



MEDICAL AND DENTAL BENEFITS GUIDE

OCTOBER 1, 2021 — SEPTEMBER 30, 2022



WELCOME! Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

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

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2021

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

Making Changes

To make changes to your benefit elections, you must contact Amy Mundell within 31 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 this information 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.

Medical Plans

USD 263 Mulvane is proud to offer you a choice between four different medical plans with Blue Cross Blue Shield of Kansas.

Key Medical Benefits	BCBS Option A	BCBS Option B	BCBS Option C	BCBS HDHP Option D
	In-Network	In-Network	In-Network	In-Network
Deductible (per plan year)				
Individual / Family	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$5,000 / \$10,000
Coinsurance (% paid by member)	40%			0%
Coinsurance Maximum	\$2,000 / \$4,000			See Out-of-Pocket Maximum
Out-of-Pocket Maximum (per plan year)				
Individual / Family	\$6,350 / \$12,700			\$6,350 / \$12,700
Covered Services				
Primary Care Office Visits	1st 5 visits: \$30 copay PCP / \$60 Specialist All other visits subject to Deductible & Coinsurance .			Subject to Deductible
Specialty Care Office Visits				
Telemedicine	No charge			
Routine Preventive Care	No charge			No charge
Outpatient Radiology & Laboratory	Subject to Deductible & Coinsurance			Subject to Deductible
Emergency Room	\$250 copay plus Deductible & Coinsurance			Subject to Deductible
Urgent Care Facility	Subject to Office Visit Copay			Subject to Deductible
Inpatient / Outpatient Hospital Stay	Subject to Deductible & Coinsurance			Subject to Deductible
Prescription Drugs				
Prescription Deductible	\$100 / \$200			Subject to Medical Deductible then:
Retail Pharmacy (34 day supply)				
Tier 1	\$15 copay; Rx deductible waived			\$15 copay
Tier 2	Greater of 40% or \$30 after Rx deductible			\$50 copay
Tier 3	Greater of 60% or \$50 after Rx deductible			\$75 copay
Tier 4	N/A			\$150 copay
Tier 5	N/A			20% to \$250 max
Mail Order (90 day supply)	2.5 x Retail			2.5 x Retail

Health Savings Account

What is a Health Savings Account?

A Health Savings Account (HSA) is a tax-advantaged savings account that offers a way for members to pay for current health expenses and to save for future qualified health expenses. You must be covered by a high deductible health plan (HDHP) to take advantage of an HSA. Option D of your BCBS health insurance is a qualified HDHP and would allow you to set up an HSA account if you enroll in this option.

Tax Benefits

After-tax contributions to an HSA, up to the yearly limits put in place by the IRS, are fully deductible. Earnings and distributions for qualified medical expenses are tax free. Consult with your tax or legal professional for guidance.

How much can I contribute to my HSA?

The maximum allowed for 2021 is \$3,600 for single coverage and \$7,200 for family coverage. The maximum allowed for 2022 is \$3,650 for single coverage and \$7,300 for family coverage. Account holders who will be age 55 or older (and not on Medicare) by the end of the year can contribute an additional \$1,000 "catch-up" contribution to their HSA.

Where can I enroll in a HSA?

Contact your personal financial institution about setting up a Health Savings Account.

Telehealth

Connect anytime, anywhere with Blue Cross Blue Shield Telemedicine. Healthcare professionals available for live visits on your computer or mobile device at a time that works for you.



When do you use telemedicine? You can use it for common conditions like:

- Cold/Flu
- Fever
- Rash
- Sinus infection
- Pink eye
- Ear infection
- Mental help

Download the 'Amwell' app to any mobile device, sign-up at bcbssks.com/telemed or call 1-844-SEE-DOCS.



Dental Plan

USD 263 Mulvane is proud to offer you dental coverage through Delta Dental.



Key Dental Benefits	All Participants
Deductible (per plan year)	
Individual / Family	\$50 / \$150
Benefit Maximum (per plan year)	
Per Individual	\$1,500
Covered Services	
Preventive Services (not subject to Deductible)	\$0
Basic Services	20%
Major Services (including Implants)	50%
Orthodontia	Not covered

Right Start 4 Kids (RS4K)

The Right Start 4 Kids program removes the cost barriers for dental care by providing children 12 and under **100% coverage with no deductible for all services covered under the plan** (excluding orthodontics) **when an in-network dentist Delta Dental Premier or Delta Dental PPO is seen.**

If an out-of-network dentist is seen, the underlying contract applies including waiting periods, deductible and coinsurance levels.

Key Dental Benefits for RS4K

Deductible	\$0
Diagnostic & Preventive Services	100%
Basic Services	100%
◇ Emergency exams ◇ Oral surgery ◇ Regular Restorative ◇ Endodontics ◇ Periodontics	
Major Services	100%
◇ Special Restorative ◇ Prosthodontics	100%
Annual Benefit Maximum	Subject to contract maximum

Cost of Benefits

Below are the monthly deductions for Medical and Dental benefits.

	Medical				Dental
	Option A	Option B	Option C	Option D	
Employee Only	\$167.73	\$155.32	\$147.13	\$126.87	\$32.36
Employee + Spouse	\$741.11	\$714.65	\$696.90	\$653.36	\$64.05
Employee + Child(ren)	\$679.27	\$654.16	\$637.69	\$596.76	\$64.12
Family	\$1,252.63	\$1,213.47	\$1,187.35	\$1,123.11	\$108.93

The premiums listed above reflect your monthly contribution after the \$390 per month district contribution.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical and Prescription	Blue Cross Blue Shield	(800) 432-3990	www.bcbsks.com
Dental	Delta Dental	(800) 234-3375	www.deltadental.com

Questions?

If you have additional questions,
you may also contact:

Amy Mundell, Payroll & Benefits Specialist

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