCBS Health Benefit Plan Summary Base PPO
- BCBS Health Benefit Plan Summary EPO Preferred Care Blue
- BCBS Health Benefits Certificate BlueSaver HDHP
- BCBS Health Benefits Certificate BlueSelect Plus HDHP with Spira Care
- BCBS Health Benefits Certificate Spira Care
- BCBS Health Benefits Certificate Base PPO
- BCBS Health Benefits Certificate EPO 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**.

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/> Phone: 1-785-296-3512

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, 2018, or for more information on special enrollment rights, contact either:

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.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 9.5% 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.¹

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

How Can I Get More Information?

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer Name		4. Employer Identification Number (EIN)	
Blue Valley Schools USD #229		48-0720401	
5. Employer Address		6. Employer phone number	
15020 Metcalf Avenue		913-239-4000	
7. City	8. State	9. ZIP code	
Overland Park	KS	66223	
10. Who can we contact about employee health coverage at this job?			
Teresa Damron, HR Benefits Compliance Analyst			
11. Phone number (if different from above)		12. Email address	
(913) 239-4628		tdamron@bluevalleyk12.org	

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

- As your employer, we offer a health plan to:

- All employees. Eligible employees are:

N/A

- ☒ Some employees. Eligible employees are:

- All certified staff members working .60 or greater FTE; and
- All classified and administrative staff members regularly scheduled to work 20+ hours/week

- With respect to dependents:

- ☒ We do offer coverage. Eligible employees 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 the following BCBSKC Group Health Care Plans: BlueSaver HDHP, BlueSelect Plus HDHP with Spira Care, Spira Care, Base PPO, EPO Preferred Care Blue

(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.

CMS Form 10182-CC | CMS Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938j0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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 reenroll 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. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

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

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

Dated: October 1, 2018

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

Notes:

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

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

Blue Valley Benefits Help Center
Phone: 844-239-0434

Dated: October 1, 2018

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 Sara Hartman 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, The Taben Group. 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 The Taben Group at **800-675-7341**, PO Box 7330, Shawnee Mission, KS 66207-0330.

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, Medicaid, 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.

If you have questions

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

Keep your Plan informed of address changes

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

Plan Contact Information

The Taben Group
PO Box 7330,
Shawnee Mission, KS 66207-0330
(800) 675-7341
Blue Valley USD #229

Sara Hartman, Benefits and Wellbeing Specialist
Blue Valley Benefits Department
15020 Metcalf Avenue
Overland Park, KS 66223
shartman@bluevalleyk12.org
(913) 239-4235
Dated: October 1, 2018

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, 2018

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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

YOUR RIGHTS

You have the right to:

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

YOUR CHOICES

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

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

OUR USES AND DISCLOSURES

We may use and share your information as we:

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

YOUR RIGHTS

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

Get a copy of health and claims records

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

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

Ask us to correct health and claims records

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

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

Request confidential communications

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

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

Ask us to limit what we use or share

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

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

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

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

Get a copy of this privacy notice

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

Choose someone to act for you

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

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

File a complaint if you feel your rights are violated

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

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

We will not retaliate against you for filing a complaint.

YOUR CHOICES

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

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

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

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

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

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

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

Help manage the health care treatment you receive

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

Run our organization

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

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

Pay for your health services

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

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

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

Help with public health and safety issues

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

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

Do research

We can use or share your information for health research.

Comply with the law

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

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

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

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

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

We can use or share health information about you:

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

Respond to lawsuits and legal actions

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

OUR RESPONSIBILITIES

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

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

CHANGES TO THE TERMS OF THIS NOTICE

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

Other Instructions for Notice

Effective date of Notice: 10/1/2014

Privacy contact:

Maureen Liggett
Benefits Coordinator
Blue Valley USD # 229
15020 Metcalf Avenue
Overland Park, KS 66223
(Phone) 913-239-4671
e-mail: mliggett@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 Elena Super, Blue Valley Schools USD #229 at 913-239-4674 or esuper@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:

Elena Super
Blue Valley Schools USD #229
913-239-4674
esuper@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 or benefits eligibility date. Deductions for medical, dental, vision, and identity theft begin one month in advance of coverage. Deductions for FSA, HSA, disability, and group term life insurance 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 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.

NOTE: Premiums listed on your payroll advice 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). 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 1st benefits coverage date.

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 to elect other voluntary benefits.

* You must determine **ANNUALLY** if you qualify for the health savings account (HSA) based upon IRS rules. If you qualify and elect the HSA, you must re-elect the option each year thereafter during Annual Enrollment. If the benefit is **NOT** re-elected during Annual Enrollment, both your contributions and the District's will stop December 31. If you do not elect the benefit during Initial or Annual Enrollment, you may elect the benefit anytime thereafter. HSA contributions will not be made retroactively. HSA changes are effective the first of the following month.

