Ell-Saline USD 307

Benefits Guide

October 1, 2026 - September 30, 2027

WELCOME

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of quality benefits to protect your health, your family and your way of life. Some benefits are company-paid, and coverage is automatic. Other benefits give you choices and require you to enroll.

This brochure was designed to answer some of the basic questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

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Eligibility

You are eligible for benefits if you are classified as a KPERS eligible employee. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Biological children, stepchildren, adopted children or children for whom you may have legal custody (age restrictions apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

Marriage or divorce

- Birth or adoption of a child
- Death of a spouse
- Child reaching the maximum age limit
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

When Coverage Begins

- **NEW Hires:** You must complete the enrollment process and forms before your effective date. If you enroll on time, coverage is effective on the first on the month following 30 days of employment.

- If you fail to enroll on time, you will **NOT** have benefits coverage.

- **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2026.

Making Changes

To make changes to your benefit elections, you must contact the District Office within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required information *- When you enroll, you will be required to enter a Social Security Number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

EMPLOYEE BENEFIT SUMMARY

Plan Year: October 1, 2026 to September 30, 2027

Medical

Medical Benefits	United Healthcare Option 1 - PPO MEMBER PAYS	United Healthcare Option 2 - HDHP MEMBER PAYS
Deductible (per Calendar Year)		
Per Member	$6,000	$6,350
Per Family	$12,000	$12,700
Coinsurance		
Coinsurance	0%	0%
Maximum Out of Pocket		
Per Member	$6,000	$6,350
Per Family	$12,000	$12,700
Physician/Office Services		
Office Visits - Primary Care	DN: $30 copay / N: $30 Copay	Deductible
Office Visits - Specialty	DN: $30 copay / N: $60 Copay	Deductible
Urgent Care	$50 Copay	Deductible
Diagnostic test	Deductible	Deductible
Imaging	Deductible	Deductible
Preventive Care Services		
Routine Physical Exam	$0	$0
Facility Services		
Outpatient Hospital	Deductible	Deductible
Inpatient Hospital	Deductible	Deductible
Emergency Room	Deductible	Deductible
Pharmacy Benefit		
Tier 1	$15 Copay	Deductible
Tier 2	$45 Copay	Deductible
Tier 3	$85 Copay	Deductible
Tier 4	$200 Copay	Deductible
Network		
	Choice Plus	Choice Plus

Employee cost of Health *	Option1 - PPO	Option 2 - HDHP
Employee	$87.10	$0.00
Employee + Spouse	$996.43	$745.57
Employee + Child(ren)	$898.21	$665.04
Family	$1,807.54	$1,410.61

* Premium cost reflects the district paying $705.00 toward the full premium.

Applies to those electing Option 1: Eligible for the HRA plan

Applies to those electing Option 2: H.S.A. contribution from the district - $55.55

Applies to those electing Option 2: Not eligible for the HRA

This Employee Benefits Guide presents an overview of your Company benefits programs, but it is not a contract. This guide does not include all plan rules and details and is not considered a summary plan description or a certificate of coverage.

Ell-Saline USD 307 HRA Plan - Applies to Plan Option 1 Only

Coverage	Benefit
Annual deductible	
~ Individual	$750
~ Family	$1,500
Coinsurance	
~ Individual	(50% of next $5,250) - $2,625
~ Family	(50% of next $10,500) - $5,250
Maximum out-of-pocket	includes deductible, coinsurance, & copays
~ Individual	$3,375 ($750 + $2,625)
~ Family	$6,750 ($1,500 + $5,250)
Office Visit	includes deductible, coinsurance, & copays
~ Primary	$30 / $60
~ Specialist	$60
Prescription Drug	$15 / $45 / $85 / $200

Any claim that falls under deductible will be handled in the following way:

~ The first $750 single ($1,500 family) medical claims will be your responsibility

~ The next $5,250 single ($10,500 family) of medical claims will be paid 50/50.

~ In order to be reimbursed your 50%, you will need to send your EOB's (Explanation of Benefits).

~ After the $6,000 out of pocket max has been met, United Healthcare will pay 100% for in network benefits.

The important things is to make sure you submit ALL your EOBs!

To file a claim with iSolved, simply go to www.isolvedbenefitservices.om or download the iSolved Benefit Services iFlex App on your phone or Android and create an account (if you haven't already done so).

