

Stewartsville C-2 School District

2022 Benefits Overview



Welcome

We recognize that our employees are our most valuable resource and your benefits program is extremely important to Stewartsville C-2. Therefore, it is our pleasure to offer our benefits-eligible employees a variety of solutions to help address your benefit needs, as well as the needs of your families.

Our employees continue to be the driving force behind our past success and position us well for the future. Thank you for your ongoing commitment as we strive to be the best employer in our industry. We are proud to include all of you as part of the Stewartsville C-2 family.

Please take the time to review this entire packet and utilize our consultants to verify or reaffirm your elections.

This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This plan may not cover all your health care expenses. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage.

Bukaty Companies Service Team



Jeff Walstrom
Benefits Consultant
jwalstrom@bukaty.com
913.647.3981

Jeff is your primary contact for the employee benefits program.



Michael Teclaw
Account Manager
mteclaw@bukaty.com
913.345.0440 x343

Mike Assists Jeff with servicing and renewing your policies.

4601 College Boulevard
Suite 100
Leawood, KS 66211
Phone: 913.345.0440
Toll-Free: 888.657.0440
Fax: 913.345.2608
www.bukaty.com



Blue Cross Blue Shield KC

You are eligible to participate in the employee benefit plan on the first of the month following date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

The following tables will give you an overview of how the plans work and what your responsibilities are. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage please contact BlueCross BlueShield of Kansas City at 888.989.8842 or visit www.bluekc.com.

PCB PPO \$3000 (OOPM \$3000)	Network	Non-Network
Deductible - Individual/family	\$3,000 / \$6,000	\$3,000 / \$6,000
Out-of-pocket max. - Individual/family	\$3,000 / \$6,000	\$6,000 / \$12,000
Co-insurance	100% After Deductible (AD)	80% After Deductible (AD)
Office visit/specialist	\$40 / \$40 Copay	Deductible & Coinsurance
Preventive Care Services	100% covered	Deductible & Coinsurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4	\$15 / \$70 / \$110 / \$200	\$15 / \$70 / \$110 / \$200 copay then coinsurance
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4	\$37.50 / \$175 / \$275	\$37.50 / \$175 / \$275 copay then coinsurance
Urgent care facility*	\$40 Copay	Deductible & Coinsurance
Inpatient hospital care	Deductible	Deductible & Coinsurance
Outpatient hospital care	Deductible	Deductible & Coinsurance
Outpatient lab services	Deductible	Deductible & Coinsurance
Outpatient surgery and scopes	Deductible	Deductible & Coinsurance
Emergency services	Deductible	Deductible
Skilled nursing facility (30 day calendar yr. max.)	Deductible	Deductible & Coinsurance
Durable medical equipment	Deductible	Deductible & Coinsurance
Lifetime maximum	Unlimited	

*Copayment applies to the Office Visit Charge Only. Lab performed by a contracted urgent care is paid at 100%. Other services/procedures that are performed by an urgent care provider are subject to the Network Deductible and Coinsurance level.

PCB PPO \$3000	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Monthly Rates	\$124.28	\$1,111.19	\$727.73	\$1,331.94

Blue Cross Blue Shield KC

You are eligible to participate in the employee benefit plan on the first of the month following date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

The following tables will give you an overview of how the plans work and what your responsibilities are. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage please contact BlueCross BlueShield of Kansas City at 888.989.8842 or visit www.bluekc.com.

PCB PPO \$2700	Network	Non-Network
Deductible - Individual/family	\$2,700 / \$5,400	\$2,700 / \$5,400
Out-of-pocket max. - Individual/family	\$5,400 / \$10,800	\$10,800 / \$21,600
Co-insurance	80% After Deductible (AD)	60% After Deductible (AD)
Office visit/specialist	\$40 / \$40 Copay	Deductible & Coinsurance
Preventive Care Services	100% covered	Deductible & Coinsurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4	Copay/fill: \$15 / \$70 / \$110 / \$200	\$15 / \$70 / \$110 / \$200 Copay/fill, then coinsurance
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3	Copay/fill: \$37.50 / \$175 / \$275	\$37.50 / \$175 / \$275 Copay/fill, then coinsurance
Urgent care facility*	\$40 Copay	Deductible & Coinsurance
Inpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient lab services	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient surgery and scopes	Deductible & Coinsurance	Deductible & Coinsurance
Emergency services	\$100 Copay then Deductible & Coinsurance	
Skilled nursing facility (30 day calendar yr. max.)	Deductible & Coinsurance	Deductible & Coinsurance
Durable medical equipment	Deductible & Coinsurance	Deductible & Coinsurance
Lifetime maximum	Unlimited	

*Copayment applies to the Office Visit Charge Only. Lab performed by a contracted urgent care is paid at 100%. Other services/procedures that are performed by an urgent care provider are subject to the Network Deductible and Coinsurance level.

PCB PPO \$2700	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Monthly Rates	\$78.45	\$995.85	\$639.89	\$1,200.55

Medical III



Blue Cross Blue Shield KC

You are eligible to participate in the employee benefit plan on the first of the month following date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

The following tables will give you an overview of how the plans work and what your responsibilities are. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage please contact BlueCross BlueShield of Kansas City at 888.989.8842 or visit www.bluekc.com.