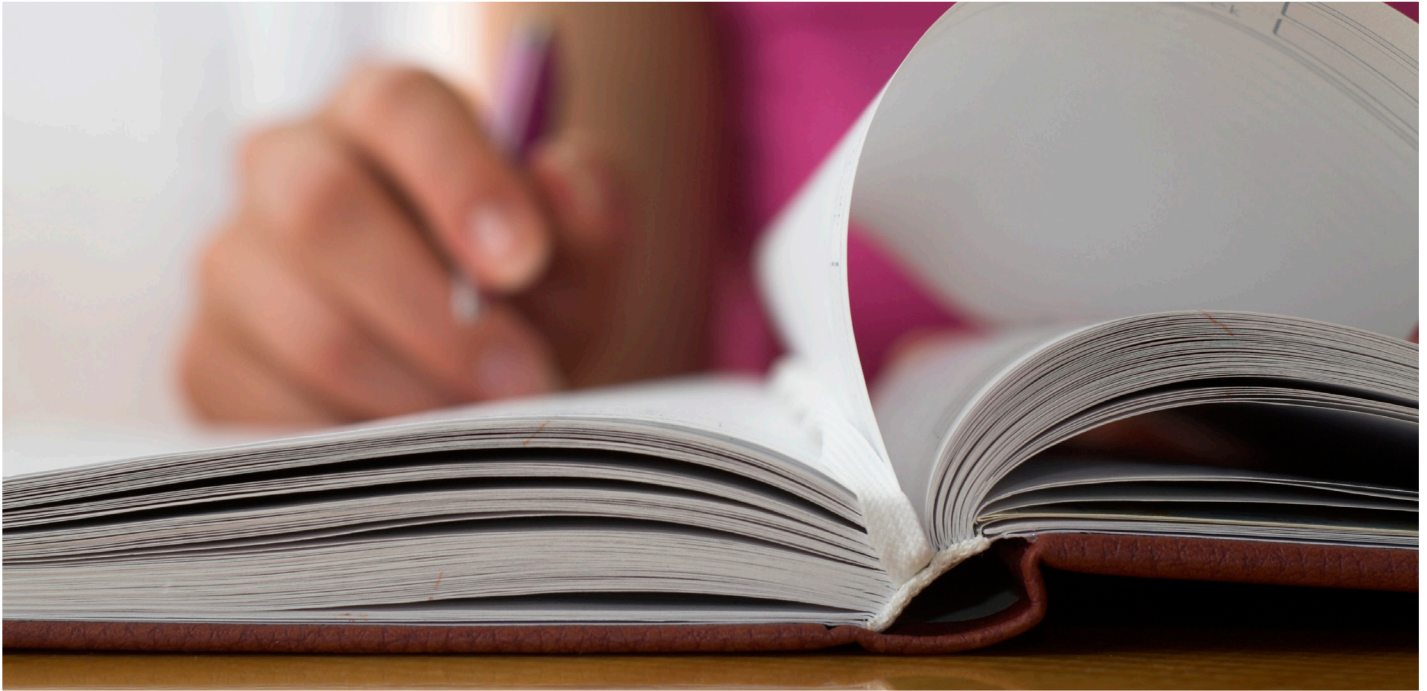
Plan Option	Plan Network	Per Pay Period Plan Rates + Summer Additives											
		EMPLOYEE		+ SPOUSE		+ CHILD(REN)		+ FAMILY		+ SPECIAL FAMILY		EMPLOYER CONTRIBUTIONS	
BENEFITS EFFECTIVE DATE	NUMBER OF PAY PERIODS	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	HSA	HSA SPECIAL FAMILY
BLUESAVER HDHP	PREFERRED CARE BLUE												
10/1/2018	18	0.00	0.00	212.12	79.27	164.46	61.46	378.95	141.61	137.04	51.22	49.89	99.78
11/1/2018	16	0.00	0.00	212.12	89.18	164.46	69.14	378.95	159.32	137.04	57.63	49.89	99.78
12/1/2018	14	0.00	0.00	212.12	101.91	164.46	79.02	378.95	182.07	137.04	65.86	49.89	99.78
1/1/2019	12	0.00	0.00	237.80	118.90	184.37	92.19	424.84	212.42	153.67	76.84	25.09	50.18
2/1/2019	10	0.00	0.00	237.80	142.68	184.37	110.62	424.84	254.90	153.67	92.20	25.09	50.18
3/1/2019	8	0.00	0.00	237.80	178.35	184.37	138.28	424.84	318.63	153.67	115.25	25.09	50.18
4/1/2019	6	0.00	0.00	237.80	237.80	184.37	184.37	424.84	424.84	153.67	153.67	25.09	50.18
5/1/2019	4	0.00	0.00	237.80	356.70	184.37	276.56	424.84	637.26	153.67	230.51	25.09	50.18
6/1/2019	2	0.00	0.00	237.80	713.40	184.37	553.11	424.84	1274.52	153.67	461.01	25.09	50.18