To file a claim using the mobile app, click on "Reimburse Myself" from the home page.
The next page is the claim form where you enter the following information (Fields may vary depending on the account in which you are filing a claim): Date of service, Amount, Provider, and Category and Type. You can also upload a receipt from your device by taking a photo of your receipt during the file-a-claim process.

Once you have filled out the form and uploaded your receipt, click on Submit .
Once you have completed the file-a-claim process, you will receive a check or direct deposit based upon the information provided, receipt data and your company's reimbursement schedule.

Remember, the iFlex App connects you with your details.

- Quickly check available balances 24/7
- Access account details
- View charts summarizing account(s)
- Click to call or email Customer Service

The iFlex App provides you additional time-saving options: view claims requiring receipts, submit claims, take a picture of a receipt to submit for a claim, and Using Expense Tracker, enter medical expense information and supporting documentation to store for later use in paying claims via the iSolved Benefit Services website.

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Dental

Dental Benefits	Delta PPO PLAN PAYS	Delta Premier PLAN PAYS	Out-of-Network PLAN PAYS
Deductible			
Per Member		$50	
Per Family		$150	
Services			
Preventive Care	100%	100%	100%
Basic Care	50%	50%	50%
Major Care	50%	50%	50%
Endodontics	50%	50%	50%
Periodontics	50%	50%	50%
Orthodontia	N/A	N/A	N/A
Maximums			
Calendar Year Maximum		$1,500	
Orthodontia Lifetime Maximum		N/A	

Coverage Level	Monthly Rates
Employee	$32.08
Family	$93.36

Vision

Vision Benefits	Exam Only In-Network MEMBER PAYS	Gold Materials Only 130 PK PLUS In-Network MEMBER PAYS	Gold Exam + Materials 130 PK PLUS In-Network MEMBER PAYS
Exam			
Comprehensive Vision Exam	$15 Copay	$15 Copay	$15 Copay
Lenses			
Single Vision	N/A	$15 Copay	$15 Copay
Frames			
	N/A	N/A	$130 allowance
Contact Lenses			
	N/A	N/A	$130 allowance
Service Frequency			
Exams	1 per 12 months	1 per 12 months	1 per 12 months
Lenses	N/A	1 per 12 months	1 per 12 months
Frames	N/A	N/A	1 per 12 months

Coverage Level	Exam Only	Gold Materials Only	Gold Exam + Materials
Employee	$4.64	$11.78	$16.24
Employee + 1	$7.36	$18.80	$25.90
Employee + Child(ren)	$8.52	$21.72	$29.92
Family	$14.24	$36.74	$50.60

Emergency Transport

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Emergency Transport Benefits	
Benefits	
	Emergency ground & air transport
	Repatriation ambulance transfer
	Returning a companion or child home
	Hospital to hospital ambulance transfer

Coverage Level	Monthly Rates
Emergent Plus	$9.00
Platinum	$29.00 -$39.00

Voluntary Life and AD&D

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Basic Term Life and Accidental Death & Dismemberment (AD&D) Benefits	
Employee Benefit Amount	
Increments	$5,000
Maximum	5X annual earnings to $500,000
Guarantee Issue	$100,000 (Less than age 60) / $25,000 (60-64) / None (65+)
Spouse Benefit Amount	
Increments	$10,000
Maximum	$100,000
Guarantee Issue	$25,000 (Less than age 60) / None (60-70) / Coverage terms at 70
	The amount you select for your spouse cannot exceed 50% of the employee coverage amount
Child (ren) Benefit Amount	
Increments	$10,000 or $20,000
Reduction Schedule	
Age 70	50%
Additional Features	
Portability	Allows you to take your coverage with you if you terminate employment. (Age and other restrictions apply including evidence of insurability.
Conversion	Allows you to continue your coverage after your group plan has terminated. (Restrictions apply; see certificate of benefits)
Waiver of Premiums	Premium will not need to be paid if you are totally disabled. (Restrictions apply; see certificate of benefits)

Voluntary Short Term Disability

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Voluntary Short Term Disability	
Benefit Details	
Benefits Begin: Sickness	Select from 14,30,60 or 90 days
Benefits Begin: Injury	Select from 14,30,60 or 90 days
Weekly Benefit	66 2/3% of your salary
Benefit Duration	26 weeks
Maximum Monthly Benefit	$7,500

Voluntary Accident

Voluntary Accident	
Benefit Details	
	Pays money directly to you & you can use the money any way you want
	Pays regardless of other coverage
	Guaranteed renewable to age 70
	In and Out of hospital benefits