PCB PPO \$3000 (OOPM \$5000)	Network	Non-Network
Deductible - Individual/family	\$3,000 / \$6,000	\$3,000 / \$6,000
Out-of-pocket max. - Individual/family	\$5,000 / \$10,000	\$10,000 / \$20,000
Co-insurance	80% After Deductible (AD)	60% After Deductible (AD)
Office visit/specialist	\$40 / \$40 Copay	Deductible & Coinsurance
Preventive Care Services	100% covered	Deductible & Coinsurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4	\$15 / \$70 / \$110 / \$200	\$15 / \$70 / \$110 / \$200 Copay/fill, then coinsurance
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3	\$37.50 / \$175 / \$275	\$37.50 / \$175 / \$275 Copay/fill, then coinsurance
Urgent care facility*	\$40 Copay	Deductible & Coinsurance
Inpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient lab services	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient surgery and scopes	Deductible & Coinsurance	Deductible & Coinsurance
Emergency services	\$100 Copay then Deductible & Coinsurance	
Skilled nursing facility (30 day calendar yr. max.)	Deductible & Coinsurance	Deductible & Coinsurance
Durable medical equipment	Deductible & Coinsurance	Deductible & Coinsurance
Lifetime maximum	Unlimited	

*Copayment applies to the Office Visit Charge Only. Lab performed by a contracted urgent care is paid at 100%. Other services/procedures that are performed by an urgent care provider are subject to the Network Deductible and Coinsurance level.

PCB PPO \$3000	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Monthly Rates	\$78.45	\$995.85	\$639.89	\$1,200.55

Blue Cross Blue Shield KC

You are eligible to participate in the employee benefit plan on the first of the month following date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

The following tables will give you an overview of how the plans work and what your responsibilities are. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage please contact BlueCross BlueShield of Kansas City at 888.989.8842 or visit www.bluekc.com.

PCB PPO \$5000	Network	Non-Network
Deductible - Individual/family	\$5,000 / \$10,000	\$5,000 / \$10,000
Out-of-pocket max. - Individual/family	\$6,500 / \$13,000	\$13,000 / \$26,000
Co-insurance	80% After Deductible (AD)	60% After Deductible (AD)
Office visit/specialist	\$40 / \$40 Copay	Deductible & Coinsurance
Preventive Care Services	100% covered	Deductible & Coinsurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4	\$15 / \$70 / \$110 / \$200	\$15 / \$70 / \$110 / \$200 Copay/fill, then coinsurance
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3	\$37.50 / \$175 / \$275	\$37.50 / \$175 / \$275 Copay/fill, then coinsurance
Urgent care facility*	\$40 Copay	Deductible & Coinsurance
Inpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient lab services	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient surgery and scopes	Deductible & Coinsurance	Deductible & Coinsurance
Emergency services	\$100 Copay then Deductible & Coinsurance	
Skilled nursing facility (30 day calendar yr. max.)	Deductible & Coinsurance	Deductible & Coinsurance
Durable medical equipment	Deductible & Coinsurance	Deductible & Coinsurance
Lifetime maximum	Unlimited	

*Copayment applies to the Office Visit Charge Only. Lab performed by a contracted urgent care is paid at 100%. Other services/procedures that are performed by an urgent care provider are subject to the Network Deductible and Coinsurance level.

PCB PPO \$5000	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Monthly Rates	\$40.26	\$899.60	\$565.80	\$1,091.32

Blue Cross Blue Shield KC

You are eligible to participate in the employee benefit plan on the first of the month following date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

The following tables will give you an overview of how the plans work and what your responsibilities are. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage please contact BlueCross BlueShield of Kansas City at 888.989.8842 or visit www.bluekc.com.

BSP Spira Care EPO ASO \$3500	Network
Deductible - Individual/family	\$3,500 / \$7,000
Out-of-pocket max. - Individual/family	\$3,500 / \$7,000
Co-insurance	100% After Deductible (AD)
Office visit/specialist	Deductible**
Preventive Care Services	100% covered
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4	\$15 / \$50 / Deductible
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3	\$15 / \$125 / Deductible
Urgent care facility*	Deductible
Inpatient hospital care	Deductible
Outpatient hospital care	Deductible
Outpatient lab services	Deductible
Outpatient surgery and scopes	Deductible
Emergency services	Deductible
Skilled nursing facility (30 day calendar yr. max.)	Deductible
Durable medical equipment	Deductible
Lifetime maximum	Unlimited

*Copayment applies to the Office Visit Charge Only. Lab performed by a contracted urgent care is paid at 100%. Other services/procedures that are performed by an urgent care provider are subject to the Network Deductible and Coinsurance level.

BSP Spira Care EPO	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Monthly Rates	\$9.69	\$822.45	\$506.98	\$1004.25

THE NEW BLUE KC VIRTUAL CARE APP IS ALWAYS ON.



SO YOU HAVE AFFORDABLE ACCESS TO 24/7 HEALTHCARE.

Schedule a video visit with a board-certified doctor or behavioral health therapist right from your smartphone, tablet or computer. Blue KC Virtual Care is convenient for everyday medical and behavioral healthcare.

ALWAYS PRIVATE AND SECURE

URGENT OR SICK CARE NEEDS

- No appointment necessary
- Affordable visits based on your plan's benefits*

*Spira Care Members pay \$0 for urgent/sick virtual care visits. Does not apply for Spira HSA members.

BEHAVIORAL HEALTH NEEDS

- Psychologists and counselors are available for scheduled sessions
- Affordable visits based on your plan's benefits, and vary by provider type

Download the Blue KC Virtual Care app
or visit BLUEKCvirtualcare.com



NOTE: Spira Care and Spira Care (HSA Eligible) members only should use service key SPIRA when registering.



Kansas City

© 2020 Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross Blue Shield Association.



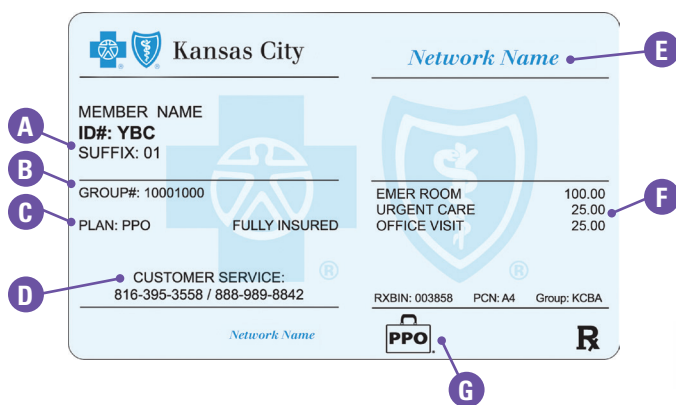
Kansas City

HOW TO REGISTER ON MYBLUEKC.COM

The Blue Cross and Blue Shield of Kansas City (Blue KC) member ID card is your key to unlocking all the coverage and benefits your plan has to offer.