Plan Option	Plan Network	Per Pay Period Plan Rates + Summer Additives											
		EMPLOYEE		+ SPOUSE		+ CHILD(REN)		+ FAMILY		+ SPECIAL FAMILY		EMPLOYER CONTRIBUTIONS	
BENEFITS EFFECTIVE DATE	NUMBER OF PAY PERIODS	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	HSA	HSA SPECIAL FAMILY
BLUE SELECT PLUS HDHP WITH SPIRA CARE	BLUE SELECT PLUS WITH SPIRA CARE												
10/1/2018	18	0.00	0.00	192.66	72.05	149.37	55.86	344.15	128.71	124.51	46.57	72.15	144.30
11/1/2018	16	0.00	0.00	192.66	81.05	149.37	62.84	344.15	144.80	124.51	52.40	72.15	144.30
12/1/2018	14	0.00	0.00	192.66	92.63	149.37	71.82	344.15	165.48	124.51	59.88	72.15	144.30
1/1/2019	12	0.00	0.00	216.14	108.07	167.58	83.79	386.12	193.06	139.72	69.86	49.86	99.72
2/1/2019	10	0.00	0.00	216.14	129.68	167.58	100.55	386.12	231.67	139.72	83.83	49.86	99.72
3/1/2019	8	0.00	0.00	216.14	162.11	167.58	125.69	386.12	289.59	139.72	104.79	49.86	99.72
4/1/2019	6	0.00	0.00	216.14	216.14	167.58	167.58	386.12	386.12	139.72	139.72	49.86	99.72
5/1/2019	4	0.00	0.00	216.14	324.21	167.58	251.37	386.12	579.18	139.72	209.58	49.86	99.72
6/1/2019	2	0.00	0.00	216.14	648.42	167.58	502.74	386.12	1158.36	139.72	419.16	49.86	99.72
SPIRA CARE \$1,000 NON-HSA	SPIRA CARE CLINICS & BLUE SELECT PLUS												
10/1/2018	18	0.00	0.00	250.79	77.62	194.78	59.05	446.70	142.59	165.56	43.83		
11/1/2018	16	0.00	0.00	250.79	87.33	194.78	66.43	446.70	160.41	165.56	49.31		
12/1/2018	14	0.00	0.00	250.79	99.80	194.78	75.92	446.70	183.33	165.56	56.36		
1/1/2019	12	0.00	0.00	232.87	116.44	177.15	88.58	427.76	213.88	131.50	65.75		
2/1/2019	10	0.00	0.00	232.87	139.72	177.15	106.29	427.76	256.66	131.50	78.90		
3/1/2019	8	0.00	0.00	232.87	174.65	177.15	132.86	427.76	320.82	131.50	98.63		
4/1/2019	6	0.00	0.00	232.87	232.87	177.15	177.15	427.76	427.76	131.50	131.50		
5/1/2019	4	0.00	0.00	232.87	349.31	177.15	265.73	427.76	641.64	131.50	197.25		
6/1/2019	2	0.00	0.00	232.87	698.61	177.15	531.45	427.76	1283.28	131.50	394.50		
BASE PPO													
10/1/2018	18	0.00	3.87	260.29	95.41	202.16	74.96	463.62	166.92	171.82	68.17		
11/1/2018	16	0.00	4.35	260.29	107.33	202.16	84.33	463.62	187.79	171.82	76.69		
12/1/2018	14	0.00	4.97	260.29	122.67	202.16	96.38	463.62	214.61	171.82	87.64		
1/1/2019	12	11.60	5.80	286.22	143.11	224.89	112.45	500.76	250.38	204.50	102.25		
2/1/2019	10	11.60	6.96	286.22	171.73	224.89	134.93	500.76	300.46	204.50	122.70		
3/1/2019	8	11.60	8.70	286.22	214.67	224.89	168.67	500.76	375.57	204.50	153.38		
4/1/2019	6	11.60	11.60	286.22	286.22	224.89	224.89	500.76	500.76	204.50	204.50		
5/1/2019	4	11.60	17.40	286.22	429.33	224.89	337.34	500.76	751.14	204.50	306.75		
6/1/2019	2	11.60	34.80	286.22	858.66	224.89	674.67	500.76	1502.28	204.50	613.50		
EPO PREFERRED CARE BLUE	PREFERRED CARE BLUE												
10/1/2018	18	36.32	17.75	329.01	121.67	263.66	98.47	557.72	202.88	265.93	104.13		
11/1/2018	16	36.32	19.97	329.01	136.88	263.66	110.78	557.72	228.24	265.93	117.14		
12/1/2018	14	36.32	22.82	329.01	156.43	263.66	126.60	557.72	260.85	265.93	133.88		
1/1/2019	12	53.24	26.62	365.01	182.51	295.40	147.70	608.64	304.32	312.38	156.19		
2/1/2019	10	53.24	31.94	365.01	219.01	295.40	177.24	608.64	365.18	312.38	187.43		
3/1/2019	8	53.24	39.93	365.01	273.76	295.40	221.55	608.64	456.48	312.38	234.29		
4/1/2019	6	53.24	53.24	365.01	365.01	295.40	295.40	608.64	608.64	312.38	312.38		
5/1/2019	4	53.24	79.86	365.01	547.52	295.40	443.10	608.64	912.96	312.38	468.57		
6/1/2019	2	53.24	159.72	365.01	1095.03	295.40	886.20	608.64	1825.92	312.38	937.14		