Voluntary Cancer

Voluntary Cancer	
Benefit Details	
	Pays money directly to you & you can use the money any way you want
	Pays regardless of other coverage
	In and Out of hospital benefits
	Many benefits have no lifetime maximum

Identity Theft

Identity Theft	
Benefit Details	
	Identity & Credit Monitoring
	Credit Scores & Reports
	Password Protection
	Social Media Reputation Monitoring
	Wallet Protection

Coverage Level	Monthly Rates
Employee	$7.95
Family	$13.95

Flexible Spending Account (FSA)

Flexible Spending Account	
Plan Details	
Health Care Flexible Spending Account (FSA)	A Health Care Flexible Spending Account lets you set aside money to pay for "qualified medical care expenses". Please refer to IRS publication 502 for a complete listing of qualified medical expenses.
Maximum Deposits	$3,400
Carryover Benefit	$680
Use it or Lose it	Any monies left in excess of the carryover above will be forfeited into the plan and be used to pay Plan Administrative expenses. Because it is possible that you might forfeit amounts in the Plan if you do not fully use the contributions that have been made, it is important that you consider carefully how much you elect to contribute to the account.
You may incur Claims between:	
	Plan Year: October 1 - September 30

Dependent Care Account (DCA)

Dependent Care Account	
Plan Details	
Dependent Care Account (DCA)	A Dependent Care Flexible Spending Account lets you set aside money to pay for eligible dependent care expenses that allows you (and your spouse, if you are married) to work or attend school full-time. This includes care for:
	· Your child (natural, step, adopted, or foster) under age 13
	· A disabled dependent, such as a child of any age, your spouse, a parent or other relative who lives with you at least eight hours a day and is unable to care for himself or herself
Maximum Deposits	$7,500
You may incur Claims between:	
	Plan Year: October 1 - September 30

Health Savings Account (HSA)

Health Savings Account (HSA)	
Plan Details	
	An HSA is an account that you can use in conjunction with an HDHP (Medical Option 2)
	to pay eligible medical expenses with pre-tax dollars.
Contribution Limit - Self Only Coverage	$4,400
Contribution Limit - Family Coverage	$8,750
Catch-up Contribution (age 55+)	$1,000 extra per eligible individual

Important Information for All Employees

We are required to provide you with certain notices each year. Federal law requires plan sponsors or issuers to provide a Summary of Material Modifications (SMM) to enrollees when making changes to your coverage under the plan as well as providing employees with a Summary of Benefits & Coverage (SBC) for each medical plan available. Plan sponsors are also required to provide a Summary Plan Description (SPD).



Please log into www.employeenavigator.com to review the following federal notices

- ✓ Summary of Material Modification (SMM)
- ✓ Summary Plan Description (SPD)
- ✓ Summary of Benefits and Coverage (SBC) for each medical plan offered
- ✓ Notice of Exchanges
- ✓ Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notification of Privacy
- ✓ Women's Health and Cancer Rights Act (EHCRA) of 1998
- ✓ Medicare Part D Notification
- ✓ Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- ✓ Notice of Patient Protections
- ✓ COBRA coverage
- ✓ Surprise Medical Bills Notice
- ✓ Genetic Information Nondiscrimination Act (GINA) Disclosure
- ✓ Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure
- ✓ Special Enrollment Rights
- ✓ Uniformed Services Employment and Reemployment Rights Act (USERRA)
- ✓ Michelle's Law Notice

You have the right to receive a paper copy of the notices at no cost to you. To request a paper copy, please contact Cher Richards, District Treasurer or Jennifer Johnson, Board Clerk at 785-914-5602.

Contact Information

If you have additional questions, issues with claims or need ID cards you may contact your team below:

Tania Glaeser
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OFG Financial Services, Inc.

Carrier Mobile Apps

Get your information anytime by downloading the carrier apps below or registering at the Member Portal

- ▶ **Find Care**
- ▶ **View ID Card**
- ▶ **View Claims**

GET IT ON Google Play | DOWNLOAD ON THE App Store

Medical
www.myuhc.com
United Healthcare

Dental
www.deltadentalkc.com
DELTA DENTAL

Emergency Transport
www.masaassist.com
masa

Dental
https://visioncaredirect.com
Vision Care Direct

BayBridge
www.bbadmin.com
BAY BRIDGE ADMINISTRATORS

InfoArmor
https://secure.benebridge.com/brochu
INFOARMOR
DETECTION IS THE NEW PREVENTION

notes

Important Note: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information the plan documents will always govern.

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