Step 1: Understand Your Member ID Card

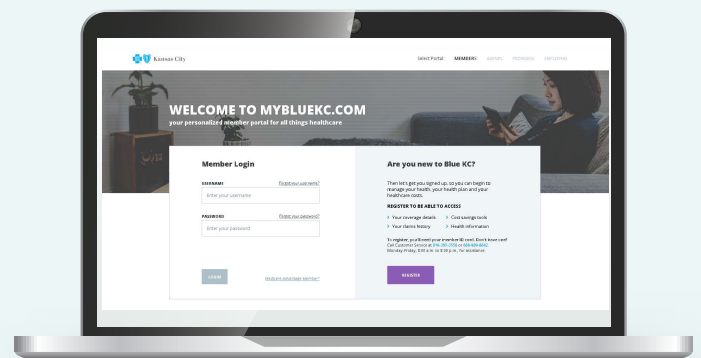
To make sure you are covered, present your card when you visit your doctor to receive healthcare services or fill a prescription.



- A Member ID and Suffix Numbers:** These are the numbers we use to identify you and your policy. It's also what providers use to file claims on your behalf.
- B Group Number:** This number is used to classify our members into groups, usually by the employer that issued the plan.
- C Plan Type:** This describes what type of insurance plan you have (for example, a PPO plan).
- D Customer Service Phone Number:** Call this number when you have a question about your Blue KC policy. Our Customer Service staff is available Monday through Friday from 8 a.m. to 8 p.m. Central Time.
- E Network Name:** This is the network of hospitals, physicians and pharmacies that accept your Blue KC policy. It's important that you see healthcare providers who are in your network to ensure you receive the maximum benefits.
- F Copayment:** The amount you pay each time you receive a covered healthcare service.
- G Suitcase:** Some Blue KC members have access to our "BlueCard" program, which extends the benefits of your Blue KC plan to all 50 states.

Step 2: Register for Your Health Portal

Use your card to register for your personalized health portal on [MyBlueKC.com](https://mybluekc.com).



Blue KC understands the complexities of healthcare. That's why we've developed a website just for you.

- ➔ Go to [MyBlueKC.com](https://mybluekc.com) and log in.
- ⊕ If you haven't previously registered, click the **Register** button.

You will need your member ID card to complete registration.

The registration form includes the following fields:

- 01 | ID NUMBER:** ABC000000000
- 02 | SUFFIX:** 00
- 03 | GROUP NUMBER:** 00000000
- 04 | DATE OF BIRTH:** Enter Your DOB (MM/DD/YYYY)
- 05 | ZIP CODE:** Enter Your ZIP Code (12345)

At the bottom, there are buttons for **Cancel**, **BACK**, and **NEXT**.

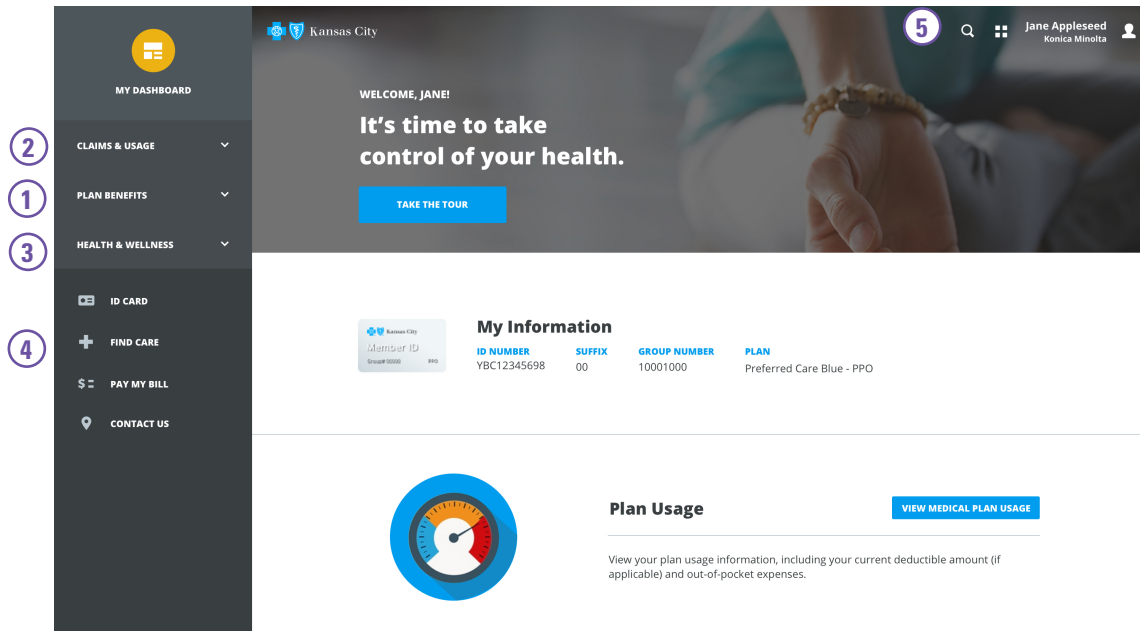
Please Note: The Suffix is **00** for the Employee, **01** for the Spouse, and **02, 03, 04** etc. for each Dependent.



Kansas City

YOUR MEMBER PORTAL

You deserve to enjoy all the benefits of being a Blue KC member, and our member portal can help you find just what you need. Simply register online at MyBlueKC.com to take advantage of the tools and information available to you.