Plan Option	Plan Network	Per Pay Period Plan Rates + Summer Additives											
		EMPLOYEE		+ SPOUSE		+ CHILD(REN)		+ FAMILY		+ SPECIAL FAMILY		EMPLOYER CONTRIBUTIONS	
BENEFITS EFFECTIVE DATE	NUMBER OF PAY PERIODS	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	RATE	+ SUMMER ADDITIVE	HSA	HSA SPECIAL FAMILY
DELTA DENTAL OF KANSAS	DELTA DENTAL PPO												
10/1/2018	18	17.66	5.77	34.36	11.23	40.38	13.19	65.64	21.44				
11/1/2018	16	17.66	6.49	34.36	12.63	40.38	14.84	65.64	24.12				
12/1/2018	14	17.66	7.42	34.36	14.43	40.38	16.96	65.64	27.57				
1/1/2019	12	17.31	8.66	33.68	16.84	39.57	19.79	64.32	32.16				
2/1/2019	10	17.31	10.39	33.68	20.21	39.57	23.74	64.32	38.59				
3/1/2019	8	17.31	12.98	33.68	25.26	39.57	29.68	64.32	48.24				
4/1/2019	6	17.31	17.31	33.68	33.68	39.57	39.57	64.32	64.32				
5/1/2019	4	17.31	25.97	33.68	50.52	39.57	59.36	64.32	96.48				
6/1/2019	2	17.31	51.93	33.68	101.04	39.57	118.71	64.32	192.96				
SURENCY VISION	SURENCY ACCESS NETWORK												
10/1/2018	18	4.79	1.68	8.43	2.95	7.90	2.77	14.11	4.94				
11/1/2018	16	4.79	1.89	8.43	3.32	7.90	3.11	14.11	5.56				
12/1/2018	14	4.79	2.16	8.43	3.79	7.90	3.56	14.11	6.35				
1/1/2019	12	5.03	2.52	8.85	4.43	8.30	4.15	14.82	7.41				
2/1/2019	10	5.03	3.02	8.85	5.31	8.30	4.98	14.82	8.89				
3/1/2019	8	5.03	3.77	8.85	6.64	8.30	6.23	14.82	11.12				
4/1/2019	6	5.03	5.03	8.85	8.85	8.30	8.30	14.82	14.82				
5/1/2019	4	5.03	7.55	8.85	13.28	8.30	12.45	14.82	22.23				
6/1/2019	2	5.03	15.09	8.85	26.55	8.30	24.90	14.82	44.46				

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 1/1/2019	9/10 Month Rate (per \$10,000 coverage)	Spouse Age as of 1/1/2019	9/10 Month Rate (per \$5,000 coverage)
<30	\$0.27	<30	\$0.13
30-39	\$0.35	30-39	\$0.17
40-44	\$0.45	40-44	\$0.23
45-49	\$0.67	45-49	\$0.33
50-54	\$0.80	50-54	\$0.40
55-59	\$1.28	55-59	\$0.64
60-64	\$2.35	60-64	\$1.17
65-69	\$3.15	65-69	\$1.57
70-74	\$5.68	70-74	\$2.84
75+	\$9.15	75+	\$4.57

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	\$1.34	\$2.00



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.