- ① **Plan Benefits** – View your medical contract, summary of benefits and coverage, and more. If your Blue KC policy includes pharmacy benefits, you'll have tools to help you locate a pharmacy, learn about the differences between generic and brand name medications, save on prescriptions and access the Blue KC Prescription Drug List.
- ② **Claims & Usage** – Check the status of your claims and export a list of past claims. You can view a copy of your Explanation of Benefits, which you receive after every visit to a healthcare provider. This section also includes graphs to illustrate your plan usage.
- ③ **Health & Wellness** – We're proud to offer a variety of resources to help you stay healthy and live well. Learn more about our *A Healthier You* wellness program and *Healthy Companion* condition management program.
- ④ **Find Care** – This is where you can access the Blue KC Doctor and Hospital Finder. See which healthcare providers are covered by your network, and search for ones who can meet your specific needs. From this section you can also search for a pharmacy or dentist.
- ⑤ **Ask Us** – Get answers to questions about your Blue KC policy or health insurance in general.

Questions? Contact the Blue KC Customer Service number found on your Member ID Card.



Kansas City

BLUESELECT PLUS NETWORK - PPO & EPO PLAN TYPES

When savings is just as important as having quality care close to home.

BlueSelect Plus is a high-performance network of healthcare providers specially designed to provide affordable access to quality care across the metro area. With this select network, your premiums will be lower based on the discounts Blue Cross and Blue Shield of Kansas City (Blue KC) has negotiated with these providers.

Who should enroll in a BlueSelect Plus plan?

BlueSelect Plus is designed for employees who reside and/or receive healthcare in the five-county Kansas City metropolitan area, which includes Clay, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas.*

***Please note, for employees of Level Funded employer groups with 5-99 employees and mid-market groups with 51-99 employees, access to this network is also offered to those residing in Cass, Clinton, Johnson (MO), Lafayette and Ray counties in Missouri.**

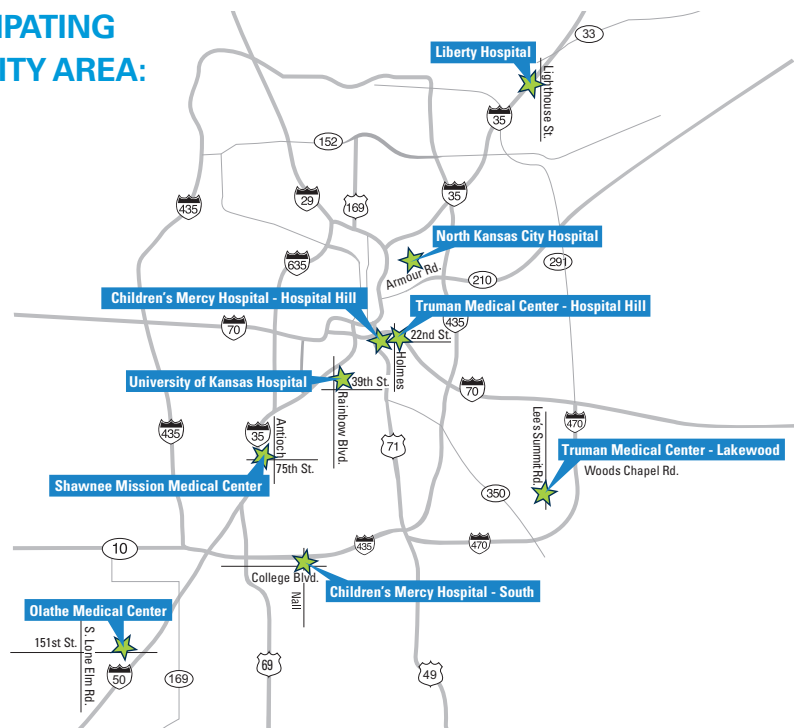
What providers and hospitals do I have access to?

Seek care from your choice of more than **3,600 high-quality healthcare providers** and **nine top hospitals** in the five-county BlueSelect Plus network.



THE NETWORK INCLUDES NINE PARTICIPATING HOSPITALS IN THE GREATER KANSAS CITY AREA:

- Children's Mercy Hospital
- Children's Mercy Hospital - South
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Shawnee Mission Medical Center
- Truman Medical Center - Hospital Hill
- Truman Medical Center - Lakewood
- University of Kansas Hospital



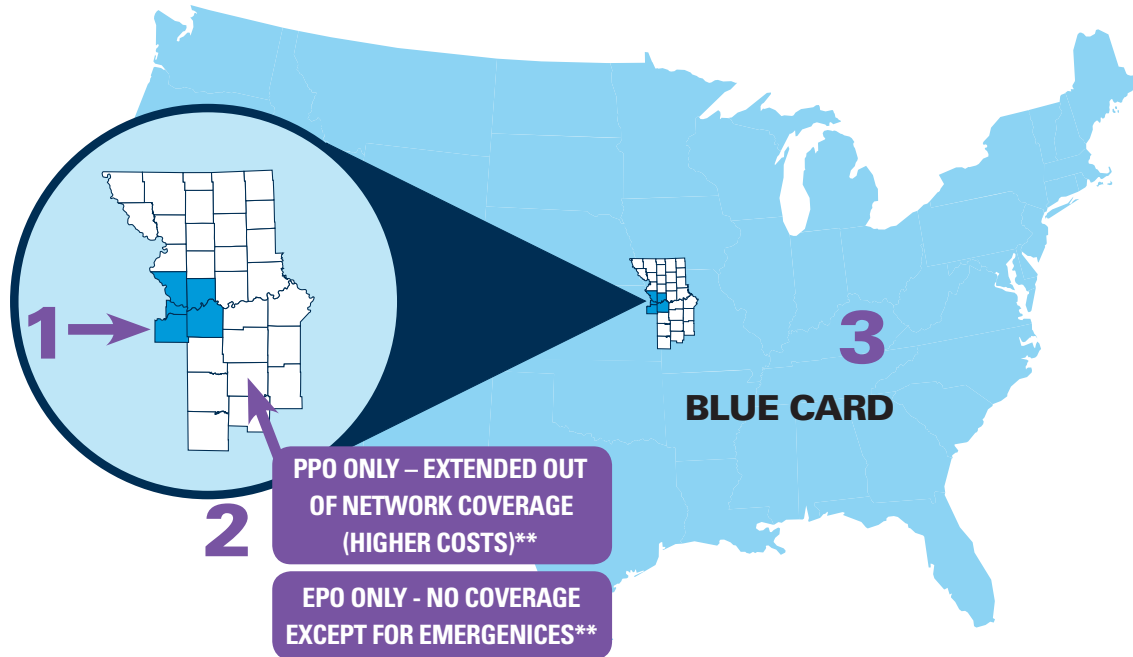
Over 3,600 Providers.
9 Top Hospitals.



My employer is offering BlueSelect Plus as both an EPO or PPO plan type. What is the difference?

Please refer to the map and table below to understand the key differences between these plan types:

BLUESELECT PLUS NETWORK - EPO & PPO DIFFERENCES



	EPO Plan Type - Your Coverage	PPO Plan Type - Your Coverage
1 When receiving care in the BlueSelect Plus Network (Clay, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas)	You have in-network coverage when using any of the 3,600+ providers and nine hospitals in the five Kansas City metro counties. Important note: All other hospitals (and their providers) in the Kansas City metro area that are not in the BlueSelect Plus network are considered out of network. With the EPO plan type, you will be responsible for 100% of costs. With the PPO plan type, your out-of-network benefits provide some coverage, but higher out-of-pocket costs will apply.* <u>Emergency services are always covered at the in-network cost share.</u>	
2 When receiving care outside the BlueSelect Plus Network within the 32-county Blue KC service area	**KEY DIFFERENCE	
	No coverage except for emergency services. You will be responsible for 100% of costs.	Out-of-network coverage, meaning higher out-of-pocket costs will apply.*
3 When receiving care outside the 32-county Blue KC service area (when traveling or on vacation, for example)	You have access to the BlueCard network which provides you in-network access to medical care. If you use a non-BlueCard provider, you do not have out-of-network coverage except for emergency services.*	You have access to the BlueCard network which provides you in-network access to medical care.

*Out-of-network benefits are subject to the plan's allowable charge. Out-of-network providers may bill the member for the remaining balance.

START YOUR SEARCH

To view the most accurate provider finder results for the BlueSelect Plus network, be sure to first log in as a member on [MyBlueKC.com](https://www.mybluekc.com). After logging in, click on [Find Care](#) and from the next screen click [Find a Doctor](#) to search for a provider in the [BlueSelect Plus network](#).

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



Lower cost Physician-led care Simplified experience

Experience the difference advanced primary care can make

Blue Cross and Blue Shield of Kansas City (Blue KC) has become a local healthcare leader by putting our members first, while finding new ways to transform how healthcare is designed, delivered and experienced.

We're proud to offer Blue KC members health plans with exclusive access to Spira Care Centers, where we bring healthcare and coverage together to put you at the center of everything. It's an advanced primary care model that gives you easy, convenient access to the primary care services you need—and the time you need with your physician and your Care Team.

SPIRA CARE CENTERS OFFER:

ADVANCED PRIMARY CARE



Routine
Preventive Care



Adult & Pediatric
Primary Care



Chronic Medical
Condition
Management



Patient
Follow-Ups



Behavioral Health
Consultations



Digital X-Rays*



Routine Lab
Draws



Health Coaching

*X-rays are available at select locations only, must be ordered by a Spira Care provider and are at no additional cost to members.

CONVENIENT BENEFITS



A Select Number of
Generic Prescriptions**
Filled On-Site



Referrals & Scheduling for
In-Network Specialists



Support in Understanding
Your Plan's Network



Extended Hours for
Appointments



Access to A Healthier
You Platform



Online Appointment
Scheduling***



Virtual Care and Online
Communication with
Your Care Team

**On-site prescription services for a select and limited number of the top generic prescriptions at your regular copay or deductible level.

***Only available for wellness appointments. Call for acute appointments.

All services and benefits provided at Spira Care Centers are based on your primary care needs only and must be ordered by a member of the Care Team. This includes digital X-rays, routine lab draws and prescriptions. Orders by a specialist or someone outside of the Care Center cannot be done or fulfilled at Spira Care.

Care at every step.

At Spira Care Centers, we offer a revolutionary kind of primary care that's all about treating the whole person. It's a partnership between you and your physician-led Care Team working together to manage your primary care needs. They see you as an individual, not a set of symptoms. They take the time to listen, not rush you in and out. And they talk with you, not at you.

A Care Team supporting you on your health journey.

Physicians, physician assistants, nurse practitioners for routine preventive care to chronic medical condition management to treatment of illness.

Behavioral health consultants for support and consultation sessions for things like stress, depression and anxiety.

Diabetic educators and health coaches to support and advocate for you, help you achieve individualized goals and optimize your health outcomes.

Care Guides tie it all together as a single point of contact to help you on your health journey by coordinating care, answering questions, and explaining benefits.

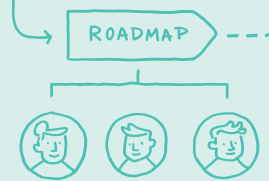
Access to quality services and benefits.

Behavioral health consultations are brief, focused interventions in which your primary care provider and behavioral health consultant work together to support your behavioral healthcare needs or provide referrals.

Select generic prescriptions filled on-site to start you on your medication as soon as possible based on a primary care need discussed in your visit. They're offered at your regular copay or deductible level, payable with credit card and ready for pick-up at your appointment. Refills and prescriptions not available at your Care Center are set up through mail order or at your pharmacy.

Digital x-rays and routine lab draws are offered at Care Centers* based on a primary care need and ordered by your Spira Care provider.

*Digital x-rays are available at all Care Centers except Lee's Summit and Liberty. If you're visiting either of those locations and need a digital X-ray, we'll help you schedule an appointment at another Care Center.



Appointments for a range of care needs.

Primary care including disease prevention, health maintenance, behavioral health consultations, member education, and diagnosis and treatment of acute and chronic illnesses.

Routine preventive care refers to wellness visits, screenings, behavioral health consultations and immunizations for preventing or avoiding illness and other health issues.

Chronic medical condition management is care and support for a condition like diabetes or heart disease—providing the medical and behavioral care, knowledge, skills and resources to help you better manage your disease and improve your quality of life.

Sick care for needs like the flu, sore throat, urinary tract infection, ear pain and pink eye. Call to inquire about a same-or next-day appointment. One of our providers is always on call and available by phone for urgent concerns after office hours. Call 913-29-SPIRA (77472) and follow the prompts to be connected to the answering service.

Spira Care (without HSA)

Personal, primary care with no deductibles and no copays* at the Care Centers

SPIRA CARE combines primary care and coverage in one place, simplifying the healthcare experience to make it more personal and affordable. Blue KC members enrolled in plans with Spira Care have access to convenient Care Centers located across the metro area, the expertise of our Care Guides to help them on their health journey, and all the benefits of the BlueSelect Plus network.

Fast Facts

- No copays*, no deductibles and no additional costs for procedures at Spira Care Centers.
- Routine labs and X-rays** at Spira Care Centers included.
- Access to Care Teams, including Care Guides, and all Spira Care Centers conveniently located throughout the Kansas City metro area.
- In addition to Spira Care Centers, members have access to their plan's network for things like specialty care and hospitalization. (Cost applies towards your annual deductible.)

Lower Cost, Physician-Led Care, Simplified Experience

Steady, personal, advanced primary care improves member health and lowers short- and long-term healthcare costs to employers and members. Every member has a complete Care Team – including Care Guides – to help them on their health journey.

Spira Care Centers

Care Lives Here



THERE'S A SPIRA CARE CENTER NEAR YOU.

Crossroads

1916 Grand Boulevard
Kansas City, MO 64108

Lee's Summit

760 NW Blue Parkway
Lee's Summit, MO 64086

Liberty

8350 N Church Road
Kansas City, MO 64158

Olathe

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

Overland Park

7341 W 133rd Street
Overland Park, KS 66213

Shawnee

10824 Shawnee Mission Parkway
Shawnee, KS 66203

Tiffany Springs

8765 N Ambassador Drive
Kansas City, MO 64154

Wyandotte

9800 Troup Avenue
Kansas City, KS 66111

Spira Care & BlueSelect Plus Network

Spira Care Centers serve members' primary care needs while access to the BlueSelect Plus network offers coverage for any specialty needs outside the Care Centers. (Cost applies towards your annual deductible.)

- 4,100+ Physicians & Specialists
- 11,000 Access Points
- Lower Overall Cost
- In- & Out-of-Network Emergency Room Coverage
- Higher-Quality Care



To learn about the Care Teams at the Care Centers and for hours, visit [SpiraCare.com](https://www.SpiraCare.com).

Members must receive all care from in-network providers (BlueSelect Plus network in the Kansas City area or BlueCard network outside the 32-county Blue KC service area, when traveling or on vacation, for example). If a member is on a Preferred Provider Organization (PPO) insurance plan, they do have out-of-network coverage, meaning higher out-of-pocket costs will apply.

Out-of-network benefits are subject to the plan's allowable charge.
Out-of-network providers may bill the member for the remaining balance.

Understanding Your Plan's Network

Check with your HR department to determine if your company is offering an EPO and/or PPO Blue KC plan with Spira Care.



While your primary care needs can be handled at your Spira Care Center, we recognize that certain circumstances call for outside care — like seeing a specialist, long-term behavioral health support or being admitted to a hospital.

For needs outside of a Care Center, you will have access to your plan's network within the Kansas City metro area and the nationwide BlueCard network for care when traveling outside your service area (applies toward your annual deductible).

It is important to understand if your plan is on an EPO or PPO insurance model. Ask your human resources representative or look on your member ID card.

EPO

In an Exclusive Provider Organization (EPO) insurance model, members must receive all care from in-network providers (BlueSelect Plus network in the Kansas City area or BlueCard network outside the 32-county service area) except for emergency services. Non-emergency services received out-of-network will not be covered.

PPO

In a Preferred Provider Organization (PPO) insurance model, members are encouraged to receive care from in-network providers (BlueSelect Plus network in the Kansas City area or BlueCard network outside the 32-county service area) but have the option to receive care from out-of-network providers at a higher cost.

BlueSelect Plus Network (EPO & PPO Differences) and BlueCard Network

BlueSelect Plus Network

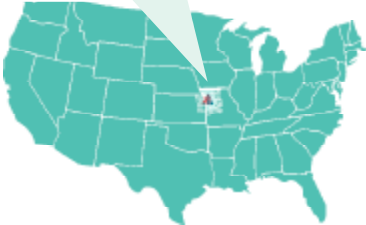
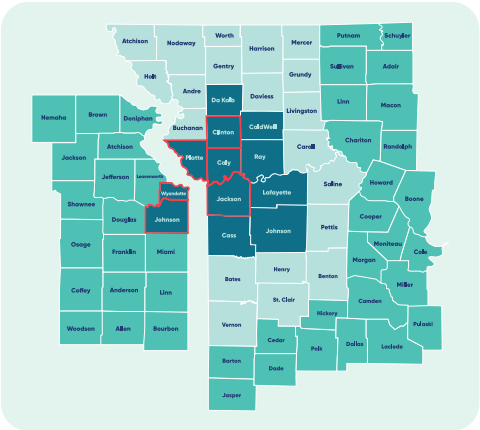
- Provides in-network coverage in the **dark blue** areas of the map. Costs apply toward your annual deductible.
- Hospitals located in the BlueSelect Plus network are located in the six counties outlined in **red** (excludes HCA and St. Luke's). Costs apply toward your annual deductible.

BlueCard

- Offers coverage nationwide, including counties in **dark green** on the map. Costs apply toward your annual deductible
- Visit **MyBlueKC.com** to see in-network providers for our medical plans
 - Simply click **Find a Provider**. You will then be prompted to enter information found on your member ID card.

Out-of-Network

- The areas in **light green** are out-of-network.



	EPO Plan Type	PPO Plan Type
BlueSelect Plus Network: When receiving care in the BlueSelect Plus network. See your member ID card to determine if you are on an EPO or PPO plan type.	You have in-network coverage when using any of the 4,100+ providers in the six area counties and ten hospitals in the network. Important note: All other hospitals (and their providers) in the Kansas City metro area that are not in the BlueSelect Plus network are considered out-of-network. ‡ Emergency services are always covered at the in-network cost share. Cost applies toward your annual deductible.	
BlueCard: When receiving care in the BlueCard network.	You have access to the BlueCard network which offers coverage nationwide, including counties in dark blue on the map. Cost applies toward your annual deductible.	
	'KEY DIFFERENCE	
Out-of-Network: When receiving care outside the BlueSelect Plus network within the 32-county Blue KC service area.	EPO: No coverage out-of-network except for emergencies services. You will be responsible for 100% of costs associated with any care received out of network.	PPO: Your extended out-of-network benefits provide some coverage, but higher-out-of-pocket costs will apply.

[†]Out-of-network benefits are subject to the plan's allowable charge. Out-of-network providers may bill the member for the remaining balance if they are enrolled in a PPO plan. Members with EPO plans receive no out-of-network coverage except for emergency services and will be billed in full.

Dental



Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. The dental plan covers routine checkups and just about any other type of dental work you might need. You are eligible for benefits on the first of the month following date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

To identify participating dentist, you may call 800-275-4638 or visit their website at www.metlife.com. For more details on plan, please see summary in Employee Navigator.

Voluntary Dental	MetLife
Deductible	\$50 individual / \$150 family
Annual Maximum	\$1,300
Preventive Services	100% (100% out of network)
Basic Services	100% (80% out of network)
Major Services	60% (50% out of network)

Dental Rates Per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
	\$33.19	\$67.87	\$67.35	\$108.22

Vision



Annual eye exams are important to your overall health. During your eye exam, a doctor will look for vision problems and signs of other health conditions like diabetic eye disease, high blood pressure, and high cholesterol. You are eligible for benefits on the first of the month following date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

To identify participating vision providers, you may call 800-275-4638 or visit their website at www.metlife.com. For more details on plan, please see summary in Employee Navigator.

Voluntary Vision	VSP Network
Annual Exam (every 12 months)	\$10 Copay (\$45 allowance out of network)
Lenses Single (every 12 months)	\$25 Copay (\$30 allowance out of network)
Bifocal	\$25 Copay (\$50 allowance out of network)
Trifocal	\$25 Copay (\$65 allowance out of network)
Frames (every 24 months)	\$130 allowance (\$70 allowance out of network)
Contacts (every 12 months)	\$130 allowance (\$105 allowance out of network)

Vision Rates Per Month	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
	\$6.22	\$11.67	\$13.24	\$19.30

Life and AD&D



Coverage is provided by Stewartsville C-2 School District and is effective on the first on the month following date of hire.

Benefit amount	\$25,000
Reduction schedule	Benefits reduce by:
	35% at age 65
	Additional 50% at age 70

Voluntary Life and AD&D

You also have the option of purchasing additional life insurance for yourself and your family. For more details and rates, please see Employee Navigator.

Insurance Schedules	Increments	Maximum Amount	Guaranteed Issue	Benefit reduction/termination
Employee	\$10,000	\$500,000	\$100,000	No Age Reduction
Spouse	\$5,000	\$100,000	\$25,000	No Age Reduction
Child(ren)	\$5,000	\$10,000	\$10,000	Age 26

Disability



Short-Term Disability

You have the option to purchase short-term disability insurance for yourself which would help replace your income in the event you are temporarily unable to work due to an accident or illness. See Employee Navigator for rates.

Voluntary Short-Term Disability	
Weekly Benefit	60% of salary up to \$1,000 / week
Benefit waiting period	0 days for accident / 7 th day for illness
Maximum benefit period	13 weeks

Long-Term Disability

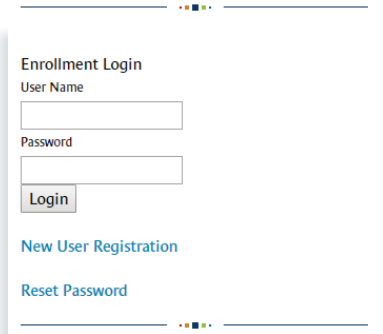
You have the option to also purchase long-term disability insurance for yourself. Long-term disability is intended to protect our income should you become disabled for a period greater than 90 days. See Employee Navigator for rates.

Voluntary Long-Term Disability	
Monthly Benefit	60% of salary up to \$5,000 / month
Benefit waiting period	90 days
Maximum benefit period	Age 65

MetLife Legal

Offers professional legal services and credit monitoring services. Please see Employee Navigator for more details.

ENROLL IN YOUR BENEFITS: One step at a time



Enrollment Login

User Name

Password

Login

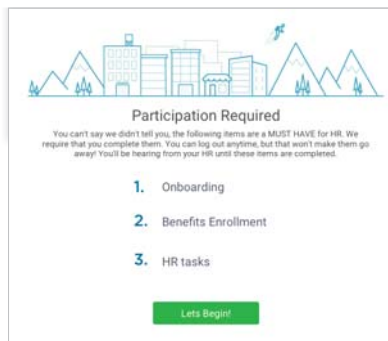
[New User Registration](#)

[Reset Password](#)

Step 1: Log In

Go to www.bukaty.com/online-enrollment

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.
- You will be asked to provide the following:
 - First and last name
 - PIN (last four digits of your SSN)
 - DOB (MM/DD/YYYY)
 - Company Identifier: **Stewartsville**



Participation Required

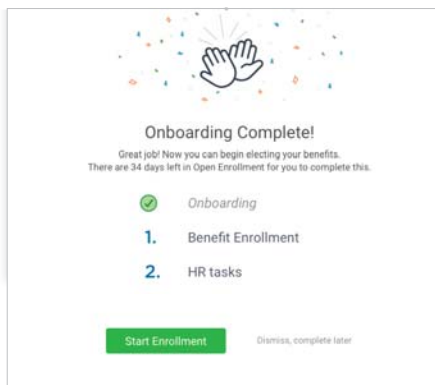
You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.

1. Onboarding
2. Benefits Enrollment
3. HR tasks

[Let's Begin](#)

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



Onboarding Complete!

Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.

1. Onboarding
1. Benefit Enrollment
2. HR tasks

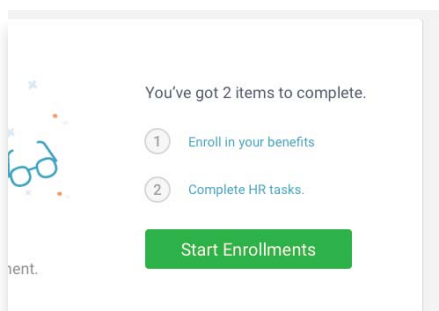
[Start Enrollment](#) [Dismiss, complete later](#)

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



You've got 2 items to complete.

1. Enroll in your benefits
2. Complete HR tasks.

[Start Enrollments](#)

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under [Who am I enrolling?](#)

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click [Select Plan](#) underneath the plan cost.

Who am I enrolling?

- ☒ Myself
- ☐ Elizabeth Reynolds (Spouse)
- ☐ Gwen Reynolds (Child)

The screenshot shows a benefit election interface. At the top, it displays a cost of \$138.46 per pay period, effective on 06/01/18 for an Employee. Below this, there are buttons for 'Compare', 'Details', and 'Selected'. A section titled 'How much will it cost?' shows a table with columns for Plan Cost, Employer Contribution, and My Cost. The Plan Cost is \$138.46, the Employer Contribution is \$138.46, and the My Cost is \$0.00. There is a button to 'View employer contributions summary'. At the bottom, there are buttons for 'Save & Continue' and 'Don't want this benefit?'.

Click [Save & Continue](#) at the bottom of each screen to save your elections.

If you do not want a benefit, click [Don't want this benefit?](#) at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

The screenshot shows the 'Enrollment Summary' page. It includes a warning box that says 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this, there is a list of 'Enrolled Plans' with a 'Medical' plan selected. On the right, there is a progress bar showing 'Progress 6 of 8' with steps 1 through 8 listed. Steps 1 through 7 are marked with checkmarks, while step 8 is highlighted in yellow, indicating it is incomplete.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click [Sign & Agree](#) to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see [Enrollment Not Complete](#) in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

The screenshot shows a celebratory screen titled 'High Five! Enrollment Complete!'. It says 'You've only got one more item to complete.' Below this, there is a list of tasks: 'Enroll in your benefits' (marked with a checkmark) and '1. HR Tasks' (marked with a blue number 1). There is a green button labeled 'Start Tasks' and a link that says 'Dismiss, complete later'.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click [Start Tasks](#). If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

Rights & Disclosures

This information is intended to be shared by employees with their spouse and dependents

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or to obtain more information contact Bukaty Companies at 888.657.0440.

Woman's Health and Cancer Rights Act (WHCRA) Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Bukaty Companies at 888.657.0440 for more information.

COBRA Rights In the Event You Lose Your Health (Medical/Dental/Flex) Coverage

A group health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee - eligible for up to 18 months of continuation coverage
- Death of the covered employee - eligible for up to 36 months of continuation coverage
- Covered employee becomes entitled to Medicare - eligible for up to 36 months of continuation coverage depending upon date of Medicare entitlement

The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:

- Divorce or legal separation - eligible for up to 36 months of continuation coverage
- A child's loss of dependent status under the Plan - eligible for up to 36 months of continuation coverage.

Disability Extension

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) 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 coverage for a total 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. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination is issued and within the individual's first 18 months of continuation coverage. If SSA determines later the individual is no longer disabled, that individual must notify the Plan Administrator within 30 days after the date of the second determination.

Second Qualifying Event

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months.

The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status, but only if the events would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. When responsibility for notification rests with the covered employee or qualified beneficiary, notice of the qualifying event must be made within 60 days of the occurrence to the company's Plan Administrator.

Other Coverage Options Besides COBRA

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.

Rights & Disclosures

This information is intended to be shared by employees with their spouse and dependents

Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to company's Plan Administrator. 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 Us Informed of Status Changes

It is very important that you keep your Plan Administrator informed of address changes and other personal data changes for you and/or dependents who are or may become qualified beneficiaries on any of the company's group benefits. Changes should be reported to the Plan Administrator.

Lifetime Limit

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan.

Individuals have 30 days from the date of this notice to request enrollment. For more information contact Bukaty Companies at 888.657.0440.

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. You should contact your State for further information on eligibility.

Kansas - Medicaid	Missouri - Medicaid
kdheks.gov/hcf/	dss.mo.gov/mhd/participants/pages/hipp.htm
1.800.967.4660	573.751.2005